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 securit	y number				
FNU SOHRAB SINGH	800-21-	-7178				
Spouse's name	Spouse's soc	ial security	number			
SUKHJEET KAUR	100-80	-2225				
Part I Tax Return Information — Tax Year Ending December 31, 2023 (Enter year you a	re autho	rizing.)			
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	89,764.			
2 Total tax		2	7,009.			
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	14,602.			
4 Amount you want refunded to you		4	7,593.			
5 Amount you owe		5				
Part II Taxpayer Declaration and Signature Authorization (Be sure you get a Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or ame						
return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution accoupayment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial insauthorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to ten payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation business days prior to the payment (settlement) date. I also authorize the financial institutions involved taxes to receive confidential information necessary to answer inquiries and resolve issues related to personal identification number (PIN) below is my signature for the income tax return (original or amende Electronic Funds Withdrawal Consent.	for rejection of the tr the U.S. Treasury and int indicated in the ta stitution to debit the minate the authoriza in requests must be in the processing of the payment. I furt	ansmission dits desing ax prepara entry to the tion. To received the electroners acknown as medium and the electroners acknown distributes acknown	n, (b) the reason gnated Financial tion software for its account. This evoke (cancel) a no later than 2 onic payment of wledge that the			
Taxpayer's PIN: check one box only						
▼ I authorize GLOBAL TAXES LLC to enter or general content of the conten	erate my PIN	7 1 '	7 8 as my			
ERO firm name signature on the income tax return (original or amended) I am now authorizing.	ř Ent	er five digi n't enter all	ts, but			
I will enter my PIN as my signature on the income tax return (original or amended) I if you are entering your own PIN and your return is filed using the Practitioner PIN below.						
Your signature ▶ Date	e▶					
Spouse's PIN: check one box only						
• _	erate my PIN 0	2 2 :	2 5 as my			
X I authorize GLOBAL TAXES LLC to enter or gene	-	er five digi	a.e,			
signature on the income tax return (original or amended) I am now authorizing.		n't enter all				
I will enter my PIN as my signature on the income tax return (original or amended) I if you are entering your own PIN and your return is filed using the Practitioner PIN below.						
Spouse's signature ► Date	e▶					
Practitioner PIN Method Returns Only—continue b	elow					
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.		6 0 8 er all zeros	2 7 1			
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual inco- authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am requirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Provider	submitting this retu	rn in acco	ordance with the			
ERO's signature ▶ Date	e ▶					
FRO Must Retain This Form — See Instruction	ne					

