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) Easpear's name					
Spanse's social security number Part Tax Return Information — Tax Year Ending December 31, 2023 (Enter year you are authorizing.)	Submission Identification Number (SID)				
Spouse's sorial security number	Taxpayer's name	Social securi	ty number		
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	JASWANTH R BOYAPATY	652-90	-7803		
Enter whole dollars only on lines 1 through 5. Note: Form 10:40-SS files use line 4 only, Leave lines 1, 2, 3, and 5 blank. 1 Adjusted gross income				y number	
Enter whole dollars only on lines 1 through 5. Note: Form 10:40-SS files use line 4 only, Leave lines 1, 2, 3, and 5 blank. 1 Adjusted gross income	Part I. Tay Poturn Information Tay Year Ending December 21	222 (Enterveer year	ro outho	orizina)	
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. 1 Adjusted gross income 2 Total tax		123 (Enter year you a	re autric	orizirig.)	
1					
2 10.1a lax x 2 1.3, 0.89 x 3 1.3, 6.27 x 4 Amount you want refunded to you	·		11	94.6	599.
Amount you want refunded to you A mount you want refunded to you B Amount you want refunded to you A mount you want refunded to you B Amount you want you B Amount you B Amount you want you B Amount you B Amo	, ,				
Amount you want refunded to you Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Under penalties of perliun, 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 transor months from the income tax return (original or amended) I am now authorizing, and to the best of 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) Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for any debug in processing the return or refund, and (6) the cetter of eath year that the authorizate the LST, ready and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account into debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Tressury 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. Tressury Financial Agent to terminate the authorization. To revoke (cancel) a supprient. I must contact the U.S. Tressury Financial Agent at 18-88-35-4837. 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 the payment is settlement date. I also authorize the financial institutions involved in the processing of the electronic payment of the payment (processing the processing of the electronic payment of the processing of the electronic payment of the electronic Financial Institution of the processing of the electronic			-		
S S Part III 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, 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. And to the cate of any refund. If applicable, I authorize the I.S. Treasury and its designated Financial Agent to initiate an APLH electronic funds withdrawal (direct debig) entry to the financial institution and caccunit indication to the tax proparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institutions into the tax proparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institutions into the text proparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institutions into the text proparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institutions into the text proparation software for payment of the provential on the my fermity of the tax 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 insules a fermity and the set of taxes to receive confidential information necessary to answer inquiries and resolve insules for the payment. I turther acknowledge that the processary in the federal payment. The pro			4		
Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or smended) I am now authorizing, and to the best of the property of perjury, I declare that I have examined a copy of the income tax return (original or smended) I am now authorizing, and to the best of the property of the income tax return (original or amended) I am now authorizing. The practitioner PIN method Returns Only— Practitioner PIN Method Returns Only—continue below Practitioner PIN method and Pub. 1345, Handbook PI only each of the Practitioner PIN method and Pub. 1345, Handbook PIN each of ERO Salphature ▶ ERO Must Retain This Form — See Instructions Date ▶ ERO Must Retain This Form — See Instructions Date ▶ ERO Must Retain This Form — See Instructions Date ▶ ERO Must Retain This Form — See Instructions Date ▶ ERO Must Retain This Form — See Instructions Date ▶ ERO Must Retain This Form — See Instructions Date ▶ ERO Must Retain This Form — See Instructions			5		,,,,
Under penalties of perjun, 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 bellef, it is true, correct, and complete. I further declare that the amounts from the amounts from the income tax return (original or amended) I am now authorizing. Lonsent to allow my intermediate service provider, transmitter, or electronic return originator (FEO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection, (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 debid) entry to the financial institution account indication or payment of my tederal taxes owed on this return and/or a payment of estimated tax, and the financial institution in the tax preparation software for payment of my tederal 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 to remain in full force and effect until 1 notify 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 (FIPI) below is my signature for 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. Practitioner PIN Method	Part II Taxpayer Declaration and Signature Authorization (Be sure you	get and keep a cop	y of you	ır return	<u>)</u>
Taxpayer's PIN: check one box only I authorize GLOBAL TAXES LLC 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 PIN: check one box only I authorize ERO firm name signature on the income tax return (original or amended) I am now authorizing. Check this box only I authorize 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—continue below Part III Certification and Authentication — Practitioner PIN Method Only 2 2 2 4 9 6 0 8 2 7 1 Don't enter all zeros Don't enter a	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 provto send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or refor any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorized to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial unthorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment can business days prior to the payment (settlement) date. I also authorize the financial institutions in taxes to receive confidential information necessary to answer inquiries and resolve issues relapersonal identification number (PIN) below is my signature for the income tax return (original or a	n Part I above are the amyider, transmitter, or electroason for rejection of the tehorize the U.S. Treasury a account indicated in the tocial institution to debit the to terminate the authorizellation requests must be volved in the processing of ted to the payment. I fur	ounts from onic return ransmission and its des ax preparate entry to tation. To reference the election acknowledge the election acknowledge the section acknowledge the received the receiv	n the incorn originator on, (b) the resignated Firation softwithis accourrevoke (can do no later cronic paymowledge the	me tax r (ERO) reason nancial vare for nt. This ncel) a than 2 nent of nat the
I authorize GLOBAL TAXES LLC ER0 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			$\overline{}$		
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I authorize	Your signature ▶	Date ►			
I authorize	Snouse's PIN: check one how only				
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ERO Must Retain This Form — See Instructions	authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that	ual income tax return (orig tt I am submitting this ret	inal or ame	ended) I ai	
	ERO's signature ▶	Date ►			

