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	Social security number						
TUSHARIKA RASTOGI		740-54	740-54-6828					
Spouse's name		Spouse's so	cial secu	urity numbe	r			
Part I Tax Return Information — Tax Year Ending I	December 31, 2023	(Enter year you	are au	thorizing	.)			
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	d 5 blank.							
1 Adjusted gross income			1	49	,121.			
2 Total tax			2	4	,013.			
3 Federal income tax withheld from Form(s) W-2 and Form(s)			3	6	,226.			
			4	2	2,213.			
5 Amount you owe			5		\			
Part II Taxpayer Declaration and Signature Authorized Under penalties of perjury, I declare that I have examined a copy of the in	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·						
return (original or amended) I am now authorizing. I consent to allow my to send my return to the IRS and to receive from the IRS (a) an acknowl for any delay in processing the return or refund, and (c) the date of any ragent to initiate an ACH electronic funds withdrawal (direct debit) entry to payment of my federal taxes owed on this return and/or a payment of es authorization is to remain in full force and effect until I notify the U.S. payment, I must contact the U.S. Treasury Financial Agent at 1-888-3 business days prior to the payment (settlement) date. I also authorize the taxes to receive confidential information necessary to answer inquiries personal identification number (PIN) below is my signature for the incom Electronic Funds Withdrawal Consent.	edgement of receipt or reason efund. If applicable, I authoriz o the financial institution acco timated tax, and the financial i Treasury Financial Agent to to 353-4537. Payment cancellati e financial institutions involved and resolve issues related t	of for rejection of the ethe U.S. Treasury untindicated in the nstitution to debit the reminate the authorison requests must be in the processing to the payment. I further than the processing to the payment. I further than the processing that the processing the processing that the processing that the processing that the processing that the processing the processing the processing the processing that the processing the processing that the processing the	transmise and its of tax preperently of the electron. The received the electron and the electron the acceptance of the acceptance ac	ssion, (b) the designated paration so to this according revoke (ved no late ectronic parking which we have the control of the design of the de	ne reason Financial ftware for ount. This (cancel) a er than 2 ayment of e that the			
Taxpayer's PIN: check one box only								
I authorize GLOBAL TAXES LLC	to enter or ger	acrata my DIN	6 8	3 2 8	ac my			
ERO firm name signature on the income tax return (original or amended)		Ě		digits, but r all zeros	as my			
I will enter my PIN as my signature on the income tax re if you are entering your own PIN and your return is filed below.	eturn (original or amended)							
Your signature ▶	Da	te >						
Spouse's PIN: check one box only		_						
l authorize	to enter or ger	nerate my PIN			as my			
ERO firm name		_	nter five	digits, but	ao my			
signature on the income tax return (original or amended)	I am now authorizing.	d	on't ente	r all zeros				
I will enter my PIN as my signature on the income tax re if you are entering your own PIN and your return is filed below.								
Spouse's signature ▶	Da	te ▶						
Practitioner PIN Method I	Returns Only—continue	below						
Part III Certification and Authentication — Practition	ner PIN Method Only							
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-	digit self-selected PIN	2 2 2 4 9	6 0	8 2 7	, 1			
Ento o El nor ma Entor your dix digit El no lonowed by your noo	aigit doir doiddtad i iiv.	Don't er						
I certify that the above numeric entry is my PIN, which is my signature authorized to file for tax year indicated above for the taxpayer(s) indicated requirements of the Practitioner PIN method and Pub. 1345, Handbook for	ted above. I confirm that I ar	n submitting this re	urn in a	accordance				
ERO's signature ▶	Da	te ▶						
ERO Must Retain This	Form - See Instruction							
Don't Submit This Form to the	e IRS Unless Requeste	d 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 Jar	ar Jan. 1-Dec. 31, 2023, or other tax year beginning, 2023, ending, 20 _					20	See separate instructions.		
Your first name and middle initial Last name						Your identifying number (see instructions)			
TUSHARIKA	Ā		RAST	OGI			740-	-54-	6828
Home address	(numl	per and street). If you have a P.O. box	, see ins	tructions.			•		Apt. no.
1980 TRAV	ER	RD							209
City, town, or p	ost of	fice. If you have a foreign address, als	so comp	lete spaces below.		State		ZIP c	ode
ANN ARBOR	_					MI		481	05
Foreign country	nam	е	Foreigr	province/state/county		Foreign	oostal co	de	
	_								
Filing Status		Single Married filing sepa			ng surviving spouse	` '		tate	☐ Trust
Check only one box.	If you checked the QSS box, enter the child's name if the qualifying person is a child but not your dependent:								
Digital Assets		ny time during 2023, did you: (a) recei rwise dispose of a digital asset (or a f					r (b) sell,		
Dependents						(4) Ch	eck the bo	k if qua	alifies for (see inst.):
(see instructions):		(1) First name Last name		(2) Dependent's identifying number	(3) Relationship to vo	Chil	ld tax credit		Credit for other dependents
		(I) First Harrie Last Harrie		idontifying nambor	(b) Helationship to ye	(3) Relationship to you			
If more than four							H		一片一
dependents, see instructions and							H		一片一
check here							Ħ		
Income	1a	Total amount from Form(s) W-2, box	1 (see ii	nstructions)			. 1a	Т	54,491.
Effectively	b	Household employee wages not rep	•	,					
Connected	С	Tip income not reported on line 1a (s		. ,					
With U.S.	d	Medicaid waiver payments not report		*					
Trade or	е	Taxable dependent care benefits fro		, , ,	*		. 1e		
Business	f	Employer-provided adoption benefit	s from F	orm 8839, line 29 .			. 1f		
	g	Wages from Form 8919, line 6							
Attach Form(s) W-2,	h	Other earned income (see instruction	. 1h						
1042-S,	i	Reserved for future use							
SSA-1042-S,	j	Reserved for future use					. 1j		
RRB-1042-S, and 8288-A here. Also	k	Total income exempt by a treaty from line 1(e)							
attach	Z	Add lines 1a through 1h					. 1z		54,491.
Form(s) 1099-R if	2 a	Tax-exempt interest 2a	_		able interest		. 2b		
tax was	3a	Qualified dividends 3a			inary dividends .		. 3b	1	
withheld.	4a	IRA distributions 4a			able amount			+	
If you did not get a Form	5a	Pensions and annuities 5a			able amount				
W-2, see	6	Reserved for future use				_			
instructions.	7	Capital gain or (loss). Attach Schedu	•		•				
	8	Additional income from Schedule 1 (<u>-5,370.</u>
	9	Add lines 1z, 2b, 3b, 4b, 5b, 7, and 8		•				+	49,121.
	Adjustments to income from Schedule 1 (Form 1040), line 26. These are your total adjustments to income								
	11	Subtract line 10 from line 9. This is y						-	49,121.
	12	Itemized deductions (from Schedu deduction (see instructions)			Std Dedn US/1			╙	13,850.
	13a	Qualified business income deduction							
	b	Exemptions for estates and trusts or							
	С	Add lines 13a and 13b							
	14								13,850.
	15	Subtract line 14 from line 11. If zero	or less, e	enter -0 This is your ta x	cable income .		. 15		35,271.

