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

Subm	ission Identification Number (SID)							
Taxpay	er's name	Social securit	y numbe	er				
AJA	Y REDDY BYREDDY	682-46-1623						
Spouse	's name	Spouse's social security number						
Part	Tax Return Information — Tax Year Ending December 31, 2023 (Enter	year you a	re auth	norizing.)			
	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		<u>,140.</u>			
2	Total tax		2		<u>,413.</u>			
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		<u>,550.</u>			
4	Amount you want refunded to you		4	1	<u>,137.</u>			
5	Amount you owe		5					
Part	Taxpayer Declaration and Signature Authorization (Be sure you get and ke penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended)							
return to send for any Agent payme authori payme busine taxes to person	owledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I abov (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmid my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejected delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U. to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indication for my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution zation is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the Industry of the payment (settlement) date. I also authorize the financial institutions involved in the or receive confidential information necessary to answer inquiries and resolve issues related to the pal identification number (PIN) below is my signature for the income tax return (original or amended) I ar nic Funds Withdrawal Consent.	tter, or electroction of the tr S. Treasury are cated in the tan to debit the the authorizates must be processing of ayment. I furt	enic returnation returnation returnation returnation. To the receive the element acknowledges and the receive receive receive receive receive receive receive receive returnation returnat	arn origination, (b) the esignated aration sofo this according for the estimate of the estimat	tor (ERO) ne reason Financial tware for bunt. This cancel) a er than 2 syment of that the			
	yer's PIN: check one box only							
×	I authorize GLOBAL TAXES LLC to enter or generate r	Ent		igits, but	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 no if you are entering your own PIN and your return is filed using the Practitioner PIN methology.							
Yours	signature ▶ Date ▶							
Spous	se's PIN: check one box only							
	I authorize to enter or generate r	nv PIN			as my			
	ERO firm name	_	er five d	igits, but	ao my			
	signature on the income tax return (original or amended) I am now authorizing.	dor	n't enter	all zeros				
	I will enter my PIN as my signature on the income tax return (original or amended) I am no if you are entering your own PIN and your return is filed using the Practitioner PIN method below.							
Spous	e's signature ▶ Date ▶							
	Practitioner PIN Method Returns Only—continue below							
Part	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 4 9 Don't ente	6 0 er all zer	8 2 7 os	1			
author	that the above numeric entry is my PIN, which is my signature for the electronic individual income ta zed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submiments of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of In	tting this retu	rn in ac	ccordance				
EBO's	s signature ► Date ►							
ENU S	ERO Must Retain This Form — See Instructions							

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

E1040-NR 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. 1-Dec. 31, 2023, or other tax year beginning			ning	, 2023,	20	See separate instructions.						
Your first name and middle initial			Last name Ye					Your identifying number				
					(see instructions)							
AJAY REDI	ΣY		BYRE	DDY	682-4	6-1623						
Home address	(num	per and street). If you have a P.O. box	, see ins	tructions.				Apt. no.				
997 ANATE	RELI	A LN NW										
City, town, or p	ost o	fice. If you have a foreign address, al	so comp	lete spaces below.		State	ZI	P code				
CONCORD						NC	2	8027				
Foreign country	/ nam	e	Foreign	n province/state/county		Foreign p	ostal code					
Filing	×	Single	☐ Estat	e 🗌 Trust								
Status	If	If you checked the QSS box, enter the child's name if the qualifying person is a child but not your dependent										
Check only one box.												
	Λ+ ο	ny time during 2023, did you: (a) rece	ivo (00 0	roward award or navm	ant for property or cor	: /iooo\: or	(b) coll ove	ahanga ar				
Digital Assets		erwise dispose of a digital asset (or a					(D) Sell, ext					
Dependents						(4) Che	ck the box if	qualifies for (see inst.):				
(see instructions)		(A) E: .		(2) Dependent's	(0) D	Child	tax credit	Credit for other				
		(1) First name Last name		identifying number	(3) Relationship to you	1		dependents				
If more than four												
dependents, see	-							 				
instructions and check here							$\overline{\Box}$					
	1a	Total amount from Form(s) W-2, box	, 1 (coo i	netructions)			1a	50,000.				
Income	b	Household employee wages not rep	`	,			1b	30,000.				
Effectively Connected	C	Tip income not reported on line 1a (` '			1c					
With U.S.	d	Medicaid waiver payments not repo		•			1d					
Trade or	e	Taxable dependent care benefits fro		` ' '	,		1e					
Business	f	Employer-provided adoption benefit		•			1f					
Dusiness	g g	Wages from Form 8919, line 6		•			1g					
Attach	h	Other earned income (see instructio					1h					
Form(s) W-2, 1042-S,	i	Reserved for future use	,									
SSA-1042-S,	j	Reserved for future use					1j					
RRB-1042-S, and 8288-A	k	Total income exempt by a treaty from	m Sched	ule OI (Form 1040-NR),	item L,							
here. Also		line 1(e)			1k							
attach	z	Add lines 1a through 1h					1z	50,000.				
Form(s) 1099-R if	2a	Tax-exempt interest 2a	а	b Tax	kable interest		2b					
tax was	3a	Qualified dividends 3a	а	b Ord	dinary dividends		3b					
withheld.	4a	IRA distributions 4a	а	b Ta	kable amount		4b					
If you did not	5a	Pensions and annuities 5	а	b Ta	kable amount		5b					
get a Form W-2, see	6	Reserved for future use	_									
instructions.	7	Capital gain or (loss). Attach Schedu	•	, ,	•							
	8	Additional income from Schedule 1						-5,860.				
	9	Add lines 1z, 2b, 3b, 4b, 5b, 7, and	8. This is	your total effectively o	connected income .		9	44,140.				
	10	Adjustments to income from Schedincome	•		•		0 10					
	11	Subtract line 10 from line 9. This is y	our adj u	usted gross income			11	44,140.				
	12	Itemized deductions (from Schedu										
		deduction (see instructions)	ty 12	13,850.								
	13a	Qualified business income deductio	n from F	orm 8995 or Form 8995	-A . 13a							
	b	Exemptions for estates and trusts o	nly (see i	instructions)	13b							
	С	Add lines 13a and 13b					13c					
	14							13,850.				
	15	Subtract line 14 from line 11. If zero	or less,	enter -0 This is your ta	xable income		15	30,290.				

