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

internal nevertue Service	
Submission Identification Number (SID)	
Taxpayer's name	Social security number
SANTHOSH KUMAR PALTHYAVATH	715-77-2674
Spouse's name	Spouse's social security number
Devil Toy Detuyy Information Toy Very Ending December 24	
	Enter year you are authorizing.)
Enter whole dollars only on lines 1 through 5. Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.	
	4 70 076
1 Adjusted gross income	
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	
4 Amount you want refunded to you	
5 Amount you owe	9.00
Part II Taxpayer Declaration and Signature Authorization (Be sure you get a	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 ame	
return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, tresend 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 authorized Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution accour payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terripayment, 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 it 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.	or rejection of the transmission, (b) the reason the U.S. Treasury and its designated Financial at indicated in the tax preparation software for stitution to debit the entry to this account. This minate the authorization. To revoke (cancel) an requests must be received no later than 2 in the processing of the electronic payment of the payment. I further acknowledge that the
Taxpayer's PIN: check one box only	
	rate my DIN 7 2 6 7 4
ERO firm name	Enter five digits, but
signature on the income tax return (original or amended) I am now authorizing.	don't enter all zeros
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	· •
Spouse's PIN: check one box only	
☐ I authorize to enter or gene	urato my DIN
ERO firm name	erate my PIN as my Enter five digits, but
signature on the income tax return (original or amended) I am now authorizing.	don't enter all zeros
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	
Practitioner PIN Method Returns Only—continue be	
Part III Certification and Authentication — Practitioner PIN Method Only	
EDOLO EFINI/DIAL Follows and all all and the second and all all and all all and all all all and all all all all all all all all all al	
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2 2 2 4 9 6 0 8 2 7 1 Don't enter all zeros
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual 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 return in accordance with the
ERO's signature ▶ Date	
FRO Must Retain This Form — See Instruction	<u> </u>

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

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

For the year Jan. 1-Dec. 31, 2023, or other tax year beginn			ning, 2023, ending, 20						e separate structions.	
Your first name and middle initial								our identifying number		
				(s					s)	
SANTHOSH				HYAVATH			715-	715-77-2674		
Home address	(numl	per and street). If you have a P.O. bo	x, see ins	tructions.					Apt. no.	
812 REDBU										
City, town, or p	ost o	ffice. If you have a foreign address, a	also comp	lete spaces below.		State		ZIP cod	le	
PAINESVII						ОН		4407	7	
Foreign country	nam	е	Foreig	n province/state/county		Foreign	postal coc	le		
Filing										
Status		Single		· · ·	ng surviving spouse		∐ Est	ate	☐ Trust	
Check only	l It	you checked the QSS box, enter the	child's na	ame if the qualifying pers	son is a child but not	your dep	endent:			
one box.										
Digital Assets	At a	ny time during 2023, did you: (a) rec	eive (as a	reward, award, or payme	ent for property or se	ervices); o	r (b) sell, e	xchang	je, or	
	othe	erwise dispose of a digital asset (or a	financial	interest in a digital asset)? (See instructions.)			. <u> </u>	res 🔀 No	
Dependents				(2) Dependent's		(4) Ch	eck the box	i	es for (see inst.):	
(see instructions):		(1) First name Last name	е	identifying number	(3) Relationship to yo	ou Chi	ld tax credit		edit for other dependents	
		• •			. ,		П			
If more than four										
dependents, see instructions and										
check here										
Income	1a	Total amount from Form(s) W-2, bo	ox 1 (see i	nstructions)			. 1a		95,680.	
Effectively	b	Household employee wages not re	ported or	Form(s) W-2			. 1b			
Connected	С	Tip income not reported on line 1a	(see instr	uctions)			. 1c			
With U.S.	d	Medicaid waiver payments not rep	orted on I	Form(s) W-2 (see instruct	ions)		. 1d			
Trade or	е	Taxable dependent care benefits for	rom Form	2441, line 26			. 1e			
Business	f	Employer-provided adoption benef	fits from F	orm 8839, line 29 .			. 1f			
Attack	g	g Wages from Form 8919, line 6								
Attach Form(s) W-2,	h	Other earned income (see instruction	. 1h							
1042-S,	i Reserved for future use									
SSA-1042-S, RRB-1042-S,	j Reserved for future use									
and 8288-A	k	k Total income exempt by a treaty from Schedule OI (Form 1040-NR), item L,								
here. Also		line 1(e)							05 600	
attach Form(s)	z								95,680.	
1099-R if	2a	'	2a		able interest					
tax was withheld.	3a	· ·	Ba la		linary dividends . able amount					
If you did not	4a 5a		la 5a		able amount					
get a Form	5а 6	Reserved for future use								
W-2, see	7	Capital gain or (loss). Attach Sched								
instructions.	8	Additional income from Schedule 1	,					_	-16,604.	
	9	Add lines 1z, 2b, 3b, 4b, 5b, 7, and	•	• •					79,076.	
	10	Adjustments to income from Sche								
			•		•					
	11	Subtract line 10 from line 9. This is							79,076.	
	12	Itemized deductions (from Sched								
		deduction (see instructions)							13,850.	
	13a	Qualified business income deduction								
	b	Exemptions for estates and trusts	only (see	instructions)	13b			l		
	С	Add lines 13a and 13b					. 13c			
	14								13,850.	
	15	Subtract line 1/1 from line 11. If zero	n or lace	antar - O- This is your tax	vahla incomo		15	I	65 226	

