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)

l axpayer's name	Social security number						
ANUSHA THATIREDDY 830-44-7279							
Spouse's name	Spouse's social security number						
Part I Tax Return Information – Tax Year Ending December 31, 2023 (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.							
1 Adjusted gross income	1 26,430.						
2 Total tax	2 1,289.						
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3 3,330.						
4 Amount you want refunded to you	4 2,041.						
5 Amount you owe	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 7	TAXES	LLC	to enter or generate my PIN	Ľ
1	I ddthonzo	0100111				

my

as mv

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.

Your signature

Anusha

Date 1/21/2024

Spouse's Pl	N: check one	box only
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I authorize

to enter or generate my PIN	
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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 ►	Date					 		
Practitioner PIN Method Returns Only—continu	e 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 all zei	 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 🕨					
ERO Must Retain This Form — See Instructions Don't Submit This Form to the IRS Unless Requested To Do So							
For Paperwork Reduction Act Notice, see your tax return instructions.	BAA	REV 01/12/24 PRO	Form 8879 (Rev. 01-2021)				

For the year Jar	. 1-Dec	. 31, 2023, or other tax year beginning		, 2023, en	ding			, 20	See se	parate inst	ructions.
Your first name	and m	iddle initial	Last r							cial securit	
				TIREDDY					830 44 7279		
ANUSHA	nouse's	s first name and middle initial	Last r							· ·	2/9 curity numbe
n john rotarri, o	p00000		Laot						openee		
Home address	(numbe	er and street). If you have a P.O. box, see	instruc	tions.			A	pt. no.	Preside	ntial Electio	on Campaig
801 HEBI									Check I	here if you,	or your
City, town, or p	ost offi	ce. If you have a foreign address, also co	omplete	spaces below.	Sta	ite	ZIP co	de			tly, want \$3
LEWISVII	LE				TΣ	X	750	57		o this fund. (ow will not	Checking a change
Foreign country	/ name			Foreign province/state/	/count	ty	Foreig	n postal code	1	k or refund.	0
										You	Spouse
Filing Status	; 🛛	Single				Head of h	ouseho	old (HOH)			
Check only		Married filing jointly (even if only o	ne had	l income)		_					
one box.		Married filing separately (MFS)						ing spouse	. ,		
		you checked the MFS box, enter the			u che	ecked the HOF	l or QS	SS box, ente	er the chi	ild's name	if the
	qu	alifying person is a child but not you	ur depe	endent:							
Digital	At ar	ny time during 2023, did you: (a) rec	eive (a	s a reward, award, or	payr	ment for prope	rty or s	services); or	(b) sell,		
Assets	exch	ange, or otherwise dispose of a dig	ital ass	set (or a financial inter	rest ir	n a digital asse	t)? (Se	e instructio	ns.)	Ves	🗙 No
Standard	Som	eone can claim: 🗌 You as a de	epende	nt 🗌 Your spous	se as	a dependent					
Deduction		Spouse itemizes on a separate retur	n or yo	ou were a dual-status	alien	ı					
Age/Blindnes	s You:	Were born before January 2, 1	959	Are blind Sp	ouse	: 🗌 Was bor	n befo	re January 2	2. 1959	🗌 ls bli	ind
Dependent				(2) Social securit		(3) Relationsh	(4)	Check the b			
If more	•	irst name Last name		number	у	to you		Child tax c			her dependent
than four										[
dependents,										[
see instruction and check	s ——									[
here										[
Income	1a	Total amount from Form(s) W-2, b	ox 1 (s	see instructions) .					. 1a	ı 3	31,330.
Attach Form(s)	b	Household employee wages not re	eporte	d on Form(s) W-2 .					. 1b)	
W-2 here. Also	С	Tip income not reported on line 1a	a (see i	nstructions)					. 1c	;	
attach Forms W-2G and	d	Medicaid waiver payments not rep	ported	on Form(s) W-2 (see	instru	uctions)			. 1d	1	
1099-R if tax	е	Taxable dependent care benefits f	from Fo	orm 2441, line 26					. 1e	•	
was withheld.	f	Employer-provided adoption bene	efits fro	om Form 8839, line 29).				. 1f		
If you did not get a Form	g	0							. 1 g		
W-2, see	h	Other earned income (see instruct	,				· ·		. 1h	1	0.
instructions.	i	Nontaxable combat pay election (s	see ins	structions)	• •	1 i					1 220
	<u>z</u>	Add lines 1a through 1h	···		· ·		• •		. 1z		31,330.
Attach Sch. B if required.	2a	· · -	2a			axable interest			. 2b		
	<u>3a</u>		3a			Ordinary divide			. 3b		
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	с 7	If you elect to use the lump-sum e					• •	· · · L			
Married filing	7	Capital gain or (loss). Attach Sche					• •	· · · L			-4,900.
jointly or Qualifying	8 9	Additional income from Schedule	-				• •	· · ·	. <u>8</u> . 9		-4,900. 26,430.
surviving spouse, \$27,700	9 10	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7 Adjustments to income from Sche		-		e	• •		. 9 . 10		.0,430.
Head of	11	Subtract line 10 from line 9. This is					• •		. 11		26,430.
household, \$20,800	12	Standard deduction or itemized	-				• •	• • •	. 12		13,850.
If you checked any box under	13	Qualified business income deduct				 95-А	• •		· 12		
Standard	14						• •		. 13 . 14		L3,850.
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer				taxable incom	 Ie	· · ·			L2,580.
					,		· • •		. 13	·	,000.

