Form 8879
(Rev. January 2021)
Department of the Treesury

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.

Social accurity number

Submission Identification Number (SID)

Taxpayer's name

талрау		Social security	lumber
UMA	DEVI GOPALAKRISHNAN	763-13-	9399
Spouse	's name	Spouse's socia	al security number
Par	Tax Return Information — Tax Year Ending December 31, 2023 (Enter	year you ar	e 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		1 100,722.
2	Total tax	[2 14,420.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	[3 17,351.
4	Amount you want refunded to you	[4 2,931.
5	Amount you owe		5

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

Under penalties of perjury, 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 ddthonze			ERO firm name	to enter or generate my r m	Ę
X	l authorize	GLOBAL	TAXES	LLC	to enter or generate my PIN	-

3	9	3	9	9	
Ent don	er fiv n't er	ve di Iter a	gits, all ze	but ros	as 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

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 signature >	Da	ate 🕨	•				 		
Practitioner PIN Method Returns Only—	-continue	bel	ow						
Part III Certification and Authentication – Practitioner PIN Metho	od Only								
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected	ed PIN.	2	2		6 0 er all 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 🕨			
	ust Retain This Form — See Instructions This Form to the IRS Unless Requested To Do So				
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 Ta		urn	202	3	OMB No. 1545	-0074	IRS Use Only	—Do not w	rite or staple in this space.
For the year Jan	. 1–Dec	. 31, 2023, or other tax year beginning			, 2023, end	ing			, 20	See se	parate instructions.
Your first name	and mi		Last na							Your so	cial security number
UMADEVI					SHNAN						13 9399
	oouse's	s first name and middle initial	Last na								s social security number
										011	13 0702
Home address	(numbe	er and street). If you have a P.O. box, see	instructi	ons.				A	vpt. no.		ntial Election Campaign
101 RENC) AVI	C								Check h	nere if you, or your
		ce. If you have a foreign address, also co	mplete s	paces be	low.	Sta	te	ZIP c	ode		if filing jointly, want \$3
GARNER						NC	7	275	29	U U	o this fund. Checking a ow will not change
Foreign country	name			Foreign pi	rovince/state/c	ount	:y	Foreig	n postal code		or refund.
											You Spouse
Filing Status	;	Single					Head of he	ouseh	old (HOH)		
Check only		Married filing jointly (even if only o	ne had i	income)							
one box.	X	Married filing separately (MFS)					Qualifying	surviv	ving spouse	(QSS)	
	-	ou checked the MFS box, enter the		-				l or Q	SS box, ente	r the chi	ld's name if the
	qu	alifying person is a child but not you	ır deper	ndent: I	JITTIN J	OMO	NC				
Digital	At ar	ny time during 2023, did you: (a) rec	eive (as	a reward	d, award, or i	oayn	nent for prope	rty or	services); or	(b) sell,	
Assets		ange, or otherwise dispose of a dig				-		-			🗌 Yes 🛛 No
Standard	Som	eone can claim: 🗌 You as a de	penden	t 🗌	Your spouse	as	a dependent				
Deduction		Spouse itemizes on a separate retur	n or you								
Age/Blindness	You	Were born before January 2, 1	959 F	Are bl	lind Spo	use	· 🗌 Was bor	n befr	ore January 2	2 1959	Is blind
Dependents		•			Social security		(3) Relationsh	14			fies for (see instructions):
If more		(1) First name Last name			number		to you		Child tax ci	redit	Credit for other dependents
than four											
dependents,											
see instructions and check	3										
here											
Income	1a	Total amount from Form(s) W-2, b	ox 1 (se	e instruc	tions)					. 1a	117,561.
Attach Form(s)	b	Household employee wages not re	eported	on Form	n(s) W-2					. 1b	
W-2 here. Also	С	Tip income not reported on line 1a	ı (see in	struction	is)					. 1c	
attach Forms W-2G and	d	Medicaid waiver payments not rep	orted o	n Form(s	s) W-2 (see ir	nstru	ictions)			. 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	
W-2, see	h	Other earned income (see instruct	,			•	· · · ·	· ·		. <u>1h</u>	0.
instructions.	i	Nontaxable combat pay election (s	see inst	ructions)		•	1 i				
		Add lines 1a through 1h	· ·		· · · ·	. <u>-</u>				. 1z	
Attach Sch. B if required.	2a	· ·	2a				axable interest			. <u>2b</u>	
	<u>3a</u>		3a				ordinary divider			. 3b	
Standard	4a		4a				axable amount			. 4b	
Deduction for-	5a		5a				axable amount			. 5b	
 Single or Married filing 	6a	, _	6a	mathad			axable amount		 г	. 6b	
separately, \$13,850	с 7	If you elect to use the lump-sum e					,	• •	· · · L	_	-1 500
 Married filing 	7 8	Capital gain or (loss). Attach Sche						• •	L	_ 7 . 8	-1,500.
jointly or Qualifying	о 9	Additional income from Schedule Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7						• •		. <u>o</u> . 9	100,722.
surviving spouse, \$27,700	9 10	Adjustments to income from Sche						• •		. 9 . 10	
 Head of household, 	11	Subtract line 10 from line 9. This is						• •		. 11	
\$20,800	12	Standard deduction or itemized								. 12	
 If you checked any box under 	13	Qualified business income deduct					5-A			. 13	
Standard Deduction,	14	Add lines 12 and 13				200				. 14	
see instructions.	15	Subtract line 14 from line 11. If zer		s, enter	-0 This is v	our t	axable incom	ie .		. 15	