Form 1040-NR (2023) Page **2**

									•
Tax and	16	Tax (see instructions). Check if any	from For	rm(s): 1 88	314 2 🗌 497	2 3 🗌		16	9,657.
Credits	17	Amount from Schedule 2 (Form 1	040), line	3			[17	0.
	18	Add lines 16 and 17						18	9,657.
	19	Child tax credit or credit for other	depende	ents from Schedu	ule 8812 (Form 10	40)		19	
	20	Amount from Schedule 3 (Form 1	040), line	8				20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18. If ze	ro or less	s, enter -0				22	9,657.
	23a	Tax on income not effectively con Schedule NEC (Form 1040-NR), li		rith a U.S. trade o		23a			
	b	Other taxes, including self-emplo line 21	-		,	23b			
	С	Transportation tax (see instruction	ns)			23c			
	d	Add lines 23a through 23c					[23d	
	24	Add lines 22 and 23d. This is you	r total ta	x		<u></u>		24	9,657.
Payments Payments	25	Federal income tax withheld from	:						
	а	Form(s) W-2				25a 10	0,033.		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions) .				25c			
	d	Add lines 25a through 25c						25d	10,033.
	е	Form(s) 8805	25e						
	f	Form(s) 8288-A						25f	
	g	Form(s) 1042-S						25g	
	26	2023 estimated tax payments and		• •		<u></u> .		26	
	27	Reserved for future use				27			
	28	Additional child tax credit from So	chedule 8	812 (Form 1040)		28			
	29	Credit for amount paid with Form	1040-C			29			
	30	Reserved for future use				30			
	31	Amount from Schedule 3 (Form 1	040), line	15		31			
	32	Add lines 28, 29, and 31. These a	32						
	33	Add lines 25d, 25e, 25f, 25g, 26,						33	10,033.
Refund	34	If line 33 is more than line 24, sub				•	t	34	376.
	35a								376.
Direct deposit?	b								
See instructions.	d	Account number 1 3 0 1 2 9 6 9 2 5 1 8							
	е	If you want your refund check ma enter it here.			e the United State	es not shown on	page 1,		
	36	Amount of line 34 you want appli	ed to you	ur 2024 estimate	ed tax	36			
Amount	37	Subtract line 33 from line 24. This		-					
You Owe		For details on how to pay, go to v						37	
	38	Estimated tax penalty (see instruc				38			()
Third	Do yo	u want to allow another person to	discuss t	his return with th	e IRS? See instru	ctions. \square Ye	s. Comple	te belov	v. 🗵 No
Party Designee	Desigi name					numbe	nal identific er (PIN)		
		penalties of perjury, I declare that I have they are true, correct, and complete. De							
Sign	Your signature			Date Your occupation					t you an Identity N, enter it here
Here	SOFT				SOFTWARE E	NGINEER	(see i		v, onto it little
	Phone	e no.		Email address			(3001	/	
Deid			Preparer'	's signature		Date	PTIN		Check if:
Paid	-		•	•	R GUPTA TALLAM	03/02/2024	P02082	۱,	Self-employed
Preparer						Phone no		3) 965-9522	
Use Only	Firm's address 245 ROONEY CT E BRUNSWICK N.J. 08816 Firm's El								-3171965

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	Your social security number				
SANTHOSH KUMAR PALTHYAVATH	715-77-2674				
Part I Additional Income					
1 Taxable refunds, credits, or offsets of state and local income taxes	1				

га	Additional income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
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	ch Schedule E .	5	-16,604.
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			
		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	- 1		
	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:			
•	Title in the control of the control	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	here and on Form		1.6.66
	1040, 1040-SR, or 1040-NR, line 8	<u></u>	10	-16,604.

