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

Submission Identification Number (SID)			
Taxpayer's name	Social secu	rity number	
ASRA NASEEM	846-2	2-4737	
Spouse's name		ocial security	number
Part I Tax Return Information — Tax Year Ending December 31, 20	23 (Enter year you	are author	rizing.)
Enter whole dollars only on lines 1 through 5.			<u> </u>
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.			
1 Adjusted gross income		1	52,478.
2 Total tax		2	4,415.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	4,416.
4 Amount you want refunded to you		4	1.
5 Amount you owe		5	" "ot::"")
Part II Taxpayer Declaration and Signature Authorization (Be sure you Under penalties of perjury, I declare that I have examined a copy of the income tax return (original of			
my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in return (original or amended) I am now authorizing. I consent to allow my intermediate service provi to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reafor any delay in processing the return or refund, and (c) the date of any refund. If applicable, I auth Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution a payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent apayment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancer business days prior to the payment (settlement) date. I also authorize the financial institutions involved taxes to receive confidential information necessary to answer inquiries and resolve issues relatives to receive confidential information necessary to answer inquiries are return (original or an Electronic Funds Withdrawal Consent.	der, transmitter, or elections of the discount indicated in the cical institution to debit it to terminate the author ellation requests must obved in the processing ed to the payment. I feet associations are the payment. I feet associated as the payment. I feet associated as the payment. I feet as the payment. I feet as the payment.	tronic return transmission and its design tax preparatine entry to this ization. To rebe received of the electrurther ackno	originator (ERO) n, (b) the reason gnated Financial tion software for nis account. This evoke (cancel) a no later than 2 onic payment of wledge that the
Taxpayer's PIN: check one box only	Γ		
▼ I authorize GLOBAL TAXES LLC to enter or	generate my PIN	2 4 7 3	$\frac{3 \mid 7}{}$ as my
ERO firm name signature on the income tax return (original or amended) I am now authorizing.		Enter five digit don't enter all	ts, 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 signature ►	Date ►		
0 1 500 1 1 1			
Spouse's PIN: check one box only	. 511		
I authorize to enter or to enter or	generate my PIN	 Enter five digit	as my
signature on the income tax return (original or amended) I am now authorizing.		don't enter all	
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's signature ▶	Date ►		
Practitioner PIN Method Returns Only—contin	ue below		
Part III Certification and Authentication — Practitioner PIN Method Only	у		
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2 2 2 4 9 Don't e	6 0 8	2 7 1
I certify that the above numeric entry is my PIN, which is my signature for the electronic individua authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that requirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Practitioner PIN method and PID <i>e-file</i> Practitioner PIN method PIN me	I am submitting this re	eturn in acco	ordance with the
ERO's signature ►	Date ▶		
ERO Must Retain This Form — See Instru			

Don't Submit This Form to the IRS Unless Requested To Do So

Department of the Treasury – Internal Revenue Service U.S. Nonresident Alien Income Tax Return 2023 OMB No. 1545-0074

IRS Use Only—Do not write or staple in this space.

