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

- Internal n	leveliue Selvice										
Submis	ssion Identification Number (SID)										
Taxpayer	r's name	Social	securit	y numb	er						
MOHA	NA KRISHNA GORREPATI	0.34	034-06-8298								
Spouse's				ial secu		mber					
Part		Enter year	you a	re aut	noriz	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.										
	Adjusted gross income			1			181.				
	Total tax			2			999.				
	Federal income tax withheld from Form(s) W-2 and Form(s) 1099			3		9,	<u>697.</u>				
	Amount you want refunded to you			4							
5 Part I	Amount you owe	ond keen s	CON	5	aur r	⊥,	302.				
,	penalties of perjury, I declare that I have examined a copy of the income tax return (original or amo										
to send for any of Agent to payment authorize payment business taxes to persona	original or amended) I am now authorizing. I consent to allow my intermediate service provider, to my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason to delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize in initiate 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 in action is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terest, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellations adays 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 to all identification number (PIN) below is my signature for the income tax return (original or amendation for Funds Withdrawal Consent.	for rejection of the U.S. Treat int indicated in stitution to de- minate the au in requests m in the proces the payment	f the transury are the take th	ansmiss and its d ax preparently to tion. To receive the ele her ack	sion, esignaration this revolution the contraction that the contraction is seen to be contraction to be contraction to be contraction to be contraction.	(b) the ated F n soft account oke (can later ic pay edge f	reason inancial vare for int. This ancel) a than 2 ment of that the				
	yer's PIN: check one box only				1 1						
X	l authorize GLOBAL TAXES LLC to enter or gene	erate my PIN	₁ [6	8 2	9	8	as my				
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	orato my r m	Ent	er five o		but	ao my				
	I will enter my PIN as my signature on the income tax return (original or amended) I if you are entering your own PIN and your return is filed using the Practitioner PIN below.										
Your si	gnature ▶ Date	e▶									
Snouse	e's PIN: check one box only										
Ороца	I authorize to enter or gene	arata mv PIN	,				as my				
Ш	ERO firm name	state tily i li		er five o	liaits.		asiny				
	signature on the income tax return (original or amended) I am now authorizing.			't enter							
	I will enter my PIN as my signature on the income tax return (original or amended) I if you are entering your own PIN and your return is filed using the Practitioner PIN below.										
Spouse	e's signature ▶ Date	e►									
	Practitioner PIN Method Returns Only—continue b	elow									
Part II	Certification and Authentication — Practitioner PIN Method Only										
FRO's	EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2 2 2 4	9 6	6 0	8 2	2 7	1				
	_ INT IN LINE year on angle in the leaves by year into angle our colociou that		n't ente	er all zer							
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 amount of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Provide	submitting th	nis retu	rn in a	ccord	anće v					
ERO's	signature ▶ Date	e ▶									
	ERO Must Retain This Form — See Instruction	ns									
	Don't Submit This Form to the IRS Unless Requested										

