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

| | 5 | | | | |
|---|--|--|--|--|---|
| Submis | sion Identification Number (SID) | | | | |
| Taxpayer' | 's name | Social securi | ty numb | er | |
| HARI | KA DIGADARI | 169-17 | -7668 | 3 | |
| Spouse's | name | Spouse's soo | ial secu | rity numbe | r |
| Dort I | Toy Poturn Information Toy Year Ending December 21 2022 (Er | tor voor vou a | ro out | horizina | 1 |
| Part I | | nter year you a | re aut | nonzing. | .) |
| | hole dollars only on lines 1 through 5. form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. | | | | |
| | Adjusted gross income | | 1 | 49 | ,298. |
| | Total tax | | 2 | | ,031. |
| | Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | | 3 | | ,105. |
| | Amount you want refunded to you | | 4 | | ,074. |
| | Amount you owe | | 5 | | ,011. |
| Part I | | d keep a cop | y of y | our retu | rn) |
| my knov return (o to send of for any c Agent to payment authorize payment business taxes to personal Electroni | enalties of perjury, I declare that I have examined a copy of the income tax return (original or amenovedge and belief, it is true, correct, and complete. I further declare that the amounts in Part I a riginal or amended) I am now authorizing. I consent to allow my intermediate service provider, training return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to termit, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation adays prior to the payment (settlement) date. I also authorize the financial institutions involved in receive confidential information necessary to answer inquiries and resolve issues related to the identification number (PIN) below is my signature for the income tax return (original or amended) in Funds Withdrawal Consent. | bove are the aminismitter, or electron rejection of the tree U.S. Treasury a indicated in the trution to debit the nate the authorizarequests must be the processing of the payment. I fur | ounts find the country of the country the country the country the country the country of the cou | rom the in urn origina sion, (b) the designated aration so to this acco for evoke (yed no late ectronic pathonowledge | come tax tor (ERO) ne reason Financial ftware for ount. This (cancel) a er than 2 ayment of that the |
| Taxpay | er's PIN: check one box only | 7 | 7 6 | 6 8 | |
| × | l authorize GLOBAL TAXES LLC to enter or general | ate mv PIN 🗀 | | digits, but | as my |
| | ERO firm name signature on the income tax return (original or amended) I am now authorizing. | | | r all zeros | |
| | I will enter my PIN as my signature on the income tax return (original or amended) I are if you are entering your own PIN and your return is filed using the Practitioner PIN melow. | | | | |
| Your sig | gnature Date | | | | |
| Snouse | e's PIN: check one box only | | | | |
| | I authorize to enter or genera | ate my PIN | | | as my |
| | ERO firm name | , | ter five | digits, but | ao my |
| | signature on the income tax return (original or amended) I am now authorizing. | do | n't ente | r all zeros | |
| | I will enter my PIN as my signature on the income tax return (original or amended) I are if you are entering your own PIN and your return is filed using the Practitioner PIN m below. | | | | |
| Spouse | s's signature ▶ Date ▶ | • | | | |
| | Practitioner PIN Method Returns Only—continue bel | ow | | | |
| Part II | 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 4 9 Don't ent | 6 0 er all ze | 8 2 7 | 1 |
| authorize | that the above numeric entry is my PIN, which is my signature for the electronic individual incomed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am strength of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers | ubmitting this retu | ırn in a | ccordance | |
| ERO's | signature ▶ Date ▶ | > | | | |
| | ERO Must Retain This Form — See Instructions | | | | |
| | Don't Submit This Form to the IRS Unless Requested T | o Do So | | | |