Form 1040-NR (2023)										Page 2
Tax and	16	Tax (see instructions). Check if ar	y from Fo	rm(s): 1	814 2 [4972	2 3			16	4,013.
Credits	17	Amount from Schedule 2 (Form	-							17	0.
O. Guillo	18	Add lines 16 and 17								18	4,013.
	19	Child tax credit or credit for other	er depende	ents from Sched	dule 8812 (Fo	orm 104	10) .			19	
	20	Amount from Schedule 3 (Form			,		•			20	
	21	Add lines 19 and 20								21	
	22	Subtract line 21 from line 18. If z								22	4,013.
	23a	Tax on income not effectively connected with a U.S. trade or business from									
		Schedule NEC (Form 1040-NR),	line 15				23a				
	b	Other taxes, including self-empl 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 yo	ur total ta	х						24	4,013.
Payments	25	Federal income tax withheld from	n:								
-	а	Form(s) W-2				.	25a		5,226.		
	b	Form(s) 1099				.	25b				
	С	Other forms (see instructions)				. [25c				
	d	Add lines 25a through 25c								25d	6,226.
	е	Form(s) 8805								25e	
	f	Form(s) 8288-A								25f	
	g	Form(s) 1042-S								25g	
	26	2023 estimated tax payments ar	nd amount	applied from 2	022 return .					26	
	27	Reserved for future use				.	27				
	28	Additional child tax credit from S	Schedule 8	3812 (Form 104)	0)	.	28				
	29	Credit for amount paid with Form	n 1040-C			.	29				
	30	Reserved for future use				.	30				
	31	Amount from Schedule 3 (Form	1040), line	15		. [31				
	32	Add lines 28, 29, and 31. These	are your t	otal other payr	nents and r	efundal	ble cre	dits .		32	
	33	Add lines 25d, 25e, 25f, 25g, 26	, and 32. T	These are your t	otal payme	nts .				33	6,226.
Refund	34	If line 33 is more than line 24, su					-	-		34	2,213.
	35a	Amount of line 34 you want refu			8 is attached				. 🗆	35a	2,213.
Direct deposit?	b	Routing number 0 4 1 0			c Type	: 🗵	Checkii	ng 🗌	Savings		
See instructions.	d	Account number 4 1 4 9 7 1 7 0 8 3									
	е	If you want your refund check menter it here.									
	36	Amount of line 34 you want app				I	36				
Amount	37	Subtract line 33 from line 24. Th					00				
You Owe	0.	For details on how to pay, go to		-		tions .				37	
Tou Owe	38	Estimated tax penalty (see instru		-			38			0.	
Third		ou want to allow another person to				instruc			es. Comp	lete bel	low. 🗵 No
Party	•	•	, aloodoo t			, moti ac			•		o
Designee	name	signee's Phone Personal identi ne no. number (PIN)							ication		
	Under	penalties of perjury, I declare that I ha they are true, correct, and complete. I	ve examine	d this return and a				statement	s, and to th		
Sign						,	a 01. a				ent you an Identity
Here	Tours	signature		Date	Your occu	рацоп					PIN, enter it here
Here					COMPUTA	ATIONA	AL BI	OLOGIS	l .	inst.)	,
	Phone	e no.		Email address	-					-	
Paid		rer's name	Preparer	's signature			Date		PTIN		Check if:
Paid	SYAM	M PRIYA RAM SAGAR GUPTA	SYAM I	PRIYA RAM	SAGAR GI	UPTA	04/05	5/2024	P0208	2703	☐ Self-employed
Preparer		name GLOBAL TAXES							Phone r		78)965-9522
Use Only		address 245 ROONEY (RUNSWICK N		:			Firm's E		4-3171965
0-1	//	man 10 10 N/D for imply religions and the state of									1040 ND (0000)

