Internal Revenue Service

# **IRS e-file Signature Authorization**

OMB No. 1545-0074

ERO must obtain and retain completed Form 8879.
► Go to www.irs.gov/Form8879 for the latest information

formation.

Submission Identification Number (SID)

Taxpayer's name Social security number KOTESWARA RAO ALLA 053-95-5405 Spouse's name Spouse's social security number 807-52-6758 HARIKA KUCHI Tax Return Information – Tax Year Ending December 31, 2023 (Enter year you are authorizing.) Part I 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. Adjusted gross income 96,407. 1 1 7,807. 2 2 3 3 14,808. 4 4 7,001. 5 5

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

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

X	I authorize	GLOBAL	TAXES	ERO firm name	to enter or generate my PIN	E
••	raathonzo				to ontor or generate my rint	E
X	I authorize	GLOBAL	TAXES	LLC	to enter or generate my PIN	Ľ

5	5	4	0	5	as my
Ente don	as my				

7 5

Enter five digits, but don't enter all zeros

8

as mv

2

6

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 🕨

### Spouse's PIN: check one box only

X lauthorize GLOBAL TAXES LLC to enter or generate my PIN 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 >	Date							 		
Practitioner PIN Method Returns Only—continue below								_		
Part III Certification and Authentication – Practitioner PIN Method O	nly									
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PII	<b>I</b> . 2	2	2		_		0	 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.

RO's signature ► Date ►									
	etain This Form — See orm to the IRS Unless								
For Paperwork Reduction Act Notice, see your tax return	instructions. RAA	REV 01/21/24 PRO	Form 8879 (Rev. 01-2021)						

Date

<b>1040</b>		artment of the Treasury—Internal Revenue Servi <b>S. Individual Income Ta</b>		turn	202	3	OMB No. 1545	-0074	IRS Use Only	– Do not w	rite or staple ir	n this space.
For the year Jan		s. 31, 2023, or other tax year beginning			, 2023, end	ing			, 20		arate instr	
Your first name	and mi		Last n								cial security	
KOTESWAF			ALL								95 54	
		s first name and middle initial	Last n									urity number
											52 67	-
HARIKA Home address	(numbe	er and street). If you have a P.O. box, see	KUC:					Δ	vpt. no.		· · · · · ·	n Campaign
6804 HEN									2026		ere if you,	
		ce. If you have a foreign address, also co	mplete	spaces be	low.	Sta	te	ZIP c			<b>,</b> ,	ly, want \$3
MCKINNEY		,,		-1		ТХ		750		U U	this fund. (	•
Foreign country				Foreign p	rovince/state/				n postal code		ow will not o or refund.	change
0 ,				0 1			5			<b>,</b>	You	Spouse
Filing Status		] Single					Head of he	ouseh	old (HOH)			
-		Married filing jointly (even if only o	ne had	income)					0.0 ( 0 )			
Check only one box.		Married filing separately (MFS)					Qualifying	surviv	ving spouse	(QSS)		
	lf v	you checked the MFS box, enter the	name	of vour s	pouse. If vou	ı che			• •	. ,	d's name i	if the
		alifying person is a child but not you										
	<u> </u>		• • • •									
Digital Assets		ny time during 2023, did you: (a) rec ange, or otherwise dispose of a dig						-			Yes	🗙 No
		eone can claim:  You as a de		· · · · · · · · · · · · · · · · · · ·			a dependent	ŋ: (00		13.)		
Standard Deduction		Spouse itemizes on a separate retur	•		•		•					
		·										
		Were born before January 2, 1	959	Are bl		ouse			ore January 2		Is bli	
Dependents				(2) 8	Social security number		(3) Relationsh to you	ip (4	Check the b Child tax c	· · · ·		er dependents
If more	(1) F	irst name Last name			number					icuit		
than four dependents,											L	 _
see instructions	s ——										L	<u></u>
and check here											L	<u></u>
Income	1a	Total amount from Form(s) W-2, b	ox 1 (s	ee instruc	ctions)					. 1a	11	0,517.
	b	Household employee wages not re	•		,					. 1b		
Attach Form(s) W-2 here. Also	с	Tip income not reported on line 1a	•		. ,					. 1c		
attach Forms	d	Medicaid waiver payments not rep	•			nstru	ictions)			. 1d		
W-2G and 1099-R if tax	е	Taxable dependent care benefits f								. 1e		
was withheld.	f	Employer-provided adoption bene	fits fro	m Form 8	839, line 29					. 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	tructions)			<b>1</b> i					
	z	Add lines 1a through 1h								. 1z	11	0,517.
Attach Sch. B	2a	Tax-exempt interest	2a			bΤ	axable interest			. 2b		
if required.	3a	Qualified dividends	3a			<b>b</b> O	ordinary divider	nds .		. 3b		
2ton doud	4a	IRA distributions	4a			bΤ	axable amount	t		. 4b		
Standard Deduction for—	5a		5a				axable amount			. <b>5b</b>		
Single or	6a	, _	6a				axable amount	t	· · · _	. 6b	_	
Married filing separately,	С	If you elect to use the lump-sum e							L	_		
\$13,850 Married filing	7	Capital gain or (loss). Attach Scher							[	7		
jointly or Qualifying	8	Additional income from Schedule								. 8		4,110.
surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,			our total inc	ome	e			. 9	9	6,407.
\$27,700 Head of	10	Adjustments to income from Sche								. 10		c =
household, \$20,800	11	Subtract line 10 from line 9. This is	-					• •		. 11		6,407.
If you checked	12	Standard deduction or itemized						• •		. 12	2	7,700.
any box under Standard	13	Qualified business income deduct			995 or Form			• •		. 13	-	
Deduction, see instructions.	14	Add lines 12 and 13			• • • •					. 14		7,700.
	15	Subtract line 14 from line 11. If zer	o or le	ss, enter	-u This is y	our	axable incom	е.		. 15	6	8,707.

