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

| Submis | ssion Identification Number (SID) | | | | | | | | |
|---|---|--|---|--|--|--|--|--|--|
| Taxpayer | 's name | Social securi | ty numl | per | | | | | |
| RAGH | UMA REDDY SANNAPA REDDY | 865-92 | -651 | 1 | | | | | |
| Spouse's | name | Spouse's social security number | | | | | | | |
| Dort | Tax Return Information — Tax Year Ending December 31, 2023 (Enter | NOOK VOLL O | ro 011 | thorizina | - \ | | | | |
| Part | hole dollars only on lines 1 through 5. | year you a | re au | HIOHZIHÇ | J.) | | | | |
| | Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. | | | | | | | | |
| | Adjusted gross income | | 1 | 4 | 6,10 | 61. | | | |
| | Total tax | | 2 | | 3,6! | | | | |
| _ | Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | | 3 | | 6,9 | | | | |
| | Amount you want refunded to you | | 4 | | 3,3 | | | | |
| | Amount you owe | | 5 | | 5 , 5 . | | | | |
| Part I | | еер а сор | y of y | our ret | urn) | | | | |
| my know return (c to send for any c Agent to paymen authoriz paymen business taxes to persona | enalties of perjury, I declare that I have examined a copy of the income tax return (original or amended wledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmy return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejected leavy in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U or initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account induct of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution action is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate to, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requires a days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processor confidential information necessary to answer inquiries and resolve issues related to the paying lidentification number (PIN) below is my signature for the income tax return (original or amended) I a die Funds Withdrawal Consent. | e are the ame itter, or electro- ection of the tr S. Treasury a cated in the tr on to debit the the authoriza- uests must be processing of ayment. I furi | ounts of conic recansmission of its of ax preparation. The receiff the elastic of the action are receiff. | from the inturn origing ssion, (b) designated paration so this according to revoke ved no la ectronic peknowledge. | ncome ator (the red d Fina oftwa count (can de the ayme je tha | te tax (ERO) eason ancial re for . This cel) a nan 2 ent of at the | | | |
| | yer's PIN: check one box only | | | | 1 | | | | |
| X | l authorize GLOBAL TAXES LLC to enter or generate | my PINI 2 | 6 ! | 5 1 1 |] , | s my | | | |
| | ERO firm name signature on the income tax return (original or amended) I am now authorizing. | En | | digits, but er all zeros | as | o iiiy | | | |
| | I will enter my PIN as my signature on the income tax return (original or amended) I am n if you are entering your own PIN and your return is filed using the Practitioner PIN meth below. | | | | | | | | |
| Your si | gnature ▶ Date ▶ | | | | | | | | |
| Snous | e's PIN: check one box only | | | | _ | | | | |
| Ороцо | I authorize to enter or generate | my PINI | | | 20 | s my | | | |
| | ERO firm name | - | ter five | digits, but | _ | ,y | | | |
| | signature on the income tax return (original or amended) I am now authorizing. | do | n't ente | er all zeros | | | | | |
| | I will enter my PIN as my signature on the income tax return (original or amended) I am n if you are entering your own PIN and your return is filed using the Practitioner PIN meth below. | | | | | | | | |
| Spouse | e's signature ▶ Date ▶ | | | | | | | | |
| | Practitioner PIN Method Returns Only—continue below | | | | | | | | |
| Part I | 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 | 2 4 9 Don't ent | 6 6 er all <i>ze</i> | | 8 9 |) | | | |
| authoriz | that the above numeric entry is my PIN, which is my signature for the electronic individual income to the tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subments of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of In | ıx return (origi itting this retu | nal or urn in a | amended) accordanc | | | | | |
| ERO's | signature ► Date ► | | | | | | | | |
| | ERO Must Retain This Form — See Instructions | | | | | | | | |
| | Don't Submit This Form to the IRS Unless Requested To I | o So | | | | | | | |