BAA

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

TUSHARIKA RASTOGI

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.

Your social security number 740-54-6828

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	-5,370.
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		
ı	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	here and on Form	10	-5 370

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-				
	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				
16	Self-employed SEP, SIMPLE, and qualified plans				
17	Self-employed health insurance deduction				
18	Penalty on early withdrawal of savings				
19a	Alimony paid				
b	Recipient's SSN				
С	Date of original divorce or separation agreement (see instructions):				Į.
20	IRA deduction				
21	Student loan interest deduction				
22	Reserved for future use				
23	Archer MSA deduction			. 23	
24	Other adjustments:				
а	,	24a			
b	Deductible expenses related to income reported on line 8l from the				
		24b			
С	Nontaxable amount of the value of Olympic and Paralympic medals				
	· · · · · · · · · · · · · · · · · · ·	24c			
d	the state of the s	24d			
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e			
f		24f			
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)	24h			
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				
	-	24i			
j		24j			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form				
		24k			
Z	Other adjustments. List type and amount:				
		24z			Į.
25	Total other adjustments. Add lines 24a through 24z				
26	Add lines 11 through 23 and 25. These are your adjustments to income . Form 1040, 1040-SR, or 1040-NR, line 10	. Enter	r here and	on 26	
	1 OITH 1070, 1070-011, 01 1070-1111, 11110-10	• •		. 20	

SCHEDULE NEC (Form 1040-NR)

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

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

Name shown on Form 1040-NR Your identifying number TUSHARIKA RASTOGI 740-54-6828 Enter **amount of income** under the appropriate rate of tax. See instructions.