Don't Submit This Form to the IRS Unless Requested To Do So

E1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return



For the year Jan	. 1–Dec	c. 31, 2023, or other tax year beginning		, 2023, end	ding		, 2	0	;	See se	parate inst	tructions.
Your first name	and mi	iddle initial	Last na	ame					١,	Your so	cial securit	ty number
FNU			SOHE	RAB SINGH						800	21 7	178
If joint return, s	pouse's	s first name and middle initial	Last na						;	Spouse'	s social se	curity number
SUKHJEET	1		KAUF	3						100	80 2	225
Home address	(numbe	er and street). If you have a P.O. box, see	instructi	ions.			Apt	no.		Preside	ntial Electi	on Campaign
756 MYRT	LE A	AVENUE					5м			Check ł	here if you,	or your
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete s	spaces below.	Sta	te	ZIP code)		•	٠,	ntly, want \$3
BROOKLYN	1				NY		1120	5		•	ow will not	Checking a change
Foreign country	name			Foreign province/state/o	count	у	Foreign p	ostal c			k or refund.	
											You	Spouse
Filing Status	; [Single				Head of ho	ouseholo	(HOF	1)			
Check only		Married filing jointly (even if only or	ne had	income)								
one box.		Married filing separately (MFS)				☐ Qualifying	surviving	g spot	use (C	QSS)		
	If y	ou checked the MFS box, enter the	name o	of your spouse. If you	u che	cked the HOH	or QSS	box,	enter	the chi	ild's name	; if the
	qu	alifying person is a child but not you	ır deper	ndent:								
Digital	At ar	ny time during 2023, did you: (a) rece	eive (as	a reward, award, or	navn	nent for prope	rtv or se	rvices'): or (l	b) sell.		
Assets		lange, or otherwise dispose of a digi									☐ Yes	⊠ No
Standard	Som	eone can claim: You as a de	penden	t Your spouse	e as	a dependent						
Deduction				•		·						
A (DU. d		<u> </u>						1		4050		Parat
	-	Were born before January 2, 19	959 [T -	ouse:		(4) (∐ Is bl	
Dependents				(2) Social security number	<i>'</i>	(3) Relationsh	ib I.,	neck to Child t			i ,	e instructions): ther dependents
If more	(1) F	irst name Last name		Humber		to you		onna t		uit	Credit for other	
than four dependents,									_		l	
see instructions	s —							<u>[</u>	+			
and check here								[_			
-	1a	Total amount from Form(s) W-2, bo	ov 1 (cc	o instructions)				L		1a	1 10	<u>□</u> 08,680.
Income	b		•	,				•		1b		30,000.
Attach Form(s)	C	Household employee wages not reported on Form(s) W-2									;	
W-2 here. Also attach Forms	d										1	
W-2G and	e										,	
1099-R if tax was withheld.	f											
If you did not	g g	Wages from Form 8919, line 6.						•		1f 1g		
get a Form	h	Other earned income (see instructi								1h		0.
W-2, see instructions.	i	Nontaxable combat pay election (s	,			1 1i	Ì	-				
	z	Add lines to through th								1z	1	08,680.
Attach Sch. B	2a	1	2a		b Ta	axable interest	t			2b	,	
if required.	3a	Qualified dividends	3a		b 0	rdinary divider	nds			3b	,	
	4a	IRA distributions	4a			axable amount				4b	,	
Standard Deduction for—	5a	Pensions and annuities	5a		b Ta	axable amount	t			5b	,	
Single or	6a	Social security benefits	6a		b Ta	axable amount	t			6b	,	
Married filing separately,	С	If you elect to use the lump-sum el	lection	method, check here	(see	instructions)			. \square			
\$13,850	7	Capital gain or (loss). Attach Sched	dule D i	f required. If not requ	uired,	check here			. \square	7		
Married filing jointly or	8	Additional income from Schedule 1	1, line 1	0						8	- :	18,916.
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	and 8.	This is your total inc	come					9		89,764.
\$27,700	10	Adjustments to income from Scheo	dule 1,	line 26						10		
Head of household,	11	Subtract line 10 from line 9. This is	your a	djusted gross incon	me					11	{	89,764.
\$20,800 If you checked r	12	Standard deduction or itemized	deduct	tions (from Schedule	A)					12	: :	27,700.
any box under Standard	13	Qualified business income deducti	on fron	n Form 8995 or Form	1 899	5-A				13	;	
Deduction,	14	Add lines 12 and 13								14		27,700.
see instructions.	15	Subtract line 14 from line 11. If zer	o or les	s, enter -0 This is y	our t	axable incom	ie			15	, (62,064.

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	7,009.
Credits	17	Amount from Schedule 2, line	3					17	
	18	Add lines 16 and 17						18	7,009.
	19	Child tax credit or credit for of	ther dependent	s from Sched	ule 8812			19	
	20	Amount from Schedule 3, line	8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18.	If zero or less, e	enter -0				22	7,009.
	23	Other taxes, including self-em	ployment tax,	from Schedule	e 2, line 21			23	0.
	24	Add lines 22 and 23. This is yo	our total tax					24	7,009.
Payments	25	Federal income tax withheld for							
-	а	Form(s) W-2				25a 14	1,602.		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions)				25c			
	d	Add lines 25a through 25c .						25d	14,602.
If you have a	26	2023 estimated tax payments	and amount a	oplied from 20	22 return			26	
qualifying child,	27	Earned income credit (EIC) .			No .	27			
attach Sch. EIC.	28	Additional child tax credit from	Schedule 8812			28			
	29	American opportunity credit fr	rom Form 8863	, line 8		29			
	30	Reserved for future use				30			
	31	Amount from Schedule 3, line							
	32	Add lines 27, 28, 29, and 31.	These are your	total other pa	ayments and refu	indable credits		32	
	33	Add lines 25d, 26, and 32. The	ese are your to	tal payments				33	14,602.
Refund	34	If line 33 is more than line 24,	subtract line 24	4 from line 33.	This is the amour	nt you overpaid		34	7,593.
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here							7,593.
Direct deposit?	b	Routing number 0 2 1 0 0 0 0 2 1 c Type: X Checking Savings							
See instructions.	d	Account number 5 8 6	9 8 3 2	6 7					
	36	Amount of line 34 you want ar	oplied to your 2	2024 estimate	ed tax	36			
Amount You Owe	37	Subtract line 33 from line 24. For details on how to pay, go		•				37	
	38	Estimated tax penalty (see ins	_	-		38			
Third Party Designee		you want to allow another particular	person to disc	uss this retur	n with the IRS?		omplete l	nelow.	⊠ No
Doolgiloo	De	signee's		Phone			sonal identi		
	na	me		no.		num	iber (PIN)		
Sign		der penalties of perjury, I declare tha ief, they are true, correct, and compl							,
Here	Yo	ur signature		Date	Your occupation		If the	RS se	nt you an Identity
								ection P inst.)	IN, enter it here
Joint return? See instructions.				.	RESIDENT F				
Keep a copy for your records.	Sp	ouse's signature. If a joint return, bo	oth must sign.	Date	Spouse's occupati		Iden		nt your spouse an ection PIN, enter it here
	——Ph	Phone no. (541)918-1232 Email address SINGH.SOHRAB2@GMAIL.COM							
		` '	Preparer's signat		ZIII. DOIMP	Date Date	PTIN		Check if:
Paid	SYA	M PRIYA RAM SAGAR GUPTA S	SYAM PRIY	A RAM SAG	GAR GUPTA	03/15/2024	P0208	2703	Self-employed
Preparer		m's name GLOBAL TAX				1 , - 3 , 2 3 2 1			678)965-9522
Use Only		m's address 245 ROONEY		NSWICK N	J 08816			's EIN	
	/-	10101					1		- 1010 ()