For the year Jan	Jan. 1-Dec. 31, 2023, or other tax year beginning, 2023, ending, 20					20	See separate instructions.		
Your first name	r first name and middle initial Last name						Your identifying number		
					`	(see instructions)			
ASRA			NASE				846	<u>-22</u>	-4737
	•	per and street). If you have a P.O. box	, see ins	tructions.					Apt. no.
4305 RAMO									В
City, town, or po	ost o	ffice. If you have a foreign address, als	so comp	lete spaces below.		State			code
FAIRFAX						VA			030
Foreign country	nam	e	Foreigr	n province/state/county		Foreign	postal c	ode	
	1								
Filing									☐ Trust
Status	If you checked the QSS box, enter the child's name if the qualifying person is a child but not your depend								
Check only one box.									
	Δt a	ny time during 2023, did you: (a) recei	ve (25.2	reward award or navm	ent for property or se	arvices): c	r (h) sell	over	nange or
Digital Assets		erwise dispose of a digital asset (or a f							
Dependents						(4) Ch	eck the b	ox if qu	ualifies for (see inst.):
(see instructions):				(2) Dependent's		Chi	ild tax cre	Ĺ	Credit for other
,		(1) First name Last name		identifying number	(3) Relationship to yo	ou o		-	dependents
If more than four									<u> </u>
dependents, see							<u> </u>		
instructions and check here									
	_	T. I	4 / •						
Income	1a	Total amount from Form(s) W-2, box	,	,					58,714.
Effectively	b	Household employee wages not rep		, ,					
Connected	C	Tip income not reported on line 1a (
With U.S.	d	Medicaid waiver payments not repo							
Trade or	e	Taxable dependent care benefits fro		•					
Business	f	Employer-provided adoption benefit Wages from Form 8919, line 6		·			. 1		
Attach	g h	Other earned income (see instruction	. 19						
Form(s) W-2,		Reserved for future use	,						
1042-S, SSA-1042-S.	:	Reserved for future use					. 1		
RRB-1042-S,	ار را	Total income exempt by a treaty from			1 1				
and 8288-A here. Also	Α.	line 1(e)							
attach	z	Add lines 1a through 1h			IK		. 1:	,	58,714.
Form(s)	2a	Tax-exempt interest 2a	1	1	xable interest		. 21		33,7211
1099-R if		Qualified dividends 3a	_		dinary dividends .		. 3	_	1.
tax was withheld.	4a	IRA distributions 4a			xable amount				
If you did not	5a	Pensions and annuities 5a	_		xable amount				
get a Form	6	Reserved for future use							
W-2, see instructions.	7	Capital gain or (loss). Attach Schedu							
mon donono.	8	Additional income from Schedule 1	(Form 10	040), line 10			. 8		-6,237.
	9	Add lines 1z, 2b, 3b, 4b, 5b, 7, and 8	8. This is	your total effectively	connected income		. 9		52,478.
	10	Adjustments to income from Sched	ule 1 (Fo	orm 1040), line 26. Thes	e are your total adi u	ıstments	to		
		income		•	•)	
	11	Subtract line 10 from line 9. This is y	our adj u	ısted gross income			. 1	1	52,478.
	12	Itemized deductions (from Schedu							
		deduction (see instructions)				ndia Tre	eaty 1	2	13,850.
	13a	Qualified business income deduction	n from F	orm 8995 or Form 8995	-A . 13a				
	b	Exemptions for estates and trusts of							
	С	Add lines 13a and 13b					. 13	С	
	14							1	13,850.
	15	Subtract line 14 from line 11. If zero	or less,	enter -0 This is your ta	xable income .		. 19	5	38,628.