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 🗌	1	6 14,4	20.
Credits	17	Amount from Schedule 2, lin	ne3				1	7	
	18	Add lines 16 and 17					1	8 14,4	20.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812		1	9	
	20	Amount from Schedule 3, lin	ne8				2	20	
	21	Add lines 19 and 20					2	21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0			2	14,4	20.
	23	Other taxes, including self-e					2	23	0.
	24	Add lines 22 and 23. This is	your total tax				2	24 14,4	20.
Payments	25	Federal income tax withheld							-
	а	Form(s) W-2				25a 17	,351.		
	b	Form(s) 1099				25b			
	с	Other forms (see instructions				25c			
	d	Add lines 25a through 25c	<i>.</i>				2	5d 17,3	51.
If you have a	26	2023 estimated tax payment					2	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				undable credits	3	32	
	33	Add lines 25d, 26, and 32. T	,	•				3 17,3	51.
Refund	34	If line 33 is more than line 24							931.
noruna	35a	Amount of line 34 you want	-				3	5a 2,9	931.
Direct deposit?	b	Routing number 2 6 7					Savings		
See instructions.	d	Account number 1 9 7							
	36	Amount of line 34 you want a			ed tax	36			
Amount	37	Subtract line 33 from line 24							
You Owe	01	For details on how to pay, g					3	37	
	38	Estimated tax penalty (see in				38		-	
Third Party	Do	you want to allow another							
Designee		structions	•				omplete belo	w. 🗙 No	
j	De	signee's		Phone			onal identificat		
	nai	ne		no.		numt	ber (PIN)		
Sign		der penalties of perjury, I declare the ief, they are true, correct, and com							
Here		· · · ·	piete. Declaration						Ū.
	Yo	ur signature		Date	Your occupation			S sent you an Identit on PIN, enter it here	
Joint return?						N ENGINEER	(see inst.		
See instructions.	Sp	ouse's signature. If a joint return, i	ooth must sign.	Date	Spouse's occupat		If the IRS	sent your spouse a	an
Keep a copy for			Ū					Protection PIN, enter	r it here
your records.							(see inst.)	
		one no. (813)461-941		Email address	UMA04GK@G				
Paid		eparer's name	Preparer's signat			Date	PTIN	Check if:	
Preparer	SYA	M PRIYA RAM SAGAR GUPTA	SYAM PRIY	A RAM SAC	GAR GUPTA	03/25/2024	P0208270		
Use Only	Fir	m's name GLOBAL TAX	XES LLC				Phone no	p. (678)965-9	9522
	Firi	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firm's El		
Go to www.irs.go	ov/Form	n1040 for instructions and the late	st information.		BAA	REV 03/07/24 PRO		Form 104	0 (2023)

SCHEDULE	1
(Form 1040)	

Department of the Treasury

Additional Income and Adjustments to Income

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

OMB No. 1545-0074 20)23

Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form1040 for instructions and the latest information.		Attachment Sequence No. 01
Name(s) shown on Fo	rm 1040, 1040-SR, or 1040-NR	Your soc	ial security number
UMADEVI GOPALA	KRISHNAN	763-13	-9399

Par	t I 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	-15,339.
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	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	8р		
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	
10	Combine lines 1 through 7 and 9. This is your additional income . Enter	r here and on Form		15 220
	1040, 1040-SR, or 1040-NR, line 8		10	-15,339.
For Pa	perwork Reduction Act Notice, see your tax return instructions.		Schedul	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	s 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:			
 a	Jury duty pay (see instructions)			
b	Deductible expenses related to income reported on line 8I from the		-	
D	rental of personal property engaged in for profit			
с	Nontaxable amount of the value of Olympic and Paralympic medals		-	
C	and USOC prize money reported on line 8m			
d			-	
	Repayment of supplemental unemployment benefits under the Trade		-	
е	Act of 1974			
			-	
f			-	
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	er here and on		
	Form 1040, 1040-SR, or 1040-NR, line 10	<u></u>	26	
	BAA REVO)3/07/24 PRO	Schedule 1 (F	orm 1040) 202

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.

