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)

Taxpay	er's name	Social security	number
VID	YA KEERTHI MANNE	141-87-5	5448
Spouse	s's name	Spouse's social	l security number
Part	t I Tax Return Information – Tax Year Ending December 31, 2023 (Enter	r year you are	e 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 77,108.
2	Total tax	[2 11,879.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3 14,334.
4	Amount you want refunded to you	[4 2,455.
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

				EBO firm name	. .	Ē	r
<u>~</u>	rauthorize	GLUDAL	IAVEO		to enter or generate my PIN	_	Ĩ
\mathbf{v}	l authorize	CTORAT	TAVEC	TTC	to optor or gonorato my DIN		/

7	5	4	4	8	
Ente don	er fiv i't er	ve di iter a	gits, all ze	but ros	as my

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

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

Your signature 🕨

Date 🕨

Spouse's PIN: check one box only

I authorize

to	ontor	or	generate	mv	DIN
ιο	enter	or	generate	шу	PIIN

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—continu	e bel	ow							
Part III Certification and Authentication – Practitioner PIN Method Only									
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2	2	2		6 nter a		2	7 1	

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature >		Date 🕨	
ERO Must Retain This F Don't Submit This Form to the I			
For Paperwork Reduction Act Notice, see your tax return instructions.	BAA	REV 03/07/24 PRO	Form 8879 (Rev. 01-2021)

1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		urn	202	3	OMB No. 1545-	0074	IRS Use Only	—Do not w	rite or staple in this space.
For the year Jar	n. 1–Dec	. 31, 2023, or other tax year beginning			, 2023, endi	ing			, 20	See sep	parate instructions.
Your first name	and mi	ddle initial	Last nar	me						Your so	cial security number
VIDYA KE	ERTH	ΗI	MANN	N F.					141	87 5448	
		s first name and middle initial	Last nar								s social security number
										893	06 2041
Home address	(numbe	er and street). If you have a P.O. box, see	instructio	ons.				A	pt. no.		ntial Election Campaign
1427 GEC	DRGE	ROBBINS LN								Check h	nere if you, or your
		ce. If you have a foreign address, also co	mplete s	paces bel	ow.	Sta	te	ZIP co	ode		if filing jointly, want \$3
CAVE SPE	RINGS	5				AR	ξ.	727	18	0	this fund. Checking a ow will not change
Foreign country	/ name		F	oreign pr	ovince/state/c	count	y	Foreig	n postal code		or refund.
									You Spouse		
Filing Status	; [Single					Head of ho	buseh	old (HOH)		
Check only		Married filing jointly (even if only o	ne had ir	ncome)							
one box.	X	Married filing separately (MFS)					Qualifying	surviv	ing spouse	QSS)	
	lf y	ou checked the MFS box, enter the	name o	of your sp	oouse. If you	ı che	ecked the HOH	or QS	SS box, ente	r the chi	ld's name if the
	qu	alifying person is a child but not you	ır depen	ident: M	IANOJ KUM	AR	ADDALA				
Digital	Δt ar	ny time during 2023, did you: (a) rec	oivo (as	a reward	award or r	navn	nent for proper	tvor	services): or	(h) sell	
Digital Assets		ange, or otherwise dispose of a dig						•	,	.,	🗌 Yes 🛛 No
Standard		eone can claim: You as a de					a dependent	/ (- /	
Deduction		Spouse itemizes on a separate retur	•				•				
		Were born before January 2, 1		Are bl				n hofe		1050	Is blind
	-		909			use		14	ore January 2		fies for (see instructions):
Dependent		instructions): irst name Last name		(2) 5	Social security number		(3) Relationshi to you	p (•	Child tax ci	· · ·	Credit for other dependents
If more	(1)	(i) first hance Last hance								oun	
than four dependents,											
see instruction	s ——										
and check here											
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	i e instruc	tions)					. 1a	88,891.
	b	Household employee wages not re	•		,					. 1b	
Attach Form(s) W-2 here. Also	c	Tip income not reported on line 1a	•		. ,					. 1c	
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)						. 1d			
W-2G and	e	Taxable dependent care benefits f			, ,					. 1e	
1099-R if tax was withheld.	f	Employer-provided adoption bene								. 1f	
lf you did not	g	Wages from Form 8919, line 6								. 1g	
get a Form	h	Other earned income (see instruct								. 1h	0.
W-2, see instructions.	i	Nontaxable combat pay election (s	see instr	uctions)			1 i				
	z	Add lines 1a through 1h								. 1z	88,891.
Attach Sch. B	2a	Tax-exempt interest	2a			b Ta	axable interest			. 2b	
if required.	3a	Qualified dividends	3a			b 0	rdinary divider	nds .		. 3b	
	4a	IRA distributions	4a			b Ta	axable amount			. 4b	
Standard Deduction for—	5a	Pensions and annuities	5a			b Ta	axable amount			. 5b	
 Single or 	6a	Social security benefits	6a			b Ta	axable amount			. 6b	
Married filing separately,	С	If you elect to use the lump-sum e	lection n	nethod,	check here (see	instructions)		[
\$13,850	7	Capital gain or (loss). Attach Sche	dule D if	require	d. If not requ	ired,	, check here		[] 7	
 Married filing jointly or 	8	Additional income from Schedule	1, line 1(0						. 8	-11,783.
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	, and 8. [.]	This is y	our total inc	ome	ə			. 9	77,108.
\$27,700 • Head of	10	Adjustments to income from Sche	dule 1, li	ine 26						. 10	
household,	11	Subtract line 10 from line 9. This is	•	-	-					. 11	77,108.
 \$20,800 If you checked 1 	12	Standard deduction or itemized	deducti	i ons (fro	m Schedule	A)				. 12	1,778.
any box under Standard	13	Qualified business income deduct	ion from	Form 8	995 or Form	899	5-A			. 13	
Deduction,	14	Add lines 12 and 13								. 14	
see instructions.	15	Subtract line 14 from line 11. If zer	o or less	s, enter ·	-0 This is yo	our t	axable incom	е.		. 15	75,330.

