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

| IIILEIIIAI F | levellue del vice | | | | | | | |
|---|--|--|--|---|---|--|--|---|
| Submis | ssion Identification Number (SID) | | | | | | | |
| Taxpaye | r's name | | Social s | ecurity | numb | er | | |
| VISH | NU VARDHAN REDDY MANNE | 732-37-8916 | | | | | | |
| Spouse's | s name | Spouse | 's socia | al secu | rity nu | mber | | |
| | | | | | | | | |
| Part | | (Enter | year y | ou ar | e aut | horiz | ing.) | |
| | whole dollars only on lines 1 through 5. | | | | | | | |
| | Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. | | | 1 | | | | |
| | Adjusted gross income | | | T T | 1 | | | 277. |
| 2 | Total tax | | | <u> </u> | 2 | | | 261. |
| | Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | | | | 3 | | | 701. |
| | Amount you want refunded to you | | | • | 5 | | 3, | 440. |
| Part | | | | | | our r | etur | n) |
| | penalties of perjury, I declare that I have examined a copy of the income tax return (original or an | | | | | | | <u> </u> |
| to send for any Agent to payment authorize payment business taxes to personal | original or amended) I am now authorizing. I consent to allow my intermediate service provider, my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize in intiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account of my federal taxes owed on this return and/or a payment of estimated tax, and the financial is tation is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to text, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellating days prior to the payment (settlement) date. I also authorize the financial institutions involved to receive confidential information necessary to answer inquiries and resolve issues related the confidential of the context of the income tax return (original or amendation of the payment (settlement) and the first of the income tax return (original or amendation of the payment (settlement) and the first of the income tax return (original or amendation of the payment (settlement). | n for rejecte the Upount indicated in the properties of the proper | ection of S. Treas cated in on to deb the aut uests mu processi ayment. | the tra ury an the ta it the c horizal ist be ing of I furth | ansmis d its d x prep entry t tion. T receiv the ele ner acl | sion, (lesignaration of this of revolution of the contraction of the c | (b) the ated F n soft accounts account accounts account accounts account accounts account accounts account account accounts account accounts account account accounts account account accounts account account account account account accounts account | e reason Financial ware for unt. This ancel) a than 2 ment of that the |
| | nic Funds Withdrawal Consent. | | | | | | | |
| | yer's PIN: check one box only | | | 7 | 8 9 | 1 | 6 | |
| X | I authorize GLOBAL TAXES LLC to enter or ger | nerate | my PIN | | er five (| | | as my |
| | signature on the income tax return (original or amended) I am now authorizing. | | | don | 't ente | all ze | ros | |
| | I will enter my PIN as my signature on the income tax return (original or amended) if you are entering your own PIN and your return is filed using the Practitioner PIN below. | | | | | | | |
| Your si | ignature ▶ Da | ite▶_ | 02/19 | 2024 | | | | |
| Snous | e's PIN: check one box only | | | | | | | |
| Opous | I authorize to enter or ger | norato | my DINI | | | | | as my |
| ш | ERO firm name | iciato | y v | Ente | er five (| digits, | but | asiny |
| | signature on the income tax return (original or amended) I am now authorizing. | | | | 't ente | • | | |
| | I will enter my PIN as my signature on the income tax return (original or amended) if you are entering your own PIN and your return is filed using the Practitioner PIN below. | | | | _ | | | - |
| Spouse | e's signature ▶ Da | te ► | | | | | | |
| | Practitioner PIN Method Returns Only—continue | below | | | | | | |
| Part I | 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 6 | 6 6 | 1 9 | 8 6 | 9 |
| | | | - | 't ente | r all ze | | | |
| authoriz | that the above numeric entry is my PIN, which is my signature for the electronic individual incred to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I are ments of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Provid | m subm | itting thi | s retur | n in a | ccord | anće v | |
| ERO's | signature ▶ Da | te ► | | | | | | |
| | ERO Must Retain This Form — See Instruction | | | | | | | |
| | Don't Submit This Form to the IRS Unless Requeste | | o So | | | | | |