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

Form **1040** (2023)

19 Child tax credit or ordid for other dependents from Schedule 8812 19 20 Amount from Schedule 3, line 8 21 21 Add lines 19 and 20 21 22 Subtract line 21 from line 18. If zero or less, enter -0 22 23 Other taxes, including self-employment tax, from Schedule 2, line 21 23 24 Add lines 22 and 23. This is your total tax 24 25 Federal income tax withheld from: 25a a Form(s) 1099 25b 0 Other taxes, withheld from: 25a a Form(s) 1099 25b 26 223 estimated tax payments and amount applied from 2022 return 26c 27 Earned Income credit (EC) 25c 28 Additional child tax credit from Schedule 812 28 29 30 Reserved for future use 30 31 Amount form Schedule 8, line 15 31 32 Add lines 25d, 26, and 32. These are your total other payments and refundable credits 32 33 Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits 32 34 Add lines 25d, 26, and 32. These are your to	Form 1040 (2023	3)								Page 2
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33 Add lines 25d, 26, and 32. These are your total payments 33 3, 330. Refund 34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid 34 2, 041. 35a Amount of line 34 you want refunded to you. If Form 8886 is attached, check here 34 2, 041. 36a Amount of line 34 you want refunded to you. If Form 8886 is attached, check here 36 2, 041. 37 Bouting number 1 1 1 9 0 0 6 9 c Type: © Checking Savings 36 Amount of line 34 you want applied to your 2024 estimated tax 36 37 Subtract line 33 from line 24. This is the amount you owe. For details on how to pay, go to <i>www.irs.gov/Payments</i> or see instructions 38 57 38 Estimated tax penalty (see instructions) . . 38 58 Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions Yes. Complete below. X No Designee's name Phone no. Phone No. Personal identification number (PIN) Joint return? Sopuse's signature. If a joint return, both must sign. Date Your occupation If the IRS s							-		32	
Refund 34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid 34 2,041. Direct deposit? b Routing number 1 1 1 9 0 6 5 9 c Type: XChecking Savings 36 Amount of line 34 you want applied to you. If Form 8888 is attached, check here .					-				-	3,330.
35a Amount of line 34 you want refunded to you. If Form 8888 is attached, check here 35a 2,041. Direct deposit? b Routing number 1 1 9 0 6 5 9 c Type: Checking Savings 36 Amount of line 34 you want applied to your 2024 estimated tax 36 36 Amount of line 34 you want applied to your 2024 estimated tax 36 Amount You Owe 37 Subtract line 33 from line 24. This is the amount you owe. For details on how to pay, go to www.irs.gov/Payments or see instructions 37 You Owe 38 Estimated tax penalty (see instructions) 38 37 Do you want to allow another person to discuss this return with the IRS? See instructions 9 9 9 Sign Here Do you want to allow another person to discuss this return with the IRS? See instructions correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any kno	Refund									
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36 Amount of line 34 you want applied to your 2024 estimated tax					<u> </u>			cavingo		
Amount You Owe 37 Subtract line 33 from line 24. This is the amount you owe. For details on how to pay, go to www.irs.gov/Payments or see instructions						ed tax	36			
You Owe For details on how to pay, go to www.irs.gov/Payments or see instructions	Amount									
38 Estimated tax penalty (see instructions) 38 Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions Yes. Complete below. No Designee's name Designee's name Phone name Phone no. Personal identification number (PIN) Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Your signature Date Your occupation Software EngINEER If the IRS sent you an Identity Protection PIN, enter it here (see inst.) Joint return? Spouse's signature. If a joint return, both must sign. Date Spouse's occupation If the IRS sent your spouse an identity Protection PIN, enter it here (see inst.) Joint return? Spouse's signature. If a joint return, both must sign. Date Spouse's occupation If the IRS sent your spouse an identity Protection PIN, enter it here (see inst.) Phone no. (361) 228-9233 Email address ANUSHAREDDY170494@GMAIL.COM Preparer's name Preparer's signature Date PTIN Check if: (see inst.) Paid SYM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM		37							37	
Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions Yes. Complete below. No Designee Designee's name Phone name Phone no. Personal identification number (PIN) Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Joint return? See instructions. Keep a copy for your records. Spouse's signature. If a joint return, both must sign. Date Your occupation Souse's occupation If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) Phone no. (361) 228-9233 Email address ANUSHARE ENGINEER PTIN Check if: (see inst.) Phone no. (361) 228-9233 Email address ANUSHAREDDY170494@GMAIL.COM Preparer Use Only Preparer's name Preparer's signature Date PTIN Check if: (see inst.) Firm's name GLOBAL TAXES LLC Phone no. (678) 965-9522 Firm's EIN 84-3171965		38					1 1			
Designee instructions ✓	Third Party			,						
Designee's name Phone no. Personal identification number (PIN) Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Your signature Joint return? Spouse's signature. If a joint return, both must sign. Date Your occupation If the IRS sent you an Identity Protection PIN, enter it here (see inst.) Spouse's signature. If a joint return, both must sign. Date Spouse's occupation If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) Phone no. (361) 228-9233 Email address ANUSHAREDDY170494@GMAIL.COM Preparer's name Preparer's signature Date PTIN Check if: SYAM PRIYA RAM SAGAR GUPTA TALLAM Staff-employed Firm's name GLOBAL TAXES LLC Phone no. (678) 965-9522 Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's EIN 84-317165				•				omplete be	low.	× No
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Keep a copy for your records. Identity Protection PIN, enter it her (see inst.) Phone no. (361) 228-9233 Email address ANUSHAREDDY170494@GMAIL.COM Preparer's name Preparer's signature Date PTIN Check if: SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM O1/19/2024 P02082703 Self-employed Firm's name GLOBAL TAXES LLC Phone no. (678) 965-9522 Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's EIN 84-3171965		Sp	ouse's signature. If a joint return. I	ooth must sign.	Date			If the I	RS ser	nt vour spouse an
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Preparer Use Only SIAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 01/19/2024 P0/2082/03 Self-employed Firm's name GLOBAL TAXES LLC Phone no. (678) 965-9522 Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's EIN 84-3171965	Daid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:
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Firm's address 245 ROONEY CT E BRONSWICK NJ 08816 Firm's EIN 84-31/1965	•	Fir	m's name GLOBAL TAX	XES LLC				Phone	no. (678)965-9522
		Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816				84-3171965
	Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 01/12/24 PRO			Form 1040 (2023)

SCHEDULE	1
(Form 1040)	

Department of the Treasury

Additional Income and Adjustments to Income

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

OMB No. 1545-0074 2 3

Department of the Treasury Internal Revenue Service	Attachment Sequence No. 01				
Name(s) shown on Form 1040, 1040-SR, or 1040-NR		Your social security numb			
ANUSHA THATIRE	830-44	-7279			

Par	t 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. Attach S	chedule E .	5	-4,900.
6	Farm income or (loss). Attach Schedule F.		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	()	
b	Gambling			
С	Cancellation of debt			
d	Foreign earned income exclusion from Form 2555)	
е	Income from Form 8853			
f	Income from Form 8889			
g	Alaska Permanent Fund dividends			
h	Jury duty pay			
i	Prizes and awards			
j	Activity not engaged in for profit income			
k	Stock options			
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)			
n	Section 951(a) inclusion (see instructions)			
ο	Section 951A(a) inclusion (see instructions)			
р	Section 461(I) excess business loss adjustment			
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)	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan			
u	Wages earned while incarcerated			
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		10	-4,900.
For Pa	perwork Reduction Act Notice, see your tax return instructions.		Schedule	1 (Form 1040) 2023

