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)

T.....

Taxpayer's name	Social security number
SAI KIRAN REKAM	852-77-7558
Spouse's name	Spouse's social security number
Part I Tax Return Information – Tax Year Ending December 31, 2023 (Ent	ter 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 90,948.
2 Total tax	2 12,255.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3 16,616.
4 Amount you want refunded to you	• • • • • • 4 4,361.
5 Amount you owe	5

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

•••	1 ddinon20			ERO firm name	to enter of generate my rint	Ę
X	l authorize	GLOBAL	TAXES	LLC	to enter or generate my PIN	

7	7	5	5	8	
Ent don	er fiv i't en	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	

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

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

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

Spouse's signature D	ate 🕨					 		
Practitioner PIN Method Returns Only—continue	bel	ow						
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		 	0 III zero	 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 🕨	
	Retain This Form — Se Form to the IRS Unless		
Ear Department Reduction Act Nation and Your tax ratur	m instructions	REV 02/07/24 RRO	Eorm 8879 (Poy, 01 2021)

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 03/07/24 PRO

1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Ta		turn	202	23	OMB No. 1545	-0074	IRS Use Only	–Do not w	rite or sta	aple in this space.
For the year Jar	. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, en	ding			, 20	See se	parate i	instructions.
Your first name	and m	iddle initial	Last r	name						Your so	cial sec	urity number
SAI KIRA	M		REK	АМ								7558
		s first name and middle initial	Last r									security number
										-		
Home address	(numbe	er and street). If you have a P.O. box, see	instruc	tions.				A	pt. no.	Preside	ntial Ele	ection Campaigr
9255 NE	ROC	KSPRING STREET						2	04	Check I	nere if y	ou, or your
		ce. If you have a foreign address, also co	mplete	spaces be	low.	Sta	ate	ZIP c			0.	jointly, want \$3
HILLSBOR	ro					OF	R	970	06	, °		nd. Checking a not change
Foreign country	/ name			Foreign p	rovince/state	/coun	ty	Foreig	n postal code	your tax		•
											Yo	ou 🗌 Spouse
Filing Status	; 🛛] Single					Head of he	ouseh	old (HOH)			
Check only] Married filing jointly (even if only o	ne hac	l income)								
one box.] Married filing separately (MFS)					Qualifying	surviv	ing spouse	(QSS)		
	-	ou checked the MFS box, enter the		-	pouse. If yo	ou che	ecked the HOH	l or Q	SS box, ente	er the chi	ld's na	me if the
	qu	alifying person is a child but not you	ir depe	endent:								
Digital	At a	ny time during 2023, did you: (a) rec	eive (a	s a reward	d, award, o	payr	ment for prope	rty or	services); or	(b) sell,		
Assets		ange, or otherwise dispose of a dig						-			XΥe	es 🗌 No
Standard	Som	eone can claim: 🗌 You as a de	pende	nt 🗌	Your spou	se as	a dependent					
Deduction		Spouse itemizes on a separate retur	n or yo	ou were a	dual-status	alier	า					
Age/Blindness	s You	: Were born before January 2, 1	959	Are bl	lind Sn	ouse	: 🗌 Was bor	n befo	ore January	2, 1959		s blind
Dependents				<u> </u>			(3) Relationsh	14				see instructions):
-		irst name Last name		(2) 3	Social securit number	y	to you	ip (Child tax c	· · ·		or other dependents
lf more than four	(.).						,					
dependents,												
see instructions and check	s ——											\square
here]											
Income	1a	Total amount from Form(s) W-2, b	ox 1 (s	ee instruc	ctions) .					. 1a		110,474.
	b	Household employee wages not re	eporte	d on Form	n(s) W-2.					. 1b		
Attach Form(s) W-2 here. Also	с	Tip income not reported on line 1a	(see i	nstruction	ns)					. 1c	;	
attach Forms	d	Medicaid waiver payments not rep	orted	on Form(s	s) W-2 (see	instru	uctions)			. 1d		
W-2G and 1099-R if tax	е	Taxable dependent care benefits f	rom F	orm 2441,	, line 26					. 1e		
was withheld.	f	Employer-provided adoption bene	fits fro	m Form 8	8839, line 29	θ.				. 1f		
If you did not	g	Wages from Form 8919, line 6 .								. 1g		
get a Form W-2, see	h	Other earned income (see instruct	ions)					· ·		. 1h		0.
instructions.	i	Nontaxable combat pay election (s	see ins	structions)		• •	1 i					
	Z	Add lines 1a through 1h	• •		· · ·	• •		• •		. 1z	-	110,474.
Attach Sch. B	2a	· · -	2a		1 - 0		axable interest			. 2b	-	1 5 0
if required.	<u>3a</u>		3a		158.		Ordinary divide			. <u>3b</u>	-	158.
Standard	4a		4a				axable amoun			. 4b	-	
Deduction for—	5a		5a				axable amoun			. 5b	-	
 Single or Married filing 	6a	, _	6a				axable amoun	t	· · ·	. 6b		
separately, \$13,850	c -	If you elect to use the lump-sum e		,		`	,	• •	L			
 Married filing 	7 0	Capital gain or (loss). Attach Sche		•			-	• •	L			-19,684.
jointly or Qualifying	8 9	Additional income from Schedule Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	,					• •		. <u>8</u> . 9		90,948.
surviving spouse, \$27,700	9 10	Add lines 12, 20, 30, 40, 50, 60, 7 Adjustments to income from Sche					e	• •		. 9 . 10		JU,JHU.
 Head of 	11	Subtract line 10 from line 9. This is						• •	• • •	. 11		90,948.
household, \$20,800	12	Standard deduction or itemized	-	-	-			•••		. 12	-	13,850.
 If you checked any box under 	13	Qualified business income deduct					э. т. т. т. 95-А	•••		. 13		,050.
Standard Deduction,	14	Add lines 12 and 13								. 14		13,850.
see instructions.	15	Subtract line 14 from line 11. If zer	o or le	ss, enter	-0 This is	vour	taxable incom	ie .				77,098.
	-			,					•			