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



| 1040 | | partment of the Treasury—Internal Revenue Serv. | | urn | 20 2 | 3 | OMB No. 1545- | 0074 | IRS Use Onl | y—Do not v | write or st | aple in this space. | | |
|----------------------------------|----------|---|----------------|--|------------------|------------------|-----------------|----------|-------------------|---------------------|-----------------------------|-----------------------------------|--|--|
| For the year Jai | n. 1–De | c. 31, 2023, or other tax year beginning | | | , 2023, end | ing | | | , 20 | See se | parate | instructions. | | |
| Your first name | and m | niddle initial | Last nar | t name | | | | | | | Your social security number | | | |
| VISHNU ' | VARD | HAN REDDY | MANN | E | | | | | | 732 | 37 | 8916 | | |
| | | s first name and middle initial | Last nar | | | | | | | | - | l security number | | |
| | | | | | | | | | | | | | | |
| Home address | (numb | er and street). If you have a P.O. box, see | instructio | ons. | | | | Α | pt. no. | Preside | ential El | ection Campaign | | |
| 2313 TE | DDY | ROOSEVELT DR | | | | | | | | | | you, or your | | |
| City, town, or p | ost off | ice. If you have a foreign address, also co | omplete sp | paces belo | w. | Sta | te | ZIP co | ode | | | jointly, want \$3 and. Checking a | | |
| MCKINNE | Y | | | | | ТХ | (| 750 | 72 | 1 | | not change | | |
| Foreign countr | y name | • | F | oreign pro | vince/state/o | count | у | Foreig | n postal code | your ta | x or refu | _ | | |
| | | | | | | | | | | | Y | ou Spouse | | |
| Filing Status | s 🛚 | Single | | | | | ☐ Head of ho | ouseh | old (HOH) | | | | | |
| Check only | | Married filing jointly (even if only o | ne had ir | ncome) | | | _ | | | | | | | |
| one box. | | Married filing separately (MFS) | | | | | ☐ Qualifying | surviv | ing spouse | (QSS) | | | | |
| | | you checked the MFS box, enter the | | | ouse. If you | ı che | ecked the HOH | or Q | SS box, ent | er the ch | ild's na | ame if the | | |
| | qι | ualifying person is a child but not you | ur depen | dent: | | | | | | | | | | |
| Digital | At a | ny time during 2023, did you: (a) rec | eive (as a | a reward, | award, or | payn | nent for prope | ty or : | services); o | r (b) sell, | | | | |
| Assets | | hange, or otherwise dispose of a dig | • | | | | | - | | | | es 🗵 No | | |
| Standard | Son | neone can claim: 🔲 You as a de | pendent | t 🗌 Y | our spouse | e as | a dependent | | | | | | | |
| Deduction | | Spouse itemizes on a separate retur | n or you | were a d | ual-status | alien | | | | | | | | |
| Age/Blindnes | e Vou | : Were born before January 2, 1 | 959 | Are blin | nd Sno | use | · 🗆 Was bor | n hefo | re January | 2 1050 | | ls blind | | |
| | | | | Ī | <u> </u> | | | 14 | | | | (see instructions): | | |
| • | • | s (see instructions): (1) First name Last name | | (2) Social security (3) Relationsh number to you | | Child tax of | | | 1 | or other dependents | | | | |
| If more than four | (-,- | | | | | | , | | | | | \neg | | |
| dependents, | | | | | | | | | | | | | | |
| see instruction | s — | | | | | | | | $\overline{\Box}$ | | | | | |
| and check here \Box |] — | | | | | | | | | | | | | |
| Income | 1a | Total amount from Form(s) W-2, b | ox 1 (see | e instructi | ons) | | | | <u> </u> | . 1 | a | 92,871. | | |
| | b | Household employee wages not re | eported o | on Form(s | s) W-2 | | | | | . 11 | , | | | |
| Attach Form(s) W-2 here. Also | С | | | | | | | | | . 10 | ; | | | |
| attach Forms | d | Medicaid waiver payments not reported on Form(s) W-2 (see instructions) | | | | | | | | . 10 | t | | | |
| W-2G and 1099-R if tax | е | Taxable dependent care benefits from Form 2441, line 26 | | | | | | | | . 10 | • | | | |
| was withheld. | f | Employer-provided adoption benefits from Form 8839, line 29 | | | | | | | | . 1 | f | | | |
| If you did not | g | Wages from Form 8919, line 6 . | | | | | | | . 19 | 9 | | | | |
| get a Form W-2, see | h | Other earned income (see instructions) | | | | | | | | . 11 | | 0. | | |
| instructions. | i | Nontaxable combat pay election (| see instru | uctions) | | | <u>1i</u> | | | | | | | |
| | Z | Add lines 1a through 1h | | | | | | | | . 1 | z | 92,871. | | |
| Attach Sch. B | 2a | Tax-exempt interest | 2a | | | b Ta | axable interest | | | . 21 |) | | | |
| if required. | 3a | · ' | 3a | | | b 0 | rdinary divider | nds . | | . 31 |) | | | |
| Standard | 4a | IRA distributions | 4a | | | b Ta | axable amount | | | . 41 |) | | | |
| Standard Deduction for— | 5a | Pensions and annuities | 5a | | | b Ta | axable amount | | | . 51 |) | | | |
| Single or Married filing | 6a | , | 6a | | | | axable amount | | | . 6I | ו | | | |
| separately, | С | If you elect to use the lump-sum election method, check here (see instructions) | | | | | | | | | | | | |
| \$13,850 Married filing | 7 | Capital gain or (loss). Attach Sche | | • | • | | | | | □ | _ | 15 501 | | |
| jointly or Qualifying | 8 | Additional income from Schedule 1, line 10 | | | | | | | | . 8 | | -15,594. | | |
| surviving spouse, | 9 | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7 | | | | | | | | . 9 | | 77,277. | | |
| \$27,700 • Head of | 10 | Adjustments to income from Sche | | | | | | | | . 10 | _ | | | |
| household, \$20,800 | 11 | Subtract line 10 from line 9. This is | - | - | | | | | | . 1 | _ | 77,277. | | |
| If you checked | 12 | Standard deduction or itemized | | ` | | , | 5 A | | | . 12 | _ | 13,850. | | |
| any box under Standard | 13 | Qualified business income deduct | | | 90 or Form | 099 | о-A | | | . 13 | | 12 050 | | |
| Deduction, see instructions. | 14 15 | Add lines 12 and 13 Subtract line 14 from line 11. If zer | ro or less | |)- Thie ie v | our t | avahle incom | e | | . 14 | | 13,850. 63,427. | | |
| | | Capitali inic 17 il Olli ilile 11. Il Zei | 0 0 1033 | ., UIIIUI -U | , y | Jui L | | . | | . [15 | , l | 00,72/. | | |