Attachment Sequence No. 12 Your social security number

20

Internal Revenue Service Name(s) shown on return

Department of the Treasury

UMADEVI GOPALAKRISHNAN

763-13-9399

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

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

lines This	nstructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to e dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustment to gain or loss Form(s) 8949, F line 2, columr	from Part I,	(h) Gain or (loss) Subtract column (e) 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	oss) from Forms 4	684, 6781, and 88	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		-	-	6	(3,818.)
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise				7	-3,818.

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

lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to le dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustmen to gain or loss Form(s) 8949, l line 2, colum	from Part II,	(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	
14	Long-term capital loss carryover. Enter the amount, if any Worksheet in the instructions	y, from line 13 of y	our Capital Loss	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 -3,818.
	• 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?	
	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 (1,500.)
	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 03/07/24 PRO

Schedule D (Form 1040) 2023

SCHE	DULE	Е
(Form	1040)	

Supplemental Income and Loss

OMB No. 1545-0074

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

Department of the Treasury Internal Revenue Service **Go to w**

Attach to Form 1040, 1040-SR, 1040-NR, or 1041. Go to *www.irs.gov/ScheduleE* for instructions and the latest information.

)	2023
	Attachment Sequence No. 13

Name(s)) shown on return		-						Your socia	al security	number
UMADEVI GOPALAKRISHNAN							763-13-9399				
Part			s From Rental Real Estate an								
	Note: If you a rental income	or los	he business of renting personal propersonal properson Form 4835 on page 2, line 40.	rty, use	Schedu	le C. See	e instru	ctions. If you	are an indiv	vidual, rep	ort farm
Α			ents in 2023 that would require you	to file	Form(s)	1099? \$	See ins	structions .		. 🗌 Ye	s 🛛 No
B											s 🗌 No
1a			ach property (street, city, state, Zl								
Α	502, BLOCK:1 EMSNAGAR PATTOOR, VANCHIYOOR TRIVANDRUM, KERALA IN 695035										
В	101 RENO AVE GARNER NC 27529										
С											
1b	Type of Property (from list below)	2	For each rental real estate proper above, report the number of fair				Fa	ir Rental Days	Personal Use Days		QJV
Α	3	1	personal use days. Check the Q	JV box only				365	0		
В	3	1	if you meet the requirements to					365	0		
С		1	qualified joint venture. See instru	uctions	3.	С				-	
Гуре	of Property:					_			1	1	
1	Single Family Resi	dence	e 3 Vacation/Short-Term Ren	ntal	5 Lan	d	7	Self-Rental			
2	Multi-Family Resid	ence	4 Commercial		6 Roy	alties	8	Other (desc	ribe)		
								Propert			
ncom	ne:					Α		B			С
3				3			50.	18	8,187.		-
4				4							
Exper											
5	Advertising			5							
6	Auto and travel (s	ee ins	structions)	6							
7			ance	7		1,8	31.				
8				8					472.		
9				9					2,752.		
10			sional fees	10							
11	-			11							
12			to banks, etc. (see instructions)	12				20	0,925.		
13				13 14		2 2	60.				
14 15				14			600.				
16				16		1,5	.00		3,256.		
17	Utilities			17		1,1	80.		5,250.		
18	Depreciation expe	ense	or depletion	18							
19	Othor (list)			19							
20	· · · · · · · · · · · · · · · · · · ·		nes 5 through 19	20		6,7	71.	2'	7,405.		
21	Subtract line 20 fr	rom li	ne 3 (rents) and/or 4 (royalties). If								
			structions to find out if you must								
	file Form 6198 .			21		-6,1	.21.		9,218.		
22			estate loss after limitation, if any, tructions)	00	,	6 1	א 1	(0	210	(
23a			ported on line 3 for all rental prope	22	1		21.) 23a		,218.) 8,837.	(
zsa b		-	ported on line 4 for all royalty prop				23a	Τ¢			
c			ported on line 12 for all properties				23c	2.0	0,925.		
d			ported on line 18 for all properties				23d	20	.,		
e			ported on line 20 for all properties				23e	34	4,176.		
24		-	amounts shown on line 21. Do no								
25			ses from line 21 and rental real estat		-		nter to	tal losses he	re 25	(15,339.
26	Total rental real	estat	te and royalty income or (loss).	Comb	ine lines	24 and	I 25. E	nter the res	ult		

For Paperwork Reduction Act Notice, see the separate instructions.

26

-15,339.

here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2