Nature of Income			4 > 4007			(d) Other (specify)			
				(a) 10%	(b) 15%	(c) 30%	%	%	
1	Dividends and divide	nd equivalents:							
а	Dividends paid by U.	S. corporations		1a					
b	Dividends paid by fo	reign corporations		1b					
С	Dividend equivalent p	ayments received with respect to section 871(m) transa	actions	1c					
2	Interest:								
а	Mortgage			2a					
b	Paid by foreign corpo	prations		2b					
С	Other			2c					
3	Industrial royalties (p	atents, trademarks, etc.)		3					
4	Motion picture or TV	copyright royalties		4					
5	Other royalties (copy	rights, recording, publishing, etc.)		5					
6	Real property income	e and natural resources royalties		6					
7	Pensions and annuiti	es		7					
8	Social security benef	its		8					
9		18 below		9					
10	Gambling—Resident If zero or less, enter	s of Canada only. Enter net income in column (c).							
а	•								
a b	· —	<u> </u>		10c					
11		s of countries other than Canada.		100					
	Note: Enter winnings	only. Losses aren't allowed		11					
12	Other (specify):								
				12					
13	•	12 in columns (a) through (d)		13					
14		ate of tax at top of each column		14					
15	Tax on income not et	fectively connected with a U.S. trade or business. Ac						NR, line 23a 15	
		Capital Gains and Lo	sses F	rom	Sales or Excha	inges of Proper	ty	1	
Enter only the capital gains and losses from property sales or exchanges that are from sources within the United States and not			(b) Date acquired mm/dd/yyyy		(c) Date sold mm/dd/yyyy	(d) Sales price	(e) Cost or other basis	(f) LOSS If (e) is more than (d), subtract (d) from (e).	(g) GAIN If (d) is more than (e), subtract (e) from (d).
	ely connected with a U.S. s. Do not include a gain								
or loss on disposing of a U.S. real property interest; report these									
	nd losses on Schedule D								
•	property sales or								
exchan	ges that are effectively	(D) (E) (D)					<u> </u>		
on Sche	ted with a U.S. business edule D (Form 1040),								
Form 4	797, or both.	18 Capital gain. Combine columns (f) and (g) or	Tilne 17	. Ente	er the net gain her	e and on line 9 ab	ove. It a loss, ente	r -0- · · 18	

SCHEDULE OI (Form 1040-NR)

Department of the Treasury

Name shown on Form 1040-NR

Internal Revenue Service

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

Attachment Sequence No. **7C**

Your identifying number

TUS	HARIKA RASTOGI			740-54-6828						
Α	Of what country or countries were you a citizen or national during the tax year? INDIA									
В	In what country did you claim residence for tax purpos	es during the tax yea	ar? United States							
С	Have you ever applied to be a green card holder (lawful permanent resident) of the United States?									
D	Were you ever:									
1	1. A U.S. citizen?									
2										
	If you answer "Yes" to (1) or (2), see Pub. 519, chapter 4, for expatriation rules that apply to you.									
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 tax year.			•						
F	Have you ever changed your visa type (nonimmigrant si		ation status?		Yes 🔀 No					
•	If you answered "Yes," indicate the date and nature of t	he change:								
G	List all dates you entered and left the United States dur	ing 2023. See instruc	 ctions.							
_	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		Date entered United State	- T	United States					
	mm/dd/yy mm/dd/yy		mm/dd/yy	mm/c						
Н	Give number of days (including vacation, nonworkdays, al	nd partial davs) vou w	vere present in the United	States during:						
	2021, 2022									
ı	Did you file a U.S. income tax return for any prior year?				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 und									
	U.S. person, or receive a contribution from a U.S. perso				Yes 🗌 No					
Κ	Did you receive total compensation of \$250,000 or more	e during the tax year	?		Yes 🗵 No					
	If "Yes," did you use an alternative method to determine				Yes 🗌 No					
L	Income Exempt From Tax-If you are claiming exempt				oreign country,					
	complete (1) through (3) below. See Pub. 901 for more i			•						
1	Enter the name of the country, the applicable tax treaty a	rticle, the number of	months in prior years you	claimed the treaty	benefit, and the					
	amount of exempt income in the columns below. Attach	Form 8833 if required	I. See instructions.							
	(a) Country	(b) Tax treaty artic	cle (c) Number of month	ns (d) Amount	of exempt					
			claimed in prior tax ye	ars income in cur	rrent tax year					
	(e) Total. Enter this amount on Form 1040-NR, line 1k.	-								
	Were you subject to tax in a foreign country on any of the				Yes 🗌 No					
3	Are you claiming treaty benefits pursuant to a Compete	-			Yes 🔀 No					
	If "Yes," attach a copy of the Competent Authority dete	rmination letter to yo	ur return.							
M	Check the applicable box if:									
1	This is the first year you are making an election to treat with a U.S. trade or business under section 871(d). See	•			vely connected					
2	You have made an election in a previous year that ha				d in the United					
	States as effectively connected with a U.S. trade or bus									