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-basis governing	ment		
	officials. Attach Form 2106	L	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	<u> </u>	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:	- 1		
а	Jury duty pay (see instructions)			
b	Deductible expenses related to income reported on line 8l from the	- 1		
	rental of personal property engaged in for profit			
С	Nontaxable amount of the value of Olympic and Paralympic medals	- 1		
	and USOC prize money reported on line 8m	-		
d	Reforestation amortization and expenses	-		
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974			
f	Contributions to section 501(c)(18)(D) pension plans			
g	Contributions by certain chaplains to section 403(b) plans 24g			
h	Attorney fees and court costs for actions involving certain unlawful			
	discrimination claims (see instructions)			
i	Attorney fees and court costs you paid in connection with an award	- 1		
	from the IRS for information you provided that helped the IRS detect	- 1		
	tax law violations			
j	Housing deduction from Form 2555			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	- 1		
	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 here an			
	Form 1040, 1040-SR, or 1040-NR, line 10		26	

SCHEDULE NEC (Form 1040-NR)

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

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0074

Name shown on Form 1040-NR Your identifying number 715-77-2674 SANTHOSH KUMAR PALTHYAVATH

Enter a	amount of income und	er the appropriate rate of tax. See instructions.								
		Nature of Income			(a) 10%	(b) 15%	(c) 30%	(d) Other	er (specify)	
		Nature of income			(a) 1070	(b) 1370	(6) 30 70	%	%	
1	Dividends and divide	nd equivalents:								
а	Dividends paid by U.	S. corporations		1a						
b	Dividends paid by fo	reign corporations		1b						
С	Dividend equivalent p	ayments received with respect to section 871(m) tra	nsactions	1c						
2	Interest:									
а	Mortgage			2a						
b	Paid by foreign corpo	orations		2b						
С	Other			2c						
3	Industrial royalties (patents, trademarks, etc.)			3						
4	Motion picture or TV copyright royalties			4						
5	Other royalties (copyrights, recording, publishing, etc.)			5						
6	Real property income and natural resources royalties			6						
7	Pensions and annuities			7						
8	Social security benefits			8						
9	Capital gain from line 18 below			9						
10	Gambling — Residents of Canada only. Enter net income in column (c). If zero or less, enter -0									
а	Winnings									
b	Losses			10c						
11	Note: Enter winnings	s of countries other than Canada. s only. Losses aren't allowed		11						
12	Other (specify):									
				12						
13	Add lines 1a through	12 in columns (a) through (d)		13						
14		ate of tax at top of each column		14						
15	Tax on income not e	ffectively connected with a U.S. trade or business.						9-NR, line 23a 15		
		Capital Gains and	Losses F	From	Sales or Excha	inges of Proper	ty		_	
losses f exchan within t	nly the capital gains and from property sales or ges that are from sources he United States and not	(a) Kind of property and description (if necessary, attach statement of descriptive details not shown below)	(b) Date acquired mm/dd/yyyy		(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. s. Do not include a gain									
or loss	on disposing of a U.S. real									
gains a	y interest; report these nd losses on Schedule D									
(Form 1	•									
exchan	property sales or ges that are effectively									
connec	ted with a U.S. business edule D (Form 1040).									
Form 4797, or both.		18 Capital gain. Combine columns (f) and (g) of line 17	⁷ . Ente	r the net gain her	e and on line 9 abo	ove. If a loss, ente	er -0 18		

SCHEDULE OI (Form 1040-NR)

Other Information

Attach to Form 1040-NR.