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



| £1040 | | artment of the Treasury—Internal Revenue Servi S. Individual Income Tax | | turn | 202 | 3 | OMB No. 1545- | 0074 | IRS Use Only | –Do not v | vrite or staple in | this space. |
|--|--------------------------|---|--|---------------|-----------------|-------|-------------------|---------|----------------|-------------|----------------------------------|-----------------|
| For the year Jar | n. 1–Dec | c. 31, 2023, or other tax year beginning | | | , 2023, end | ing | | | , 20 | See se | parate instr | uctions. |
| Your first name | and m | iddle initial | Last n | ame | | | | | | Your so | ocial security | number |
| HARIKA | | | DIG | ADARI | | | | | | 169 | 17 76 | 68 |
| | pouse's | s first name and middle initial | Last n | | | | | | | | 's social secu | |
| | | | | | | | | | | 870 | 03 37 | 21 |
| Home address | (numbe | er and street). If you have a P.O. box, see | instruct | tions. | | | | A | Apt. no. | Preside | ential Election | |
| 6000 MII | OWOO | D ST | | | | | | 16 | 5301 | ł | here if you, o | |
| | | ce. If you have a foreign address, also co | mplete | spaces be | low. | Sta | ite | ZIP c | | | if filing jointl | |
| FRANKLI | N | | | | | TN | 1 | 370 | 067 | | o this fund. C low will not c | • |
| Foreign country | y name | | | Foreign p | rovince/state/c | count | ty | Foreig | gn postal code | l | x or refund. | nango |
| | | | | | | | | | | | You | Spouse |
| Filing Status | s [| Single | | | | | Head of ho | useh | old (HOH) | | | |
| • | | Married filing jointly (even if only o | ne had | income) | | | | | , , | | | |
| Check only one box. | × | Married filing separately (MFS) | | , | | | ☐ Qualifying | surviv | ing spouse | (QSS) | | |
| | lf y | you checked the MFS box, enter the | name | of your s | pouse. If you | ı che | ecked the HOH | or Q | SS box, ente | er the ch | ild's name i | f the |
| | qu | alifying person is a child but not you | ır depe | ndent: I | RAJESH V | AR | ADA | | | | | |
| District | Λ+ o | ov time during 2022, did your (a) rea | oivo (or | | d award ar | 201 | mont for proper | tı (or | norvinos): or | (b) coll | | |
| Digital Assets | | ny time during 2023, did you: (a) reconange, or otherwise dispose of a dig | | | | | | | | | Yes | ⊠ No |
| | | neone can claim: You as a de | | | | | a dependent | i): (O | cc manacho | 113.) | | <u> </u> |
| Standard Deduction | | Spouse itemizes on a separate retur | | | • | | • | | | | | |
| Deduction | Ш. | | ii oi yo | u wele a | dual-status t | anen | | | | | | |
| Age/Blindnes | s You | : Were born before January 2, 1 | 959 | Are bl | lind Spo | use | : U Was bori | n befo | ore January 2 | 2, 1959 | Is blir | <u>1d</u> |
| Dependent | s (see | instructions): | | (2) 9 | Social security | | (3) Relationshi | p (4 |) Check the b | | 1 | - |
| If more | (1) First name Last name | | | number to you | | | | | Child tax c | redit | Credit for other | er dependents |
| than four | | | | | | | | | | | | <u></u> |
| dependents, see instruction | s | | | | | | | | | | L | <u></u> |
| and check | | | | | | | | | | | <u>_</u> | |
| here L | | | | | | | | | | | <u> </u> | |
| Income | 1a | Total amount from Form(s) W-2, b | , | | • | | | | | | | 8,673. |
| Attach Form(s) | b | Household employee wages not re | | | | | | | | . 1b | | |
| W-2 here. Also | С | Tip income not reported on line 1a (see instructions) | | | | | | | | . 10 | | |
| attach Forms W-2G and | d | Medicaid waiver payments not reported on Form(s) W-2 (see instructions) | | | | | | | | . 10 | | |
| 1099-R if tax | е | Taxable dependent care benefits f | | | | | | | | . 16 | | |
| was withheld. | f | Employer-provided adoption bene | efits fro | m Form 8 | 8839, line 29 | | | | | . <u>1f</u> | | |
| If you did not get a Form | g | | | | | | | | | . 10 | 1 | |
| W-2, see | h | Other earned income (see instruct | , | | | | | i · | | . 1h | ו | 0. |
| instructions. | i | Nontaxable combat pay election (s | see ins | tructions) | | • | <u>li</u> | | | | | 0 (72 |
| | <u>z</u> | Add lines 1a through 1h | . i | | · · · · | | | | | . 1z | | 8,673. |
| Attach Sch. B if required. | 2a | · | 2a | | | | axable interest | | | . 2b | | |
| | 3a | | 3a | | | | Ordinary divider | | | | | |
| Standard | 4a | | 4a | | | | axable amount | | | . 4b | | |
| Deduction for— | 5a | - | 5a | | | | axable amount | | | . 5b | | |
| Single or Married filing | 6a | , | 6a | ma a 4 la 1 | | | axable amount | | | . 6b |) | |
| separately, \$13,850 | C | If you elect to use the lump-sum election method, check here (see instructions) | | | | | | | ╡┞ <u>╸</u> | | | |
| Married filing | 7 | | Capital gain or (loss). Attach Schedule D if required. If not required, check here | | | | | | | | | 0 275 |
| jointly or Qualifying | 8 | Add lines 17, 2h, 2h, 4h, 5h, 6h, 7 | - | | | | | | | . 8 | | 9,375. |
| surviving spouse, \$27,700 | 9 | | , 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income | | | | | | . 9 | | 9,298. | |
| Head of | 10 | Adjustments to income from Sche | | | | | | | | . 10 | | 0 200 |
| household, \$20,800 | 11 | Subtract line 10 from line 9. This is | - | - | _ | | | | | . 11 | | 9,298. |
| If you checked | 12 | Standard deduction or itemized | | • | | , | | | | . 12 | | 3,850. |
| any box under Standard | 13 | Qualified business income deduct | | | 995 or Form | 899 | ю-А | | | . 13 | | 2 0 5 0 |
| Deduction, see instructions. | 14 | Add lines 12 and 13 | | | | | tavabla incom | | | . 14 | | 3,850. 5 448 |