E 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return



| 1040 | | partment of the Treasury—Internal Revenue Servi | | ırn 20 2 | 23 | OMB No. 1545 | -0074 | IRS Use Only | ∕—Do not v | vrite or sta | aple in this space. | | |
|-------------------------------|---------|---|-------------|-----------------------------------|--------------|-----------------------------|---|---------------|--------------|----------------------|---------------------|--|--|
| For the year Jan | n. 1–De | ec. 31, 2023, or other tax year beginning | | , 2023, e | nding _ | | | , 20 | See se | parate | instructions. | | |
| Your first name | e and r | middle initial | Last nan | ne | | Your social security number | | | | | | | |
| RAGHUMA | REI | DDY | SANNA | APA REDDY | | | | | 865 | 92 | 6511 | | |
| If joint return, s | spouse | s's first name and middle initial | Last nan | ne | | | | | Spouse | 's socia | security number | | |
| Home address | (numb | per and street). If you have a P.O. box, see | instructio | ns. | ss. Apt. no. | | | | | | ection Campaign | | |
| 15853 L | EAT | LEAF RD | | | | | | | | Check here if you, o | | | |
| City, town, or | oost of | fice. If you have a foreign address, also co | mplete sp | aces below. | de | | spouse if filing jointly, want \$3 to go to this fund. Checking a | | | | | | |
| FRISCO | | | | | TX 75034 | | | | 1 - | | not change | | |
| Foreign countr | y nam | е | F | oreign province/state | e/coun | ty | Foreig | n postal code | your ta | | und. | | |
| Filing Status | e [| ⊠ Single | | | | Head of ho | ouseho | old (HOH) | | | | | |
| _ | [| ☐ Married filing jointly (even if only o | ne had in | icome) | | | | () | | | | | |
| Check only one box. | Ī | Married filing separately (MFS) | | , | | ☐ Qualifying | surviv | ing spouse | (QSS) | | | | |
| one box. | - If | you checked the MFS box, enter the | name of | your spouse. If y | ou che | , , | | 0 1 | , | ild's na | me if the | | |
| | | ualifying person is a child but not you | | dent: | | | | | | | | | |
| Digital | At a | any time during 2023, did you: (a) rec | eive (as a | | | | | | | | | | |
| Assets | exc | change, or otherwise dispose of a dig | | • | | | t)? (Se | e instructio | ns.) | Y | es 🗵 No | | |
| Standard | | meone can claim: You as a de | • | • | | | | | | | | | |
| Deduction | Ш | Spouse itemizes on a separate retur | n or you | were a dual-statu | s alier | 1 | | | | | | | |
| Age/Blindnes | s You | u: Were born before January 2, 1 | 959 | Are blind S | pouse | : Was bor | | re January | | | s blind | | |
| Dependent | | e instructions): | | (2) Gooda Gooding (6) Holadionish | | | | | 1 | (see instructions): | | | |
| If more | (1) | First name Last name | | number to you | | | Child tax o | | redit | Credit fo | or other dependents | | |
| than four dependents, | | | | | | | | <u> </u> | | | <u> </u> | | |
| see instruction | ıs — | | | | | | | | | | | | |
| and check | , — | | | | | | | | | | | | |
| here L | 1a | Total amount from Form(s) W-2, b | ov 1 (see | instructions) | | | | | . 1a | <u> </u> | 56,347. | | |
| Income | b | • | • | , | | | | | . 16 | | | | |
| Attach Form(s) | | | | | | | | | . 10 | | | | |
| W-2 here. Also attach Forms | d | Medicaid waiver payments not reported on Form(s) W-2 (see instructions) | | | | | | | | | | | |
| W-2G and | e | | | | | | | | | i • | | | |
| 1099-R if tax was withheld. | f | Employer-provided adoption benefits from Form 8839, line 29 | | | | | | | . 11 | | | | |
| If you did not | g | | | | | | | | . 10 | | | | |
| get a Form | h | | ions) . | | | | | | . 1h | | 0. | | |
| W-2, see instructions. | i | Nontaxable combat pay election (s | , | uctions) | | 1i | | | | | | | |
| | Z | | | | | | | | . 1z | 2 | 56,347. | | |
| Attach Sch. B | 2a | Tax-exempt interest | 2a | | b T | axable interest | | | . 2t |) | | | |
| if required. | 3a | Qualified dividends | 3a | | b C | Ordinary divider | nds . | | . 3b |) | | | |
| | 4a | IRA distributions | 4a | | b T | axable amount | t | | . 4Ł |) | | | |
| Standard Deduction for— | 5a | Pensions and annuities | 5a | | b T | axable amount | t | | . 5b |) | | | |
| Single or | 6a | Social security benefits | 6a | | b T | axable amount | t | | . 6b |) | | | |
| Married filing separately, | С | If you elect to use the lump-sum e | lection m | nethod, check her | e (see | instructions) | | [| | | | | |
| \$13,850 Married filing | 7 | Capital gain or (loss). Attach Sche | dule D if | required. If not re | quired | , check here | | [| □ 7 | | | | |
| jointly or | 8 | 8 Additional income from Schedule 1, line 10 | | | | | | . 8 | | -10,186. | | | |
| Qualifying surviving spouse, | 9 | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7 | , and 8. T | his is your total i | ncom | e | | | . 9 | | 46,161. | | |
| \$27,700 Head of | 10 | Adjustments to income from Sche | dule 1, lir | ne 26 | | | | | . 10 |) | | | |
| household, | 11 | Subtract line 10 from line 9. This is | • | - | | | | | . 11 | | 46,161. | | |
| \$20,800 If you checked | 12 | Standard deduction or itemized | | • | , | | | | . 12 | | 13,850. | | |
| any box under Standard | 13 | Qualified business income deduct | ion from | Form 8995 or For | m 899 | 05-A | | | . 13 | | | | |
| Deduction, see instructions. | 14 | | | | | | | | . 14 | | 13,850. | | |
| 200 11/30/140/10/15. | 15 | Subtract line 14 from line 11. If zer | o or less | , enter -0 This is | your t | taxable incom | e . | | . 15 | 5 | 32,311. | | |