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



OMB No. 1545-0074

IRS Use Only-Do not write or staple in this space

For the year Jan	ı. 1–Dec	c. 31, 2023, or other tax year beginning		, 2023, end	ding		, 20		See se	parate in:	structions.
Your first name	and m	iddle initial	Last na	ame					Your so	ocial secu	rity number
MOHANA F	KRISI	HNA	GORF	REPATI					034	06 8	8298
If joint return, s	pouse's	s first name and middle initial	Last na	ame					Spouse	's social s	ecurity number
Home address	(numbe	er and street). If you have a P.O. box, see	instructi	ions.			Apt. no	•	Preside	ntial Elec	tion Campaign
3745 CAI	ETI	AN CT					107		1	here if you	
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete s	spaces below.	Stat	e	ZIP code				intly, want \$3 I. Checking a
FAIRBORN	1				ОН		45324		1 -	low will no	U
Foreign country	/ name			Foreign province/state/o	county	y	Foreign post	al code	your ta	x or refund	
										You	Spouse
Filing Status	; X	Single			[Head of h	ousehold (H	OH)			
Check only] Married filing jointly (even if only or	ne had	income)							
one box.		Married filing separately (MFS)			[Oualifying	surviving s	oouse	(QSS)		
	lf y	ou checked the MFS box, enter the	name (of your spouse. If you	u che	cked the HOH	or QSS bo	x, ent	er the ch	ild's nam	e 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	pavm	nent for prope	rtv or servic	es): oı	r (b) sell.		
Assets		lange, or otherwise dispose of a digi								☐ Yes	i ⊠ No
Standard	Som	eone can claim: You as a de	penden	t Your spouse	e as a	a dependent			-		
Deduction		Spouse itemizes on a separate return		•	alien	•					
Ago/Plindnoo		Word have before lengers 2.1	050 [Are blind Cne		□ Was bor	n hoforo la	allon.	2 1050		blind
	•	Were born before January 2, 19	909 [-	ouse:		n before Ja				blind ee instructions):
Dependents		instructions): irst name Last name		(2) Social security number	'	(3) Relationsh to you	iib · ·	d tax c	•		other dependents
If more	(1) [rist name Last name		Hamber		to you	On		- Cuit	Orcall for c	
than four dependents,										 	\Box
see instruction	s —										
and check here	1										
-	1a	Total amount from Form(s) W-2, bo	ov 1 (sc	e instructions)					. 1a	1	 L04,968.
Income	b	Household employee wages not re	•	,				•	. 1k		.01,500.
Attach Form(s)	C	Tip income not reported on line 1a	. 10								
W-2 here. Also attach Forms	d	Medicaid waiver payments not rep	. 10								
W-2G and	e	Taxable dependent care benefits for	. 16								
1099-R if tax was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29									
If you did not	g	Wages from Form 8919, line 6.							. 11		
get a Form	h	Other earned income (see instructi							. 1h		0.
W-2, see instructions.	i	Nontaxable combat pay election (s	,			l 1i					
	z	Add lines to through th							. 12	_ 1	L04,968.
Attach Sch. B	2a	· 1	2a		b Ta	axable interest	t		. 2t	,	
if required.	За	Qualified dividends	3a		b Or	rdinary divider	nds		. 3b	,	
	4a	IRA distributions	4a		b Ta	axable amoun	t		. 4b	,	
Standard Deduction for—	5a	Pensions and annuities	5a		b Ta	axable amoun	t		. 5b	,	
Single or	6a	Social security benefits	6a		b Ta	axable amoun	t		. 6b	,	
Married filing separately,	С	If you elect to use the lump-sum el	lection	method, check here	(see i	nstructions)		[
\$13,850	7	Capital gain or (loss). Attach Sched	dule D i	f required. If not requ	uired,	check here		[□ 7		
Married filing jointly or	8	Additional income from Schedule	1, line 1	0					. 8		-19,787.
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	and 8.	This is your total inc	come				. 9		85,181.
\$27,700	10	Adjustments to income from Scheen	dule 1,	line 26					. 10)	
Head of household,	11	Subtract line 10 from line 9. This is	your a	djusted gross incon	me				. 11	1	85,181.
\$20,800 If you checked 1	12	Standard deduction or itemized	deduct	tions (from Schedule	A)				. 12	2	13,850.
any box under Standard	13	Qualified business income deducti	on fron	n Form 8995 or Form	18995	5-A			. 13	3	
Deduction,	14	Add lines 12 and 13							. 14	1	13,850.
see instructions.	15	Subtract line 14 from line 11. If zer	o or les	s, enter -0 This is y	our t a	axable incom	ne		. 15	ز	71,331.

Form 1040 (2023	3)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	n(s): 1 881	4 2 4972	3 🗌		16	10,999.
Credits	17	Amount from Schedule 2, lir	ne 3				_ 	17	
	18	Add lines 16 and 17						18	10,999.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lir						20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	10,999.
	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	10,999.
Payments	25	Federal income tax withheld							
•	а	Form(s) W-2				25a	9,697		
	b	Form(s) 1099				25b			
	С	Other forms (see instruction	s)			25c			
	d	Add lines 25a through 25c						25d	9,697.
If you have a	26	2023 estimated tax paymen	ts and amount a	pplied from 20	22 return			26	
qualifying child,	27	Earned income credit (EIC)			No .	27			
attach Sch. EIC.	28	Additional child tax credit from	m Schedule 8812	2		28			
	29	American opportunity credit	from Form 8863	3, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lir							
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	ındable credits		32]
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	9,697.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amou	nt you overpaic	·	34	
	35a	Amount of line 34 you want	35a						
Direct deposit?	b	Routing number X X X	3						
See instructions.	d	Account number X X X							
	36	Amount of line 34 you want	applied to your	2024 estimate	ed tax	36			
Amount	37	Subtract line 33 from line 24	. This is the amo	ount you owe.					
You Owe		For details on how to pay, g	o to www.irs.gov	v/Payments or	see instructions .			37	1,302.
	38	Estimated tax penalty (see in	nstructions) .			38			
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?	See			_
Designee	ins	structions	e below.						
		Designee's Phone Personal ider name no. number (PIN)							
Cian		ider penalties of perjury, I declare t	hat I have examined		accompanying sche				of my knowledge and
Sign		lief, they are true, correct, and com							, ,
Here	Yo	ur signature		Date	Your occupation	lf t	he IRS se	ent you an Identity	
		Ü			·				PIN, enter it here
Joint return?					SOFTWARE I		,	ee inst.)	
See instructions. Keep a copy for your records.	Sp	ouse's signature. If a joint return, l	Date	Spouse's occupat	Ide	the IRS sent your spouse an dentity Protection PIN, enter it here see inst.)			
	Ph	one no. (408)242-976	1	Email address	KBMFOREVER2	016@GMAIL.	COM		
Doid	Pre	eparer's name	Preparer's signat	ture		Date	PTIN		Check if:
Paid	SYA	M PRIYA RAM SAGAR GUPTA	SYAM PRIY	A RAM SAC	GAR GUPTA	03/29/2024	P020	82703	Self-employed
Preparer	Fir	m's name GLOBAL TA	XES LLC			•			(678)965-9522
Use Only				NSWICK N	J 08816			m's EIN	
	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's								