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2023)

Form 1040 (2023	5)								Page 2
Tax and	16	Tax (see instructions). Check if	i any from Form	(s): 1 🗌 881	4 2 4972	3 🗌		16	12,255.
Credits	17	Amount from Schedule 2, line	3				[17	
	18	Add lines 16 and 17					[18	12,255.
	19	Child tax credit or credit for o	ther dependent	ts from Sched	ule 8812		[19	
	20	Amount from Schedule 3, line						20	
	21	Add lines 19 and 20					[21	
	22	Subtract line 21 from line 18.	If zero or less,	enter -0			[22	12,255.
	23	Other taxes, including self-em	ployment tax,	from Schedule	e 2, line 21 .		[23	0.
	24	Add lines 22 and 23. This is ye	our total tax				[24	12,255.
Payments	25	Federal income tax withheld f							
•	а	Form(s) W-2				25a 16	5,602.		
	b	Form(s) 1099				25b	14.		
	с	Other forms (see instructions)				25c			
	d	Add lines 25a through 25c						25d	16,616.
If you have a	26	2023 estimated tax payments	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 fi	rom Form 8863	8. line 8		29			
	30	Reserved for future use		-		30			
	31	Amount from Schedule 3, line				31			
	32	Add lines 27, 28, 29, and 31.						32	
	33	Add lines 25d, 26, and 32. Th	,	•	-		· · ·	33	16,616.
Refund	34	If line 33 is more than line 24,	•					34	4,361.
neiuliu	35a	Amount of line 34 you want re						35a	4,361.
Direct deposit?	b	Routing number 1 2 2					Savings		
See instructions.	d	Account number 3 3 2					ouvingo		
	36	Amount of line 34 you want a			d tax	36			
Amount						00			
You Owe	37	Subtract line 33 from line 24. For details on how to pay, go						37	
	38	Estimated tax penalty (see ins				38		57	
Third Party		you want to allow another							
Designee		tructions	•				omplete be	low.	× No
Designee		signee's		Phone			onal identific		
	nai			no.			ber (PIN)		
Sign		der penalties of perjury, I declare that							
Here	bel	ief, they are true, correct, and comp	lete. Declaration of	of preparer (othe	r than taxpayer) is b	ased on all information	on of which p	repare	r has any knowledge.
	Yo	ur signature		Date	Your occupation				t you an Identity
							(:		N, enter it here
Joint return? See instructions.		ouse's signature. If a joint return, bo	ath must sign	Date	SISIEM VALL Spouse's occupat	DATIONENGINE	SK (- /	t your spouse an
Keep a copy for	зþ	ouse's signature. It a joint return, b t	Jui must sign.	Dale	Spouse s occupa	lion			ction PIN, enter it here
your records.							(see in	st.)	
	Ph	one no. (480)494-9302		Email address	SAIKIRAN.RH	EKAM@GMAIL.CO	DM M		
Delal		(Preparer's signat	ure		Date	PTIN		Check if:
Paid	SYA	M PRIYA RAM SAGAR GUPTA	SYAM PRIY	A RAM SAG	GAR GUPTA	04/10/2024	P02082	703	Self-employed
Preparer		n's name GLOBAL TAX				,,,	Phone		678)965-9522
Use Only		m's address 245 ROONEY		NSWICK N	J 08816		Firm's		84-3171965
Go to www.irs.or		1040 for instructions and the latest			BAA	REV/ 03/07/24 REO			Form 1040 (2023)
					DAA	REV 03/07/24 PRO			

