## Form **8879**

(Rev. January 2021)

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.

OMB No. 1545-0074

Submission Identification Number (SID)		•					
Taxpayer's name	Social security number						
SRAVIKA MORAMPUDI	387-97-	387-97-7885					
Spouse's name	Spouse's soc	ial secur	ity number				
Part I Tax Return Information — Tax Year Ending December 31, 2023 (Enti-	 er year you a	re auth	norizing.)	1			
Enter whole dollars only on lines 1 through 5.			<u> </u>				
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.							
1 Adjusted gross income		1		,020.			
<b>2</b> Total tax		2	9	,426.			
<b>3</b> Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		,005.			
4 Amount you want refunded to you		4	3	,579.			
5 Amount you owe		5 s	rot	·n)			
Part II Taxpayer Declaration and Signature Authorization (Be sure you get and Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amende							
return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, trans to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for refor any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account in payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institu authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to termina payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation re business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the taxes to receive confidential information necessary to answer inquiries and resolve issues related to the personal identification number (PIN) below is my signature for the income tax return (original or amended) I Electronic Funds Withdrawal Consent.	ejection of the tr U.S. Treasury andicated in the tation to debit the authoriza quests must be processing of payment. I furt	ansmiss and its de ax prepa entry to ation. To receive the electer her ack	sion, (b) the esignated la ration soft of this accoorded no late ctronic paynowledge	e reason Financial ware for unt. This cancel) a r than 2 yment of that the			
Taxpayer's PIN: check one box only							
■ I authorize GLOBAL TAXES LLC to enter or generate	2 my DIN 7	7 8	8 5	ac my			
ERO firm name signature on the income tax return (original or amended) I am now authorizing.	ř Ent		igits, but all zeros	as my			
I will enter my PIN as my signature on the income tax return (original or amended) I am if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN met below.							
Your signature ▶ Date ▶							
Spouse's PIN: check one box only							
☐ I authorize to enter or generate	e my PIN			as my			
ERO firm name	-	er five d	igits, but	ao my			
signature on the income tax return (original or amended) I am now authorizing.	do	n't enter	all zeros				
I will enter my PIN as my signature on the income tax return (original or amended) I am if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN met below.							
Spouse's signature ▶ Date ▶							
Practitioner PIN Method Returns Only—continue below	w						
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 4 9	6 0	8 2 7	1			
	Don't ente	er all zer	os				
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am sub requirements of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS <i>e-file</i> Providers of	mitting this retu	rn in ac	cordance				
ERO's signature ▶ Date ▶							
ERO Must Retain This Form — See Instructions Don't Submit This Form to the IRS Unless Requested To	Do So						

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

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

For the year Jai	า. 1–🏻	ec. 31, 2023, or other tax year beginn	ning	, 2023,	ending	, 2	20	See separate instructions.		
Your first name and middle initial								our identifying number		
							(see instru	ctions)		
SRAVIKA			MORA	MPUDI			387-9	7-7885		
Home address	(numl	per and street). If you have a P.O. box	, see ins	tructions.		•		Apt. no.		
2330 N OI	JIVE	R ST						1111		
City, town, or p	ost o	fice. If you have a foreign address, al	so comp	lete spaces below.		State	ZI	P code		
WICHITA						KS		7220		
Foreign country	/ nam	e	Foreigr	n province/state/county		Foreign po	ostal code			
-	1									
Filing		Single	arately (N	ΛFS) ☐ Qualifyii	ng surviving spouse (0	QSS)	☐ Estat	e 🗌 Trust		
Status	If	you checked the QSS box, enter the			son is a child but not y	our depe	ndent:			
Check only one box.										
Digital Assets	Δ+ 2	ny time during 2023, did you: (a) rece	ive (ac a	reward award or navm	ent for property or ser	vices): or	(b) sell ev	change or		
Digital Assets		rwise dispose of a digital asset (or a f								
Dependents				_		(4) Che	ck the box if	qualifies for (see inst.):		
(see instructions)	1	(A) E: .		(2) Dependent's	(a) D	Child		Credit for other		
	-	(1) First name Last name		identifying number	(3) Relationship to you	1		dependents		
If more than four	-									
dependents, see	-							<del>                                     </del>		
instructions and check here							$\frac{\square}{\square}$			
	1a	Total amount from Form(s) W-2, box	, 1 (see i	netructions)			1a	88,064.		
Income Effectively	b	Household employee wages not rep	•	•			1b	00,001.		
Connected	c	Tip income not reported on line 1a (		` '			1c			
With U.S.	d	Medicaid waiver payments not repo		•			1d			
Trade or	e	Taxable dependent care benefits fro		` '	,		1e			
Business	f	Employer-provided adoption benefit		·			1f			
Buomooo	g	Wages from Form 8919, line 6		·			1g			
Attach	h	Other earned income (see instructio					1h			
Form(s) W-2, 1042-S,	i	Reserved for future use								
SSA-1042-S,	j	Reserved for future use					1j			
RRB-1042-S, and 8288-A here. Also	k	Total income exempt by a treaty from line 1(e)		,	tem L,					
attach	z	Add lines 1a through 1h					1z	88,064.		
Form(s) 1099-R if	2a	Tax-exempt interest 2a	a	<b>b</b> Tax	cable interest		2b			
tax was	3a	Qualified dividends 3a	а	<b>b</b> Ord	dinary dividends		3b			
withheld.	4a	IRA distributions 4a	а	<b>b</b> Tax	kable amount		4b			
If you did not	5a	Pensions and annuities 5a	а	<b>b</b> Tax	cable amount		5b			
get a Form W-2, see	6	Reserved for future use					6			
instructions.	7	Capital gain or (loss). Attach Schedu	•		•					
	8	Additional income from Schedule 1						-10,044.		
	9	Add lines 1z, 2b, 3b, 4b, 5b, 7, and						78,020.		
	10	Adjustments to income from Sched income					10			
	11	Subtract line 10 from line 9. This is y						78,020.		
	12	<b>Itemized deductions</b> (from Schedu deduction (see instructions)						13,850.		
	13a	Qualified business income deductio	n from F	orm 8995 or Form 8995-	-A . <b>13a</b>					
	b	Exemptions for estates and trusts of	nly (see i	nstructions)	13b					
	С	Add lines 13a and 13b					13c			
	14						1	13,850.		
	15	Subtract line 14 from line 11. If zero	or less,	enter -0 This is your <b>ta</b>	xable income		15	64,170.		