OMB No. 1545-0074

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**

SA	NT	HOSH KUMAR PALTHYAVA	ATH				715-77-2	674			
Α		Of what country or countries w									
В		In what country did you claim	residence for tax purposes	s during the tax y	∕ear? Ū	nited States					
С		Have you ever applied to be a	green card holder (lawful p	ermanent resider	nt) of the	e United States? .		Yes	⊠ No		
D		Were you ever:									
	1.	A U.S. citizen?						☐ Yes	⊠ No		
	2.	A green card holder (lawful per							⊠ No		
		If you answer "Yes" to (1) or (2)									
Ε		If you had a visa on the last of	day of the tax year, enter y	our visa type. If	you did	ln't have a visa, ent	er your U.S.				
		immigration status on the last of	day of the tax year. $F1$								
F		Have you ever changed your v	isa type (nonimmigrant sta	tus) or U.S. immiç	gration s	status?		☐ Yes	⊠ No		
		If you answered "Yes," indicate									
G											
	Note: If you're a resident of Canada or Mexico AND commute to work in the United States at frequent intervals,										
		check the box for Canada or	Mexico and skip to item H	<u>I.</u>		. 🗌 Canada	☐ Mexico				
		Date entered United States	Date departed United State	es	Date (entered United States	Date depa	arted Unite	d States		
		mm/dd/yy	mm/dd/yy			mm/dd/yy	1	nm/dd/yy			
Н		Give number of days (including	vacation, nonworkdays, and	l partial days) you	were pr	resent in the United S	States during:				
		2021	, 2022	, ar	nd 2023	365					
ı		Did you file a U.S. income tax	return for any prior year? .					X Yes	☐ No		
		If "Yes," give the latest year an	d form number you filed:		10401	NR					
J		Are you filing a return for a trus	st?					☐ Yes	⊠ No		
		If "Yes," did the trust have a U									
		U.S. person, or receive a contr	ibution from a U.S. person	?				Yes	☐ No		
K		Did you receive total compens							⊠ No		
		If "Yes," did you use an alterna	ative method to determine t	the source of this	compe	nsation?		☐ Yes	☐ No		
L		Income Exempt From Tax-If					ax treaty with	a foreign	country,		
		complete (1) through (3) below									
	1.	Enter the name of the country,					claimed the tre	eaty benefi	t, and the		
		amount of exempt income in th	1	-							
		(a) Cou	ntry	(b) Tax treaty ar		(c) Number of month		ount of ex			
					Ci	laimed in prior tax yea	ars income i	n current to	ax year		
					_						
		(a) Total Enter this amount an	Form 1040 ND line 11. D	o not onto: it com	nuboro -	olog on line 1					
	2	(e) Total. Enter this amount or Were you subject to tax in a fo		-			-	Yes	□No		
		Are you claiming treaty benefit			. ,				⊔ No ⊠ No		
,	ა.	If "Yes," attach a copy of the C		•				∟ res	△ NO		
м		Check the applicable box if:	ompetent Authority detern	mation letter to y	your rett	uiii.					
	1	This is the first year you are ma	aking an election to treat in	come from real n	ronerty	located in the Unite	d States as of	fectively o	onnected		
	٠.	with a U.S. trade or business u									
	2										
		You have made an election in a previous year that has not been revoked, to treat income from real property located in the United States as effectively connected with a U.S. trade or business under section 871(d). See instructions									

BAA

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

Department of the Treasury Internal Revenue Service Name(s) shown on return

Your social security number

SANTHOSH KUMAR PALTHYAVATH 715-77-2674 **Income or Loss From Rental Real Estate and Royalties** Part I Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40. Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions В 1a Physical address of each property (street, city, state, ZIP code) PARIGI VIKARABAD TELANGANA IN 501501 Α В C 1b Type of Property **Fair Rental Personal Use** For each rental real estate property listed QJV (from list below) above, report the number of fair rental and **Davs Days** personal use days. Check the QJV box only Α Α 325 0 if you meet the requirements to file as a В В qualified joint venture. See instructions. C C Type of Property: 3 Vacation/Short-Term Rental 1 Single Family Residence 7 Self-Rental 5 Land 8 Other (describe) 2 Multi-Family Residence 4 Commercial 6 Royalties **Properties:** В C Α Income: 850. 3 Rents received 4 Royalties received . 4 **Expenses:** 5 5 Advertising 6 Auto and travel (see instructions) 6 1,247. 7 7 Cleaning and maintenance . . . 8 Commissions 8 9 9 Insurance . . . 10 10 Legal and other professional fees 11 11 1,147. 12 12 Mortgage interest paid to banks, etc. (see instructions) 13 13 14 3,489. 14 Repairs 15 15 3,522. Supplies 16 16 Taxes 17 Utilities 17 2,744. 18 5,305. 18 Depreciation expense or depletion 19 19 Other (list) 20 20 17,454. Total expenses. Add lines 5 through 19 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 -16,604.file Form 6198 21 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) -16,604.) 850. 23a Total of all amounts reported on line 3 for all rental properties 23a Total of all amounts reported on line 4 for all royalty properties 23b Total of all amounts reported on line 12 for all properties 23c 5,305. Total of all amounts reported on line 18 for all properties 23d e Total of all amounts reported on line 20 for all properties . 23e 17,454. 24 Income. Add positive amounts shown on line 21. Do not include any losses 24 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 25 16,604. Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result 26 here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on

-16,604.

Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2