Form 1040-NR (2023)										Page 2
Tax and	16	Tax (see instructions). Check if an	y from For	rm(s): 1	314 2 [4972	3			16	3,413.
Credits	17	Amount from Schedule 2 (Form 1	1040), line	3						17	0.
	18	Add lines 16 and 17								18	3,413.
	19	Child tax credit or credit for othe	r depende	ents from Sched	ule 8812 (Fo	orm 104	0) .			19	
	20	Amount from Schedule 3 (Form 1	1040), line	8						20	
	21	Add lines 19 and 20								21	
	22	Subtract line 21 from line 18. If ze	ero or less	s, enter -0						22	3,413.
	23a	Tax on income not effectively cor	nnected w	ith a U.S. trade	or business	from					
		Schedule NEC (Form 1040-NR), I	ine 15 .				23a				
	b	Other taxes, including self-emplo	yment ta	x, from Schedul	e 2 (Form 1	040),					
		line 21				.	23b				
	С	Transportation tax (see instruction	ns)			. L	23c				
	d	Add lines 23a through 23c								23d	
	24	Add lines 22 and 23d. This is you	ır total ta	x						24	3,413.
Payments	25	Federal income tax withheld from	า:								
	а	Form(s) W-2				.	25a		4 , 550.		
	b	Form(s) 1099				.	25b				
	С	Other forms (see instructions) .				. L	25c				
	d	Add lines 25a through 25c								25d	4,550.
	е	Form(s) 8805								25e	
	f	Form(s) 8288-A								25f	
	g	Form(s) 1042-S								25g	
	26	2023 estimated tax payments an				1				26	
	27	Reserved for future use				.	27				
	28	Additional child tax credit from S	chedule 8	8812 (Form 1040)	.	28				
	29	Credit for amount paid with Form	1040-C			.	29				
	30	Reserved for future use				.	30				
	31	Amount from Schedule 3 (Form 1	,.				31				
	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,		-						33	4,550.
Refund	34	If line 33 is more than line 24, sul					•	-		34	1,137.
	35a	Amount of line 34 you want refu			is attached					35a	1,137.
Direct deposit?	b	Routing number 0 5 3 0			c Type:	: 💢 🤆	Checki	ng L	Savings		
See instructions.	d	Account number 2 3 7 0									
	е	If you want your refund check m	ailed to ar	n address outsic	le the Unite	d States	s not s	hown on	page 1,		
		enter it here.									
	36	Amount of line 34 you want appl					36				
Amount	37	Subtract line 33 from line 24. This		•							
You Owe		For details on how to pay, go to	_	-		tions .				37	
	38	Estimated tax penalty (see instru					38				
Third	•	u want to allow another person to	discuss t			e instruc	tions.		es. Compl		ow. 🗵 No
Party Designee	•	signee's Phone Personal identif								cation	
Designee		name no. number (PIN) Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the									£
		they are true, correct, and complete. D									
Sign		signature		Date	Your occu	•					ent you an Identity
Here	ı oaı .	signature		Duic	1001 0000	раноп					PIN, enter it here
									inst.)		
	Phone	e no.		Email address							
Paid	Prepa	ırer's name	Preparer'	's signature			Date		PTIN		Check if:
Preparer	SYAM	M PRIYA RAM SAGAR GUPTA	SYAM I	PRIYA RAM	SAGAR GU	UPTA	04/05	/2024	P02082	2703	Self-employed
Use Only	Firm's	s name GLOBAL TAXES I	LLC						Phone n	o . (6	78)965-9522
Use Only	Firm's	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's Ell								N 8	4-3171965