| 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 | 3,659. | |
| Credits | 17 | Amount from Schedule 2, lir | ne 3 | | | | | [| 17 | | |
| | 18 | Add lines 16 and 17 | | | | | | [| 18 | 3,659. | |
| | 19 | Child tax credit or credit for | other dependent | ts from Sched | ule 8812 | | | [| 19 | | |
| | 20 | Amount from Schedule 3, lin | ne 8 | | | | | [| 20 | | |
| | 21 | Add lines 19 and 20 | | | | | | [| 21 | | |
| | 22 | Subtract line 21 from line 18 | B. If zero or less, | enter -0 | | | | [| 22 | 3,659. | |
| | 23 | Other taxes, including self-e | mployment tax, | from Schedule | 2, line 21 . | | | [| 23 | 0. | |
| | 24 | Add lines 22 and 23. This is | your total tax | | | | | | 24 | 3,659. | |
| Payments | 25 | Federal income tax withheld | | | | | | | | | |
| _ | а | Form(s) W-2 | | | | 25a | 6, | 973. | | | |
| | b | Form(s) 1099 | | | | 25b | | | | | |
| | С | Other forms (see instruction | s) | | | 25c | | | | | |
| | d | Add lines 25a through 25c | | | | | | | 25d | 6,973. | |
| If you have a | 26 | 2023 estimated tax paymen | ts and amount a | pplied from 20 | 22 return | | | [| 26 | | |
| qualifying child, attach Sch. EIC. | 27 | Earned income credit (EIC) | | | No . | 27 | | | | | |
| | 28 | Additional child tax credit from | m Schedule 8812 | | | 28 | | | | | |
| | 29 | American opportunity credit | from Form 8863 | 8, line 8 | | 29 | | | | | |
| | 30 | Reserved for future use . | | | | 30 | | | | | |
| | 31 | Amount from Schedule 3, line 15 | | | | | | | | | |
| | 32 | Add lines 27, 28, 29, and 31 | . These are your | total other pa | ayments and ref | undable c | redits | | 32 | | |
| | 33 | Add lines 25d, 26, and 32. T | hese are your to | tal payments | | | | [| 33 | 6,973. | |
| Refund | 34 | If line 33 is more than line 24 | 4, subtract line 2 | 4 from line 33. | This is the amou | nt you ove | rpaid | | 34 | 3,314. | |
| | 35a | Amount of line 34 you want refunded to you . If Form 8888 is attached, check here | | | | | | | 35a | 3,314. | |
| Direct deposit? | b | | | | | | | | | | |
| See instructions. | d | Account number 8 3 1 | 2 5 6 9 | 7 6 | | | | | | | |
| | 36 | Amount of line 34 you want | applied to your | 2024 estimate | ed tax | 36 | | | | | |
| Amount | 37 | Subtract line 33 from line 24 | . This is the amo | ount you owe. | | | | | | | |
| You Owe | | For details on how to pay, g | ū | • | | | | | 37 | | |
| | 38 | Estimated tax penalty (see in | nstructions) . | | | 38 | | | | | |
| Third Party | | you want to allow another | • | | | _ | | | | | |
| Designee | | instructions | | | | | | | | ⊠ No | |
| | | esignee's me | Phone no. | | ıal identific r (PIN) | l identification (PIN) | | | | | |
| Sign | | nder penalties of perjury, I declare t | hat I have examined | | accompanying sche | edules and s | | | e best | of mv knowledge and | |
| _ | | lief, they are true, correct, and com | | | | | | | | , , | |
| Here | Yo | our signature | | Date | Your occupation | If the | RS ser | nt you an Identity | | | |
| | | | | | | | | IN, enter it here | | | |
| Joint return? | | | | | SOFTWARE | ' ' | (see inst.) | | | | |
| See instructions. Keep a copy for | Sp | ouse's signature. If a joint return, l | both must sign. | Date | Spouse's occupat | tion | | | | nt your spouse an ection PIN, enter it here | |
| your records. | | | | | (see in | ıst.) | | | | | |
| | Ph | one no. (737)600-949 | 5 | Email address | RAGHUMA77 | 7@GMAII | .COM | | | | |
| Paid | Pre | eparer's name | Preparer's signat | ure | | Date | | PTIN | | Check if: | |
| Preparer Preparer | VENE | KATA SAI PAVAN KUMAR DUDIPALLI | VENKATA SAI | PAVAN KUM | AR DUDIPALLI | | F | 02470 | 833 | Self-employed | |
| • | Fir | Firm's name GLOBAL TAXES LLC | | | | | | | Phone no. (678)965-9522 | | |
| Use Only | Fir | Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 | | | | | | | EIN | 88-2145487 | |
| | | | | | | | | | | | |

