IRS e-file Signature Authorization

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

Submission Identification Number (SID)

T.....

Taxpayer's name	Social security number							
SATHYA KANDE	697-84-7571							
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 68,141.							
2 Total tax	2 7,248.							
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3 11,101.							
4 Amount you want refunded to you	. 4 3,853.							
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	TAXES	LLC	to enter or generate my PIN	
				ERO firm name		5

4	7	5	7	1	
Ent don	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 my PIN

as mv 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—continue below						
Part III Certification and Authentication – Practi	tioner PIN Method Only					
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your f	ive-digit self-selected PIN. 2 2 2 4 9 6 0 8 2 7 1 Don't enter all zeros					

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual 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 ►					
	Must Retain This Form — See t This Form to the IRS Unless				
For Denember / Deduction Act Nation and Vous	tov votum instructions		Earm 8879 (Bay, 01 2021)		

For Paperwork Reduction Act Notice, see your tax return instructions. BAA

1040	-	IR Department of the Treasury-Inte U.S. Nonresident AI		ax Return	2023	OMB No. 1	545-0074	or sta	Only—Do not write ple in this space.
For the year Jan	. 1–I	Dec. 31, 2023, or other tax year beginr	ing, 2023, ending				, 20		ee separate
Your first name			Last name					our identifying number	
								structio	
SATHYA			KANDE				697	-84-7	7571
Home address (num	ber and street). If you have a P.O. box	, see instructions.						Apt. no.
1109 BIGE									
City, town, or po	ost c	ffice. If you have a foreign address, al	so complete spaces	below.		State		ZIP co	ode
CHARLOTTE			1			NC		2826	59
Foreign country	nan	ie	Foreign province/s	state/county		Foreign	postal co	bde	
Filing	Σ	Single 🛛 Married filing sep	arately (MFS)	🗌 Qualifyin	g surviving spous	e (QSS)	🗌 E	state	🗌 Trust
Status	lf	you checked the QSS box, enter the	child's name if the q	ualifying perse	on is a child but n	ot your dep	endent:		
Check only one box.								-	
Digital Assets	At a	ny time during 2023, did you: (a) rece	ive (as a reward, aw	ard. or payme	ent for property or	services):	or (b) sell	exchai	nge. or
Bigital / locoto		erwise dispose of a digital asset (or a							
Dependents						(4) C	neck the bo	ox if qual	ifies for (see inst.):
(see instructions):		(1) First name Last name		endent's ng number	(3) Relationship to	Ch	ild tax cre	dit (Credit for other dependents
						you			
If more than four									
dependents, see instructions and									
check here									
Income	1a	Total amount from Form(s) W-2, bo	x 1 (see instructions)				. 1a	1	81,271.
Effectively	b	Household employee wages not rep	oorted on Form(s) W-	-2			. 1k	>	
Connected	С	Tip income not reported on line 1a						>	
With U.S.	d	Medicaid waiver payments not repo							
Trade or	е	Taxable dependent care benefits fro					. 16		
Business	f	Employer-provided adoption benefi					. 11		
Attach	g h	Wages from Form 8919, line 6 Other earned income (see instruction					· 10		
Form(s) W-2,	- 11 - 1	Reserved for future use					. 11	1	
1042-S, SSA-1042-S,	i	Reserved for future use					. 1j		
RRB-1042-S,	, k	Total income exempt by a treaty fro			1 1				
and 8288-A here. Also		line 1(e)							
attach	z	Add lines 1a through 1h					. 12	2	81,271.
Form(s) 1099-R if	2a	Tax-exempt interest 2	a	b Taxa	able interest		. 2k	>	
tax was	3a	Qualified dividends 3			inary dividends .)	
withheld.	4a	IRA distributions 4			able amount				
If you did not get a Form	5a	Pensions and annuities 5			able amount				
W-2, see	6 7	Reserved for future use					· 6	_	
instructions.	7 8	Additional income from Schedule 1		•	-				-13,130.
	9	Add lines 1z, 2b, 3b, 4b, 5b, 7, and						-	68,141.
	10	Adjustments to income from Sched	-	-					
	10	income			•	-)	
	11	Subtract line 10 from line 9. This is	your adjusted gross	income .			. 11		68,141.
	12	Itemized deductions (from Sched	ule A (Form 1040-NF	R)) or, for cert	ain residents of li	ndia, stand	ard		
		deduction (see instructions)						2	13,850.
	13a	Qualified business income deduction							
	b	Exemptions for estates and trusts of	,	·					
	С	Add lines 13a and 13b							10 0-1
	14 15		· · · · · ·						13,850.
	15 D.:	Subtract line 14 from line 11. If zero		-				_	54,291.