| Form 1040 (2023 | 3) | | | | | | | | Page Z |
|---------------------------------------|---|--|-------------------------|--------------------------|-------------------|---|---------|------------|-------------------|
| Tax and | 16 | Tax (see instructions). Check | if any from Form | ı(s): 1 881 | 4 2 🗌 4972 | з 🗌 | | 16 | 4,031. |
| Credits | 17 | Amount from Schedule 2, lir | ne 3 | | | | | 17 | |
| | 18 | Add lines 16 and 17 | | | | | | 18 | 4,031. |
| | 19 | Child tax credit or credit for | other dependent | ts from Sched | ule 8812 | | | 19 | |
| | 20 | Amount from Schedule 3, lin | ne 8 | | | | | 20 | |
| | 21 | Add lines 19 and 20 | | | | | | 21 | |
| | 22 | Subtract line 21 from line 18 | . If zero or less, | enter -0 | | | | 22 | 4,031. |
| | 23 | Other taxes, including self-e | mployment tax, | from Schedule | e 2, line 21 | | | 23 | 0. |
| | 24 | Add lines 22 and 23. This is | your total tax | | | | | 24 | 4,031. |
| Payments | 25 | Federal income tax withheld | from: | | | | | | |
| | а | Form(s) W-2 | | | | 25a 5 | 5,105 | | |
| | b | Form(s) 1099 | | | | 25b | | | |
| | С | Other forms (see instruction | s) | | | 25c | | | |
| | d | Add lines 25a through 25c | | | | | | 25d | 5,105. |
| If you have a | 26 | 2023 estimated tax paymen | ts and amount a | pplied from 20 |)22 return | | | 26 | |
| qualifying child, attach Sch. EIC. | 27 | Earned income credit (EIC) | | | | 27 | | | |
| allacii Scii. Elc. | 28 | Additional child tax credit from | m Schedule 8812 | 2 | | 28 | | | |
| | 29 | American opportunity credit | from Form 8863 | 3, line 8 . . | | 29 | | | |
| | 30 | Reserved for future use . | | | | 30 | | | |
| | 31 | Amount from Schedule 3, lir | ne 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. T | hese are your to | tal payments | | | | 33 | 5,105. |
| Refund | 34 | If line 33 is more than line 24 | 4, subtract line 2 | 4 from line 33. | This is the amoun | t you overpaid | | 34 | 1,074. |
| | 35a | Amount of line 34 you want | refunded to you | រ. If Form 8888 | is attached, chec | k here | 🗆 | 35a | 1,074. |
| Direct deposit? | b | Routing number 0 6 4 | | | , | Checking | Saving | s | |
| See instructions. | d | Account number 4 4 4 | 0 2 7 1 | 2 1 5 (|) 2 | | | | |
| | 36 | Amount of line 34 you want | applied to your | 2024 estimate | ed tax | 36 | | | |
| Amount You Owe | 37 | Subtract line 33 from line 24 For details on how to pay, g | | | | | | 37 | |
| | 38 | Estimated tax penalty (see in | _ | - | | 38 | | | |
| Third Party | Do | you want to allow another | | | | See | | | |
| Designee | | , | • | | | | omplet | e below. | ⋉ No |
| J | | esignee's | Phone | | | identification | | | |
| | | name no. number (PI Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and | | | | | | | |
| Sign | | ider penalties of perjury, I declare t lief, they are true, correct, and com | | | , , , | | | | , |
| Here | | | protor Bookaration | | I | | | | , , |
| | Your signature | | Date Your occupation | | | If the IRS sent you an Identity Protection PIN, enter it here | | | |
| Joint return? | | | | TECHNOLOGY ANALYST | | | | ee inst.) | , |
| See instructions. | | ouse's signature. If a joint return, | both must sign. | Date Spouse's occupation | | | | | nt your spouse an |
| Keep a copy for your records. | | | | | | entity Protection PIN, enter it here e inst.) | | | |
| | Ph | one no. (614)598-995 | 4 | Email address | HARIKA.RAJ | 12@GMAIL.CO | MC | | |
| Paid | Pr | eparer's name | Preparer's signat | ture | | Date | PTIN | | Check if: |
| Paid | SYA | M PRIYA RAM SAGAR GUPTA TALLAM | SYAM PRIYA | RAM SAGAR | GUPTA TALLAM | 03/01/2024 | P020 | 82703 | Self-employed |
| Preparer | Fir | m's name GLOBAL TA | XES LLC | | | | Ph | one no. | (678)965-9522 |
| Use Only | Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 | | | | | Fi | m'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