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

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

RAGHUMA REDDY SANNAPA REDDY

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

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

| | Sequence No. 01 |
|----------|------------------------|
| Your soc | ial security number |
| 865-92 | -6511 |

| Par | t I 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 | | 5 | -10,186. |
| 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 | | |
| | 1040, 1040-SR, or 1040-NR, line 8 | | 10 | -10,186. |

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

| Par | 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 | | | 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: | | | | |
| а | Jury duty pay (see instructions) | 24a | | | |
| b | Deductible expenses related to income reported on line 8l from the | | | | |
| | rental of personal property engaged in for profit | 24b | | | |
| С | Nontaxable amount of the value of Olympic and Paralympic medals | | | | |
| | and USOC prize money reported on line 8m | 24c | | | |
| d | Reforestation amortization and expenses | 24d | | | |
| е | Repayment of supplemental unemployment benefits under the Trade | | | | |
| | Act of 1974 | 24e | | | |
| f | Contributions to section 501(c)(18)(D) pension plans | 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 | | | | |
| _ | tax law violations | 24i | | - | |
| J | Housing deduction from Form 2555 | 24j | | - | |
| k | Excess deductions of section 67(e) expenses from Schedule K-1 (Form | | | | |
| | 1041) | 24k | | | |
| Z | Other adjustments. List type and amount: | | | | |
| 0E | Total ather adjustments Add lines 04s through 04s | 24z | | 0- | |
| 25 06 | Total other adjustments. Add lines 24a through 24z | | | 25 | |
| 26 | Add lines 11 through 23 and 25. These are your adjustments to income Form 1040, 1040-SR, or 1040-NR, line 10 | . Enter | nere and on | 06 | |
| | | | | 26 | I- 4 (F 4040) 2222 |
| | BAA | REV 02/ | 11/24 PRO | ocnedu | le 1 (Form 1040) 2023 |

SCHEDULE E (Form 1040)

Department of the Treasury

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.

