Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

▶ Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

| - Internal n | levellue del vice | | | | | | | | | | | |
|--|--|--|---|--|--|---|--|--|--|--|--|--|
| Submis | ssion Identification Number (SID) | | | | | | | | | | | |
| Taxpayer | r's name | | Social sec | Social security number | | | | | | | | |
| JANA | AKI AKULA | | 670-95-1877 | | | | | | | | | |
| Spouse's | | | Spouse's social security number | | | | | | | | | |
| Part | Tax Return Information — Tax Year Ending December 31, 20. | 23 (Enter | Vear voi | ı are alı | thoriz | ring) | | | | | | |
| | whole dollars only on lines 1 through 5. | Z3 (LITICI | year yet | a arc au | 1110112 | | | | | | | |
| | Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. | | | | | | | | | | | |
| | Adjusted gross income | | | . 1 | | 43, | 599. | | | | | |
| | Total tax | | | | | | 347. | | | | | |
| 3 | Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | | | . 3 | | | 127. | | | | | |
| 4 | Amount you want refunded to you | | | . 4 | | | 780. | | | | | |
| 5 | Amount you owe | | | . 5 | | | | | | | | |
| Part I | Taxpayer Declaration and Signature Authorization (Be sure you | get and k | ceep a co | opy of y | our i | returi | n) | | | | | |
| return (o to send for any o Agent to paymen authoriz paymen business taxes to persona | wledge and belief, it is true, correct, and complete. I further declare that the amounts in original or amended) I am now authorizing. I consent to allow my intermediate service proving return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or readelay in processing the return or refund, and (c) the date of any refund. If applicable, I author initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution at of my federal taxes owed on this return and/or a payment of estimated tax, and the financiation is to remain in full force and effect until I notify the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancers days prior to the payment (settlement) date. I also authorize the financial institutions involved receive confidential information necessary to answer inquiries and resolve issues related identification number (PIN) below is my signature for the income tax return (original or an acceptable of the payment.) | der, transmason for rejective the Uniccount indicated institution terminated lation required to the ped to the | itter, or ele- ection of the S. Treasur cated in the on to debit the author uests must processing ayment. I | ctronic reference transmissy and its of e tax preperture entry prization. To be received of the electronic transmission of the electronic receives the | turn or ssion, design paratio this fo revolved no ectron | iginato (b) the ated F n softwaccou oke (ca o later ic pay edge t | or (ERO) reason inancial ware for int. This ancel) a than 2 ment of that the | | | | | |
| | yer's PIN: check one box only | | [| _ . . | | | | | | | | |
| \times | l authorize GLOBAL TAXES LLC to enter or | generate | mv PIN | 5 1 8 | | 7 | as my | | | | | |
| | ERO firm name signature on the income tax return (original or amended) I am now authorizing. | J | , | Enter five don't ente | | but | , | | | | | |
| | I will enter my PIN as my signature on the income tax return (original or amend if you are entering your own PIN and your return is filed using the Practitioner below. | | | | | | | | | | | |
| Your si | ignature ▶ | Date ► _ | | | | | | | | | | |
| Spous | e's PIN: check one box only | | _ | | | | | | | | | |
| Ороца | I authorize to enter or | generate | my PINI | | | | as my | | | | | |
| | ERO firm name | generate | illy i il v | Enter five | diaits. | | as my | | | | | |
| | signature on the income tax return (original or amended) I am now authorizing. | | | don't ente | r all ze | ros | | | | | | |
| | I will enter my PIN as my signature on the income tax return (original or amend if you are entering your own PIN and your return is filed using the Practitioner below. | | | | | | | | | | | |
| Spouse | e's signature ► | Date ► | | | | | | | | | | |
| | Practitioner PIN Method Returns Only—contin | ue below | | | | | | | | | | |
| Part I | II Certification and Authentication — Practitioner PIN Method Only | <i>'</i> | | | | | | | | | | |
| ERO's | EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. | 2 2 | 2 4 9 | 6 0 | 8 2 | 2 7 | 1 | | | | | |
| | = 11.71 III Enter your one digit Enter one to a by your two digit out occords in the | | - | enter all ze | - | | | | | | | |
| authoriz | that the above numeric entry is my PIN, which is my signature for the electronic individual ted to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that ments of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Programme | I am subm | itting this i | return in a | accord | anće v | | | | | | |
| ERO's | signature > | Date ► | | | | | | | | | | |
| | ERO Must Retain This Form — See Instru | ctions | | | | | | | | | | |
| | Don't Submit This Form to the IRS Unless Reques | | o So | | | | | | | | | |