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

Form 1040 (2023)

Form 1040 (2023	3)								Page <b>2</b>
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3		16	7,807.
Credits	17	Amount from Schedule 2, lin	e3				[	17	
	18	Add lines 16 and 17					[	18	7,807.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812		[	19	
	20	Amount from Schedule 3, lin	e8				[	20	
	21	Add lines 19 and 20					[	21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0			[	22	7,807.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .		[	23	0.
	24	Add lines 22 and 23. This is	your total tax				[	24	7,807.
Payments	25	Federal income tax withheld							
	а	Form(s) W-2				<b>25a</b> 14	,808.		
	b	Form(s) 1099				25b			
	с	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c						25d	14,808.
If you have a	26	2023 estimated tax payment	ts and amount a	pplied from 20	22 return .		[	26	
qualifying child,	27	Earned income credit (EIC)			No	27			
attach Sch. EIC.	28	Additional child tax credit from	n Schedule 8812			28			
	29	American opportunity credit	from Form 8863	, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin	e15			31			
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refe	undable credits		32	
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	tal payments			[	33	14,808.
Refund	34	If line 33 is more than line 24	l, subtract line 24	4 from line 33.	This is the amou	nt you <b>overpaid</b>		34	7,001.
	35a	Amount of line 34 you want			is attached, che	ck here	. 🗆 🛛	35a	7,001.
Direct deposit?	b	Routing number 2 1 1			c Type: 🛛 🗙	Checking	Savings		
See instructions.	d	Account number 1 9 5	2 0 6 7	5					
	36	Amount of line 34 you want a	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	o to <i>www.irs.gov</i>	/Payments or	see instructions			37	
	38	Estimated tax penalty (see in	nstructions) .			38			
Third Party	Do	you want to allow another	person to disc	uss this retu	rn with the IRS?	See			_
Designee	ins	structions				🗌 <b>Yes.</b> C	omplete be	low.	× No
	De nai	signee's		Phone no.			onal identific oer (PIN)	ation	
Sign		der penalties of perjury, I declare tl	nat I have examined		accompanying sche		. ,	hest (	of my knowledge and
Sign		ief, they are true, correct, and com							
Here	Yo	ur signature		Date	Your occupation		If the II	RS ser	nt you an Identity
		0							IN, enter it here
Joint return?						STEM ANALYS		,	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupat	ion			nt your spouse an ection PIN, enter it here
your records.					QA ANALYS	р	(see in:	,	cuon Fin, enter it here
	Ph	one no. (341)732-920	5	Email address		300gmail.cc			
		eparer's name	Preparer's signat		NUCL.ALLA	Date	PTIN		Check if:
Paid					GUPTA TAT.I.ΔM		P02082	703	Self-employed
Preparer	Firm's name CLOBAL TAYES IIC								(678) 965-9522
Use Only			Y CT E BRU	NSWICK N	J 08816		Firm's		84-3171965
Go to www.irs.cr		1040 for instructions and the late		TADAATCI/ IN			1 1111 5		Form <b>1040</b> (2023)
		in orto for manualions and the late	scanornation.		BAA	REV 01/21/24 PRO			10111 1070 (2023)