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 an	y from Fo	rm(s): 1 🗌 88	314 2 🗌 497	2 3		16	7,248.
Credits	17	Amount from Schedule 2 (Form 1						. 17	0.
	18	Add lines 16 and 17							7,248.
	19	Child tax credit or credit for othe	r depende	ents from Sched	ule 8812 (Form 10	40)		. 19	
	20	Amount from Schedule 3 (Form 1	•		•			. 20	
	21	Add lines 19 and 20						. 21	
	22	Subtract line 21 from line 18. If z						. 22	7,248.
	23a	Tax on income not effectively cor							
		Schedule NEC (Form 1040-NR), I				23a			
	b	Other taxes, including self-emplo							
		line 21	•			23b			
	с	Transportation tax (see instruction				23c			
	d	Add lines 23a through 23c	,					. 23d	
	24	Add lines 22 and 23d. This is you							7,248.
ayments	25	Federal income tax withheld from		x · · · · ·			· ·		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
ayments	a	Form(s) W-2				25a 11	1,10	1	
	b	Form(s) 1099				25b	1,10	<u>, , , , , , , , , , , , , , , , , , , </u>	
		Other forms (see instructions)				250 25c		-	
	c d	Add lines 25a through 25c						. 25d	11,101.
		Form(s) 8805							11,101.
	e f	Form(s) 8288-A							
	g	Form(s) 1042-S						. 25g	
	26	2023 estimated tax payments an						. 26	
	27	Reserved for future use				27		_	
	28	Additional child tax credit from S				28		_	
	29	Credit for amount paid with Form				29		_	
	30	Reserved for future use				30		_	
	31	Amount from Schedule 3 (Form 1	<i>,</i> .			31			
	32	Add lines 28, 29, and 31. These a							
	33	Add lines 25d, 25e, 25f, 25g, 26,							11,101.
efund	34	If line 33 is more than line 24, sul						_	3,853.
	35a	Amount of line 34 you want refu							3,853.
rect deposit?	b	Routing number 0 5 3 0				Checking	Savir	igs	
	d	Account number 2 3 7 0							
	е	If you want your refund check m	ailed to a	n address outsid	le the United State	es not shown on	page	e 1,	
		enter it here.				1			
	36	Amount of line 34 you want appl	ed to yo	ur 2024 estimat	ed tax	36			
mount	37	Subtract line 33 from line 24. This							
ou Owe		For details on how to pay, go to	0	2			• •	. 37	
r	38	Estimated tax penalty (see instru	,			38			
hird	Do yo	u want to allow another person to	discuss t	his return with th	ne IRS? See instru	ctions. 🗌 Ye	es. Co	omplete bel	ow. 🛛 No
arty	Desig			Phone				entification	
esignee	name					numbe		<u> </u>	
		penalties of perjury, I declare that I hav they are true, correct, and complete. D							
ign									, ,
-	Your	signature		Date	Your occupation				ent you an Identity PIN, enter it here
ere					SOFTWARE E	NGINEER		(see inst.)	Fin, enter it nere
F	Phone	200		Email address	bol i milli				
		rer's name	Preparer	's signature		Date	PTI	J I	Check if:
aid			·	•	רידו איז איז איז			082703	Self-employed
reparer		PRIYA RAM SAGAR GUPTA TALLAM		TIA VAM DAGAN	R GUPTA TALLAM	02/10/2024			
	CHILLS	name GLOBAL TAXES I	лпс					ne no. (6'	<u>78)965-9522</u>
lse Only		address 245 ROONEY C		TINICULT OF	T 0001C		Einer	ı's EIN 8	4-3171965

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 20 3

Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form1040 for instructions and the latest information.		Attachment Sequence No. 01
Name(s) shown on Fo	Your social security number		
SATHYA KANDE		697-84	-7571
Part I Additio	onal Income		

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	-13,130.
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		
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			
		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 (4	
t	Pension or annuity from a nonqualifed deferred compensation plan or	04		
	a nongovernmental section 457 plan	8t	-	
u	Wages earned while incarcerated	<u>8u</u>	-	
z	Other income. List type and amount:	0-		
9	Total other income. Add lines 9a through 97	8z	9	
9 10	Total other income. Add lines 8a through 8z	· · · · · · · ·	3	
10	1040, 1040-SR, or 1040-NR, line 8		10	-13,130.
For Pa	perwork Reduction Act Notice, see your tax return instructions.		Schedule	e 1 (Form 1040) 2023