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



| 1040 | | artment of the Treasury—Internal Revenue Servi | | urn | 202 | 3 | OMB No. 1545 | -0074 | IRS Use | Only- | -Do not w | rite or sta | aple in this spac | e. |
|-------------------------------|----------|--|---|--------------|-----------------|--------|------------------|----------|--------------|----------|---------------------------------------|-------------|---------------------------|--|
| For the year Jar | n. 1–Dec | c. 31, 2023, or other tax year beginning | | | , 2023, enc | ling | | | , 20 | | See se | oarate i | instructions. | _ |
| Your first name | and m | iddle initial | Last nar | st name | | | | | | | Your social security number | | | |
| JANAKI | | | AKUL | A | | | | | | | 670 | 95 | 1877 | |
| | pouse's | s first name and middle initial | Last nar | | | | | | | | | | security num | ıbeı |
| | | | | | | | | | | | | | | |
| | • | er and street). If you have a P.O. box, see | instruction | ons. | | | | <i>A</i> | Apt. no. | - 1 | | | ection Campa | aign |
| 1411 SAI | | | manlata an | hal | | Cto | 4 | 710.0 | | | | | ou, or your jointly, want | \$3 |
| ,, , , | | ice. If you have a foreign address, also co | mpiete st | paces bei | ow. | Sta | | ZIP c | | | • | _ | nd. Checking | |
| MCKINNEY Foreign country | | | | oroign pr | ovince/state/ | TX | | 750 | n postal c | | | | not change | |
| r oreign country | y mame | | ' | oreign pr | Ovirice/state/ | Couri | .y | I OLEIÓ | jii postai c | oue | your tax | Yc | | use |
| Filing Status | s × | Single | | | | | Head of h | useh | old (HOH | H) | | | | |
| Check only | | Married filing jointly (even if only o | ne had ir | ncome) | | | | | | | | | | |
| one box. | | Married filing separately (MFS) | | | | | ☐ Qualifying | surviv | ing spou | use (C | QSS) | | | |
| | lf y | you checked the MFS box, enter the | name o | f your sp | oouse. If you | ı che | ecked the HOF | or Q | SS box, | enter | the chi | ld's na | me if the | |
| | qu | ualifying person is a child but not you | ır depen | dent: | | | | | | | | | | |
| Digital | At a | ny time during 2023, did you: (a) rec | eive (as | a reward | l, award, or | payn | nent for prope | rty or | services |); or (l | b) sell, | | | |
| Assets | exch | nange, or otherwise dispose of a dig | ital asse | t (or a fir | nancial inter | est ir | n a digital asse | et)? (Se | e instru | ctions | s.) | | es 🗵 No | |
| Standard | Som | neone can claim: 🗌 You as a de | pendent | : 🗆 | Your spous | e as | a dependent | | | | | | | |
| Deduction | | Spouse itemizes on a separate retur | n or you | were a | dual-status | alien | l | | | | | | | |
| Age/Blindnes | s You | : Were born before January 2, 1 | 959 | Are bl | ind Sp | ouse | : Was bor | rn befo | ore Janua | ary 2, | 1959 | | s blind | |