## 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

Attachment Sequence No. 01 Your social security number 053-95-5405

Department of the Treasury Internal Revenue Service

Name(s) shown	n on Fo	orm 104	10,	1040-SR, o	or 1040-NR
KOTESWARA	RAO	ALLA	&	HARIKA	KUCHI

Par	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	ach Schedule E .	5	-14,110.
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	<u> </u>	
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	_	
i	Activity not engaged in for profit income	8j	_	
k	Stock options	8k	_	
I	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81	-	
m	Olympic and Paralympic medals and USOC prize money (see instructions)	0		
		8m 8n	-	
	Section 951(a) inclusion (see instructions)	80	-	
0	Section 461(I) excess business loss adjustment	8p	-	
p q	Taxable distributions from an ABLE account (see instructions)	8g	-	
ч r	Scholarship and fellowship grants not reported on Form W-2	8r	-	
S	Nontaxable amount of Medicaid waiver payments included on Form		-	
5	1040, line 1a or 1d	8s (	)	
t	Pension or annuity from a nonqualifed deferred compensation plan or		4	
•	a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
z	Other income. List type and amount:			
		8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. This is your additional income. Enter	here and on Form		
	1040, 1040-SR, or 1040-NR, line 8	<u></u>	10	-14,110.
For Pa	perwork Reduction Act Notice, see your tax return instructions.		Schedule	1 (Form 1040) 2023

Part	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				
-	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		24a			
-	Deductible expenses related to income reported on line 81 from the	210			
N		24b			
С	Nontaxable amount of the value of Olympic and Paralympic medals	- 10		-	
Ŭ	and USOC prize money reported on line 8m	24c			
d	Reforestation amortization and expenses	24d		-	
e	Repayment of supplemental unemployment benefits under the Trade	2.10		-	
C	Act of 1974	24e			
f	Contributions to section 501(c)(18)(D) pension plans	24f		-	
q	Contributions by certain chaplains to section 403(b) plans	24g		-	
	Attorney fees and court costs for actions involving certain unlawful	2-TY		 -	
	discrimination claims (see instructions)	24h			
:		2411		-	
	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			
:	Housing deduction from Form 2555	24i 24j			
ן ר	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	24j			
ĸ		24k			
-	Other adjustments. List type and amount:	24N		-	
z	Other aujustitients. List type and antount.	24z			
25	Total other adjustments. Add lines 24a through 24z			25	
25 26	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b>			 23	
20	Form 1040, 1040-SR, or 1040-NR, line 10			26	
	BAA		01/21/24 P		le 1 (Form 1040) 202