E1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return



For the year Jar	n. 1–Dec	c. 31, 2023, or other tax year beginning		, 2023, end	ling		, 20	;	See ser	parate instructions.
Your first name	and m	iddle initial	Last na	ıme				١,	Your so	cial security number
JASWANTI	ΗR		BOYA	APATY					652	90 7803
		s first name and middle initial	Last na					:		s social security number
Home address	(numbe	er and street). If you have a P.O. box, see	instructi	ons.			Apt. no.	ı	Presider	ntial Election Campaign
_2401 PAR	RKSI	DE DR								nere if you, or your
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete s	spaces below.	Sta	te	ZIP code			if filing jointly, want \$3 this fund. Checking a
FREMONT				CA 94			94536		0	ow will not change
Foreign country	y name			Foreign province/state/o	count	ty	Foreign postal of	ode	your tax	or refund.
										You Spouse
Filing Status	; X	Single				☐ Head of he	ousehold (HOI	⊣)		
Check only		Married filing jointly (even if only or	ne had i	income)						
one box.		Married filing separately (MFS)				☐ Qualifying	surviving spor	use (C	QSS)	
	If y	ou checked the MFS box, enter the	name o	of your spouse. If you	ı che	ecked the HOF	or QSS box,	enter	the chil	ld's name if the
	qu	alifying person is a child but not you	ır deper	ndent:						
Digital	At ar	ny time during 2023, did you: (a) rece	eive (as	a reward, award, or i	navn	ment for prope	rty or services): or (t	a) sell.	
Assets		nange, or otherwise dispose of a digi					-			☐ Yes 🗵 No
Standard		neone can claim: You as a de					, ,			
Deduction	_	Spouse itemizes on a separate return	•			•				
		: Were born before January 2, 1	959 _	Are blind Spo	ouse	: U Was bor	n before Janua			☐ Is blind
Dependent				(2) Social security	'	(3) Relationsh	ip			fies for (see instructions):
If more	(1) F	irst name Last name		number		to you	Child t	ax cre	ait	Credit for other dependents
than four dependents,									\longrightarrow	
see instruction	s								\longrightarrow	
and check	ı —								\longrightarrow	
here L		Talalana alƙan Fana(A) W.O. b								104.704
Income	1a	Total amount from Form(s) W-2, be	•	,					1a	· · · · · · · · · · · · · · · · · · ·
Attach Form(s)	b	Household employee wages not reported on Form(s) W-2							1b	
W-2 here. Also attach Forms	C	Tip income not reported on line 1a (see instructions)							1c	
W-2G and	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							1d	
1099-R if tax was withheld.	e	Employer-provided adoption benefits from Form 8839, line 29							1e 1f	
If you did not	f									
get a Form	g h	Wages from Form 8919, line 6 . Other earned income (see instructi							1g 1h	
W-2, see	i	Nontaxable combat pay election (s	,				· · · ·			<u> </u>
instructions.	z	Add lines to through th		140110113)	•	11			1z	104,724.
Attach Sch. B	<u>_</u> 2a		2a		ь. БТ	axable interest	 F		2b	
if required.	3a	'	3a			ordinary divider			3b	
	4a		4a			axable amoun			4b	
Standard	5a		5a			axable amoun			5b	
Deduction for— Single or	6a		6a			axable amoun			6b	
Married filing separately,	С	If you elect to use the lump-sum el	_							
\$13,850	7	Capital gain or (loss). Attach Scheo		·	`	,			7	
Married filing jointly or	8	Additional income from Schedule							8	-10,025.
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	•						9	94,699.
\$27,700	10	Adjustments to income from Schee		•					10	
Head of household,	11	Subtract line 10 from line 9. This is							11	94,699.
\$20,800	12	Standard deduction or itemized	•	-					12	
If you checked any box under	13	Qualified business income deducti	ion from	n Form 8995 or Form	899	5-A			13	
Standard Deduction,	14	Add lines 12 and 13							14	13,850.
see instructions.	15	Subtract line 14 from line 11. If zer	o or les	s, enter -0 This is ye	our t	taxable incom	ie	<u></u>	15	