Form 1040-NR (2	2023)									Page <b>2</b>
Tax and	16	Tax (see instructions). Check if ar	y from For	m(s): <b>1</b> 88	314 <b>2</b> 🗌	4972	3 🗌		16	9,426.
Credits	17	Amount from Schedule 2 (Form	1040), line	3					17	0.
	18	Add lines 16 and 17							18	9,426.
	19	Child tax credit or credit for other	er depende	ents from Sched	ule 8812 (Forr	m 1040	)		19	
	20	Amount from Schedule 3 (Form	1040), line	8					20	
	21	Add lines 19 and 20							21	
	22	Subtract line 21 from line 18. If z	ero or less	s, enter -0					22	9,426.
	23a	Tax on income not effectively co	nnected w	rith a U.S. trade	or business fr	rom				
		Schedule NEC (Form 1040-NR),	line 15 .			. 2	3a			
	b	Other taxes, including self-empl	oyment ta	x, from Schedul	e 2 (Form 104	40),				
		line 21				. 2	3b			
	С	Transportation tax (see instruction	ons)			. 2	3c			
	d	Add lines 23a through 23c							23d	
	24	Add lines 22 and 23d. This is yo	ur <b>total ta</b> :	x					24	9,426.
<b>Payments</b>	25	Federal income tax withheld from	n:							
	а	Form(s) W-2				. 2	<b>5a</b> 1	3,005.		
	b	Form(s) 1099				. 2	5b			
	С	Other forms (see instructions)				. 2	5c			
	d	Add lines 25a through 25c							25d	13,005.
	е	Form(s) 8805							25e	
	f	Form(s) 8288-A							25f	
	g	Form(s) 1042-S							25g	
	26	2023 estimated tax payments ar				- 1			26	
	27	Reserved for future use					27			
	28	Additional child tax credit from S		,	•		28			
	29	Credit for amount paid with Forr								
	30	Reserved for future use			30					
	31	Amount from Schedule 3 (Form 1040), line 15								
	32								32	
	33	Add lines 25d, 25e, 25f, 25g, 26							33	13,005.
Refund	34	If line 33 is more than line 24, su				-	·=		34 35a	3,579.
	35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here								3,579.
Direct deposit? See instructions.	b	Routing number 1 0 1 1			<b>c</b> Type:	Z CI	necking	Savings		
coc mondonono.	d		Account number 5 1 8 0 1 0 6 1 7 8 5 2							
	е	,								
	00	enter it here.		0004						
A	36	Amount of line 34 you want app Subtract line 33 from line 24. Th			ed tax .	.   '	36			
Amount	37			-	see instructio	ons			37	
You Owe	38	For details on how to pay, go to www.irs.gov/Payments or see instructions								
Third		ou want to allow another person to						es. Comple	ata ha	ow. 🗵 No
Party	Desig	•	discuss t	Phone		non don		nal identifi		
Designee	name			no					Jalion	
		namenonumber (PIN)  Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and								
_		they are true, correct, and complete. I								
Sign	Your	signature		Date	Your occupa	ation		If the	IRS s	ent you an Identity
Here				· ·					PIN, enter it here	
				SOFTWARE ENGINEER				(see	ınst.)	
	Phone		Duan	Email address		1 -	\	DTIN		0
Paid	•	rer's name	· ·	's signature	. a		ote	PTIN		Check if:
Preparer		PRIYA RAM SAGAR GUPTA TALLAM		IYA RAM SAGAI	R GUPTA TAL	LLAM   0	2/09/2024	P02082		Self-employed
Use Only		s name GLOBAL TAXES						Phone no	, -	78)965-9522
	Firm's	s address 245 ROONEY (	CT E BR	RUNSWICK N	J 08816			Firm's El	N 8	4-3171965