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basi			
	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			19a	
b	Recipient's SSN			
c	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:		20	
2 a	Jury duty pay (see instructions)			
b	Deductible expenses related to income reported on line 8I from the			
D	rental of personal property engaged in for profit			
-	Nontaxable amount of the value of Olympic and Paralympic medals		-	
С	and USOC prize money reported on line 8m			
h			-	
d			-	
е	Repayment of supplemental unemployment benefits under the Trade			
	Act of 1974		-	
f	Contributions to section 501(c)(18)(D) pension plans		-	
g	Contributions by certain chaplains to section 403(b) plans 24g		-	
h	Attorney fees and court costs for actions involving certain unlawful			
	discrimination claims (see instructions)		-	
i	Attorney fees and court costs you paid in connection with an award			
	from the IRS for information you provided that helped the IRS detect			
_	tax law violations		-	
j	Housing deduction from Form 2555			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form			
	1041)			
z	Other adjustments. List type and amount:			
	24z			
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income. Enter			
	Form 1040, 1040-SR, or 1040-NR, line 10		26	
	BAA REV	02/05/24 PRO	Schedule 1 (F	orm 1040) 202

SCHEDULE NEC (Form 1040-NR)

Department of the Treasury

Internal Revenue Service

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

OMB No. 1545-0074

Sequence No. 7B

23

20

Attachment

Attach to Form 1040-NR.

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

Name shown on Form 1040-NR

Your identifying number

697-84-7571

SATHYA KANDE

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

Nature of Income			(a) 10%	(b) 15%	(c) 30%	(d) Other (specify)			
					(a) 10%	(b) 13%	(c) 30%	%	%
1	Dividends and divide	nd equivalents:							
а	Dividends paid by U.	S. corporations	[1a					
b	Dividends paid by for	reign corporations		1b					
с	Dividend equivalent p	ayments received with respect to section 871(m) tra	ansactions	1c					
2	Interest:		Γ						
а	Mortgage			2a					
b	Paid by foreign corpo	prations	[2b					
с				2c					
3	Industrial royalties (p	atents, trademarks, etc.)	[3					
4	Motion picture or TV	copyright royalties	[4					
5	Other royalties (copy	rights, recording, publishing, etc.)	[5					
6		e and natural resources royalties		6					
7		es		7					
8	Social security benef	ïts	[8					
9		e 18 below	-	9					
10		s of Canada only. Enter net income in column (c).							
а	Winnings								
b	Losses			10c					
11	Gambling—Resident Note: Enter winnings	s of countries other than Canada.	[11					
12	Other (specify):								
				12					
13		12 in columns (a) through (d)		13					
14	Multiply line 13 by ra	ate of tax at top of each column		14					
15	Tax on income not ef	ffectively connected with a U.S. trade or business	. Add column	ns (a) t	hrough (d) of line 14	. Enter the total here	and on Form 1040	-NR, line 23a 15	
		Capital Gains and	Losses Fi	rom	Sales or Excha	nges of Proper	ty		
Enter only the capital gains and losses from property sales or exchanges that are from sources within the United States and not		16 (a) Kind of property and description (if necessary, attach statement of descriptive details not shown below)	(b) Date acqui mm/dd/yyyy		(c) Date sold mm/dd/yyyy	(d) Sales price	(e) Cost or other basis	(f) LOSS If (e) is more than (d), subtract (d) from (e).	(g) GAIN If (d) is more than (e), subtract (e) from (d).
	ely connected with a U.S.								
or loss	on disposing of a U.S. real								
gains a	y interest; report these nd losses on Schedule D								
(Form 1									
	property sales or ges that are effectively								
connec	ed with a U.S. business								
	797, or both.	18 Capital gain. Combine columns (f) and (g	g) of line 17.	Ente	r the net gain here	e and on line 9 abo	ove. If a loss, ente	r -0 18	

SCHEDULE OI (Form 1040-NR)

Other Information

Attach to Form 1040-NR.

