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)

| laxpayer's name | Social security number | | | | | |
|---|---------------------------------|--|--|--|--|--|
| SAITEJA NUNUGONDA | 158-91-1980 | | | | | |
| Spouse's name | Spouse's social security number | | | | | |
| | | | | | | |
| Part I Tax Return Information – Tax Year Ending December 31, 2023 (Enter | r 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 38,512. | | | | | |
| 2 Total tax | 2 2,741. | | | | | |
| 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | 3 6,791. | | | | | |
| 4 Amount you want refunded to you | 4 4,050. | | | | | |
| 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

| Y | l authorize | CLOBAL. | TAYES | LLC | to enter or generate my PIN | |
|---|-------------|---------|-------|---------------|-----------------------------|----|
| | I authorize | GIODAI | TANDO | | to enter or generate my Fin | En |
| | | | | ERO firm name | | |

| | 1 | 1 | 9 | 8 | 0 | as | | |
|--|---|---|---|---|---|----|--|--|
| Enter five digits, but don't enter all zeros | | | | | | | | |

my

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 |
| - | ERO firm name | | Enter five digits, but | |

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

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

| Spouse's signature | Date 🕨 | | | |
|---|--|--|--|--|
| Practitioner PIN Method Returns Only—continue below | | | | |
| Part III Certification and Authentication – Practitioner PIN Method Only | | | | |
| 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 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 ► |
|-------------------|---|
| | st Retain This Form — See Instructions s Form to the IRS Unless Requested To Do So |
| | |

