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)

Taxpayer's name

Taxpay	er's name	Social security num	ber
MOU	NIKA ADICHERLA	209-92-406	7
Spouse	's name	Spouse's social sec	urity number
Part	Tax Return Information – Tax Year Ending December 31, 2023 (Ent	er year you are au	thorizing.)
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	72,000.
2	Total tax	2	8,106.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	13,411.
4	Amount you want refunded to you	4	5,305.
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 perjury, 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

				FBO firm name		Ē	ſ
\mathbf{X}	l authorize	GLOBAL	TAXES	LLC	to enter or generate my PIN		-
-			-				′

2	4	0	6	7	
Ente don	er fiv i't er	ve di iter a	gits, all ze	but ros	as my

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

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

Your signature 🕨

Date 🕨

Spouse's PIN: check one box only

I authorize

to	enter	or	generate	mv	PIN
ιO	enter	0I	yenerale	IIIY	

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	2		6 nter a		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 🕨			
ERO Must Retain This Don't Submit This Form to the			
For Paperwork Reduction Act Notice, see your tax return instructions	· BAA	REV 02/16/24 PRO	Form 8879 (Rev. 01-2021)

For the year Jan. 1-Dec. 31, 2023, or other tax year beginning, 2023, ending, 2023, ending	20	See separate	
		instructions.	
Your first name and middle initial Last name	Your identifying number		
	(see ins	structions)	
MOUNIKA ADICHERLA	209	-92-4067	
Home address (number and street). If you have a P.O. box, see instructions.		Apt. no.	
1501 WOODBRIDGE			
City, town, or post office. If you have a foreign address, also complete spaces below. State		ZIP code	
COMMONS WAY NJ		08830	
Foreign country name Foreign province/state/county Foreign p	ostal co	de	
Filing Status Single Married filing separately (MFS) Qualifying surviving spouse (QSS) Check only one box. If you checked the QSS box, enter the child's name if the qualifying person is a child but not your dependence	Esendent:	state 🗌 Trust	
Digital Assets At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)			
	eck the bo	ox if qualifies for (see inst.):	
(2) Dependent's	d tax crea	dit Credit for other dependents	
If more than four			
dependents, see			
check here			
Income 1a Total amount from Form(s) W-2, box 1 (see instructions)	. 1 a	80,000.	
Effectively b Household employee wages not reported on Form(s) W-2	. 1b)	
Connected c Tip income not reported on line 1a (see instructions)			
With U.S. d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)			
Trade or e Taxable dependent care benefits from Form 2441, line 26			
Business f Employer-provided adoption benefits from Form 8839, line 29			
g Wages from Form 8919, line 6 . .	. <u>1g</u> . 1h		
Form(s) W-2, 1042-S, i Content earlied incontre (see instructions) · <td>. 11</td> <td></td>	. 11		
SSA-1042-S, j Reserved for future use	. 1j		
RRB-1042-S, and 8288-A k Total income exempt by a treaty from Schedule OI (Form 1040-NR), item L,			
here. Also line 1(e)			
attach z Add lines 1 a through 1 h	. 1z	80,000.	
Form(s) 1099-R if2aTax-exempt interest2abTaxable interest			
tax was 3a b Ordinary dividends .			
withheld. 4a IRA distributions 4a b Taxable amount . . If you did not 5a Pensions and annuities 5a 5a b Taxable amount . .			
If you did not 5a Pensions and annuities 5a b Taxable amount .			
W-2, see 7 Copital gain or (local) Attach Schodula D (Form 1040) if required that required shock here			
instructions. 7 Capital gain or (loss). Attach Schedule D (Form 1040) in required. In four required, check here	_		
9 Add lines 1z, 2b, 3b, 4b, 5b, 7, and 8. This is your total effectively connected income			
10 Adjustments to income from Schedule 1 (Form 1040), line 26. These are your total adjustments t			
income)	
11 Subtract line 10 from line 9. This is your adjusted gross income	. 11	72,000.	
12 Itemized deductions (from Schedule A (Form 1040-NR)) or, for certain residents of India, standar deduction (see instructions).		13,850.	
13a Qualified business income deduction from Form 8995 or Form 8995-A . 13a		,	
b Exemptions for estates and trusts only (see instructions)			
c Add lines 13a and 13b	. 13	c	
14 Add lines 12 and 13c		1	
15 Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income	. 15	58,150.	