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

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

| | S) SNOWN ON FORM 1040, 1040-SR, OF 1040-NR KA DIGADARI | | 169-1 | | ecurity number |
|----|--|----|-------|-----------|----------------|
| | t Additional Income | | 109-1 | . 7 – 7 0 | 00 |
| | | | | | |
| 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 | 0 255 |
| 5 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach | | | 5 | -9,375. |
| 6 | Farm income or (loss). Attach Schedule F | | | 6 | |
| 7 | Unemployment compensation | , | | 7 | |
| 8 | Other income: | , | , | | |
| а | Net operating loss | (|) | | |
| b | Gambling | | | | |
| С | Cancellation of debt | | | | |
| d | Foreign earned income exclusion from Form 2555 | +, |) | | |
| е | Income from Form 8853 | | | | |
| f | Income from Form 8889 | | | | |
| g | Alaska Permanent Fund dividends | | | | |
| h | Jury duty pay | | | | |
| i | Prizes and awards | | | | |
| j | Activity not engaged in for profit income | | | | |
| k | Stock options | | | | |
| 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 | | | | |
| | instructions) | | | | |
| n | Section 951(a) inclusion (see instructions) 8n | | | | |
| 0 | Section 951A(a) inclusion (see instructions) | | | | |
| р | Section 461(I) excess business loss adjustment 8p | | | | |

8q

8r

8s

8t

8u

8z

u Wages earned while incarcerated

9

10

z Other income. List type and amount:

q Taxable distributions from an ABLE account (see instructions) . . .

Scholarship and fellowship grants not reported on Form W-2 . . .

-9,375.