REV 03/07/24 PRO

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

TUS	USHARIKA RASTOGI								740-54-6828			
Par												
	Note: If you are in the business of renting personal proprental income or loss from Form 4835 on page 2, line 4	ວerty, use ດ	Schedule	c . See	instruc	tions. If you a	are an indi	vidual, rep	ort farm			
Α	Did you make any payments in 2023 that would require yo		Form(s) 1	10992 S	See ins	tructions		□ Ve	s X No			
	If "Yes," did you or will you file required Form(s) 1099?											
 1a						· · · ·						
			•									
_ <u>A</u>	GAUR SAUNDARYAM GREATER NOIDA WEST U	TTAR F	PRADESI	I IN 2	2013()6						
В												
С												
1b	Type of Property (from list below) 2 For each rental real estate properts above, report the number of fa				Fai	r Rental Days		nal Use ıys	QJV			
Α	gasove, report the hamber of the personal use days. Check the			Α		365		0				
В	if you meet the requirements to	o file as	a	В		303		0				
C	qualified joint venture. See inst	tructions	i.	С								
	of Property:											
	Single Family Residence 3 Vacation/Short-Term Re	ental	5 Lanc	I	7	Self-Rental						
	Multi-Family Residence 4 Commercial		6 Roya	alties	8	Other (desc	ribe)					
	•											
Incor	mor			Α		Properti B	ies.		С			
3	Rents received	3			21.							
4	Royalties received	4			21.							
	enses:											
5	Advertising	5										
6	Auto and travel (see instructions)	6										
7	Cleaning and maintenance	7		1,0	48.							
8	Commissions	8										
9	Insurance	9										
10	Legal and other professional fees	10										
11	Management fees	11		8	46.							
12	Mortgage interest paid to banks, etc. (see instructions)											
13	Other interest	13										
14	Repairs	14		1,0								
15	Supplies	15 16		1,2	34.							
16 17	Taxes	17		1,6	27							
18	Depreciation expense or depletion	18		1,0	27.							
19	Other (list)	19										
20	Total expenses. Add lines 5 through 19	20		5,7	91.							
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties).											
	result is a (loss), see instructions to find out if you mus											
	file Form 6198	21		-5,3	70.							
22	Deductible rental real estate loss after limitation, if any	/,										
	on Form 8582 (see instructions)	22	(-5,37	0.))	(
23 a	Total of all amounts reported on line 3 for all rental proj	-			23a		421.					
b		-			23b							
С	Total of all amounts reported on line 12 for all propertie				23c							
d	• • • • • • • • • • • • • • • • • • • •				23d							
e	• • • • • • • • • • • • • • • • • • • •				23e		5,791.					
24	Income. Add positive amounts shown on line 21. Do n		-				. 24	/	F 250			
25	Losses. Add royalty losses from line 21 and rental real est							(5,370.			
26	Total rental real estate and royalty income or (loss) here. If Parts II, III, and IV, and line 40 on page 2 do											
	Schedule 1 (Form 1040), line 5. Otherwise, include this						· 26		-5,370.			