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

Form **1040-NR** (2023)

Form 1040-NR (2	2023)				Page 2
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3		16	8,106.
Credits	17	Amount from Schedule 2 (Form 1040), line 3		17	0.
	18	Add lines 16 and 17		18	8,106.
	19	Child tax credit or credit for other dependents from Schedule 8812 (Form 1040)		19	<u> </u>
	20	Amount from Schedule 3 (Form 1040), line 8		20	
	21	Add lines 19 and 20		21	
	22	Subtract line 21 from line 18. If zero or less, enter -0		22	8,106.
	23a	Tax on income not effectively connected with a U.S. trade or business from			
		Schedule NEC (Form 1040-NR), line 15			
	b	Other taxes, including self-employment tax, from Schedule 2 (Form 1040),		1	
	-	line 21			
	с	Transportation tax (see instructions)		-	
	d	Add lines 23a through 23c		23d	
	24	Add lines 22 and 23d. This is your total tax		24	8,106.
ayments	25	Federal income tax withheld from:		27	0,100.
ayments	25 a		2 /11		
	a b	Form(s) 1099	3,411.	-	
		Other forms (see instructions) 25c		-	
	C L			054	13,411.
	d	Add lines 25a through 25c		25d	13,411.
	e	Form(s) 8805		25e	
	f	Form(s) 8288-A		25f	
	g	Form(s) 1042-S		25g	
	26	2023 estimated tax payments and amount applied from 2022 return		26	
	27	Reserved for future use .		4	
	28	Additional child tax credit from Schedule 8812 (Form 1040) 28		-	
	29	Credit for amount paid with Form 1040-C		-	
	30	Reserved for future use .		4	
	31	Amount from Schedule 3 (Form 1040), line 15		-	
	32	Add lines 28, 29, and 31. These are your total other payments and refundable credits . $\ $.		32	
	33	Add lines 25d, 25e, 25f, 25g, 26, and 32. These are your total payments		33	13,411.
efund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid		34	5,305.
	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here		35a	5,305.
rect deposit?	b	Routing number 1 1 0 0 0 2 5 c Type: X Checking 1	Savings		
e instructions.	d	Account number 4 8 8 1 0 3 7 0 2 2 7 0 0			
	е	If you want your refund check mailed to an address outside the United States not shown on	page 1,		
		enter it here			
	36	Amount of line 34 you want applied to your 2024 estimated tax 36			
mount	37	Subtract line 33 from line 24. This is the amount you owe.			
ou Owe		For details on how to pay, go to www.irs.gov/Payments or see instructions		37	
	38	Estimated tax penalty (see instructions)			
hird	Do yo	u want to allow another person to discuss this return with the IRS? See instructions. $\hfill \square$ Ye	es. Compl	lete bel	ow. 🛛 No
arty	Desig	nee's Phone Persor	nal identifi	ication	
esignee	name	no numbe	er (PIN)		
T		penalties of perjury, I declare that I have examined this return and accompanying schedules and statements			
	belief,	they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information			, ,
ign	Yours	signature Date Your occupation			ent you an Identity
ere					PIN, enter it here
-		SOFTWARE ENGINEER	(see	inst.)	
	Phone		DT:: :		
	Prepa	rer's name Preparer's signature Date	PTIN		Check if:
aid		PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/29/2024	P02082	2703	Self-employed
	SYAM				
aid reparer - Ise Only -		name GLOBAL TAXES LLC	Phone n		78)965-9522