1	Adjustments to Income					11	
	Educator expenses				·	11	
2	Certain business expenses of reservists, performing artists, and fee	-pasi	s gov	vernme	ent	12	
,	officials. Attach Form 2106	• •	• •	• •	• -	13	
3	Moving expenses for members of the Armed Forces. Attach Form 3903					13	
4 5						15	
5	Deductible part of self-employment tax. Attach Schedule SE						
6	Self-employed SEP, SIMPLE, and qualified plans					16	
7	Self-employed health insurance deduction					17	
8	Penalty on early withdrawal of savings					18	
9a	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 8I 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					
q	Contributions by certain chaplains to section 403(b) plans	24g					
· ·	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					
i	Housing deduction from Form 2555	24i					
ן ר	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	2 7j					
N		24k					
_		24K					
z	Other adjustments. List type and amount:	24z					
	Tatal athen adjustments Add lines 04- through 04-				_	05	
25	Total other adjustments. Add lines 24a through 24z				-	25	
26	Add lines 11 through 23 and 25. These are your adjustments to income					a a	
	Form 1040, 1040-SR, or 1040-NR, line 10	• •	• •	• •	•	26	

SCHEDULE	Ε
(Form 1040)	

Supplemental Income and Loss

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

Attach to Form 1040, 1040-SR, 1040-NR, or 1041. ions and the latest information.

2023	
Attachment Sequence No. 13	

Name(s	lame(s) shown on return ANUSHA THATIREDDY				Your social security number					
ANUS						830-44-7279				
Part	Income or Loss From Rental Real Estate at Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.	erty, use		C . See	e instruc	ctions. If you	are an indi	vidual, rep	ort farm	
	Did you make any payments in 2023 that would require you f "Yes," did you or will you file required Form(s) 1099?	u to file								
1a	Physical address of each property (street, city, state, Z									
Α	8-7-126, KOTHIRAMPUR KARIMNAGAR TELA	NGANA	A IN 50	5001						
В										
С										
1b	Type of Property (from list below) 2 For each rental real estate prop above, report the number of fair			Fair Rent Days		ir Rental Days	Personal Use Days		QJV	
Α	3 personal use days. Check the C	JV box only		Α	365		0			
В	if you meet the requirements to			В						
С	qualified joint venture. See instr	uctions	j.	С						
Туре	of Property:		•							
	Single Family Residence3Vacation/Short-Term ResMulti-Family Residence4Commercial	ntal	5 Land 6 Roya			Self-Rental Other (desc				
						Propert				
Incom	ne:			Α		B			С	
3	Rents received	3		3	58.					
4	Royalties received	4								
Exper										
5	Advertising	5								
6	Auto and travel (see instructions)	6								
7	Cleaning and maintenance	7		7	80.					
8	Commissions	8								
9	Insurance	9								
10	Legal and other professional fees	10								
11	Management fees	11		8	98.					
12	Mortgage interest paid to banks, etc. (see instructions)	12								
13	Other interest	13								
14		14			40.					
15	Supplies	15		1,4	20.					
16		16		1 1	20					
17		17		1,1	20.					
18 19	Depreciation expense or depletion	18 19								
20	Other (list) Total expenses. Add lines 5 through 19	20		5 2	58.					
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If			5,2	50.					
~ 1	result is a (loss), see instructions to find out if you must									
	file Form 6198	21		-4,9	00.					
22	Deductible rental real estate loss after limitation, if any,									
	on Form 8582 (see instructions)	22	(4,90	00.)	()	(
23a	Total of all amounts reported on line 3 for all rental prop				23a		358.			
b	Total of all amounts reported on line 4 for all royalty pro	-			23b					
С	Total of all amounts reported on line 12 for all properties				23c					
d	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		5,258.			
24	Income. Add positive amounts shown on line 21. Do no		-			· · · ·	. 24	(4 000	
25	Losses. Add royalty losses from line 21 and rental real esta							(4,900.	
26	Total rental real estate and royalty income or (loss). here. If Parts II, III, and IV, and line 40 on page 2 do no	ot appl	y to you,	also e	nter th	nis amount	on			
	Schedule 1 (Form 1040), line 5. Otherwise, include this a	amount	in the tot	al on li	ne 41	on page 2	. 26	1	-4,900.	

-4,900.