SCHEDULE	1
(Form 1040)	

Department of the Treasury

Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074 2023

Internal Revenue Service Name(s) shown on Form 1040, 1040-SR, or 1040-NR SAI KIRAN REKAM

	Attachment Sequence No. 01
Your soc	ial security number
852-77	-7558

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. Att	ach Schedule E .	5	-19,684.
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		
- 1	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		
ο	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:			
e.		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			10 604
	1040, 1040-SR, or 1040-NR, line 8		10	-19,684.
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	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

(Form 1040)		(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)							20 7 3				
	ent of the Treasury Revenue Service	Attach to Form 1040, 1040-SR, 1040-NR, or 1041. Go to <i>www.irs.gov/ScheduleE</i> for instructions and the latest information.							Attachment Sequence No. 13				
Name(s) shown on return										Your soci	al security		
SAI KIRAN REKAM												7-7558	
Part			ss Fro	om Rental	Real Estate a	nd Ro	valties						
	Note: If yo rental inco	ou are in ome or le	the bus	siness of renti n Form 4835 (ng personal prope on page 2, line 40.	erty, use	Schedule			-		-	
					vould require you								
B I1 1a					orm(s) 1099? eet, city, state, Z						<u></u>	¥e	es 🗌 No
A			•		LAKALURIPET		·		DRA	DESH IN P	522616		
B	51 501/1	INAGAI				A 001	VI OIC, / II.		INA		022010		
1b	Type of Prope				real estate prop				Fair Rental Days		Personal Use Days		QJV
A	(from list below) above, report the number of fair personal use days. Check the Q						Α		365 L		0		
B	5		if yo	ou meet the	requirements to			B		305		0	
			qua	alified joint ve	enture. See instr	uctions	ions.						
	of Property:							•					
1	Single Family R Multi-Family Re			3 Vacation4 Commer	/Short-Term Rer cial	ntal	5 Land 6 Roya			Self-Rental Other (desci	ribe)		
										Properti	es:		
Incom	ie:							Α		B			С
3	Rents received	1				3		б	80.				
4	Royalties rece	ived.				4							
Expen													
5	Advertising					5							
6	Auto and trave					6							
7	Cleaning and r					7		1,7	40.				
8	Commissions					8							
9	Insurance .					9							
10	Legal and othe					10							
11	Management f	ees .				11		1,4	60.				
12	Management fees					12							
13	Other interest					13							
14	Repairs					14		4,8	77.				
15	Supplies					15		4,6	30.				
16	Taxes					16							
17	Utilities					17		4,5	00.				
18	Depreciation e	expense	e or de	pletion		18		3,2	73.				
19	Other (list)					19							
20	Total expenses	s. Add	lines 5	through 19		20		20,4	80.				
21		s), see	instruc		or 4 (royalties). If out if you must		-	-19,8	00.				
22	Deductible rer	ntal rea	l estate	e loss after li	imitation, if any,								
	on Form 8582					22	(19,68	34.)	()	(
23 a	Total of all am	ounts r	eporte	d on line 3 fo	or all rental prop	erties			23a		680.		
b Total of all amounts reported on line 4 for all royalty prop					oerties			23b					
С	Total of all am	ounts r	eporte	d on line 12	for all properties				23c				
d	Total of all am	ounts r	eporte	d on line 18	for all properties				23d	3	,273.		
е	Total of all am	ounts r	eporte	d on line 20	for all properties	;			23e	20	,480.		
24	Income. Add	positive	e amou	ints shown o	on line 21. Do no	t inclu	de any los	sses			. 24		
25	Losses. Add ro	yalty lo	sses fro	om line 21 an	nd rental real esta	te losse	es from lin	e 22. E	nter to	tal losses her	e 25	(19,684.
26	Total rental re	eal est	ate an	d royalty in	come or (loss).	Comb	ine lines :	24 and	25. E	nter the resu	ılt		

Supplemental Income and Loss

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.

here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on

SCHEDULE E

26

.

-19,684.