SCHEDULE	1
(Form 1040)	

Department of the Treasury

Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074 2

Attachment

Internal Revenue Service	Go to www.irs.gov/Form1040 for instructions and the latest information.		Attachment Sequence No. 01
Name(s) shown on Fo	rm 1040, 1040-SR, or 1040-NR	Your soci	ial security number
MOUNIKA ADICHE	RLA	209-92	-4067

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		5	-8,000.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss 8a)	
b	Gambling		_	
С	Cancellation of debt		<u>,</u>	
d	Foreign earned income exclusion from Form 2555)	
e	Income from Form 8853		_	
f	Income from Form 8889		_	
g	Alaska Permanent Fund dividends		-	
h	Jury duty pay 8t Prizes and awards 8t		-	
i	Prizes and awards 8 Activity not engaged in for profit income 8		-	
J	Stock options		-	
k 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 8			
m	Olympic and Paralympic medals and USOC prize money (see		-	
	instructions)	n		
n	Section 951(a) inclusion (see instructions)		-	
0	Section 951A(a) inclusion (see instructions)		-	
p	Section 461(I) excess business loss adjustment			
q	Taxable distributions from an ABLE account (see instructions) 80			
r	Scholarship and fellowship grants not reported on Form W-2 8			
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	1		
Z	Other income. List type and amount:			
	82			
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. This is your additional income . Enter he	ere and on Form		0 000
	1040, 1040-SR, or 1040-NR, line 8		10	-8,000.
For Pa	perwork Reduction Act Notice, see your tax return instructions.		Schedule	1 (Form 1040) 2023

1	Educator expenses					11	
2	Certain business expenses of reservists, performing artists, and fee				nont		
2	officials. Attach Form 2106	-Dasi	s yu	venni	ient	12	
3	Health savings account deduction. Attach Form 8889	• •	• •	• •	•••	13	
4	Moving expenses for members of the Armed Forces. Attach Form 3903					14	
5	Deductible part of self-employment tax. Attach Schedule SE					15	
6	Self-employed SEP, SIMPLE, and qualified plans					16	
7	Self-employed health insurance deduction					17	
8	Penalty on early withdrawal of savings					18	
о 9а	Alimony paid					19a	
b						194	
	Recipient's SSN						
C	Date of original divorce or separation agreement (see instructions):					20	
20 21	IRA deduction					20	
22	Reserved for future use					22	
23	Archer MSA deduction	· i	• •	•	• •	23	
24	Other adjustments:	~ ~					
a		24a				-	
b	Deductible expenses related to income reported on line 8l from the						
		24b				_	
С	Nontaxable amount of the value of Olympic and Paralympic medals						
_		24c					
d	· · · · · · · · · · · · · · · · · · ·	24d					
е	Repayment of supplemental unemployment benefits under the Trade						
		24e					
f		24f					
g		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						
		24k					
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				d on		
-	Form 1040, 1040-SR, or 1040-NR, line 10					26	

SCHEDULE NEC (Form 1040-NR)

Department of the Treasury

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

OMB No. 1545-0074

Attach to Form 1040-NR.

Go to www.irs.gov/Form1040NR for instructions and the latest information.

Internal Revenue Service Name shown on Form 1040-NR

2 23 Attachment Sequence No. 7B

Your identifying number

209-92-4067

MOUNIKA ADICHERLA Enter amount of income under the appropriate rate of tax. See instructions.