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 02/05/24 PRO

| 1040 | | artment of the Treasury-Internal Revenue Servi S. Individual Income Tax | | turn | 202 | 3 | OMB No. 1545-0 | 0074 | IRS Use On | ly—Do not v | rite or st | aple in this space. | |
|------------------------------------|---|--|-----------|---------------|-------------------|-------|------------------|-----------------|-------------|---------------------------------------|---------------|---------------------|--|
| For the year Jar | n. 1–Dec | c. 31, 2023, or other tax year beginning | | | , 2023, end | ling | | , | 20 | See se | parate | instructions. | |
| Your first name | and m | iddle initial | Last r | ist name | | | | | Your so | cial sec | curity number | | |
| SAITEJA | | | NUN | IUGONDA | ł | | | | | 158 | 91 | 1980 | |
| If joint return, s | pouse's | s first name and middle initial | Last r | name | | | | | | Spouse | 's socia | l security number | |
| | | | | | | | | | | | | | |
| | | er and street). If you have a P.O. box, see | e instruc | ctions. | | | | | ot. no. | | | ection Campaigr | |
| | 2422 N KENNICOTT DR City, town, or post office. If you have a foreign address, also comple | | | | 1 | 040 | | 21 | | Check here if you, or your | | | |
| | | | | | IOW. | Sta | | | | to go to | this fu | nd. Checking a | |
| ARLINGTO | | | | Eoroign n | rovince/state/ | | | 6000 Eoreign | postal code | | | not change | |
| T Oreigit Courting | ynane | | | r oreigir p | I OVINCE/State/ | courr | ly | i oreign | postarcout | your ta | | ou Spouse | |
| Filing Status | | Single | | | | | Head of ho | useho | ld (HOH) | | | · | |
| • | , | Married filing jointly (even if only o | ne hac | l income) | | | | acono | ia (i iori) | | | | |
| Check only one box. | | Married filing separately (MFS) | | | | | Qualifying s | survivi | ng spouse | (QSS) | | | |
| | lf y | you checked the MFS box, enter the | name | of your s | pouse. If you | u che | ecked the HOH | or QS | S box, ent | er the ch | ild's na | ame if the | |
| | qu | ialifying person is a child but not you | ur depe | endent: | | | | | | | | | |
| Digital | Atar | ny time during 2023, did you: (a) rec | eive (a | s a reward | d. award. or | pavr | ment for proper | tv or s | ervices): o | r (b) sell. | | | |
| Assets | | hange, or otherwise dispose of a dig | | | | | | • | | . , | ∏ Y | es 🛛 No | |
| Standard | | neone can claim: You as a de | | | | | a dependent | · · · | | - | | | |
| Deduction | | Spouse itemizes on a separate retur | n or yo | ou were a | dual-status | alien | 1 | | | | | | |
| Age/Blindnes | s You | : 🗌 Were born before January 2, 1 | 959 | Are b | lind Spa | ouse | : 🗌 Was born |) befor | e Januarv | 2, 1959 | | s blind | |
| Dependent | | - | | $\overline{}$ | Social security | | (3) Relationship | (4) | | | | (see instructions): | |
| If more | | First name Last name | | (2) | number | | to you | , | Child tax | credit | Credit fo | or other dependents | |
| than four | | | | | | | | | | | | | |
| dependents, | | | | | | | | | | | | | |
| see instruction and check | s | | | | | | | | | | | | |
| here | | | | | | | | | | | | | |
| Income | 1a | Total amount from Form(s) W-2, b | ox 1 (s | see instruc | ctions) . | | | · · | | . 1a | <u> </u> | 43,008. | |
| Attach Form(s) | b | Household employee wages not re | - | | | | | • • | | . 1b | | | |
| W-2 here. Also | c | Tip income not reported on line 1a | | | | | · · · · | • • | | . 10 | | | |
| attach Forms W-2G and | d | Medicaid waiver payments not rep | | | , , | nstru | uctions) | • • | | . 10 | _ | | |
| 1099-R if tax was withheld. | e 4 | Taxable dependent care benefits f | | | | | | • • | • • • | . 1e | | | |
| lf you did not | f | Employer-provided adoption bene Wages from Form 8919, line 6 . | | | | | | • • | | . 1f . 1g | | | |
| get a Form | g h | Other earned income (see instruct | | | | | | • • | | · · · · · · · · · · · · · · · · · · · | | 0. | |
| W-2, see instructions. | i | Nontaxable combat pay election (s | | | | | 1 i | | | | | | |
| | z | Add lines 1a through 1h | | | | | | | | . 1z | | 43,008. | |
| Attach Sch. B | 2a | e 1 | 2a | | | bТ | axable interest | | | . 2b | , | | |
| if required. | 3a | | 3a | | | b C | Ordinary dividen | ds . | | . 3b | , | | |
| | 4a | IRA distributions | 4a | | | bТ | axable amount | | | . 4b | | | |
| Standard Deduction for— | 5a | Pensions and annuities | 5a | | | bΤ | axable amount | | | . 5b | | | |
| Single or | 6a | Social security benefits | 6a | | | bΤ | axable amount | | | . 6b |) | | |
| Married filing separately, | С | If you elect to use the lump-sum e | lectior | n method, | check here | (see | instructions) | | | | | | |
| \$13,850 • Married filing | 7 | Capital gain or (loss). Attach Sche | | - | | | | | | | _ | | |
| jointly or | 8 | Additional income from Schedule | | | | | | | | . 8 | | -4,496. | |
| Qualifying surviving spouse, | 9 | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7 | | | | | | | | . 9 | _ | 38,512. | |
| \$27,700 • Head of | 10 | Adjustments to income from Sche | | | | | | | | . 10 | - | | |
| household, \$20,800 | 11 | Subtract line 10 from line 9. This is | - | | - | | | · · | | . 11 | | 38,512. | |
| If you checked | 12 | Standard deduction or itemized | | | | | | | · · · | . 12 | - | 13,850. | |
| any box under Standard | 13 | Qualified business income deduct | ion fro | m ⊦orm 8 | | | | • • | | . 13 | - | 12 050 | |
| Deduction, see instructions. | 14 15 | Add lines 12 and 13 Subtract line 14 from line 11. If zer | | · · · | -0- This is y | | | | | . 14 | - | 13,850. | |
| | 15 | Subtract line 14 front line 11. If zer | | ss, enter | -u 11115 15 y | our | | | | . 15 | <u> </u> | 24,662. | |