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	i 11,879.
Credits	17	Amount from Schedule 2, lin	e3				17	7
	18	Add lines 16 and 17					18	11, 879.
	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 11,879.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .		23	3 0.
	24	Add lines 22 and 23. This is	your total tax				24	l 11,879.
Payments	25	Federal income tax withheld						
	а	Form(s) W-2				25a 14	,334.	
	b	Form(s) 1099				25b		
	с	Other forms (see instructions	s)			25c		
	d	Add lines 25a through 25c					25	d 14,334.
If you have a	26	2023 estimated tax payment	s and amount a	pplied from 20)22 return		26	3
qualifying child,	27	Earned income credit (EIC)				27		
attach Sch. EIC.	28	Additional child tax credit fror	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, lin	e15			31		
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and ref	undable credits	32	2
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments			33	1 4,334.
Refund	34	If line 33 is more than line 24	l, subtract line 2	4 from line 33.	This is the amou	nt you overpaid	34	2,455.
	35a	Amount of line 34 you want			3 is attached, che	ck here	. 🗌 35	a 2,455.
Direct deposit?	b	Routing number 0 3 1	1 7 6 1	1 0	c Type: 🛛 🗙] Checking 🛛 🕄	Savings	
See instructions.	d	Account number 3 6 2	5 5 1 2	7 6 6 '	7			
	36	Amount of line 34 you want a	applied to your	2024 estimate	edtax	36		
Amount	37	Subtract line 33 from line 24	. This is the amo	ount you owe				
You Owe		For details on how to pay, g	o to <i>www.irs.go</i> v	//Payments or	see instructions		37	7
	38	Estimated tax penalty (see ir	nstructions) .			38		
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?	See		_
Designee	ins	structions				Yes. Co	omplete belov	v. 🔀 No
	De nai	signee's		Phone no.			onal identification oer (PIN)	n
Ciarra		der penalties of perjury, I declare th	nat I have examined		accompanying sch		. ,	st of my knowledge and
Sign		ief, they are true, correct, and com						
Here	Yo	ur signature		Date	Your occupation		If the IRS	sent you an Identity
		Pro Pro					PIN, enter it here	
Joint return?					SOFTWARE 1		(see inst.)	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, t	ooth must sign.	Date	Spouse's occupat	ion		sent your spouse an otection PIN, enter it here
your records.							(see inst.)	otection Fin, enter it here
	Ph	one no. (479) 372-161	Л	Email address	VIDVAMANNE	DEV@GMAIL.CO	 M	
		eparer's name	Preparer's signat			DEVEGMATL.CO		Check if:
Paid		M PRIYA RAM SAGAR GUPTA			GIIPTA		P0208270	
Preparer	-	m's name GLOBAL TAX		A TATA DAG	JUIL OULIA	00/20/2024		. (678) 965 - 9522
Use Only			Y CT E BRU	NSWICK N	J 08816		Firm's EIN	
Go to www.irs.cr		1040 for instructions and the late		TADAATOIN IN				Form 1040 (2023)
			ocanomation.		BAA	REV 03/07/24 PRO		10111 10-10 (2023)