BAA

#### **SCHEDULE 1** (Form 1040)

10

## **Additional Income and Adjustments to Income**

OMB No. 1545-0074 Attachment

Department of the Treasury Interr

Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.gov/Form1040 for instructions and the latest information.

internai	Revenue Service			١	Sequence No. U I
Name	(s) shown on Fo	rm 1040, 1040-SR, or 1040-NR	Your soc	ial s	security number
SRAV	/IKA MORAMP	UDI	387-97	7-78	385
Par	t I Addition	onal Income			
1	Taxable refur	nds, credits, or offsets of state and local income taxes		1	
2a	Alimony rece	ived	[	2a	
b		al divorce or separation agreement (see instructions):			
3		ome or (loss). Attach Schedule C		3	
4		or (losses). Attach Form 4797		4	
5	Rental real es	state, royalties, partnerships, S corporations, trusts, etc. Attach Schedule	E .	5	-10,044.
6	Farm income	or (loss). Attach Schedule F	[	6	
7		nt compensation		7	
8	Other income				
а	Net operating	g loss	)		

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			
	instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
0	Section 951A(a) inclusion (see instructions)	80		
р	Section 461(I) excess business loss adjustment	8p		
q	Taxable distributions from an ABLE account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
S	Nontaxable amount of Medicaid waiver payments included on Form			
	1040, line 1a or 1d	8s (	)	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
Z	Other income. List type and amount:			
		8z		
9	Total other income. Add lines 8a through 8z		9	

Combine lines 1 through 7 and 9. This is your additional income. Enter here and on Form 

Cancellation of debt . . . . . . . . . . . . . . .

10

-10,044.

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

Par	t II Adjustments to Income				
11	Educator expenses			. 11	
12	Certain business expenses of reservists, performing artists, and fee-				
	officials. Attach Form 2106			. 12	
13	Health savings account deduction. Attach Form 8889			. 13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903			. 14	
15	Deductible part of self-employment tax. Attach Schedule SE				
16	Self-employed SEP, SIMPLE, and qualified plans				
17	Self-employed health insurance deduction				
18	Penalty on early withdrawal of savings				
19a	Alimony paid				
b	Recipient's SSN				
С	Date of original divorce or separation agreement (see instructions):				Į.
20	IRA deduction				
21	Student loan interest deduction				
22	Reserved for future use				
23	Archer MSA deduction			. 23	
24	Other adjustments:				
а	,	24a			
b	Deductible expenses related to income reported on line 8l from the				
		24b			
С	Nontaxable amount of the value of Olympic and Paralympic medals				
	· · · · · · · · · · · · · · · · · · ·	24c			
d	the state of the s	24d			
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e			
f		24f			
g	Contributions by certain chaplains to section 403(b) plans	24g			
h	Attorney fees and court costs for actions involving certain unlawful				
	discrimination claims (see instructions)	24h			
i	Attorney fees and court costs you paid in connection with an award				
	from the IRS for information you provided that helped the IRS detect				
	<del>-</del>	24i			
j		24j			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form				
		24k			
Z	Other adjustments. List type and amount:				
		24z			Į.
25	Total other adjustments. Add lines 24a through 24z				
26	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . Form 1040, 1040-SR, or 1040-NR, line 10	. Enter	r here and	on <b>26</b>	
	1 OITH 1070, 1070-011, 01 1070-1111, 11110-10	• •		.   20	

#### **SCHEDULE NEC** (Form 1040-NR)

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

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

Name shown on Form 1040-NR Your identifying number SRAVIKA MORAMPUDI 387-97-7885 Enter **amount of income** under the appropriate rate of tax. See instructions.