| Dependent | s (see | instructions): | | (2) S | Social security | , | (3) Relationsh | nip (4 |) Check t | he box | x if quali | fies for (| (see instructio | ns): |
| If more | (1) F | irst name Last name | | number | | | to you | | Child t | ax cre | dit | Credit fo | or other depend | ents |
| than four | | | | | | | | | | | | | | |
| dependents, see instruction | e —— | | | | | | | | | | | | | |
| and check | . — | | | | | | | | | | | | | |
| here L | | | | | | | | | | | | | | |
| Income | 1a | Total amount from Form(s) W-2, b | • | | , | | | | | | 1a | | 48,624 | ŀ. |
| Attach Form(s) | b | Household employee wages not re | • | | | | | | | | 1b | | | |
| W-2 here. Also | С | Tip income not reported on line 1a | | | • | | | | | | 1c | | | |
| attach Forms W-2G and | d | . , | Medicaid waiver payments not reported on Form(s) W-2 (see instructions) | | | | | | | | | | | |
| 1099-R if tax | е | Taxable dependent care benefits f | | | | | | | | | 1e | | | |
| was withheld. | f | Employer-provided adoption bene | fits from | Form 8 | 839, line 29 | • | | | | | 1f | | | |
| If you did not get a Form | g | Wages from Form 8919, line 6 . | | | | | | | | | 1g | | | _ |
| W-2, see | h | Other earned income (see instruct | , | | | | | i · | | | 1h | _ | |). |
| instructions. | i | Nontaxable combat pay election (s | see instr | uctions) | | | <u>1</u> i | | | | | | 40 60 | 1 |
| | <u>z</u> | Add lines 1a through 1h | | | · · i | | | | | | 1z | | 48,624 | |
| Attach Sch. B if required. | 2a | · – | 2a | | | | axable interes | | | | 2b | | | |
| | 3a_ | | 3a | | | | ordinary divide | | | | 3b | | | |
| Standard | 4a | - | 4a | | | | axable amoun | | | | 4b | | | |
| Deduction for— | 5a | | 5a | | | | axable amoun | | | | 5b | | | |
| Single or Married filing | 6a | , | 6a | nothed | obook bara | | axable amoun | ι | | | 6b | | | |
| separately, \$13,850 | C 7 | If you elect to use the lump-sum e | | - | | • | , | | | | , , , , , , , , , , , , , , , , , , , | | | |
| Married filing | 7 | Capital gain or (loss). Attach Sche Additional income from Schedule | | • | | | | | | . ∟ | 7 | | _5 025 | _ |
| jointly or Qualifying | 8 9 | | | | | | | | | | 9 | | -5,025 43,599 | |
| surviving spouse, \$27,700 | 10 | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7 Adjustments to income from Sche | | - | | | | | | | 10 | | <u> </u> | • |
| Head of | 11 | Subtract line 10 from line 9. This is | | | | | | | | | 11 | | 43,599 | |
| household, \$20,800 | 12 | Standard deduction or itemized | - | - | _ | | | | | | 12 | | 13,850 | |
| If you checked any box under | 13 | Qualified business income deduct | | • | | - | | | | | 13 | | | <u>, . </u> |
| Standard | 14 | | | | | | J-A | | | | 14 | | 13,850 |) |
| Deduction, see instructions. | 15 | Subtract line 14 from line 11. If zer | | | | | | | | | 15 | | 29 740 | |