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

Form **1040** (2023)

| Form 1040 (2023 | 3) | | | | | | | | Page 2 |
|-----------------------------------|---------|--|-----------------------------|---------------------|-----------------------|-----------------------|----------------|--------|--|
| Tax and | 16 | Tax (see instructions). Check | if any from Form | (s): 1 🗌 881 | 4 2 4972 | 3 🗌 | | 16 | 2,741. |
| Credits | 17 | Amount from Schedule 2, line | e3 | | | | [| 17 | |
| | 18 | Add lines 16 and 17 | | | | | [| 18 | 2,741. |
| | 19 | Child tax credit or credit for | other dependen [.] | ts from Sched | ule 8812 | | [| 19 | |
| | 20 | Amount from Schedule 3, lin | e8 | | | | | 20 | |
| | 21 | Add lines 19 and 20 | | | | | [| 21 | |
| | 22 | Subtract line 21 from line 18. | If zero or less, | enter -0 | | | [| 22 | 2,741. |
| | 23 | Other taxes, including self-er | mployment tax, | from Schedule | e 2, line 21 . | | [| 23 | 0. |
| | 24 | Add lines 22 and 23. This is | | | | | | 24 | 2,741. |
| Payments | 25 | Federal income tax withheld | | | | | | | |
| ,, , | а | Form(s) W-2 | | | | 25a 6 | 5,791. | | |
| | b | Form(s) 1099 | | | | 25b | | | |
| | с | Other forms (see instructions | | | | 25c | | | |
| | d | Add lines 25a through 25c | | | | | | 25d | 6,791. |
| If you have a | 26 | 2023 estimated tax payment | | | | | | 26 | <u> </u> |
| If you have a L qualifying child, | 27 | Earned income credit (EIC) | | | | 27 | | | |
| attach Sch. EIC. | 28 | Additional child tax credit from | | | | 28 | | | |
| | 29 | American opportunity credit | | | | 29 | | | |
| | 30 | Reserved for future use . | | | | 30 | | | |
| | 31 | Amount from Schedule 3, lin | | | | 31 | | | |
| | 32 | Add lines 27, 28, 29, and 31. | | | | | | 32 | |
| | 33 | Add lines 25d, 26, and 32. The | - | | | | | 33 | 6,791. |
| Refund | 34 | If line 33 is more than line 24 | | | | | | 34 | 4,050. |
| neruna | 35a | Amount of line 34 you want | | | | | | 35a | 4,050. |
| Direct deposit? | b | Routing number 1 1 1 | | | | | Savings | | , |
| See instructions. | ď | Account number 4 8 8 | | | | | Cavingo | | |
| | 36 | Amount of line 34 you want a | | | | 36 | | | |
| Amount | 37 | Subtract line 33 from line 24. | | | | | | | |
| You Owe | 31 | For details on how to pay, go | | | | | | 37 | |
| | 38 | Estimated tax penalty (see in | | | | 38 | | 01 | |
| Third Party | | you want to allow another | | | | | | | |
| Designee | | structions | • | | | _ | omplete be | low. | X No |
| Decignee | De | signee's | | Phone | | | onal identific | | |
| | nai | me | | no. | | num | ber (PIN) | | |
| Sign | Un | der penalties of perjury, I declare th | at I have examined | d this return and | accompanying sch | edules and statemen | ts, and to the | best c | of my knowledge and |
| Here | bel | ief, they are true, correct, and comp | olete. Declaration of | of preparer (othe | r than taxpayer) is b | ased on all informati | 1 | | |
| | Yo | ur signature | | Date | Your occupation | | | | it you an Identity N, enter it here |
| Joint return? | | | | | SOFTWARE | סבמבו טסבס | (see in: | | N, enter it here |
| See instructions. | Sp | ouse's signature. If a joint return, b | oth must sign. | Date | Spouse's occupat | | If the I | RS sen | t your spouse an |
| Keep a copy for | op | | iour must sign. | Duit | | | | | ction PIN, enter it here |
| your records. | | | | | | | (see in: | st.) | |
| | Ph | one no. (945) 300-1848 | 3 | Email address | TEJA.NS.OFF: | ICIAL@GMAIL.C | MC | | |
| Doid | Pre | eparer's name | Preparer's signat | ure | | Date | PTIN | | Check if: |
| Paid Droporor | SYAM | I PRIYA RAM SAGAR GUPTA TALLAM | SYAM PRIYA | RAM SAGAR | GUPTA TALLAM | 1 02/14/2024 | P02082 | 703 | Self-employed |
| Preparer | Fir | m's name GLOBAL TAX | KES LLC | | | | Phone | no. (| 678)965-9522 |
| Use Only | Fir | m's address 245 ROONES | CT E BRU | NSWICK N | J 08816 | | Firm's | | 84-3171965 |
| Go to www.irs.go | ov/Forn | n1040 for instructions and the lates | st information. | | BAA | REV 02/05/24 PRO | | | Form 1040 (2023) |
| | | | | | | | | | |