| Form 1040 (2023 | 3) | | | | | | | | Page 2 | | |
|---|------|---|-------------------------|-------------------|------------------|--------------------|--------------------|---------------|---|--|--|
| Tax and | 16 | Tax (see instructions). Check | if any from Form | (s): 1 881 | 4 2 4972 | 3 🗌 | | . 16 | 9,261. | | |
| Credits | 17 | Amount from Schedule 2, lir | ne 3 | | | | | . 17 | | | |
| | 18 | Add lines 16 and 17 | | | | | | . 18 | 9,261. | | |
| | 19 | Child tax credit or credit for | other dependent | ts from Sched | ule 8812 | | | . 19 | | | |
| | 20 | Amount from Schedule 3, lir | ne 8 | | | | | . 20 | | | |
| | 21 | Add lines 19 and 20 | | | | | | . 21 | | | |
| | 22 | Subtract line 21 from line 18 | . If zero or less, | enter -0 | | | | . 22 | 9,261. | | |
| | 23 | Other taxes, including self-e | mployment tax, | from Schedule | 2, line 21 . | | | . 23 | 0. | | |
| | 24 | Add lines 22 and 23. This is | your total tax | | | | | . 24 | 9,261. | | |
| Payments | 25 | Federal income tax withheld | | | | | | | | | |
| - | а | Form(s) W-2 | | | | 25a | 12,7 | 01. | | | |
| | b | Form(s) 1099 | | | | 25b | | | | | |
| | С | Other forms (see instruction | s) | | | 25c | | | | | |
| | d | Add lines 25a through 25c | | | | | | . 25d | 12,701. | | |
| 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 | | | | | |
| allacii Scii. 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, lir | ne 15 | | | 31 | | | | | |
| | 32 | Add lines 27, 28, 29, and 31 | . These are your | total other pa | ayments and ref | undable cre | edits . | . 32 | | | |
| | 33 | Add lines 25d, 26, and 32. T | hese are your to | tal payments | | | | . 33 | 12,701. | | |
| Refund | 34 | If line 33 is more than line 24 | 1, subtract line 2 | 4 from line 33. | This is the amou | nt you over | paid . | . 34 | 3,440. | | |
| | 35a | Amount of line 34 you want | | | is attached, che | ck here . | | ☐ 35a | 3,440. | | |
| Direct deposit? | b | Routing number 0 8 1 | rings | | | | | | | | |
| See instructions. | d | Account number 3 5 5 | 0 0 4 6 | 1 5 4 1 | L 8 Q | | | | | | |
| | 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 | ins | structions | | | | 🗌 Y | es. Com | olete below. | ⋈ No | | |
| | | Designee's name | | | | l identification | | | | | |
| <u> </u> | | nder penalties of perjury, I declare t | act I have exemined | no. | accompanying ach | dulas and ata | number | ` ' | t of my knowledge and | | |
| Sign | | lief, they are true, correct, and com | | | | | | | , | | |
| Here | | | | | | | | If the IBS se | ent vou an Identity | | |
| | 10 | di digitatare | Date | Tour occupation | | | PIN, enter it here | | | | |
| Joint return? | | | | SOFTWARE ENGINEER | | | | (see inst.) | | | |
| See instructions. Keep a copy for your records. | Sp | Spouse's signature. If a joint return, both must sign. | | Date | ld ld | | | | the IRS sent your spouse an lentity Protection PIN, enter it here ee inst.) | | |
| | Ph | one no. (816)663-393 | 5 | Email address | VISHNUVARDHANM | ANNE2201@GM | AIL.COM | | | | |
| Doid | Pre | eparer's name | Preparer's signat | ure | | Date | | ΓΙΝ | Check if: | | |
| Paid | VENI | KATA SAI PAVAN KUMAR DUDIPALLI | VENKATA SAI | PAVAN KUM | AR DUDIPALLI | | P(| 2470833 | Self-employed | | |
| Preparer | Fir | m's name GLOBAL TA | XES LLC | | | | | Phone no. | (678)965-9522 | | |
| Use Only | Fir | m's address 245 ROONE | Y CT E BRU | NSWICK N | 08816 | | | Firm's EIN | 88-2145487 | | |
| | | | | | | | | | | | |