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

OMB No. 1545-0074 2023

	ent of the Treasury Revenue Service	to to www.irs.gov/Form1040N Ans	IR for instructions and swer all questions.	the latest information.		Attachment Sequence No	- <u> </u>				
	nown on Form 1040-NR			Your identify	our identifying number						
SATH	IYA KANDE			-	97-84-7571						
A		s were you a citizen or natior	al during the tax year?	TNDTA							
В	In what country did you cla	im residence for tax purpose	es during the tax year?	United States							
c	Have you ever applied to b	In what country did you claim residence for tax purposes during the tax year? United States									
D	Were you ever:										
1.	•					Yes	🗙 No				
2.	A green card holder (lawful	permanent resident) of the U	nited States?			🗌 Yes	🔀 No				
	If you answer "Yes" to (1) or (2), see Pub. 519, chapter 4, for expatriation rules that apply to you.										
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. F_1										
F			atus) or LLS immigratio	n status?		Yes	🔀 No				
•	Have you ever changed your visa type (nonimmigrant status) or U.S. immigration status?										
G	List all dates you entered a	nd left the United States durir	na 2023. See instruction	 ns.							
	-	of Canada or Mexico AND co	•		ent intervals	.					
		or Mexico and skip to item			Mexico						
	Date entered United State	s Date departed United Sta	tes Da	te entered United States	s Date de	eparted United	d States				
	mm/dd/yy	mm/dd/yy		mm/dd/yy		mm/dd/yy	mm/dd/yy				
н		ing vacation, nonworkdays, an , 2022			-	1:					
I	Did you file a U.S. income	ax return for any prior year? .				X Yes	🗌 No				
	Did you file a U.S. income tax return for any prior year?										
J	Are you filing a return for a trust?										
	If "Yes," did the trust have										
	U.S. person, or receive a contribution from a U.S. person?										
Κ	Did you receive total compensation of \$250,000 or more during the tax year?										
	If "Yes," did you use an alternative method to determine the source of this compensation?										
L	Income Exempt From Tax-If you are claiming exemption from income tax under a U.S. income tax treaty with a foreign country complete (1) through (3) below. See Pub. 901 for more information on tax treaties.										
1.	. Enter the name of the country, the applicable tax treaty article, the number of months in prior years you claimed the treaty benefit, and the amount of exempt income in the columns below. Attach Form 8833 if required. See instructions.										
	(a) (Country	(b) Tax treaty article	(c) Number of month	s (d) /	(d) Amount of exempt					
				claimed in prior tax yea							
	(e) Total Enter this amour	t on Form 1040-NR, line 1k. I	L Do not enter it anywhor	e else on line 1							
2.		Yes	No								
	Are you claiming treaty benefits pursuant to a Competent Authority determination?										
м	Check the applicable box i	, ,									
1.	This is the first year you are	e making an election to treat in									
2.	with a U.S. trade or business under section 871(d). See instructions										
	States as effectively conne	cted with a U.S. trade or busi	ness under section 871	(d). See instructions .			🗆				

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

REV 02/05/24 PRO Schedule OI (Form 1040-NR) 2023

BAA

(Form 1040)		(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)								20	20 2 3		
Department of the Treasury		Attach to Form 1040, 1040-SR, 1040-NR, or 1041. Go to <i>www.irs.gov/ScheduleE</i> for instructions and the latest information.							Attachm	Attachment Sequence No. 13			
	Revenue Service		Go to WWW.	Irs.gov/ScheduleE to	r Instru	uctions an	d the la	itest ir	itormation.	× .			
Name(s) shown on return									ial security number				
SATHYA KANDE						. 112				697-8	4-7571		
Part	Note: If yo rental inco	ou are in ome or lo	the business of r ss from Form 48	al Real Estate an enting personal proper 135 on page 2, line 40.	rty, use	Schedule			-		-		
		ny payments in 2023 that would require you to file Form(s) 1099? See instructions											
1a													
Α	8-2-103/17P,18/2/1 CHINTALAKUNTA HYDERABAD,TELANGANA IN 500074												
B													
<u>C</u>													
1b	Type of Property (from list below) 2 For each rental real estate properative above, report the number of fair								Personal Use Days		QJV		
Α	3		personal use	e days. Check the Q	JV box only		Α		365	0			
В				he requirements to f			В						5
С			qualified join	t venture. See instru	ICTIONS	5.	С					[
Туре	of Property:									•			
1	Single Family R	esidenc	e 3 Vacat	ion/Short-Term Ren	tal	5 Land			Self-Rental				
2	Multi-Family Re	sidence	e 4 Comr	nercial		6 Roya	lties	8	Other (desc	ribe)			
									Propert				
Incom	e:						A B					С	
3		±			3		590.				-		
4					4								
Expen													
5					5								
6	-				6								
7	Cleaning and maintenance				7		1,6	80.					
8	Commissions				8								
9					9								
10	Legal and othe	er profes	ssional fees .		10								
11	Management f	ees .			11		1,2	50.					
12	Mortgage inter	rest paid	d to banks, etc	(see instructions)	12								
13	Other interest				13								
14	Repairs				14		3,3	10.					
15	Supplies				15		3,5	50.					
16					16								
17					17		3,9	30.					
18		xpense	or depletion .		18								
19					19								
20	•		•	19	20		13,7	20.					
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198			21	_	-13,1	30.						
22	Deductible rer	eductible rental real estate loss after limitation, if any,											
		-	-		22		13,13		()	()
23a		nounts reported on line 3 for all rental prope nounts reported on line 4 for all royalty prope						23a		590.			
b			•					23b					
C d			•	12 for all properties				23c					
d			•	18 for all properties				23d	1 -	2 7 2 0			
e 24			•	20 for all properties		 do onvilor		23e	13	3,720. . 24			
24 25	Income. Add positive amounts shown on line 21. Do not include any losses 24 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 25 (13,130.								30 1				
25 26	Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result												
20		-ai 6219	ite anu royally	(1055). (1055). (COLLID		-+ anu	20. E		ur			

Supplemental Income and Loss

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

SCHEDULE E

26

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-13,130.

OMB No. 1545-0074