| SCHE | DULE | 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 2023

Attachment Sequence No. **01** Internal Revenue Service Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number SAITEJA NUNUGONDA 158-91-1980

| 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 | | 5 | -4,496. |
| 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 | | |
| ĥ | 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 (|) | |
| 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. Enter | | | |
| | 1040, 1040-SR, or 1040-NR, line 8 | | 10 | -4,496. |
| For Pa | perwork Reduction Act Notice, see your tax return instructions. | | Schedu | ile 1 (Form 1040) 2023 |

| Par | t II Adjustments to Income | | | |
|----------|--|-------|----------|--------------------|
| 11 | Educator expenses | | 11 | |
| 12 | Certain business expenses of reservists, performing artists, and fee-basis govern | nment | | |
| | officials. Attach Form 2106 | | 12 | |
| 13 | Health savings account deduction. Attach Form 8889 | | 13 | |
| 14 | Moving expenses for members of the Armed Forces. Attach Form 3903 | | 14 | |
| 15 | Deductible part of self-employment tax. Attach Schedule SE | | 15 | |
| 16 | Self-employed SEP, SIMPLE, and qualified plans | | 16 | |
| 17 | Self-employed health insurance deduction | | 17 | |
| 18 | Penalty on early withdrawal of savings | | 18 | |
| 19a | Alimony paid | | 19a | |
| b | Recipient's SSN | | | |
| 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) | | | |
| b | Deductible expenses related to income reported on line 8I from the | | | |
| | rental of personal property engaged in for profit | | | |
| С | Nontaxable amount of the value of Olympic and Paralympic medals | | | |
| | and USOC prize money reported on line 8m | | | |
| d | Reforestation amortization and expenses | | | |
| 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 | | | | |
| _ | 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) | | | |
| - | | | - | |
| 2 | Other adjustments. List type and amount: | | | |
| 25 | Total other adjustments. Add lines 24a through 24z | | 25 | |
| 25 26 | Add lines 11 through 23 and 25. These are your adjustments to income . Enter here a | nd on | 20 | |
| 20 | Form 1040, 1040-SR, or 1040-NR, line 10 | | 26 | |
| | | | | 1 (Form 1040) 2023 |
| | BAA REV 02/05/24 PRO | | Sonculie | |