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

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

MOHANA KRISHNA GORREPATI

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 034-06-8298

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	0.
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	-19,787.
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		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 (4	
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:			
•	Talabatha da a sa Addition Calling at C	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 nere and on Form	, ,	10 707
	1040, 1040-SR, or 1040-NR, line 8		10	-19,787.

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, IIIIC 10	• •		. 20	

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.

Department of the Treasury Internal Revenue Service Go to www.irs.gov/ScheduleE for instructions and the latest information. Attachment Sequence No. 13

OMB No. 1545-0074

Name(s) shown on return Your social security number 024 06 0200

	ANA KRISHNA GORREPATI						034-	-06-8298	5	
Part	Note: If you are in the business of renting personal pro	perty, use	yalties Schedule	C. See	instru	ctions. If you	are an ir	idividual, rep	oort far	m
	rental income or loss from Form 4835 on page 2, line 4 Did you make any payments in 2023 that would require you	ou to file								
ВΙ	f "Yes," did you or will you file required Form(s) 1099?							<u> </u> Y	es 🔝	No
1a	Physical address of each property (street, city, state,	ZIP cod	e)							
Α	FLAT 1608MANJEERA MAJESTIC KPHB PHAS	E1 HY	DERABAD	TELZ	ANGA	NA IN 50	0072			
В										
С										
1b	Type of Property (from list below) 2 For each rental real estate pro above, report the number of fa	air rental	and		Fa	ir Rental Days		onal Use Days	Q	JV
Α	personal use days. Check the			Α		365		0		
В	if you meet the requirements t qualified joint venture. See ins			В						
С	quaimed joint venture. See ins	ili dellori.	3.	С						
уре	of Property:									
1	Single Family Residence 3 Vacation/Short-Term R	ental	5 Land			Self-Rental				
2	Multi-Family Residence 4 Commercial		6 Roya	lties	8	Other (desc	ribe)			
						Propert				
ncon	יפי			Α		В	100.		С	
3	Rents received	3			30.					
4	Royalties received	4			50.					
	nses:	<u> </u>								
5 5	Advertising	5								
6	Auto and travel (see instructions)	6								
7	Cleaning and maintenance	7		1,7	45.					
8	Commissions	8								
9	Insurance	9								
10	Legal and other professional fees	10								
11	Management fees	11		1,3	60.					
12	Mortgage interest paid to banks, etc. (see instructions)) 12		· ·						
13	Other interest	13								
14	Repairs	14		4,8	28.					
15	Supplies	15		5,2	00.					
16	Taxes	16								
17	Utilities	17		4,6	70.					
18	Depreciation expense or depletion	18		2,6	14.					
19	Other (list)	19								
20	Total expenses. Add lines 5 through 19	20		20,4	17.					
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		19,7	87.					
22	Deductible rental real estate loss after limitation, if any on Form 8582 (see instructions)	y, 22	(19,78	37.)	()(
23a	Total of all amounts reported on line 3 for all rental pro				23a		630			
b	Total of all amounts reported on line 4 for all royalty pr				23b					
С	Total of all amounts reported on line 12 for all propertie				23c					
d	Total of all amounts reported on line 18 for all propertie				23d		2,614			
е	Total of all amounts reported on line 20 for all propertie				23e	20	,417	_		
24	Income. Add positive amounts shown on line 21. Do r		-				. 24			
25	Losses. Add royalty losses from line 21 and rental real es							5 (19,7	87.
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						on . 2 0	6	-19,	787.