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023

Attachment
Sequence No. 01

Your social security number

Department of the Treasury Internal Revenue Service

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.

VISHNU VARDHAN REDDY MANNE 732-37-8916 Part Additional Income Taxable refunds, credits, or offsets of state and local income taxes 1 1 2a Date of original divorce or separation agreement (see instructions): 3 3 4 4 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E -15,594. 5 5 6 6 7 7 8 Other income: а 8a 8b 8c Foreign earned income exclusion from Form 2555 8d 8e 8f Alaska Permanent Fund dividends 8g 8i Activity not engaged in for profit income 8i 8k Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property . . . 81 m Olympic and Paralympic medals and USOC prize money (see 8m 8n Section 951A(a) inclusion (see instructions) 80 Section 461(I) excess business loss adjustment 8p Taxable distributions from an ABLE account (see instructions) . . . 8q Scholarship and fellowship grants not reported on Form W-2 . . . 8r Nontaxable amount of Medicaid waiver payments included on Form 8s Pension or annuity from a nonqualifed deferred compensation plan or 8t Wages earned while incarcerated 8u Other income. List type and amount: 9 9 10 Combine lines 1 through 7 and 9. This is your additional income. Enter here and on Form

-15,594.

10

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

| Par | Adjustments to Income | | | | | |
|-----|---|-------|------------|------|---|--|
| 11 | Educator expenses | | | . 11 | 1 | |
| 12 | Certain business expenses of reservists, performing artists, and fee-b | basis | governm | ent | | |
| | officials. Attach Form 2106 | | | . 12 | | |
| 13 | Health savings account deduction. Attach Form 8889 | | | | | |
| 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 | | | | | |
| 18 | Penalty on early withdrawal of savings | | | . 18 | 3 | |
| 19a | Alimony paid | | | | а | |
| b | Recipient's SSN | | | | | |
| С | Date of original divorce or separation agreement (see instructions): | | | | | |
| 20 | IRA deduction | | | . 20 | | |
| 21 | Student loan interest deduction | | | - | | |
| 22 | Reserved for future use | | | | | |
| 23 | Archer MSA deduction | | | . 23 | 3 | |
| 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 | | 24d | | | | |
| е | Repayment of supplemental unemployment benefits under the Trade Act of 1974 | 24e | | | | |
| f | | 24f | | | | |
| q | | 24g | | | | |
| • | Attorney fees and court costs for actions involving certain unlawful | 9 | | | | |
| | | 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 | | | | |
| 25 | Total other adjustments. Add lines 24a through 24z | | | . 25 | 5 | |
| 26 | Add lines 11 through 23 and 25. These are your adjustments to income. | Enter | r here and | on | | |
| | Form 1040, 1040-SR, or 1040-NR, line 10 | | | . 26 | 6 | |

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.