Form 1040-NR (2023)										Page 2
Tax and	16	Tax (see instructions). Check if an	y from For	rm(s): 1	814 2 [497	2 3			16	4,415.
Credits	17	Amount from Schedule 2 (Form 1	1040), line	3						17	0.
	18	Add lines 16 and 17	18	4,415.							
	19	Child tax credit or credit for othe	r depende	ents from Sched	dule 8812 (F	orm 10	40) .			19	
	20	Amount from Schedule 3 (Form 1	20								
	21	Add lines 19 and 20								21	
	22	Subtract line 21 from line 18. If ze	ero or less	s, enter -0						22	4,415.
	23a	Tax on income not effectively cor	nnected w	rith a U.S. trade	or business	from					
		Schedule NEC (Form 1040-NR), I	ine 15 .				23a				
	b	Other taxes, including self-emplo	oyment ta	x, from Schedu	le 2 (Form 1	040),					
		line 21					23b				
	С	Transportation tax (see instruction	ons)				23c				
	d	Add lines 23a through 23c								23d	
-	24	Add lines 22 and 23d. This is you	ır total ta	x						24	4,415.
Payments	25	Federal income tax withheld from	n:								
	а	Form(s) W-2					25a		4,416.		
	b	Form(s) 1099					25b				
	С	Other forms (see instructions) .					25c				
	d	Add lines 25a through 25c								25d	4,416.
	е	Form(s) 8805								25e	
	f	Form(s) 8288-A								25f	
	g	Form(s) 1042-S								25g	_
	26	2023 estimated tax payments an	d amount	applied from 20	022 return .					26	
	27	Reserved for future use					27				
	28	Additional child tax credit from S	chedule 8	812 (Form 1040	0)		28				
	29	Credit for amount paid with Form					29				
	30	Reserved for future use									
	31	Amount from Schedule 3 (Form 1040), line 15									
	32	Add lines 28, 29, and 31. These are your total other payments and refundable credits								32	_
	33	Add lines 25d, 25e, 25f, 25g, 26,	and 32. T	hese are your t	otal payme	nts .				33	4,416.
Refund	34	If line 33 is more than line 24, sul					•	-		34	1.
	35a	Amount of line 34 you want refu							. 🗆	35a	1.
Direct deposit?	b	Routing number 0 5 2 0				:, Џ	Checkin	g, 🗵	Savings		
See instructions.	d	Account number 4 4 6 0 5 0 1 4 9 9 8 6									
	е	If you want your refund check mailed to an address outside the United States not shown on page									
		enter it here.								_	
	36	Amount of line 34 you want appl	ied to you	ur 2024 estima	ted tax .		36				
Amount	37	Subtract line 33 from line 24. This		_							
You Owe		For details on how to pay, go to www.irs.gov/Payments or see instructions								37	
	38										
Third	,	u want to allow another person to	discuss t			instru	ctions.		es. Compl		low. 🗵 No
Party		ignee's Phone Personal identi								cation	
Designee		name nonumber (PIN) Juder penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the									
		penalties of perjury, I declare that I have they are true, correct, and complete. D									
Sign		signature		Date	Your occu	•					ent you an Identity
Here	Tour	signature		Date	Tour occu	ipation					PIN, enter it here
11616					SOFTWA	RE E	NGINE	ER	(see	inst.)	,
	Phone	e no.		Email address	•					·	
Paid	Prepa	rer's name	Preparer'	's signature			Date		PTIN		Check if:
	SYAM	I PRIYA RAM SAGAR GUPTA	SYAM I	PRIYA RAM	SAGAR G	UPTA	03/21	/2024	P02082	2703	Self-employed
Preparer		s name GLOBAL TAXES I		1 11 11 13 13 13 13 13 13 13 13 13 13 13					Phone n		78) 965-9522
Use Only	Firm's	address 245 ROONEY C		RUNSWICK N	J 08816				Firm's E		

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023

Attachment
Seguence No. 01

Department of the Treasury Internal Revenue Service

ASRA NASEEM

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 No. 01
Your soc	ial security number
846-22	-4737

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	-6,237.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a ()	
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()	
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
I	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	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. Enter			
	1040, 1040-SR, or 1040-NR, line 8		10	-6,237.

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-basis government	nent	
	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		
15	Deductible part of self-employment tax. Attach Schedule SE		
16	Self-employed SEP, SIMPLE, and qualified plans		
17	Self-employed health insurance deduction	. 17	
18	Penalty on early withdrawal of savings		
19a	Alimony paid		a
b	Recipient's SSN		
С	Date of original divorce or separation agreement (see instructions):		
20	IRA deduction		
21	Student loan interest deduction		
22	Reserved for future use		
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		
26	Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and		
	Form 1040, 1040-SR, or 1040-NR, line 10	. 26	

SCHEDULE NEC (Form 1040-NR)

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

Attachment

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

Name shown on Form 1040-NR

Attach to Form 1040-NR. Go to www.irs.gov/Form1040NR for instructions and the latest information. Sequence No. 7B