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023
Attachment
Sequence No. 01

Department of the Treasury Internal Revenue Service Attach to Form 1040, 1040-SR, or 1040-NR.

Go to www.irs.gov/Form1040 for instructions and the latest information.

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
FNU SOHRAB SINGH & SUKHJEET KAUR

Your social security number
800-21-7178

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. Att	ach Schedule E .	5	-18,916.
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		
ı	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 (<u>)</u>	
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 . Ente	r here and on Form		10 016
	1040, 1040-SR, or 1040-NR, line 8		10	-18,916.

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				
	-	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 adjustments to income . Form 1040, 1040-SR, or 1040-NR, line 10	. Enter	r here and	on 26	
	1 OITH 1070, 1070-011, 01 1070-1111, 11110-10	• •		. 20	

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.

Department of the Treasury Internal Revenue Service

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

2023	
Attachment Sequence No. 13	

OMB No. 1545-0074

Name(s)	s) shown on return					Y	our social s	ecurity r	number
FNU	SOHRAB SINGH & SUKHJEET KAUR					8	300-21-	-7178	
Part	Note: If you are in the business of renting personal rental income or loss from Form 4835 on page 2, lir	property, use ne 40.	Schedule						
	Did you make any payments in 2023 that would requir								
B I	If "Yes," did you or will you file required Form(s) 1099)?						☐ Ye	s 🗌 No
1a	Physical address of each property (street, city, sta	te, ZIP code	e)						
A	H.NO:171-H,B.R.S NAGAR LUDHIANA PU	NTAR TN	141012)					
B									
1b	Type of Property (from list below) 2 For each rental real estate above, report the number of				Fa		Personal		QJV
	The second secon					Days	Days		
A B	jersonal use days. Check to the second use days. Check to the second use days. Check to the second use days.			A B		365		0	
C	qualified joint venture. See	instructions	i.	С					
	of Property:								
	Single Family Residence 3 Vacation/Short-Tern	n Dontal	5 Lanc	ı	7	Self-Rental			
	Multi-Family Residence 4 Commercial	ii i tentai	6 Roya			Other (describ	e)		
						Properties	S:		
Incom				Α		В			С
3	Rents received			5	80.				
4	Royalties received	. 4							
Exper		_							
5	Advertising				2.0				
6	Auto and travel (see instructions)				30.				
7	Cleaning and maintenance			1,8	40.				
8	Commissions								
9	Insurance								
10	Legal and other professional fees			1 4	1.0				
11	Management fees			1,4	10.				
12	Mortgage interest paid to banks, etc. (see instruction								
13 14	Other interest			1 0	11				
15	Repairs				<u>11.</u>				
16	Supplies			5,4	30.				
17	Utilities			5,5	75				
18	Depreciation expense or depletion			3,3	75.				
19	Other (list)	10							
20	Total expenses. Add lines 5 through 19			19,4	96				
21	Subtract line 20 from line 3 (rents) and/or 4 (royaltie			±2,1	, ,				
21	result is a (loss), see instructions to find out if your								
	file Form 6198			-18,9	16.				
22	Deductible rental real estate loss after limitation, if on Form 8582 (see instructions)	any,		18,91		,)(
23a	Total of all amounts reported on line 3 for all rental				23a		580.		
b	Total of all amounts reported on line 4 for all royalty				23b				
c	Total of all amounts reported on line 12 for all prope				23c				
d	Total of all amounts reported on line 18 for all prope				23d				
e	Total of all amounts reported on line 20 for all prope				23e	19.	496.		
24	Income. Add positive amounts shown on line 21. D			sses			24		
25	Losses. Add royalty losses from line 21 and rental real		-		nter to	al losses here	25 (18,916.
26	Total rental real estate and royalty income or (lo						<u> </u>		
	here. If Parts II, III, and IV, and line 40 on page 2								
	Schedule 1 (Form 1040), line 5. Otherwise, include						26	-	-18,916.