9

10

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-bas | sis government | | |
| | 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 8l 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 | | | |
| _ | 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. En | ter here and on | | |
| | Form 1040, 1040-SR, or 1040-NR, line 10 | | 26 | |

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

| HAR | IKA DIGADARI | | | | | | 169-1 | 7-7668 | |
|------------|---|--|----------|----------------|--------|-----------------------|-------------|-------------|------------|
| Par | | d Ro | yalties | | | | | | |
| | Note: If you are in the business of renting personal proper | ty, use | Schedule | C . See | instru | ctions. If you a | are an indi | vidual, rep | ort farm |
| | rental income or loss from Form 4835 on page 2, line 40. | 1 - CI - | | 10000 |) ! | | | | - V |
| | Did you make any payments in 2023 that would require you | | | | | | | | |
| В | f "Yes," did you or will you file required Form(s) 1099? . | | | | | | | Үе | s U No |
| 1a | Physical address of each property (street, city, state, ZIF | P code | e) | | | | | | |
| Α | 26-45/5, KAJOOR, GREAMSPET NEAR RENUKAMM | IT AN | EMPLE (| CHITT | 00R, | ANDHRA PI | RADESH | IN 53 | 17002 |
| В | | | | | | | | | |
| С | | | | | | | | | |
| 1b | | For each rental real estate property lis above, report the number of fair rental | | | | Fair Rental I Days | | | QJV |
| Α | personal use days. Check the Qu | | | Α | | 365 | | 0 | |
| В | if you meet the requirements to f | | | В | | | | | |
| С | qualified joint venture. See instru | ICTIONS | э. | С | | | | | |
| Туре | of Property: | | | | | | | | |
| 1 | Single Family Residence 3 Vacation/Short-Term Ren | tal | 5 Lanc | i | 7 | Self-Rental | | | |
| 2 | Multi-Family Residence 4 Commercial | | 6 Roya | alties | 8 | Other (desc | ribe) | | |
| | | | 1 | | | Properti | | | |
| lnoor | 201 | | | Α | | Properti B | es. | | С |
| Incon 3 | Rents received | 3 | | | 10. | В | | | |
| 4 | Royalties received | 4 | | - 4 | 10. | | | | |
| Expe | | - | | | | | | | |
| 5 | Advertising | 5 | | | | | | | |
| 6 | Auto and travel (see instructions) | 6 | | | | | | | |
| 7 | Cleaning and maintenance | 7 | | 1 5 | 60. | | | | |
| 8 | Commissions | 8 | | 1,5 | 00. | | | | |
| 9 | Insurance | 9 | | | | | | | |
| 10 | Legal and other professional fees | 10 | | | | | | | |
| 11 | Management fees | 11 | | 1.0 | 80. | | | | |
| 12 | Mortgage interest paid to banks, etc. (see instructions) | 12 | | ±,0 | 00. | | | | |
| 13 | Other interest | 13 | | | | | | | |
| 14 | Repairs | 14 | | 2,5 | 11. | | | | |
| 15 | Supplies | 15 | | | 34. | | | | |
| 16 | Taxes | 16 | | | | | | | |
| 17 | Utilities | 17 | | 1,9 | 00. | | | | |
| 18 | Depreciation expense or depletion | 18 | | | | | | | |
| 19 | Other (list) | 19 | | | | | | | |
| 20 | Total expenses. Add lines 5 through 19 | 20 | | 9,7 | 85. | | | | |
| 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 | | -9,3 | 75. | | | | |
| 22 | Deductible rental real estate loss after limitation, if any, | | | | | | | | |
| | on Form 8582 (see instructions) | 22 | (| 9,37 | 75.) | (|) | (|) |
| 23a | Total of all amounts reported on line 3 for all rental prope | | | | 23a | | 410. | | |
| b | Total of all amounts reported on line 4 for all royalty prop | | | | 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 | 9 | ,785. | | |
| 24 | Income. Add positive amounts shown on line 21. Do not | | - | | | | . 24 | | • • • • • |
| 25 | Losses. Add royalty losses from line 21 and rental real estate | | | | | | | (| 9,375.) |
| 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 | | _0 275 |