Your identifying number

ASRA NASEEM 846-22-4737 Enter **amount of income** under the appropriate rate of tax. See instructions. (d) Other (specify) Nature of Income (a) 10% **(b)** 15% (c) 30% % % Dividends and dividend equivalents: Dividends paid by U.S. corporations 1a 1b Dividend equivalent payments received with respect to section 871(m) transactions 1c 2 Interest: 2a 2b 2c C 3 4 5 Real property income and natural resources royalties . . . 6 7 7 8 9 10 Gambling-Residents of Canada only. Enter net income in column (c). If zero or less, enter -0-. Winnings _____ 10c Losses Gambling-Residents of countries other than Canada. 11 Other (specify): 12 12 13 Add lines 1a through 12 in columns (a) through (d) 13 14 14 Tax on income not effectively connected with a U.S. trade or business. Add columns (a) through (d) of line 14. Enter the total here and on Form 1040-NR, line 23a 15 Capital Gains and Losses From Sales or Exchanges of Property Enter only the capital gains and 16 (a) Kind of property and description (f) LOSS (g) GAIN (b) Date acquired (c) Date sold (d) Sales price (e) Cost or losses from property sales or (if necessary, attach statement of If (e) is more than (d), If (d) is more than (e), mm/dd/yyyy mm/dd/yyyy other basis exchanges that are from sources descriptive details not shown below) subtract (d) from (e). subtract (e) from (d). within the United States and not effectively connected with a U.S. business. Do not include a gain or loss on disposing of a U.S. real property interest; report these gains and losses on Schedule D (Form 1040). Report property sales or exchanges that are effectively connected with a U.S. business 17 Add columns (f) and (g) of line 16 on Schedule D (Form 1040). 18 Capital gain. Combine columns (f) and (g) of line 17. Enter the net gain here and on line 9 above. If a loss, enter -0-18 Form 4797, or both.

SCHEDULE OI (Form 1040-NR)

Other Information

Attach to Form 1040-NR.

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

Answer all questions.

OMB No. 1545-0074

2023

Attachment
Sequence No. 7C

Department of the Treasury Internal Revenue Service

	snown on Form 1040-NR		Your identifying number							
ASI	A NASEEM			846-22-47						
Α	Of what country or countries were you a citizen or nation	nal during the tax year?	! INDIA							
В	In what country did you claim residence for tax purpos	es during the tax year?	United States							
С	Have you ever applied to be a green card holder (lawful	permanent resident) of	the United States? .		☐ Yes	⊠ No				
D	Were you ever:									
1	A U.S. citizen?				Yes	⊠ No				
2	A green card holder (lawful permanent resident) of the L				Yes	⊠ No				
	If you answer "Yes" to (1) or (2), see Pub. 519, chapter 4									
Е	If you had a visa on the last day of the tax year, enter			ter vour U.S.						
_	immigration status on the last day of the tay year									
F										
•	If you answered "Yes," indicate the date and nature of the	he change:	on status		∐ Yes	⊠ No				
G	List all dates you entered and left the United States duri	ng 2023. See instructio								
_	Note: If you're a resident of Canada or Mexico AND co			ent intervals						
	check the box for Canada or Mexico and skip to item			☐ Mexico						
	Date entered United States		ate entered United States	$\overline{}$	rtod I Inito	d States				
	mm/dd/yy mm/dd/yy	iles De	mm/dd/yy		nm/dd/yy	u States				
	,,									
Н	Give number of days (including vacation, nonworkdays, ar	 nd partial days) you were	nresent in the United S	States during:						
•	2021, 2022									
ı	Did you file a U.S. income tax return for any prior year?	, and 20		··	X Yes	□No				
•	If "Yes," give the latest year and form number you filed:									
J	Are you filing a return for a trust?				Yes	⊠ No				
•	If "Yes," did the trust have a U.S. or foreign owner under the grantor trust rules, make a distribution or loan to a									
	U.S. person, or receive a contribution from a U.S. perso				☐ Yes	□No				
K	Did you receive total compensation of \$250,000 or more				☐ Yes	⊠ No				
	If "Yes," did you use an alternative method to determine				Yes	□No				
L	Income Exempt From Tax—If you are claiming exempt		•			_				
_	complete (1) through (3) below. See Pub. 901 for more in			an troaty with	a rororgii	oountry,				
1	Enter the name of the country, the applicable tax treaty a			claimed the tre	atv benefi	t. and the				
-	amount of exempt income in the columns below. Attach I				,	-,				
	(a) Country	(b) Tax treaty article	(c) Number of month	s (d) Am	Amount of exempt					
	(4, 200)	(,	claimed in prior tax year		current ta	•				
			1							
	(e) Total. Enter this amount on Form 1040-NR, line 1k.	Do not enter it anywhei	re else on line 1							
2		=			☐ Yes	☐ No				
3	Are you claiming treaty benefits pursuant to a Competer				Yes	⊠ No				
	If "Yes," attach a copy of the Competent Authority deter	•								
М	Check the applicable box if:	,								
	This is the first year you are making an election to treat	income from real prope	erty located in the Unite	ed States as eff	ectively c	onnected				
	with a U.S. trade or business under section 871(d). See					🔲				
2	You have made an election in a previous year that ha									
	States as effectively connected with a U.S. trade or bus									

