8879 Form

(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 Revenue Service Control of the latest mornation | • | |
|--|---|---|
| Submission Identification Number (SID) | | |
| Taxpayer's name | Social security | number |
| SRIKANTH THOUTAM | 725-75- | 5785 |
| Spouse's name | Spouse's socia | Il security number |
| | <u> </u> | |
| | nter year you are | e authorizing.) |
| Enter whole dollars only on lines 1 through 5. | | |
| Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. | 1 | 4 00 256 |
| 1 Adjusted gross income | - | 1 88,356. |
| 2 Total tax | | 2 11,703. |
| Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | - | 3 14,518. 4 2,815. |
| 4 Amount you want refunded to you | - | 4 2,815. |
| 5 Amount you owe | | - |
| Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amer | | |
| to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution is authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to term payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation business days prior to the payment (settlement) date. I also authorize the financial institutions involved in taxes to receive confidential information necessary to answer inquiries and resolve issues related to the personal identification number (PIN) below is my signature for the income tax return (original or amended). | the U.S. Treasury and it indicated in the tax titution to debit the eninate the authorizat requests must be in the processing of the payment. I furth | d its designated Financial apreparation software for entry to this account. This ion. To revoke (cancel) a received no later than 2 the electronic payment of er acknowledge that the |
| Electronic Funds Withdrawal Consent. | | |
| Taxpayer's PIN: check one box only | . 5 | 5 7 8 5 |
| X I authorize GLOBAL TAXES LLC to enter or generated to enter or g | rate my PIN Ente | r five digits, but |
| signature on the income tax return (original or amended) I am now authorizing. | don' | t enter all zeros |
| I will enter my PIN as my signature on the income tax return (original or amended) I a if you are entering your own PIN and your return is filed using the Practitioner PIN r below. | | |
| Your signature ► Date | > | |
| Spanner and have and have an in | | |
| Spouse's PIN: check one box only | unto mai DIN | |
| I authorize to enter or gener | - | as my |
| signature on the income tax return (original or amended) I am now authorizing. | | r five digits, but t enter all zeros |
| I will enter my PIN as my signature on the income tax return (original or amended) I a if you are entering your own PIN and your return is filed using the Practitioner PIN r below. | | |
| Spouse's signature ▶ Date | | |
| Spouse's signature ► Date Practitioner PIN Method Returns Only—continue be | | |
| Part III Certification and Authentication — Practitioner PIN Method Only | 51U VV | |
| Certification and Address Cation — Fractitioner File Method Only | | |
| ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 | Don't enter | |
| I certify that the above numeric entry is my PIN, which is my signature for the electronic individual incompation authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am strequirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS <i>e-file</i> Providers | submitting this return | n in accordance with the |
| ERO's signature ▶ Date | • | |
| ERO Must Retain This Form — See Instruction | * | |