	Nature of Income			(a) 10% (b) 15%		(c) 30%	(d) Other (specify)			
						(a) 10%	(b) 15%	(6) 30%	%	%
1	Dividends and divide	nd eq	uivalents:							
а	Dividends paid by U.	S. cor	porations		1a					
b	Dividends paid by fo	reign o	corporations		1b					
С	Dividend equivalent p	aymer	nts received with respect to section 871(m)	transactions	1c					
2	Interest:	-								
а	Mortgage				2a					
b			ns		2b					
С					2c					
3			, trademarks, etc.)		3					
4	Motion picture or TV	copyr	ight royalties		4					
5	Other royalties (copy	rights,	recording, publishing, etc.)		5					
6	Real property income	e and	natural resources royalties		6					
7	Pensions and annuiti	ies .			7					
8					8					
9			elow		9					
10		s of C	anada only. Enter net income in column							
а	Winnings									
b	Losses		<u> </u>		10c					
11	Note: Enter winnings	only.	ountries other than Canada. Losses aren't allowed		11					
12	Other (specify):									
					12					
13	•		columns (a) through (d)		13					
14			tax at top of each column		14					
15	Tax on income not et	ffectiv	ely connected with a U.S. trade or busine	ess. Add colum	ıns (a)	through (d) of line 14	4. Enter the total here	and on Form 1040	-NR, line 23a   <b>15</b>	
			Capital Gains a	nd Losses F	rom	Sales or Excha	inges of Proper	ty		
Enter only the capital gains and losses from property sales or exchanges that are from sources within the United States and not		16	(a) Kind of property and description (if necessary, attach statement of descriptive details not shown below)	(b) Date acqu mm/dd/yyg		(c) Date sold mm/dd/yyyy	(d) Sales price	(e) Cost or other basis	(f) LOSS If (e) is more than (d), subtract (d) from (e).	(g) GAIN If (d) is more than (e), subtract (e) from (d).
	ely connected with a U.S. ss. Do not include a gain									
or loss	on disposing of a U.S. real ty interest; report these									
gains a	nd losses on Schedule D									
(Form 1	•									
exchan	property sales or ges that are effectively									
	ted with a U.S. business edule D (Form 1040),									
	797, or both.	18	Capital gain. Combine columns (f) and	d (g) of line 17	'. Ente	er the net gain her	e and on line 9 abo	ove. If a loss, ente	er -0 <b>18</b>	

#### **SCHEDULE OI** (Form 1040-NR)

### **Other Information**

Attach to Form 1040-NR.

Your identifying number

Department of the Treasury Internal Revenue Service

Name shown on Form 1040-NR

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

Attachment Sequence No. **7C** 

OMB No. 1545-0074

SRA	/IKA MORAMPUDI				387-97-7885							
Α	Of what country or countries were you a citizen or national during the tax year? INDIA											
В	In what country did you claim residence for tax purposes during the tax year? United States											
С	Have you ever applied to be a green card holder (lawful permanent resident) of the United States?											
D	Were you ever:											
1.	•				□ Yes ☒ No							
2.	A green card holder (lawful per											
	If you answer "Yes" to (1) or (2), see Pub. 519, chapter 4, for expatriation rules that apply to you.											
Е	If you had a visa on the last day of the tax year, enter your visa type. If you didn't have a visa, enter your U.S.											
	immigration status on the last day of the tax year $_{E1}$											
F	Have you ever changed your visa type (nonimmigrant status) or U.S. immigration status?											
-	If you answered "Yes," indicate											
G	List all dates you entered and	eft the United States during	a 2023. See instruc	tions								
<u> </u>	Note: If you're a resident of C		-		ent intervals.							
	check the box for Canada or				Mexico							
	Date entered United States	Date departed United State		Date entered United States	Date departed United States							
	mm/dd/yy	mm/dd/yy		mm/dd/yy	mm/dd/yy							
	,,		$\dashv$	,,								
			$\dashv$									
			$\dashv$ $\vdash$		+							
Н	Give number of days (including	vacation nonworkdays and	l I nartial davs) vou w	ere present in the United S	States during:							
••	2021											
	Did you file a U.S. income tax	return for any prior year?	, and	2020	 ⊠ Yes □ No							
•	If "Yes," give the latest year an											
J	Are you filing a return for a trus	at?		0 ± 01v1¢	□ Yes ⊠ No							
Ü	If "Yes," did the trust have a l											
	U.S. person, or receive a contr											
K	Did you receive total compens	·										
	If "Yes," did you use an alterna											
L					tax treaty with a foreign country,							
_	complete (1) through (3) below				ian iloui, iliii a loroigii oodiiii,,							
1.	Enter the name of the country.	the applicable tax treaty art	icle, the number of r	months in prior years you	claimed the treaty benefit, and the							
	amount of exempt income in th				, ,							
	(a) Cou	ntry	(b) Tax treaty artic	le (c) Number of month	s (d) Amount of exempt							
	• •	,	,	claimed in prior tax yea	ars income in current tax year							
	(e) Total. Enter this amount or	n Form 1040-NR, line 1k. D	o not enter it anywl	nere else on line 1								
2.	Were you subject to tax in a fo	reign country on any of the	income shown in 1	(d) above?	Yes No							
3.	Are you claiming treaty benefit	s pursuant to a Competent	Authority determin	ation?	🗌 Yes 🗵 No							
	If "Yes," attach a copy of the C	Competent Authority detern	nination letter to you	ur return.								
M	Check the applicable box if:											
1.					d States as effectively connected							
	with a U.S. trade or business u	` ,										
2.					al property located in the United							
	Ctatag as affactively connected	with a LIS trade or busin	ess under section 8	371(d). See instructions.								