Your social security number

865-92-6511

Internal Revenue Service Name(s) shown on return

RAGHUMA REDDY SANNAPA REDDY

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

Attachment Sequence No. 13

OMB No. 1545-0074

| Part | Note: If you a | are in the busin | Rental Real Estate ar ess of renting personal prope | | | C. See | instru | ctions. If you a | re an | individu | al, repo | ort farm | | |
|--------|-------------------------|--------------------|---|----------|-----------|--------|--------|------------------|-------------------|----------|----------|----------|-----|--|
| Α [| | | orm 4835 on page 2, line 40. 023 that would require you | to file | Form(s) 1 | 0992.5 | See in | structions | | | | s 🕅 I | No. | |
| | | | equired Form(s) 1099? . | | | | | | | | | | | |
| 1a | | | perty (street, city, state, ZI | | | | | | | | | | | |
| Α | GUDIVADA KR | • | DHRA PRADESH IN 5 | | | | | | | | | | | |
| В | GODI VIDII ICIC | 10111111 1111 | Diliti Fitablell III 5 | 2130. | _ | | | | | | | | | |
| C | | | | | | | | | | | | | | |
| 1b | Type of Property | 2 For ea | ach rental real estate prope | ertv lis | ted | | Fa | air Rental | Per | rsonal l | Jse | | | |
| | (from list below) | above | , report the number of fair | rental | and | | Days | | | Days | | | QJV | |
| Α | 3 | | nal use days. Check the Q | | | Α | | 365 | 0 | | | |] | |
| В | | | if you meet the requirements to file as qualified joint venture. See instruction | | | | | | | | | |] | |
| С | | quaiii | oa jonne vontaro. God motre | 30010110 | J. | С | | | | | | |] | |
| | of Property: | | | | | | | | | | | | | |
| | Single Family Residue | | Vacation/Short-Term Rer | ntal | 5 Land | | | Self-Rental | | | | | | |
| 2 | Multi-Family Resid | lence 4 | Commercial | | 6 Roya | lties | 8 | Other (descr | ibe) ₋ | | | | | |
| | | | | | | | | Propertie | es: | | | | | |
| Incom | ne: | | | | | Α | | В | | | | С | | |
| 3 | | | | 3 | | 3 | 80. | | | | | | | |
| 4 | | d | | 4 | | | | | | | | | | |
| Exper | | | | | | | | | | | | | | |
| 5 | | | | 5 | | | | | | | | | | |
| 6 | | | ns) | 6 | | 1 200 | | | | | | | | |
| 7 | | | | 7 | | 1,2 | 1,200. | | | | | | | |
| 8 9 | | | | 9 | | | | | | | | | | |
| 10 | | | ees | 10 | | | | | | | | | | |
| 11 | | | | 11 | | 9 | 80. | | | | | | | |
| 12 | - | | ks, etc. (see instructions) | 12 | | | 00. | | | | | | | |
| 13 | | | | 13 | | | | | | | | | | |
| 14 | | | | 14 | | 2,1 | 80. | | | | | | | |
| 15 | | | | 15 | | 3,9 | 56. | | | | | | | |
| 16 | | | | 16 | | | | | | | | | | |
| 17 | | | | 17 | | 2,2 | 50. | | | | | | | |
| 18 | | | etion | 18 | | | | | | | | | | |
| 19 | Other (list) | | rough 10 | 19 | | 10 5 | | | | | | | | |
| 20 | Total expenses. P | Add iii les 5 ti i | rough is | 20 | | 10,5 | 66. | | | | | | | |
| 21 | | | nts) and/or 4 (royalties). If ns to find out if you must | | | | | | | | | | | |
| | file Form 6198 . | | | 21 | _ | -10,1 | 86. | | | | | | | |
| 22 | | | oss after limitation, if any, | | | | | | | | | | | |
| | | | s) | 22 | (| 10,18 | 36.) | (| |)(| | |) | |
| 23a | Total of all amour | nts reported o | on line 3 for all rental prope | | | | 23a | | 38 | 0. | | | | |
| b | Total of all amour | nts reported o | on line 4 for all royalty prop | erties | | | 23b | | | | | | | |
| С | | | on line 12 for all properties | | | | 23c | | | | | | | |
| d | | • | on line 18 for all properties | | | | 23d | | | | | | | |
| е | | | on line 20 for all properties | | | | 23e | 10 | ,56 | | | | | |
| 24 | | | s shown on line 21. Do no | | | | | | | 24 | | | | |
| 25 | - | - | line 21 and rental real estat | | | | | | | 25 (| 1 | .0,18 | 6.) | |
| 26 | | | royalty income or (loss). | | | | | | | | | | | |
| | | | d line 40 on page 2 do no | | | | | | " . | 06 | | 10 1 | 86 | |