Passive Activity Loss Limitations

See separate instructions.

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

Go to www.irs.gov/Form8582 for instructions and the latest information.

OMB No. 1545-1008 Attachment Sequence No. **858**

Department of the Treasury Internal Revenue Service

Name(s	s) shown on return				Ide	entifying r	number
FNU	SOHRAB SINGH & SUKHJEET KA	AUR			8	00-21	-7178
Pai	rt I 2023 Passive Activity Loss						
	Caution: Complete Parts IV ar	nd V before compl	eting Part I.				
	al Real Estate Activities With Active Pa ance for Rental Real Estate Activities	- '		ive participation, s	ee Specia i		
1a b c d	Activities with net income (enter the a Activities with net loss (enter the amore Prior years' unallowed losses (enter the Combine lines 1a, 1b, and 1c	unt from Part IV, c ne amount from Pa	olumn (b)) art IV, column (c))	1b (0. 18,916.		-18,916.
All Ot	her Passive Activities						
2a b c d	Activities with net income (enter the a Activities with net loss (enter the amore) Prior years' unallowed losses (enter the Combine lines 2a, 2b, and 2c	unt from Part V, co ne amount from Pa	olumn (b)) art V, column (c))	2b (2c ()) 2d	
3	Combine lines 1d and 2d and subtra zero or more, stop here and include prior year unallowed losses entered onormally used	ct any prior year of this form with you on line 1c or 2c. F loss, go to Part II.	unallowed CRD. Sur return; all losses Report the losses	See instructions. If es are allowed, inc	this line is cluding any schedules	/	-18,916.
	on: If your filing status is married filing I. Instead, go to line 10.	•	•			ne year,	do not complete
Par	t II Special Allowance for Rer			-			
	Note: Enter all numbers in Par			tions for an examp	ole.		Г
4	Enter the smaller of the loss on line 1					4	18,916.
5 6	Enter \$150,000. If married filing separ Enter modified adjusted gross income	-			50,000.		
0	Note: If line 6 is greater than or equal on line 9. Otherwise, go to line 7.				08,680.		
7	Subtract line 6 from line 5			7	41,320.		
8	Multiply line 7 by 50% (0.50). Do not en						20,660.
9	Enter the smaller of line 4 or line 8. If	line 3 includes any	/ CRD, see instruc	ctions	<u></u>	9	18,916.
Par		10 1 1				10	
10	Add the income, if any, on lines 1a an					10	0.
11	Total losses allowed from all passiv	e activities for 20	23. Add lines 9 an	id 10. See instructi	ions to tind	1 11	18,916.
Par	out how to report the losses on your to	e Part I. I ines 1	a. 1b. and 1c. S	ee instructions	<u> </u>	11	10,910.
Tur	·		nt year	Prior years	0	verall ga	ain or loss
	Name of activity	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) G	ain	(e) Loss
H.N	O:171-H,B.R.S NAGAR	0.	18,916.				18,916.
		i .		i .			i e

Nove of addition	Currer	nt year	Prior years	Overall gain or loss			
Name of activity	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss		
H.NO:171-H,B.R.S NAGAR	0.	18,916.			18,916.		
Total. Enter on Part I, lines 1a, 1b, and 1c	0.	18,916.					

Form 8582 (2023) Page **2**

	-,									
Part V	Complete This Part Befor	e P	art I, Lines 2	a, 2b,	and 2c. S	ee instrud	ctions.			•
	Name of addition		Current ye			Prior y	ears	Overall ç		ain or loss
	Name of activity	(a) Net income (line 2a)		(b) (li	Net loss ne 2b)	(c) Unallowed loss (line 2c)		(d) Gain		(e) Loss
									_	
	on Part I, lines 2a, 2b, and 2c		Chaum an F) II	Lina O. C	:	.4:			
Part VI	Use This Part if an Amour			art II,	, Line 9. S	ee instruc	tions.			
	Name of activity	ar to	rm or schedule ad line number be reported on se instructions)	(a) Loss	(b) Ra	atio	(c) Special allowance		(d) Subtract column (c) from column (a).
H.NO:17	1-H,B.R.S NAGAR		E Ln 22		18,916.	1.0000	0000	18,91	6.	0.
Total .					18,916.	1.00	0	18,91	6.	0.
Part VII	Allocation of Unallowed L	.oss			S.					
	Name of activity		Form or sche and line nun to be reporte (see instruct	nber ed on	(a) l	_oss	(b) Ratio	(c	e) Unallowed loss
Total .	<u> </u>							1.00		
Part VIII	Allowed Losses. See instr	ucti								
	Name of activity		Form or sche and line nun to be reporte (see instruct	nber ed on	(a) l	_oss	(b) Ur	nallowed loss	((c) Allowed loss
Total .										