Form 1040 (202)	3)								Page Z
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	з 🗌		16	13,089.
Credits	17	Amount from Schedule 2, lin	ie 3					17	
	18	Add lines 16 and 17						18	13,089.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lin	ie 8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	13,089.
	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	13,089.
Payments	25	Federal income tax withheld	from:						
_	а	Form(s) W-2				25a 13	3 , 627		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c						25d	13,627.
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)			No .	27			
allach Sch. ElC.	28	Additional child tax credit from	m Schedule 8812			28			
	29	American opportunity credit	from Form 8863	3, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin	ie 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	13,627.
Refund	34	If line 33 is more than line 24	l, subtract line 2	4 from line 33.	This is the amour	nt you overpaid		34	538.
	35a	Amount of line 34 you want	refunded to you	ı. If Form 8888	is attached, chec	k here	. [35a	538.
Direct deposit?	b	Routing number 0 2 1				Checking	Savings	3	
See instructions.	d	Account number 3 8 1							
	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	nstructions) .			38			
Third Party	Do	you want to allow another				See			
Designee		structions				. 🗌 Yes. C	omplete	e below.	⋉ No
		esignee's		Phone				ntification	
		me	ant I have avamine	no.			ber (PIN)		of my line wiledge and
Sign		der penalties of perjury, I declare to lief, they are true, correct, and com							
Here	Vo	ur signature		Date	Your occupation		l If t	he IRS se	nt you an Identity
	10	di Signature		Date	Tour occupation				PIN, enter it here
Joint return?				SOFTWARE E	(se	e inst.)			
See instructions. Keep a copy for		ouse's signature. If a joint return, I	ooth must sign.	Date Spouse's occupation					nt your spouse an
your records.				Identity Protection PIN, ente (see inst.)					
	Ph	one no. (609) 901-135	9	Email address	BJASWANTH9	60GMAIL.CO	M		
Paid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:
Paid	SYA	M PRIYA RAM SAGAR GUPTA	SYAM PRIY	A RAM SAC	GAR GUPTA	04/04/2024	P020	82703	Self-employed
Preparer	Fir	Firm's name GLOBAL TAXES LLC						one no.	(678) 965-9522
Use Only	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816							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

JASWANTH R BOYAPATY

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 social security number
652-90-7803

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. Att	ach Schedule E .	5	-10,025.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a ()	
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()	
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
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 . Ente	r here and on Form	10	-10-025

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

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis governr	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		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		9a	
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			
_	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. Enter here and			
	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

JASW	JANTH R BOYAPATY						652-9	90-7803		
Part	Income or Loss From Rental Real Estate an Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.	ty, use	yalties Schedule	C . See	instru	ctions. If you ar	e an ind	ividual, rep	ort farm	
	Did you make any payments in 2023 that would require you									
В	f "Yes," did you or will you file required Form(s) 1099? .							. 🗌 Ye	es 🗌 No	
1a	Physical address of each property (street, city, state, ZIF	ode?	e)							
Α	FLAT NO: 401, SLIVERSPRINGS 3/3 VIKASNA	AGAR	GUNTUF	R, ANDI	HRA	PRADESH	IN 52	2006		
В	,			•						
С										
1b	Type of Property (from list below) 2 For each rental real estate properabove, report the number of fair	rental	and	Fair Rental Days			Perso D	QJV		
Α	personal use days. Check the Q			Α		365		0		
В	if you meet the requirements to f qualified joint venture. See instru			В						
С				С						
1	of Property: Single Family Residence 3 Vacation/Short-Term Ren Multi-Family Residence 4 Commercial	tal	5 Land 6 Roya		-	Self-Rental Other (descri				
						Propertie	es:	_		
Incon				Α	0.0	В			С	
3	Rents received	3		- 6	00.					
4 Exper	Royalties received	4								
Expei 5		5								
6	Advertising	6								
7	Cleaning and maintenance	7		1,2	8.5					
8	Commissions	8		1,2	00.					
9	Insurance	9								
10	Legal and other professional fees	10								
11	Management fees	11		1,0	0.0					
12	Mortgage interest paid to banks, etc. (see instructions)	12		1,0	00.					
13	Other interest	13								
14	Repairs	14		2.4	85.					
15	Supplies	15		2,3						
16	Taxes	16		,						
17	Utilities	17		3,4	92.					
18	Depreciation expense or depletion	18								
19	Other (list)	19								
20	Total expenses. Add lines 5 through 19	20		10,6	25.					
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	-	-10,0	25.					
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(10,02	25.)	()()	
23a	Total of all amounts reported on line 3 for all rental prope	erties			23a		600.			
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	10	,625.			
24	Income. Add positive amounts shown on line 21. Do not		•				. 24			
25	Losses. Add royalty losses from line 21 and rental real estate							(10 , 025.)	
26	Total rental real estate and royalty income or (loss).									
	here. If Parts II, III, and IV, and line 40 on page 2 do no Schedule 1 (Form 1040), line 5. Otherwise, include this ar						n 26		-10,025.	