| Form 1040 (2023 | 3) | | | | | | | | Page Z | |
|------------------------------------|---|--|--------------------------|-------------------|------------------------|------------------------|---|-------------------------|-----------------------|--|
| Tax and | 16 | Tax (see instructions). Check | if any from Form | (s): 1 881 | 4 2 🗌 4972 | з 🗌 | | 16 | 3,347. | |
| Credits | 17 | Amount from Schedule 2, line | e3 | | | | | 17 | | |
| | 18 | Add lines 16 and 17 | | | | | | 18 | 3,347. | |
| | 19 | Child tax credit or credit for o | other dependent | ts from Sched | ule 8812 | | | 19 | | |
| | 20 | Amount from Schedule 3, line | e8 | | | | | 20 | | |
| | 21 | Add lines 19 and 20 | | | | | | 21 | | |
| | 22 | Subtract line 21 from line 18. | If zero or less, | enter -0 | | | | 22 | 3,347. | |
| | 23 | Other taxes, including self-er | mployment tax, | from Schedule | e 2, line 21 | | | 23 | 0. | |
| | 24 | Add lines 22 and 23. This is y | our total tax | | | | | 24 | 3,347. | |
| Payments | 25 | Federal income tax withheld | from: | | | | | | | |
| • | а | Form(s) W-2 | | | | 25a | 7,127 | | | |
| | b | Form(s) 1099 | | | | 25b | | | | |
| | С | Other forms (see instructions | s) | | | 25c | | | | |
| | d | Add lines 25a through 25c . | | | | | | 25d | 7,127. | |
| If you have a | 26 | 2023 estimated tax payment | s 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 fron | n Schedule 8812 | | | 28 | | | | |
| | 29 | American opportunity credit | from Form 8863 | 8, line 8 . . | | 29 | | | | |
| | 30 | Reserved for future use | | | | 30 | | | | |
| | 31 | Amount from Schedule 3, line | e 15 | | | 31 | | | | |
| | 32 | Add lines 27, 28, 29, and 31. | These are your | total other pa | ayments and refu | ndable credits | | 32 | | |
| | 33 | Add lines 25d, 26, and 32. The | nese are your to | tal payments | | | | 33 | 7,127. | |
| Refund | 34 | If line 33 is more than line 24 | , subtract line 2 | 4 from line 33. | This is the amour | nt you overpaid | | 34 | 3,780. | |
| | 35a | Amount of line 34 you want r | efunded to you | ı. If Form 8888 | is attached, chec | k here | 🗆 | 35a | 3,780. | |
| Direct deposit? | b | Routing number 0 8 2 | | | ,, <u> </u> | Checking X | Savings | | | |
| See instructions. | d | Account number 4 8 7 | 0 0 8 8 | 8 8 6 3 | 3 0 | | | | | |
| | 36 | Amount of line 34 you want a | pplied 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, go | _ | - | | | | 37 | | |
| | 38 | Estimated tax penalty (see in | structions) . | | | 38 | | | | |
| Third Party | | you want to allow another | • | | | _ | | | | |
| Designee | | structions | | | | | • | | ⊠ No | |
| | | signee's me | | Phone no. | | | sonal iden ber (PIN) | tification | | |
| Sign | Un | der penalties of perjury, I declare th | at I have examined | d this return and | accompanying sche | dules and statemer | nts, and to | the best | of my knowledge and | |
| Here | be | lief, they are true, correct, and comp | olete. Declaration of | of preparer (othe | r than taxpayer) is ba | sed on all informat | ion of whic | ch prepar | er has any knowledge. | |
| пеге | Yo | Your signature | | Date | | | If the IRS sent you an Identity | | | |
| | | | | | | | 1 | | PIN, enter it here | |
| Joint return? See instructions. | | | | SOFTWARE ENGINEER | | | | (see inst.) | | |
| Keep a copy for your records. | 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.) | | | |
| , | | | 7 | Empile delice | | 7 OCN 7 TT - C | , | o 11101. <i>j</i> | | |
| | | one no. (209)630-9537 eparer's name | Preparer's signat | Email address | JANAKIAKUL | JA@GMAIL.CO | PTIN | | Check if: | |
| Paid | | ' | | | CIIDMA MATTA | | | 2772 | Self-employed | |
| Preparer | | | | | | | P0208 | | | |
| Use Only | | | | | | | | Phone no. (678)965-9522 | | |
| | Fir | m's address 245 ROONEY | CI E BRU | MONTCK N | J 08816 | | Firr | n's EIN | 84-3171965 | |