SCHEDULE E Supplemental Income and Loss										OMB No	0. 1545-0074		
(Form	1040)	(Fro	m rer		e, royalties, partners		-			trusts, REMICs	s, etc.)	20	23
	ent of the Treasury Revenue Service				Attach to Form 1040, irs.gov/ScheduleE for					formation.		Attachm	nent ce No. <b>13</b>
	shown on return				in orget / echicatale _ rel						our soci	al security	
• •	SWARA RAO	Δ Τ.Τ.Δ	3 Z	HARTKA K	ПСНТ							5-5405	lander
Part					al Real Estate an	d Ro	valties				00000	5 5405	
T art	Note: If yo	ou are	in the	business of r	enting personal proper 35 on page 2, line 40.	ty, use	Schedule	<b>C</b> . See	instru	ctions. If you are	e an indi	vidual, rep	ort farm
Α [					at would require you	to file	Form(s) 1	0992 5	See ins	structions			s X No
					d Form(s) 1099?								
1a					street, city, state, ZI								
									מם ע	ADECII TN E	2110	0	
A B	SINGAVARA	M PO	101	VAISAVAI	MANDAL NTR DI	LSIKI	LCI , A	INDAK.	AFR	ADESH IN .	02119	0	
<u>С</u>													
 1b	Type of Prope	rt (	0		tal real actate prope	why liet	had		Га	ir Rental	Dereer	nal Use	
10	(from list below				tal real estate prope t the number of fair				га	Days		ar Use ays	QJV
Α	3				adays. Check the Q			Α		365		0	
B					he requirements to f			B				0	
C				qualified join	t venture. See instru	ictions	S	C					
	of Property:							•		I			
	Single Family R	eside	ence	3 Vacat	ion/Short-Term Ren	tal	5 Land		7	Self-Rental			
	Multi-Family Re			4 Comr	nercial		6 Roya	lties	8	Other (describ	be)		
							-						
Incom								•		Properties B	5:		С
Incon 3		1				3		A 5	00.	D			C
4						4			00.				
Exper		iveu .				4							
5						5							
6	-					6							
7				-		7		1.5	40.				
8	•					8		1/0	10.				
9						9							
10						10							
11						11		2,1	50.				
12	-				(see instructions)	12							
13	00					13							
14	Repairs					14		2,8	60.				
15	<b>o</b>					15		3,3	60.				
16	Taxes					16							
17	Utilities					17		4,7	00.				
18	Depreciation e	xpen	se or	depletion .		18							
19	Other (list)					19							
20	•			•	19	20		14,6	10.				
21					d/or 4 (royalties). If								
					ind out if you must				1.0				
~~						21		-14,1	10.				
22					er limitation, if any,	22	(	14,11	.0.)	(	)	(	)
23a	Total of all am	ounts	repo	orted on line	3 for all rental prope	erties			23a		500.		
b			-		4 for all royalty prop				23b				
С					12 for all properties				23c				
d					18 for all properties				23d				
е					20 for all properties				23e	14,	610.		
24					n on line 21. <b>Do no</b> t						24		
25					and rental real estat						25	( 1	14,110.)
26					income or (loss).								
					40 on page 2 do no rwise, include this a								_1/ 110
	Schedule I (FC	лпт	040),	mie 5. Otnel	wise, include this al	nount		ai uti ll	116 4 1	un page 2 .	26	-	-14,110.