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 23

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	orm 1040, 1040-SR, or 1040-NR	Your soc	ial security number
VIDYA KEERTHI	141-87	-5448	
	••		

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	-11,783.
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	- 1	
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	- 1	
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 (
	Pension or annuity from a nonqualifed deferred compensation plan or	05 (4	
t	a nongovernmental section 457 plan	8t		
	•	8u	-	
u 7	Wages earned while incarcerated	ou	-	
Z		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	-11,783.
For Pa	perwork Reduction Act Notice, see your tax return instructions.			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-basis 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 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 24d		
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:		
05	Tatal athen adjustments. Add lines 04a through 04a	05	
25 06	Total other adjustments. Add lines 24a through 24z	25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10	06	
		26	
	BAA REV 03/07/24 PRO	Schedule	1 (Form 1040) 2023

SCHEDU	LE	A
(Form 104	40)	

Department of the Treasury Internal Revenue Service

Itemized Deductions

Attach to Form 1040 or 1040-SR.

OMB No. 1545-0074

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

Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

6. Attachment Sequence No. 07

Name(s) shown on	Form	1040 or 1040-SR		Yours	social security number
VIDYA KEEP	RTH	I MANNE		141-	-87-5448
Medical and Dental Expenses		Caution: Do not include expenses reimbursed or paid by others. Medical and dental expenses (see instructions) Enter amount from Form 1040 or 1040-SR, line 11 Multiply line 2 by 7.5% (0.075) Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	3	4	
Taxes You Paid		State and local taxes. State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box	5 a 1,77	0	
	c	State and local real estate taxes (see instructions)	5a 1,77 5b 5c 5d 1,77		
	6	separately)	5e 1,77 6	8.	
	7	Add lines 5e and 6		7	1,778.
Interest You Paid Caution: Your mortgage interest deduction may be limited. See instructions.	a t c e 9 10	Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box	8a 8b 8b 8c 8d 8e 9		
Gifts to Charity Caution: If you made a gift and got a benefit for it, see instructions.	12 13	Gifts by cash or check. If you made any gift of \$250 or more, see instructions	11 12 13		1
Casualty and Theft Losses	15	Casualty and theft loss(es) from a federally declared disaster (other disaster losses). Attach Form 4684 and enter the amount from line 1 instructions	ed ee 1:		
Other Itemized Deductions	16	Other-from list in instructions. List type and amount:		 1(6
Total Itemized Deductions		Add the amounts in the far right column for lines 4 through 16. Also, e Form 1040 or 1040-SR, line 12	standard deduction	17	1,778.
For Paperwork	Redu	check this box		Sched	lule A (Form 1040) 2023

SCHEDULE	Ε
(Form 1040)	

Supplemental Income and Loss

OMB No. 1545-0074

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

Department of the Treasury Internal Revenue Service

Attach to Form 1040, 1040-SR, 1040-NR, or 1041 Go to www

<i>irs.gov/ScheduleE</i> for instructions and the latest information.	