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023

Attachment
Sequence No. 01

Department of the Treasury Internal Revenue Service

JANAKI AKULA

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

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

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

| | Sequence N | o. 01 |
|-----------|---------------|--------------|
| Your soci | al security i | number |
| 670_05 | _1077 | |

| Par | t I Additional Income | | | |
|-----|--|--------------------|----|---------|
| 1 | Taxable refunds, credits, or offsets of state and local income taxes | | 1 | |
| 2a | Alimony received | | 2a | |
| b | Date of original divorce or separation agreement (see instructions): | | | |
| 3 | Business income or (loss). Attach Schedule C | | 3 | |
| 4 | Other gains or (losses). Attach Form 4797 | | 4 | |
| 5 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta | ach Schedule E . | 5 | -5,025. |
| 6 | Farm income or (loss). Attach Schedule F | | 6 | |
| 7 | Unemployment compensation | | 7 | |
| 8 | Other income: | | | |
| а | Net operating loss | 8a (|) | |
| b | Gambling | 8b | | |
| С | Cancellation of debt | 8c | | |
| d | Foreign earned income exclusion from Form 2555 | 8d (|) | |
| е | Income from Form 8853 | 8e | | |
| f | Income from Form 8889 | 8f | | |
| g | Alaska Permanent Fund dividends | 8g | | |
| h | Jury duty pay | 8h | | |
| i | Prizes and awards | 8i | | |
| j | Activity not engaged in for profit income | 8j | | |
| k | Stock options | 8k | | |
| ı | Income from the rental of personal property if you engaged in the rental | | | |
| | for profit but were not in the business of renting such property | 81 | | |
| m | Olympic and Paralympic medals and USOC prize money (see | | | |
| | instructions) | 8m | | |
| n | Section 951(a) inclusion (see instructions) | 8n | | |
| 0 | Section 951A(a) inclusion (see instructions) | 80 | | |
| р | Section 461(I) excess business loss adjustment | 8p | | |
| q | Taxable distributions from an ABLE account (see instructions) | 8q | | |
| r | Scholarship and fellowship grants not reported on Form W-2 | 8r | | |
| S | Nontaxable amount of Medicaid waiver payments included on Form | | | |
| | 1040, line 1a or 1d | 8s (|) | |
| t | Pension or annuity from a nonqualifed deferred compensation plan or | | | |
| | a nongovernmental section 457 plan | 8t | | |
| u | Wages earned while incarcerated | 8u | | |
| Z | Other income. List type and amount: | | | |
| _ | | 8z | | |
| 9 | Total other income. Add lines 8a through 8z | | 9 | |
| 10 | Combine lines 1 through 7 and 9. This is your additional income . Ente | r here and on Form | | |
| | 1040, 1040-SR, or 1040-NR, line 8 | | 10 | -5,025. |

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

| Par | t II Adjustments to Income | | | | | |
|----------|---|----------|-------|-----|-----|----------|
| 11 | Educator expenses | | | | 11 | |
| 12 | Certain business expenses of reservists, performing artists, and fee-b | | | | | |
| | officials. Attach Form 2106 | | | | 12 | <u> </u> |
| 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 | <u> </u> |
| 16 | Self-employed SEP, SIMPLE, and qualified plans | | | | 16 | <u> </u> |
| 17 | Self-employed health insurance deduction | | | | 17 | |
| 18 | Penalty on early withdrawal of savings | | | | 18 | |
| 19a | Alimony paid | | | | 19a | |
| b | Recipient's SSN | | | | | 1 |
| 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 | | 24a | | | | |
| b | Deductible expenses related to income reported on line 8l from the | | | | | 1 |
| | · · · · · · · · · · · · · · · · · · · | 24b | | | | |
| С | Nontaxable amount of the value of Olympic and Paralympic medals | | | | | 1 |
| | • | 24c | | | | |
| d | ' · | 24d | | | | 1 |
| е | Repayment of supplemental unemployment benefits under the Trade | | | | | |
| | | 24e | | | | |
| f | | 24f | | | - | 1 |
| g | • | 24g | | | | |
| h | Attorney fees and court costs for actions involving certain unlawful | | | | | |
| | , | 24h | | | _ | 1 |
| 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 | | | | | |
| | <u></u> | 24i | | | - | 1 |
| j | <u> </u> | 24j | | | _ | 1 |
| k | Excess deductions of section 67(e) expenses from Schedule K-1 (Form | 1414 | | | | |
| _ | , | 24k | | | - | |
| Z | Other adjustments. List type and amount: | 24z | | | | |
| 25 | | | | | 25 | |
| 25 26 | Total other adjustments. Add lines 24a through 24z | | | | 25 | |
| 20 | Form 1040, 1040-SR, or 1040-NR, line 10 | | | | 26 | |
| | 1011111010, 1040 011, 01 1040 1111, 11110 10 | <u> </u> | · · · | • • | | |

SCHEDULE E (Form 1040)