BAA

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

AJAY REDDY BYREDDY

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
682-46	-1623

	Additional Income			
	Taxable refunds, credits, or offsets of state and local income taxes		1	
	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
	Business income or (loss). Attach Schedule C		3	
	Other gains or (losses). Attach Form 4797		4	
	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Att		5	-5 , 860
	Farm income or (loss). Attach Schedule F		6	
,	Unemployment compensation		7	
	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		
	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		
	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		
	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		
	Wages earned while incarcerated	8u		
Z	Other income. List type and amount:			
		8z		
)	Total other income. Add lines 8a through 8z		9	

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

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 AJAY REDDY BYREDDY 682-46-1623 Enter **amount of income** under the appropriate rate of tax. See instructions.

Nature of Income			(a) 10% (b)	(b) 15%	(c) 30%	(d) Other (specify)			
					(a) 10%	(b) 15%	(6) 30%	%	%
1	Dividends and divide	end equivalents:							
а	Dividends paid by U.	S. corporations		1a					
b		reign corporations	[1b					
С	•	ayments received with respect to section 871(m) tra	-	1c					
2	Interest:								
а	Mortgage		1	2a					
b		prations	-	2b					
c				2c					
3		atents, trademarks, etc.)	H	3					
4				4					
5				5					
6	, () , ()			6					
7		es		7					
8		its	H	8					
9		e 18 below		9					
10	Gambling-Resident	s of Canada only. Enter net income in column (c).							
	If zero or less, ente	r -0							
а	Winnings								
b	Losses		[10c					
11	Gambling—Resident	s of countries other than Canada. s only. Losses aren't allowed		11					
12	Other (specify):	soffly. Losses aferral allowed							
12				12					
13		12 in columns (a) through (d)		13					
14	_	ate of tax at top of each column	H	14					
15		ffectively connected with a U.S. trade or business.	_		brough (d) of line 1	 1 Enter the total here	and on Form 1040	-NR. line 23a 15	
_13	rax on income not e	Capital Gains and						-IND, III le 23a 13	
Enter o	nly the capital gains and	I .	LUSSESTI	10111	Daies of Excita		Ly	(0.1.000	() 0 4 111
losses f	rom property sales or	(a) Kind of property and description (if necessary, attach statement of	(b) Date acqui mm/dd/yyy		(c) Date sold mm/dd/yyyy	(d) Sales price	(e) Cost or other basis	(f) LOSS If (e) is more than (d),	(g) GAIN If (d) is more than (e),
	ges that are from sources he United States and not	descriptive details not shown below)	mm/aa/yyy	у	ппп/аа/уууу		other basis	subtract (d) from (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								
	y interest; report these nd losses on Schedule D								
(Form 1	040).								
	property sales or ges that are effectively								
connec	ted with a U.S. business	17 Add columns (f) and (g) of line 16					17	()	
	edule D (Form 1040), 797, or both.	18 Capital gain. Combine columns (f) and (g	g) of line 17.	Ente	r the net gain her	e and on line 9 abo	ove. If a loss, ente	er -0 18	