# SCHEDULE E (Form 1040)

#### **Supplemental Income and Loss**

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

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

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

OMB No. 1545-0074

2023

Attachment Sequence No. 13

Name(s) shown on return

Department of the Treasury

Internal Revenue Service

Your social security number

SRA	VIKA MORAMPUDI						387-9	7-7885	
Par									
	<b>Note:</b> If you are in the business of renting personal proper rental income or loss from <b>Form 4835</b> on page 2, line 40.	ty, use	Schedule	<b>e C</b> . See	instru	ctions. If you are	an indiv	/idual, rep	ort farm
Α	Did you make any payments in 2023 that would require you	to file	Form(s)	10992.5	See ins	structions		□ Ye	s X No
	If "Yes," did you or will you file required Form(s) 1099?								
1a	Physical address of each property (street, city, state, ZIF								
			<u> </u>	7 1 1 1 1 1 1	D.7. D	DADDGII TN	F0101	) F	
A B	23-33 ,ANNADHATHA ENGINEER BYPASS ROAD	), I I I	RUVURU	ANDHI	RA P	RADESH IN	52123	35	
C									
 1b	Type of Property 2 For each rental real estate prope	rtv liet	tod		Ea	ir Rental	Person	al Hea	
	(from list below) above, report the number of fair in				'	Days	Da		QJV
Α	personal use days. Check the Qu			Α		365		0	
В	if you meet the requirements to f			В					
С	qualified joint venture. See instru	CHOIS	э.	С					
Туре	of Property:								
	Single Family Residence 3 Vacation/Short-Term Rent	tal	5 Lanc	k		Self-Rental			
2	Multi-Family Residence 4 Commercial		6 Roya	alties	8	Other (describ	oe)		
						Properties			
Incor	ne:			Α					С
3	Rents received	3		4	50.				
4	Royalties received	4							
Expe	nses:								
5	Advertising	5							
6	Auto and travel (see instructions)	6							
7	Cleaning and maintenance	7		1,0	29.				
8	Commissions	8							
9	Insurance	9							
10	Legal and other professional fees	10							
11	Management fees	11		1,4	28.				
12	Mortgage interest paid to banks, etc. (see instructions)	12							
13	Other interest	13		2 0	1 /				
14	Repairs	14			14.				
15 16	Supplies	15 16		2,4	76.				
17	Utilities	17		3,5	47				
18	Depreciation expense or depletion	18		3,3	<b>1</b> /.				
19	Other (list)	19							
20	Total expenses. Add lines 5 through 19	20		10,4	94.				
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If								
	result is a (loss), see instructions to find out if you must								
	file <b>Form 6198</b>	21		-10,0	44.				
22	Deductible rental real estate loss after limitation, if any,								
	on Form 8582 (see instructions)	22	( -	10,04	14.)	(	)	(	)
23a	Total of all amounts reported on line 3 for all rental prope				23a		450.		
b	Total of all amounts reported on line 4 for all royalty properties	erties			23b				
С	Total of all amounts reported on line 12 for all properties				23c				
d	Total of all amounts reported on line 18 for all properties				23d				
е	Total of all amounts reported on line 20 for all properties				23e	10,	494.		
24	Income. Add positive amounts shown on line 21. <b>Do not</b>		-				24	/	10 044 `
25	Losses. Add royalty losses from line 21 and rental real estate						25	(	10,044.)
26	Total rental real estate and royalty income or (loss). (here. If Parts II, III, and IV, and line 40 on page 2 do no								
	Schedule 1 (Form 1040), line 5. Otherwise, include this ar								-10,044.