Supplemental Income and Loss

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

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

Your social security number

Department of the Treasury Internal Revenue Service Name(s) shown on return

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

Attachment Sequence No. 13

OMB No. 1545-0074

| JANA | KI AKULA | | | | | | 670-9 | 5-1877 | |
|-------------|--|---------|----------------|---------------------|-----------|----------------|--------------|-------------|------------|
| Part | | | | | | | | | |
| | Note: If you are in the business of renting personal proper | ty, use | Schedule | C . See | instru | ctions. If you | are an indiv | /idual, rep | ort farm |
| | rental income or loss from Form 4835 on page 2, line 40. | | - () 4 | 2000 | | | | | 57.11 |
| | Did you make any payments in 2023 that would require you | | | | | | | | |
| В | f "Yes," did you or will you file required Form(s) 1099? . | | | | | | | . <u> </u> | s U No |
| 1a | Physical address of each property (street, city, state, ZIF | ode? | e) | | | | | | |
| Α | KPHB 5TH PHASE HYDERABAD TELANGANA IN | 1 HYD | ERABAD |) | | | | | |
| В | | | | | | | | | |
| С | | | | | | | | | |
| 1b | Type of Property (from list below) 2 For each rental real estate properabove, report the number of fair | | | Fair Rental Days | | | Person Da | QΊΛ | |
| Α | personal use days. Check the Qu | JV box | only [| Α | | 365 | | 0 | |
| В | if you meet the requirements to f | | | В | | | | | |
| С | qualified joint venture. See instru | ictions | ·. | С | | | | | |
| Tvpe | of Property: | | | | <u>I</u> | | | | |
| | Single Family Residence 3 Vacation/Short-Term Ren | tal | 5 Land | | 7 | Self-Rental | | | |
| | Multi-Family Residence 4 Commercial | | 6 Roya | lties | 8 | Other (desc | ribe) | | |
| | <u> </u> | I | | | | | | | |
| | | | | • | | Propert | ies: | | |
| Incon | | | | A | - 0 | В | | | С |
| 3 4 | Rents received | 3 | | 4 | 50. | | | | |
| | Royalties received | 4 | | | | | | | |
| Exper 5 | | 5 | | | | | | | |
| 6 | Advertising | 6 | | | | | | | |
| 7 | | 7 | | | 35. | | | | |
| 8 | Cleaning and maintenance | 8 | | 4 | 35. | | | | |
| 9 | Insurance | 9 | | | | | | | |
| 10 | Legal and other professional fees | 10 | | | | | | | |
| 11 | Management fees | 11 | | 5 | 00. | | | | |
| 12 | Mortgage interest paid to banks, etc. (see instructions) | 12 | | | 00. | | | | |
| 13 | Other interest | 13 | | | | | | | |
| 14 | Repairs | 14 | | 1,8 | 64 | | | | |
| 15 | Supplies | 15 | | | 74. | | | | |
| 16 | Taxes | 16 | | | • | | | | |
| 17 | Utilities | 17 | | 1,7 | 02. | | | | |
| 18 | Depreciation expense or depletion | 18 | | | | | | | |
| 19 | Other (list) | 19 | | | | | | | |
| 20 | Total expenses. Add lines 5 through 19 | 20 | | 5,4 | 75. | | | | |
| 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 | | -5,0 | 25. | | | | |
| 22 | Deductible rental real estate loss after limitation, if any, | | | | | | | | |
| | on Form 8582 (see instructions) | 22 | (| 5,02 | 5.) | (|) | (| |
| 23 a | Total of all amounts reported on line 3 for all rental prope | | | | 23a | | 450. | | |
| b | Total of all amounts reported on line 4 for all royalty prop | erties | | | 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 | | | | |
| е | Total of all amounts reported on line 20 for all properties | | | | 23e | Ţ | 5,475. | | |
| 24 | Income. Add positive amounts shown on line 21. Do not | | - | | | | . 24 | | |
| 25 | Losses. Add royalty losses from line 21 and rental real estate | | | | | | | (| 5,025. |
| 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 | | | | | | on | | _5_025 |
| | SCHERING LIFORM HIVIN IND 5 LITARWISE INCIDED THE ST | HOURT | IN THE TOT | ai on ii | ri 🗀 /l 1 | On Dade 7 | I OC | | _ h (1:7 h |