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.

2023
Attachment

OMB No. 1545-0074

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 Your social security number

ASRA	NASEEM							846-2	2-4737		
Part	Note: If you are in the business of renting per rental income or loss from Form 4835 on pa	ersonal property ge 2, line 40.	y, use	Schedule							
	Did you make any payments in 2023 that would										
B I	f "Yes," did you or will you file required Form(s	s) 1099? .							. 🗌 Ye	s 🗌 No	
1a	Physical address of each property (street, c	ity, state, ZIP	code	e)							
Α	25-29/18/16 SRI SAI NAGAR COLO	ONY RC PUE	RAM	HYDERA	ABAD,	TAL	ANGANA IN	50203	32		
В											
С											
1b	Type of Property (from list below) 2 For each rental real above, report the nu	mber of fair re	ental	and		Fa	ir Rental Days		ersonal Use Days		
Α	personal use days. (Α		365		0		
В	if you meet the requ qualified joint ventur	rements to ill e. See instruc	e as ctions	a	В						
С	quaimou joint vontai		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,.	С						
	of Property:										
	Single Family Residence 3 Vacation/Sho Multi-Family Residence 4 Commercial	rt-Term Renta	al	5 Land 6 Roya			Self-Rental Other (descr	ibe)			
							Propertie	es:			
Incom	ne:				Α		В			С	
3	Rents received	[3		5	24.					
4	Royalties received		4								
Exper	nses:										
5	Advertising	[5								
6	Auto and travel (see instructions)		6								
7	Cleaning and maintenance		7		5	41.					
8	Commissions		8								
9	Insurance	-	9								
10	Legal and other professional fees		10								
11	Management fees		11		4	15.					
12	Mortgage interest paid to banks, etc. (see ins	· -	12								
13	Other interest		13								
14	Repairs		14		1,9						
15	Supplies		15		2,5	61.					
16	Taxes	H	16		1 0	0.0					
17	Utilities		17		1,3	20.					
18	Depreciation expense or depletion		18								
19	Other (list)		19		<i>C</i> 7	C 1					
20	Total expenses. Add lines 5 through 19		20		6,7	οΙ.					
21	Subtract line 20 from line 3 (rents) and/or 4 (result is a (loss), see instructions to find out file Form 6198	if you must	21		-6,2	37.					
22	Deductible rental real estate loss after limita on Form 8582 (see instructions)	tion, if any,	22	(-6 , 23		()	()	
23a	Total of all amounts reported on line 3 for all	L				23a	•	524.			
b	Total of all amounts reported on line 4 for all					23b					
C	Total of all amounts reported on line 12 for a					23c					
d	Total of all amounts reported on line 18 for a					23d					
е	Total of all amounts reported on line 20 for a					23e	6	,761.			
24	Income. Add positive amounts shown on line							. 24			
25	Losses. Add royalty losses from line 21 and rer			-		nter to	tal losses here	25	(6,237.)	
26	Total rental real estate and royalty incom	e or (loss). C	omb	ine lines	24 and	25. E	nter the resu	lt			
	here. If Parts II, III, and IV, and line 40 on p. Schedule 1 (Form 1040), line 5. Otherwise, in	age 2 do not	appl	y to you,	also e	nter th	nis amount o			-6,237.	