Schedule E (Form 1040) 2023

Form 858	<b>2</b> Passive Activity Loss Limitations		0	MB No. 1545-1008
Form	See separate instructions.			2023
Department of the			At	
Internal Revenue S			_	equence No. 858
Name(s) shown o			ying nu	
	A RAO ALLA & HARIKA KUCHI	053	-95-	5405
Part I	2023 Passive Activity Loss Caution: Complete Parts IV and V before completing Part I.			
	Estate Activities With Active Participation (For the definition of active participation, see r Rental Real Estate Activities in the instructions.)	e Special		
	, , , , , , , , , , , , , , , , , , ,			
	ies with net income (enter the amount from Part IV, column (a)) <b>1a</b>	0.		
		4,110.)		
•	ears' unallowed losses (enter the amount from Part IV, column (c))	)		
	ine lines 1a, 1b, and 1c		1d	-14,110.
All Other Pas	sive Activities			
2a Activiti	ies with net income (enter the amount from Part V, column (a))   2a			
<b>b</b> Activiti	ies with net loss (enter the amount from Part V, column (b)) <b>2b</b> (	)		
c Prior y	ears' unallowed losses (enter the amount from Part V, column (c)) 2c (	)		
d Combi	ine lines 2a, 2b, and 2c		2d	
3 Combi	ine lines 1d and 2d and subtract any prior year unallowed CRD. See instructions. If the	nis line is		
	r more, stop here and include this form with your return; all losses are allowed, inclu			
prior y	ear unallowed losses entered on line 1c or 2c. Report the losses on the forms and s	chedules		
	lly used	[	3	-14,110.
If line 3	3 is a loss and: • Line 1d is a loss, go to Part II.			
	<ul> <li>Line 2d is a loss (and line 1d is zero or more), skip Part II and go to I</li> </ul>			
	pur filing status is married filing separately and you lived with your spouse at any time	during the	year,	do not complete
	d, go to line 10.			
Part II	Special Allowance for Rental Real Estate Activities With Active Participat			
	Note: Enter all numbers in Part II as positive amounts. See instructions for an example		- 1	
	the <b>smaller</b> of the loss on line 1d or the loss on line 3		4	14,110.
		0,000.		
		0,517.		
	If line 6 is greater than or equal to line 5, skip lines 7 and 8 and enter -0-			
	9. Otherwise, go to line 7.			
		9,483.		
	y line 7 by 50% (0.50). <b>Do not</b> enter more than \$25,000. If married filing separately, see in		8	19,742.
9 Enter t	the smaller of line 4 or line 8. If line 3 includes any CRD, see instructions		9	14,110.

10	Add the income, if any, on lines 1a and 2a and enter the total	10	0.
11	Total losses allowed from all passive activities for 2023. Add lines 9 and 10. See instructions to find		
	out how to report the losses on your tax return	11	14,110.

Part IV Complete This Part Before Part I, Lines 1a, 1b, and 1c. See instructions.

	Currer	nt year	Prior years	Overall gain or loss		
Name of activity	(a) Net income (line 1a) (b) Net loss (line 1b)		<b>(c)</b> Unallowed loss (line 1c)	<b>(d)</b> Gain	(e) Loss	
SINGAVARAM POST	0.	14,110.			14,110.	
Total. Enter on Part I, lines 1a, 1b, and 1c	0.	14,110.				
For Demonstruly Designation Act Mating and instru					- 0E00 (acces	

For Paperwork Reduction Act Notice, see instructions.

REV 01/21/24 PRO

Form **8582** (2023)

Form 8582 (202	23)									Page <b>2</b>	
Part V	Complete This Part Be	fore P	art I, Lines 2	a, 2b,	and 2c. S	See instruc	ctions.				
	Name of activity (a		Current year (a) Net income (line 2a) (b) Net loss (line 2b)		Prior years		Overall gain or loss				
					Net loss (c) Unallowed line 2b) loss (line 2c)		owed e 2c)	ed <b>(d)</b> Gain		<b>(e)</b> Loss	
Total. Enter Part VI	on Part I, lines 2a, 2b, and 2 Use This Part if an Am		s Shown on F	Part II.	Line 9. S	ee instruc	ctions.				
	Name of activity	Fo ar to	rm or schedule nd line number be reported on ee instructions)		) Loss		(b) Ratio (c) Spe allowa			(d) Subtract column (c) from column (a).	
SINGAVA	RAM POST		E Ln 22		14,110.	1.0000	0000	14,11	0.	0.	
Total .	<u></u>				14,110.	1.0	0	14,11	0.	0.	
Part VII	Allocation of Unallowe	d Los			S.						
	Name of activity		Form or sche and line nun to be reporte (see instruct	nber ed on	(a)	Loss	<b>(b)</b> Ratio		(c) Unallowed loss		
Total .								1.00			
Part VIII	Allowed Losses. See in	nstructi	ions.		1						
	Name of activity		Form or schedule and line number to be reported on (see instructions)		(a) Loss		(b) Unallowed loss		(	(c) Allowed loss	
Total .											

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