		Nature of Income	(a) 10%	(b) 15%	(c) 30%	(d) Other (specify)		(specify)		
		Nature of income	(a) 10%	(d) 15%	(b) 15% (c) 30%		%	%		
1	Dividends and divide	end 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) tran	sactions							
2	Interest:									
а	Mortgage			2a						
b	Paid by foreign corp	orations	[2b						
с	Other		[2c						
3	Industrial royalties (p	atents, trademarks, etc.)	[3						
4	Motion picture or TV	copyright royalties	[4						
5		rights, recording, publishing, etc.)	F	5						
6	Real property incom	e and natural resources royalties	[6						
7	Pensions and annuit	ies	[7						
8	Social security benef	fits	8							
9	Capital gain from line	e 18 below	9							
10	Gambling-Resident If zero or less, ente	ts of Canada only. Enter net income in column (c).								
а	Winnings									
b	Losses		10c							
11	Note: Enter winnings	ts 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	Multiply line 13 by r	ate of tax at top of each column		14						
15	Tax on income not e	ffectively connected with a U.S. trade or business.						NR, line 23a	15	
		Capital Gains and L	Losses Fi	rom	Sales or Excha	nges of Proper	ty			
losses f exchan	nly the capital gains and from property sales or ges that are from sources he United States and not	16 (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 tha subtract (d) fror		(g) GAIN If (d) is more than (e), subtract (e) from (d).
effectively connected with a U.S. business. Do not include a gain or loss on disposing of a U.S. real property interest; report these gains and losses on Schedule D (Form 1040).										
Report	property sales or									
exchanges that are effectively connected with a U.S. business on Schedule D (Form 1040), Form 4797, or both.		17 Add columns (f) and (g) of line 16					17	()	
		18 Capital gain. Combine columns (f) and (g)						r -0-	/ 18	
		ct Notice, see the Instructions for Form 1040-NB.			-	2/16/24 PRO			-	(Form 1040-NB) 2023

SCHEDULE OI (Form 1040-NR)

Other Information

Attach to Form 1040-NR.

OMB No. 1545-0074 2023

	ent of the Treasury GO Revenue Service	to www.irs.gov/Form1040N Ans	R for instructions and wer all questions.	the latest information.		Attachment Sequence No	o. 7C				
Name sl	nown on Form 1040-NR				Your identify						
MOUN	IIKA ADICHERLA				209-92-	2-4067					
Α	Of what country or countries	were you a citizen or nation	al during the tax year?	ring the tax year? INDIA							
в	In what country did you claim										
С	Have you ever applied to be a	Yes	🛛 No								
D	Were you ever:										
1.	A U.S. citizen?	Yes	🗙 No								
2.	A green card holder (lawful pe	. 🗌 Yes	🗙 No								
Е	If you had a visa on the last day of the tax year, enter your visa type. If you didn't have a visa, enter your U.S. immigration status on the last day of the tax year. $\{F1}$										
F	Have you ever changed your visa type (nonimmigrant status) or U.S. immigration status?										
G	List all dates you entered and	left the United States durin	g 2023. See instruction	ns.							
	Note: If you're a resident of (ent intervals	s,					
	check the box for Canada o	r Mexico and skip to item H	<u>+.</u> <u>.</u>	🗌 Canada	Mexico	0					
	Date entered United States mm/dd/yy	Date departed United State mm/dd/yy	es Da	te entered United State mm/dd/yy	s Date de	eparted United mm/dd/yy	d States				
н	Give number of days (including 2021	y vacation, nonworkdays, and , 2022		•):					
I	Did you file a U.S. income tax If "Yes," give the latest year a	return for any prior year? .					🛛 No				
J	Are you filing a return for a tru	ust?				. 🗌 Yes	🗙 No				
	If "Yes," did the trust have a U.S. person, or receive a con	U.S. or foreign owner unde	er the grantor trust rule	es, make a distributior	or loan to a	а	🗌 No				
К	Did you receive total compen						No				
	If "Yes," did you use an alterr						No				
L	Income Exempt From Tax- complete (1) through (3) below	If you are claiming exempti	ion from income tax u	under a U.S. income			country,				
1.	Enter the name of the country amount of exempt income in t				claimed the	treaty benefi	t, and the				
	(a) Co	untry	(b) Tax treaty article	ths (d) Amount of exempt income in current tax year							
	(e) Total. Enter this amount of Were you subject to tax in a f Are you claiming treaty benef	oreign country on any of the its pursuant to a Competent	e income shown in 1(d) t Authority determination	above?			□ No ⊠ No				
M 1.	If "Yes," attach a copy of the Check the applicable box if: This is the first year you are n with a U.S. trade or business	naking an election to treat in	ncome from real prope	rty located in the Unite							

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

For Paperwork Reduction Act Notice, see the Instructions for Form 1040-NR.