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

Name shown on Form 1040-NR Your identifying number 682-46-1623 AJAY REDDY BYREDDY Of what country or countries were you a citizen or national during the tax year? INDIA Α In what country did you claim residence for tax purposes during the tax year? India В С Have you ever applied to be a green card holder (lawful permanent resident) of the United States? Were you ever: X No Yes 1. A U.S. citizen? X No If you answer "Yes" to (1) or (2), see Pub. 519, chapter 4, for expatriation rules that apply to you. Ε If you had a visa on the last day of the tax year, enter your visa type. If you didn't have a visa, enter your U.S. immigration status on the last day of the tax year. F1 X No F Have you ever changed your visa type (nonimmigrant status) or U.S. immigration status? Yes If you answered "Yes," indicate the date and nature of the change: List all dates you entered and left the United States during 2023. See instructions. G Note: If you're a resident of Canada or Mexico AND commute to work in the United States at frequent intervals, Date entered United States Date entered United States Date departed United States **Date departed United States** mm/dd/yy mm/dd/yy mm/dd/yy mm/dd/yy Give number of days (including vacation, nonworkdays, and partial days) you were present in the United States during: н 2021 ______, 2022 ______, and 2023 ______365 ____. ☐ Yes X No ı If "Yes," give the latest year and form number you filed: X No Yes J If "Yes," did the trust have a U.S. or foreign owner under the grantor trust rules, make a distribution or loan to a No Yes ⊠ No Κ Yes If "Yes," did you use an alternative method to determine the source of this compensation? ☐ No Income Exempt From Tax-If you are claiming exemption from income tax under a U.S. income tax treaty with a foreign country, L complete (1) through (3) below. See Pub. 901 for more information on tax treaties. Enter the name of the country, the applicable tax treaty article, 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. See instructions. (a) Country (b) Tax treaty article (c) Number of months (d) Amount of exempt claimed in prior tax years income in current tax vear (e) Total. Enter this amount on Form 1040-NR, line 1k. Do not enter it anywhere else on line 1 . . . 2. Were you subject to tax in a foreign country on any of the income shown in 1(d) above? No Yes X No If "Yes," attach a copy of the Competent Authority determination letter to your return. Check the applicable box if: 1. This is the first year you are making an election to treat income from real property located in the United States as effectively connected 2. You have made an election in a previous year that has not been revoked, to treat income from real property located in the United

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

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

AJAY	REDDY BYREDDY						682	2-46-16	23_						
Part															
	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	Schedule	C . See	instru	ctions. If you a	are an	individual,	report	farm					
Α [by payments in 2023 that would require you to file Form(s) 1099? See instructions.								X No)				
		vill you file required Form(s) 1099?													
1a	Physical address of each property (street, city, state, ZIF														
A	19-996/A, NAGARJUNANAGAR MIRYALAGUDA		<u> </u>	TN 5	0820	7									
	1) 990/A, NAGAROUNANAGAR MIRIALAGODA	11117.	MINGAINA	IN J	0020	<i>T</i>									
C															
1b	Type of Property 2 For each rental real estate prope	erty list	.eq		Fa	ir Rental	Pe	rsonal Us	e						
	(from list below) above, report the number of fair	rental	and			Days		Days		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	qualified joint venture. See institu	10110113	··	С											
	of Property:														
	Single Family Residence 3 Vacation/Short-Term Ren	tal	5 Lanc			Self-Rental									
2	Multi-Family Residence 4 Commercial		6 Roya	alties	8	Other (desci	her (describe)								
						Properti	es:								
Incon	ne:			Α		В			С	;					
3	Rents received	3		4	80.										
4	Royalties received	4													
Exper															
5	Advertising	5													
6	Auto and travel (see instructions)	6													
7	Cleaning and maintenance	7		5	40.										
8	Commissions	8													
9	Insurance	9													
10 11	Legal and other professional fees	11			50.										
12	Mortgage interest paid to banks, etc. (see instructions)	12		0	50.										
13	Other interest	13													
14	Repairs	14		1,8	00.										
15	Supplies	15			60.										
16	Taxes	16													
17	Utilities	17		8	90.										
18	Depreciation expense or depletion	18													
19	Other (list)	19													
20	Total expenses. Add lines 5 through 19	20		6,3	40.										
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	04		- 5,8	60										
00		21		-5,0	00.										
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	,	-5 , 86	50 \	()/			١				
23a	Total of all amounts reported on line 3 for all rental prope		l .	5,00	23a	1	48	0.)				
b	Total of all amounts reported on line 4 for all royalty prop			•	23b		10	÷ •							
C	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										
e	Total of all amounts reported on line 20 for all properties				23e	6	3,34	0.							
24	Income. Add positive amounts shown on line 21. Do not		de any lo	sses				24							
25	Losses. Add royalty losses from line 21 and rental real estate		•		nter to	tal losses her		25 (5	,860)				
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	mount	in the to	tal on li	ne 41	on page 2	. 1	26	_	5.860)				