2023
Attachment Sequence No. 13

If "Yes," did you or will you file required Form(s) 10997 Image: Constraint of the state of the constraint of the requirements of the arrental and personal use days. Check the QJV box only if you met the requirements to file as a qualified joint venture. See instructions. Fair Rental Personal Use Days QJ A 3 3 a diffed joint venture. See instructions. Fair Rental Personal Use Days QJ A 3 a qualified joint venture. See instructions. A 365 0 C 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental 6 Royalties 8 Other (describe) 2 Multi-Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental 6 Royalties 8 Other (describe) 2 Multi-Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental 6 Royalties 6 Royalties 8 Other (describe) 2 2 Multi-Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental 6 Royalties 6 Royalties 8 Other (describe) 2 2 Auto and travel (see instructions) 6 7 1, 328. 8	. ,) shown on return							ial security		
Note: If you are an in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report farm mental income or loss from Form 4383 on page 2, line 40. 10 Up you make any payments in 2023 that would require you to file Form(s) 1099? See instructions								141-8	7-5448	}	
If "Yes," did you or will you file required Form(s) 10997 Yes Qualified Yes Qualified Yes Qualified Yes Qualified		Note: If you are in the business of renting personal proprental income or loss from Form 4835 on page 2, line 4	perty, use 0.	Schedule							
1a Physical address of each property (street, city, state, ZIP code) A FLAT NO 402 SAJJAPURAM TANUKU WEST GODAVARI DIST, ANDHRA PRADESH IN 534211 B C Fair Rental Personal Use QJ A 3 B C A 365 0 C A 3 B C A 365 0 C B C C A 365 0 C B C C B C C C C For each rental real estate property listed audres to fle as a qualified joint venture. See instructions. A 365 0 C B C 3 Storation/Short-Term Rental 5 Land 6 Royalties 7 Self-Rental 6 Royalties received A B C S A Commercial 5 Land 7 Self-Rental 6 South cites instructions 6 A B C S Avertaining S South cites instructions 5 5 South cites instructions 6 A B C <											
A FLAT NO 402 SAJJAPURAM TANUKU WEST GODAVARI DIST, ANDHRA PRADESH IN 534211 B C Fair Rental and above, report the number of fair rental and above, report the number of fair rental and gualified joint venture. See instructions. Fair Rental Days Postonal Use Days OJ B C Type of Property (rown list below) 2 For each rental real estate property listed above, report the number of fair rental and gualified joint venture. See instructions. A 355 0 C B C C A 355 0 C E C C B C C C B C C C Depresonal Use days. Check the OV box only if you meet the requirements to file as a qualified joint venture. See instructions. A 355 0 C C Deprestist S datation/Short-Term Rental 6 Land 7 Self-Rental 8 Other (describe) Comme: 3 Rents received Solute 5 1 7 1,328. 8 0 Commissions 5 Subtract fair rental and travel (see instructions) 5 1 1 1,000. 1 1 1,000. 1 <t< td=""><td>B II</td><td>f "Yes," did you or will you file required Form(s) 1099?</td><td></td><td></td><td></td><td></td><td></td><td></td><td>. 🗌 Ye</td><td>es 🗌 No</td></t<>	B II	f "Yes," did you or will you file required Form(s) 1099?							. 🗌 Ye	es 🗌 No	
A FLAT NO 402 SAJJAPURAM TANUKU WEST GODAVARI DIST, ANDHRA PRADESH IN 534211 B C Fair Rental and above, report the number of fair rental and above, report the number of fair rental and gualified joint venture. See instructions. Fair Rental Days Postonal Use Days OJ B C Type of Property (rown list below) 2 For each rental real estate property listed above, report the number of fair rental and gualified joint venture. See instructions. A 355 0 C B C C A 355 0 C E C C B C C C B C C C Depresonal Use days. Check the OV box only if you meet the requirements to file as a qualified joint venture. See instructions. A 355 0 C C Deprestist S datation/Short-Term Rental 6 Land 7 Self-Rental 8 Other (describe) Comme: 3 Rents received Solute 5 1 7 1,328. 8 0 Commissions 5 Subtract fair rental and travel (see instructions) 5 1 1 1,000. 1 1 1,000. 1 <t< td=""><td>1a</td><td>Physical address of each property (street, city, state,</td><td>ZIP code</td><td>e)</td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	1a	Physical address of each property (street, city, state,	ZIP code	e)							
B C Fair Rental daws, Check the QUV box on the number of fair rental and personal use days. Check the QUV box on the QUV box on the QUV box on the querements to file as a qualified joint venture. See instructions. Fair Rental Days Personal Use Days Qu A 3 if you meet the requirements to file as a qualified joint venture. See instructions. A 365 0 C pe of Property: 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental C	•			,	ורדוא א	ז ג מני	ספטעממ	TNI 524	<u></u>		
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	е	Total of all amounts reported on line 20 for all propertie	es			23e	12	2,283.			
4 Income. Add positive amounts shown on line 21. Do not include any losses	24	Income. Add positive amounts shown on line 21. Do n	not inclu	de any lo	sses			. 24			
5 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 25 (11,78	25	Losses. Add royalty losses from line 21 and rental real est	tate losse	es from lin	e 22. Ei	nter tot	al losses he	re 25	(11,783.	
	26	Total rental real estate and rovaltv income or (loss). Comb	ine lines	24 and	25. Er	nter the res	ult			

Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 .