OMB No. 1545-0074

Form 8582
Department of the Treasury

Internal Revenue Service

Name(s) shown on return

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

Identifying number

SAL	KIRAN REKAM				852	- / / -	-7558
Par	t I 2023 Passive Activity Los	5					
	Caution: Complete Parts IV ar	nd V before comple	eting Part I.				
	I Real Estate Activities With Active Pa ance for Rental Real Estate Activities			ive participation, s	ee Special		
1a b c d	Activities with net income (enter the a Activities with net loss (enter the amo Prior years' unallowed losses (enter th Combine lines 1a, 1b, and 1c	unt from Part IV, co ne amount from Pa	olumn (b)) art IV, column (c))	1b (1c (0. 19,800.))	1d	-19,800.
	her Passive Activities						
2a b c d	Activities with net income (enter the a Activities with net loss (enter the amo Prior years' unallowed losses (enter th Combine lines 2a, 2b, and 2c	unt from Part V, co	olumn (b)) art V, column (c))	2b ()	2d	
3	Combine lines 1d and 2d and subtra zero or more, stop here and include prior year unallowed losses entered of normally used	this form with you	ur return; all losse	s are allowed, inc	luding any	3	-19,800.
Part II.	If line 3 is a loss and: • Line 1d is a l • Line 2d is a l on: If your filing status is married filing . Instead, go to line 10.	oss (and line 1d is separately and yo	ou lived with your	spouse at any tim	e during the	year,	
Part	t II Special Allowance for Rer	ntal Real Estate	Activities With	Active Participa	ation		
	Note: Enter all numbers in Par			tions for an examp	ole.		
4	Enter the smaller of the loss on line 1	d or the loss on lin	e3			4	19,800.
5 6 7	Enter \$150,000. If married filing separ Enter modified adjusted gross income Note: If line 6 is greater than or equal on line 9. Otherwise, go to line 7. Subtract line 6 from line 5	e, but not less than	zero. See instruc	tions 6 1 er -0-	50,000. 10,632. 39,368.		
8	Multiply line 7 by 50% (0.50). Do not e	nter more than \$25.	,000. If married filir			8	19,684.
9	Enter the smaller of line 4 or line 8. If					9	19,684.
Part			·				•
10	Add the income, if any, on lines 1a an	d 2a and enter the	total			10	0.
11	Total losses allowed from all passiv		23. Add lines 9 an	d 10. See instructi	ions to find	44	10 604
Part	out how to report the losses on your ta Complete This Part Before		a. 1b. and 1c. S	ee instructions.		11	19,684.
	•	Curren		Prior years	Ove	erall gain or loss	
	Name of activity	(a) Net income (b) Net loss (line 1a) (line 1b)		(c) Unallowed loss (line 1c)	(d) Gain		(e) Loss
31-3	301/1 RAGANNA PALEM	0.	19,800.				19,800.
Total.	Enter on Part I, lines 1a, 1b, and 1c	0.	19,800.				
For Pa	perwork Reduction Act Notice, see instru	uctions.		REV 03/07	7/24 PRO	_	Form 8582 (2023)

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

Part V	Complete This Part Before	e Part I, Lines 2	2a, 2b,	and 2c. S	See instruc	ctions.			
		Current year			Prior years		Overall gain or loss		
	Name of activity	(a) Net income (line 2a)		Net loss ne 2b)	(c) Unallowed loss (line 2c)		(d) Gain	(e) Loss	
			(11	10 20)		0 20)			
otal. Enter o Part VI	on Part I, lines 2a, 2b, and 2c Use This Part if an Amour	t is Shown on	Part II	Line 0 S		tions			
		Form or schedule		Line 9. 3		,110115.			
	Name of activity		(a) Loss		(b) Ra	tio (c) Special allowance		(d) Subtract column (c) from column (a).	
31-301/1	RAGANNA PALEM	E Ln 22	19,800.		1.00000000		19,68	4. 116	
otal	<u></u>	<u></u>		19,800.	1.00)	19,68	4. 116	
Part VII	Allocation of Unallowed L			S.		-			
	Name of activity	Form or schedu and line numbe to be reported o (see instructions		(a) Loss		(b) Ratio		(c) Unallowed loss	
31-301/1	RAGANNA PALEM	E Ln 2	,	116		1.00000000		116	
otal .	<u></u>	<u></u>			116.		1.00	116	
Part VIII	Allowed Losses. See instru					1			
	Name of activity	Form or schedule and line number to be reported on (see instructions)		(a) Loss		(b) Unallowed loss		(c) Allowed loss	
31-301/1 RAGANNA PALEM		E Ln 22		· · · · · · · · · · · · · · · · · · ·	19,800.		116.	19,684	
Fotal				 	19,800.		116.	19,684	

REV 03/07/24 PRO

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