Passive Activity Loss Limitations

See separate instructions. Attach to Form 1040, 1040-SR, or 1041.

Go to www.irs.gov/Form8582 for instructions and the latest information.

OMB No. 1545-1008

Department of the Treasury Internal Revenue Service Name(s) shown on return

Identifying number

2023	
Attachment Sequence No. 858	

MOHA	ANA KRISHNA GORREPATI				034	-06	-8298
Pai					·		
	Caution: Complete Parts IV ar	nd V before compl	eting Part I.				
	Il Real Estate Activities With Active Pance for Rental Real Estate Activities	• •		ive participation, s	ee Special		
1a b c d	Activities with net income (enter the a Activities with net loss (enter the amo Prior years' unallowed losses (enter the Combine lines 1a, 1b, and 1c	unt from Part IV, c he amount from Pa	olumn (b)) art IV, column (c))	1b (0. 19,787.))	1d	-19,787.
	her Passive Activities						, .
2a b c	Activities with net income (enter the a Activities with net loss (enter the amo Prior years' unallowed losses (enter the	unt from Part V, co	olumn (b)) art V, column (c))	2b (2c ()	2d	
3	Combine lines 1d and 2d and subtra zero or more, stop here and include prior year unallowed losses entered	act any prior year on this form with you	unallowed CRD. S ur return; all losse	See instructions. If es are allowed, inc	this line is cluding any		10.707
	normally used					3	-19,787.
	If line 3 is a loss and: • Line 1d is a			in Double and a sta	. II 40		
Part II	on: If your filing status is married filing . Instead, go to line 10.		ou lived with your	spouse at any tim	ne during the	year,	, do not complet
Par	Special Allowance for Re			-			
	Note: Enter all numbers in Par	· · · · · · · · · · · · · · · · · · ·		tions for an examp	oie.	4	10 000
4 5	Enter the smaller of the loss on line 1 Enter \$150,000. If married filing separ				50,000.	4	19,787.
6	Enter modified adjusted gross income	-			.04,968.		
U	Note: If line 6 is greater than or equa on line 9. Otherwise, go to line 7.				.04,900.		
7	Subtract line 6 from line 5			7	45,032.		
8	Multiply line 7 by 50% (0.50). Do not e	nter more than \$25	.000. If married fili	na separately, see	•	8	22,516.
9	Enter the smaller of line 4 or line 8. If					9	19,787.
Par			· · · · · · · · · · · · · · · · · · ·				,
10	Add the income, if any, on lines 1a ar	nd 2a and enter the	total			10	0.
11	Total losses allowed from all passiv						
	out how to report the losses on your t					11	19,787.
Par	Complete This Part Before	e Part I, Lines 1	a, 1b, and 1c. S	ee instructions.			
	Name of activity	Currer	nt year	Prior years	Ove	rall ga	ain or loss
	ivaine of activity	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gair	1	(e) Loss
FLA'	r 1608manjeera majestic	0.	19,787.				19,787.
				I	I		I

0.

19,787.

Total. Enter on Part I, lines 1a, 1b, and 1c

Form 8582 (2023) Page **2**

	-,										
Part V	Complete This Part Befor	e P	art I, Lines 2	a, 2b,	and 2c. S	ee instru	ctions.			•	
	Name of activity		Currer	nt year		Prior years		Overall ç		ain or loss	
Name of activity		(a) Net income (line 2a)		(b) Net loss (line 2b)		(c) Unallowed loss (line 2c)		(d) Gain		(e) Loss	
									_		
	on Part I, lines 2a, 2b, and 2c		Chaum an F) II	Lima O O		4:				
Part VI	Use This Part if an Amour			art II,	Line 9. S	ee instrud	ctions.				
	Name of activity	ar to	rm or schedule nd line number be reported on see instructions)	(a) Loss	(b) Ra	atio	(c) Special allowance		(d) Subtract column (c) from column (a).	
FLAT 1608MANJEERA MAJESTIC			E Ln 22	19,787.		1.0000	0000	19,787.		0.	
Total .					19,787.	1.0	0	19,78	87.	0.	
Part VII	Allocation of Unallowed L	.05			S.						
	Name of activity		Form or sche and line num to be reporte (see instructi		ımber ted on (a) L		Loss		(c	(c) Unallowed loss	
Total .	<u> </u>							1.00			
Part VIII	Allowed Losses. See instr	ucti							1		
	Name of activity		Form or sched and line numb to be reported (see instructio		mber ed on (a) L		(b) Ur	allowed loss	((c) Allowed loss	
Total											