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

Attachment Sequence No. 13

| Name(s) |) shown on return | | | | | | | Your socia | al security | number | |
|------------|------------------------------------|--|---|------------|----------------|---------|------------------|-------------|-------------|-----------|--|
| VISH | INU VARDHAN RI | EDDY MANNE | | | | | | 732-3 | 7-8916 | ;) | |
| Part | Note: If you a | Loss From Rental Real Estate and the in the business of renting personal property or loss from Form 4835 on page 2, line 40. | | | e C. See | instru | ctions. If you a | re an indiv | /idual, rep | oort farm | |
| Α [| Did you make any p | payments in 2023 that would require you | to file | Form(s) | 1099? 5 | See ins | tructions . | | . 🗌 Ye | es 🗵 No | |
| B I | f "Yes," did you or | will you file required Form(s) 1099? . | | | | | | | . 🗌 Ye | es 🗌 No | |
| 1a | | s of each property (street, city, state, ZII | | | | | | | | | |
| | - | | | | 2 | | | | | | |
| _ <u>A</u> | NEAR MALLANA | A TEMPLE HYDERABAD TELANGAN | NA II | N 50009 | 92 | | | | | | |
| B_ | | | | | | | | | | | |
| C | T (D) | 1 | | | | | ir Rental | | | T | |
| 1b | Type of Property (from list below) | | | | | | | Person | | QJV | |
| | | above, report the number of fair personal use days. Check the Q | | | Α | | Days | Da | | | |
| _ <u>A</u> | 3 | | if you meet the requirements to file as a | | | 365 | | 0 | | | |
| B | | qualified joint venture. See instru | | | B C | | | | | | |
| C | - f D | | | | C | | | | | | |
| | of Property: | 0 V | 4-1 | 5 1 | | 7 | O-lf Dt-l | | | | |
| | Single Family Resid | | itai | 5 Land | | | Self-Rental | :!\ | | | |
| 2 | Multi-Family Resid | lence 4 Commercial | | 6 Roya | alties | 8 | Other (descr | ibe) | | | |
| | | | | | | | Properti | es: | | | |
| Incom | ne: | | | | Α | | В | | | С | |
| 3 | Rents received . | | 3 | | 5 | 20. | | | | | |
| 4 | Royalties received | d | 4 | | | | | | | | |
| Exper | nses: | | | | | | | | | | |
| 5 | Advertising | | 5 | | | | | | | | |
| 6 | Auto and travel (s | see instructions) | 6 | | | | | | | | |
| 7 | Cleaning and main | intenance | 7 | | 1,3 | 50. | | | | | |
| 8 | Commissions . | | 8 | | | | | | | | |
| 9 | Insurance | | 9 | | | | | | | | |
| 10 | Legal and other p | professional fees | 10 | | | | | | | | |
| 11 | Management fees | 8 | 11 | | 1,0 | 50. | | | | | |
| 12 | Mortgage interest | t paid to banks, etc. (see instructions) | 12 | | | | | | | | |
| 13 | Other interest . | | 13 | | | | | | | | |
| 14 | Repairs | | 14 | | 4,5 | 70. | | | | | |
| 15 | Supplies | | 15 | | 4,3 | 57. | | | | | |
| 16 | Taxes | | 16 | | | | | | | | |
| 17 | Utilities | | 17 | | 4,7 | 87. | | | | | |
| 18 | Depreciation expe | ense or depletion | 18 | | | | | | | | |
| 19 | Other (list) | | 19 | | | | | | | | |
| 20 | Total expenses. A | Add lines 5 through 19 | 20 | | 16,1 | 14. | | | | | |
| 21 | Subtract line 20 fr | rom line 3 (rents) and/or 4 (royalties). If | | | | | | | | | |
| | | see instructions to find out if you must | | | | | | | | | |
| | file Form 6198 . | | 21 | | -15 , 5 | 94. | | | | | |
| 22 | | real estate loss after limitation, if any, | | | | | | | | | |
| | • | ee instructions) | 22 | (| 15,59 | 94.) | (|) | (| | |
| 23a | | nts reported on line 3 for all rental prope | | | | 23a | | 520. | | | |
| b | | nts reported on line 4 for all royalty prop | | | | 23b | | | | | |
| С | | nts reported on line 12 for all properties | | | | 23c | | | | | |
| d | | nts reported on line 18 for all properties | | | | 23d | | | | | |
| е | | nts reported on line 20 for all properties | | | | 23e | 16 | ,114. | | | |
| 24 | • | sitive amounts shown on line 21. Do not | | - | | | | . 24 | , | | |
| 25 | - | ty losses from line 21 and rental real estat | | | | | | | (| 15,594. | |
| 26 | | estate and royalty income or (loss). | | | | | | | | | |
| | | II, and IV, and line 40 on page 2 do no | | | | | | | | 15 504 | |
| | ochequie i (Form | n 1040), line 5. Otherwise, include this a | mount | . m me to | ıaı on II | 116 4 I | on page 2 | . 26 | | -15,594. | |