REV 02/16/24 PRO Schedule OI (Form 1040-NR) 2023

SCHEDULE	Ε
(Form 1040)	

Supplemental Income and Loss

OMB No. 1545-0074

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

Department of the Treasury Internal Revenue Service Attach to Form 1040, 1040-SR, 1040-NR, or 1041. Go to www.irs.gov/ScheduleE for instructions and the latest information.

2023
Attachment Sequence No. 13

Namole) shown on return								Vour soc	· ·	number	
	IOUNIKA ADICHERLA								Your social security number 209-92-4067			
Part			s From Rental Real Estate a	nd Ro	valties				205 5	2 1007		
	Note: If you a	re in t	he business of renting personal prope s from Form 4835 on page 2, line 40.	erty, use		e C. See	instruc	tions. If you a	are an indi	vidual, rep	ort farm	
Α [Did you make any p	ayme	ents in 2023 that would require you	u to file	Form(s)	1099? S	See inst	tructions .		. 🗌 Ye	s 🛛 No	
BI	f "Yes," did you or	will y	ou file required Form(s) 1099?							. 🗌 Ye	s 🗌 No	
1a	Physical address	s of ea	ach property (street, city, state, Z	IP cod	e)							
Α	PANAMA GODOV	VNS	VANASTHALIPURAM HYDERA	BAD	IN 500	070						
В												
С									1			
1b	Type of Property (from list below)	2	For each rental real estate prop above, report the number of fair	r rental	and	Fair Rental Days		Personal Use Days		QJV		
Α	3	1	personal use days. Check the C			nly A 365			0			
В		1	if you meet the requirements to qualified joint venture. See instr			В						
С			quaimed joint venture. See inst	uction	5.	С						
Туре	of Property:											
	Single Family Resid			ntal	5 Land			Self-Rental				
2	Multi-Family Reside	ence	4 Commercial		6 Roya	alties	8	Other (desc	ribe)			
								Propert	ies:			
Incon	ne:					Α		B			С	
3	Rents received .			3		5	00.				-	
4	Royalties received	d		4								
Exper												
5	Advertising			5								
6	Auto and travel (se	6										
7	Cleaning and main	7		1,0	00.							
8				8								
9	Insurance			9								
10			sional fees	10								
11	-			11		8	00.					
12		-	to banks, etc. (see instructions)	12								
13				13								
14	Repairs	14		1,8								
15			15		2,2	12.						
16				16			2.4					
17	Utilities	17		2,6	34.							
18 19		ense	or depletion	18 19								
20	Other (list)	dd lir	nes 5 through 19	20		8,5	0.0					
21			ne 3 (rents) and/or 4 (royalties). If	-		0,0						
21			structions to find out if you must									
				21		-8,0	00.					
22	Deductible rental	real e	estate loss after limitation, if any,									
			tructions)	22	(-8,00	0.)()	()	
23a							23a		500.			
b		ported on line 4 for all royalty prop				23b						
С			ported on line 12 for all properties				23c					
d			ported on line 18 for all properties				23d					
е			ported on line 20 for all properties				23e	8	3,500.			
24			amounts shown on line 21. Do no		-				. 24			
25	•	-	ses from line 21 and rental real esta							(8,000.)	
26	Total rental real	estat	te and royalty income or (loss).	Comb	bine lines	24 and	25. Er	nter the resi	ult			

Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 For Paperwork Reduction Act Notice, see the separate instructions.

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

26

-8,000.