| SCHEDULE | Ε |
|-------------|---|
| (Form 1040) | |

OMB No. 1545-0074

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

Department of the Treasury

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

| 2023 |
|------------|
| Attachment |

otion ire any/SahadulaE for instructions and the latest inform

| | Revenue Service | | Go to www.irs.gov/ScheduleE to | | | | at e st III | | | | nce No. IJ |
|----------|---|---------|---|------------------|-------------------|----------------|------------------------|----------------|----------------------|------------|------------|
| |) shown on return | | | | | | | | Your socia | - | |
| - | 'EJA NUNUGONI | | | | | | 158-91 | -1980 | 1 | | |
| Part | Note: If you a | re in t | S From Rental Real Estate an the business of renting personal properties from Form 4835 on page 2, line 40. | erty, use | e Schedule | C . See | e instru | ctions. If you | are an indiv | idual, rep | ort farm |
| | Did you make any p | ayme | ents in 2023 that would require you | u to file | | | | | | | es 🛛 No |
| B | If "Yes," did you or will you file required Form(s) 1099? | | | | | | | | | | es 🗌 No |
| 1a | Physical address | s of e | ach property (street, city, state, Zl | IP code | e) | | | | | | |
| Α | VEMULAWADA F | raja | ANNA-SIRICILLA TELANGAN | A II | N 505302 | 2 | | | | | |
| В | | | | | | | | | | | |
| С | | | | | | | | | | | |
| 1b | Type of Property (from list below) | 2 | above, report the number of fair | rental | and | | Fair Rental Days | | Personal Use Days | | QJV |
| Α | 3 | | personal use days. Check the Q if you meet the requirements to | | | Α | | 365 | 0 | | |
| B | | | qualified joint venture. See instru | | | B | | | | | |
| <u>с</u> | | | | | | С | | | | | |
| | of Property: | dama | e 3 Vacation/Short-Term Rer | atal | Eland | | 7 | Calf Dantal | | | |
| | Single Family Reside Multi-Family Reside | | | ilai | 5 Land 6 Royal | tios | | Self-Rental | | | |
| | | CHUC | 4 Commercial | | | 103 | 0 | Other (desc | | | |
| | | | | | | | | Propert | ies: | | |
| ncom | | | | 0 | | A | 520. | В | | | C |
| 3 4 | | | | 3 | | | . 020 | | | | |
| Exper | | | | | | | | | | | |
| 5 | | | | 5 | | | | | | | |
| 6 | - | | structions) | 6 | | | | | | | |
| 7 | Cleaning and main | 7 | | 8 | 356. | | | | | | |
| 8 | • | | | 8 | | | | | | | |
| 9 | Insurance | | | 9 | | | | | | | |
| 10 | - | | sional fees | 10 | | | | | | | |
| 11 | Management fees | 11 | | 6 | 532. | | | | | | |
| 12 | 00 | • | to banks, etc. (see instructions) | 12 | | | | | | | |
| 13 | | | 13 | | 1 0 | | | | | | |
| 14 15 | Repairs | 14 | | 1,259. 1,169. | | | | | | | |
| 15 16 | | | 15 16 | | ⊥,⊥ | .09. | | | | | |
| 17 | | | | 17 | | 1.1 | .00. | | | | |
| 18 | | | or depletion | 18 | | -/- | | | | | |
| 19 | | | | 40 | | | | | | | |
| 20 | Total expenses. A | 20 | | 5,C |)16. | | | | | | |
| 21 | | | ine 3 (rents) and/or 4 (royalties). If | | | | | | | | |
| | · · · · | | nstructions to find out if you must | | | | | | | | |
| | file Form 6198 | | | | | -4,496. | | | | | |
| 22 | Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) | | | | / | A 44 | | (| | , | |
| 00- | | | | 22 | l | | 96.) | (|)(520. | | |
| 23a b | | | ported on line 3 for all rental prop ported on line 4 for all royalty prop | | | | 23a 23b | | 520. | | |
| c | | | ported on line 12 for all properties | | | | 23c | | | | |
| d | | | ported on line 18 for all properties | | | | 23d | | | | |
| e | | | ported on line 20 for all properties | | | | 23e | 1 | 5,016. | | |
| 24 | | | amounts shown on line 21. Do no | | | | | | . 24 | | |
| 25 | Losses. Add royalt | ty los | ses from line 21 and rental real esta | te losse | es from line | 22. E | nter to | tal losses he | re 25 (| | 4,496. |
| 26 | | | te and royalty income or (loss). | | | | | | | | |
| | | | d IV, and line 40 on page 2 do no | | | | | | | | |
| | Schedule I (Form | 1040 | 0), line 5. Otherwise, include this a | imount | i in the tota | ai on i | ine 41 | on page 2 | · 26 | | -4,496 |

-4,496.