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

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

20**23** OMB No. 1545-0074

| | | | | | | 02 | | , 0, 5 | | ne or orapio in time opaco. |
|----------------------------------|----------|---|-----------|----------------------------|--------------|--------------------------|-------------------|-----------|---------|---|
| For the year Jar | n. 1–Dec | c. 31, 2023, or other tax year beginning | | , 2023, end | ling | | , 20 | s | ee sep | parate instructions. |
| Your first name | and m | iddle initial | Last na | ame | | | | Y | our so | cial security number |
| SRIKANTI | Η | | THO | UTAM | | | | - | 725 | 75 5785 |
| If joint return, s | pouse's | s first name and middle initial | Last na | ame | | | | | | s social security number |
| | | | | | | | | | | |
| Home address | (numbe | er and street). If you have a P.O. box, see | instruct | tions. | | | Apt. no. | Pi | resider | ntial Election Campaign |
| 3518 SE | REE. | D DR | | | | | | | | nere if you, or your |
| City, town, or p | ost offi | ce. If you have a foreign address, also co | mplete | spaces below. | Sta | te | ZIP code | | | if filing jointly, want \$3 this fund. Checking a |
| HILLSBO | RO | | | | OF | } | 97123 | b | | ow will not change |
| Foreign countr | y name | | | Foreign province/state/o | count | ty | Foreign postal of | code yo | our tax | or refund. |
| | | | | | | | | | | ∐ You ☐ Spouse |
| Filing Status | s 🗵 | Single | | | | | ousehold (HOI | H) | | |
| Check only | L | Married filing jointly (even if only or | ne had | income) | | | | | | |
| one box. | | Married filing separately (MFS) | | | | | surviving spo | | | |
| | | ou checked the MFS box, enter the | | | u che | ecked the HOF | l or QSS box, | enter tl | he chil | d's name if the |
| | qu | alifying person is a child but not you | ır depe | ndent: | | | | | | |
| Digital | At a | ny time during 2023, did you: (a) rec | eive (as | s a reward, award, or | payn | nent for prope | rty or services |); or (b) | sell, | |
| Assets | exch | nange, or otherwise dispose of a dig | ital ass | et (or a financial intere | est ir | n a digital asse | et)? (See instru | ctions. |) | 🗌 Yes 🛛 No |
| Standard | Som | neone can claim: | pender | nt Your spouse | e as | a dependent | | | | |
| Deduction | | Spouse itemizes on a separate retur | n or yo | u were a dual-status | alien | | | | | |
| Age/Rlindnes | s You | : Were born before January 2, 1 | 959 | Are blind Spo | ouse | • ☐ Was hor | n before Janu | arv 2 1 | 1959 | ☐ Is blind |
| Dependent | | | | - | | | (4) Chook i | | | fies for (see instructions): |
| - | | irst name Last name | | (2) Social security number | ′ | (3) Relationsh to you | iib I., | tax cred | | Credit for other dependents |
| If more than four | (., | | | | | | | | | |
| dependents, | | | | | | | | | | |
| see instruction and check | s — | | | | | | | | | |
| here |] | | | | | | | | | |
| Income | 1a | Total amount from Form(s) W-2, b | ox 1 (se | ee instructions) | | | | | 1a | 102,162. |
| | b | Household employee wages not re | eported | d on Form(s) W-2 | | | | | 1b | |
| Attach Form(s) W-2 here. Also | С | Tip income not reported on line 1a | a (see ir | nstructions) | | | | | 1c | |
| attach Forms | d | Medicaid waiver payments not rep | orted o | on Form(s) W-2 (see in | nstru | ictions) | | | 1d | |
| W-2G and 1099-R if tax | е | Taxable dependent care benefits f | from Fo | orm 2441, line 26 | | | | | 1e | |
| was withheld. | f | Employer-provided adoption bene | fits fro | m Form 8839, line 29 | | | | | 1f | |
| If you did not | g | Wages from Form 8919, line 6 . | | | | | | | 1g | |
| get a Form W-2, see | h | Other earned income (see instruct | ions) | | | | | | 1h | 0. |
| instructions. | i | Nontaxable combat pay election (s | see ins | tructions) | | <u>1</u> i | | | | |
| | Z | Add lines 1a through 1h | . ; | | | | | | 1z | |
| Attach Sch. B | 2a | Tax-exempt interest | 2a | | b Ta | axable interest | t | | 2b | 58. |
| if required. | 3a_ | Qualified dividends | 3a | | b 0 | rdinary divide | nds | | 3b | |
| Standard | 4a | <u> </u> | 4a | | | axable amoun | | | 4b | |
| Deduction for— | 5a | | 5a | | | axable amoun | | | 5b | |
| Single or Married filing | 6a | , | 6a | | | axable amoun | t | | 6b | _ |
| separately, | С | If you elect to use the lump-sum e | | | • | , | | . 📙 | | 4 |
| \$13,850 Married filing | 7 | Capital gain or (loss). Attach Sche | | | | | | . Ц | 7 | 10.00 |
| jointly or Qualifying | 8 | Additional income from Schedule | | | | | | | 8 | -13,864. |
| surviving spouse, | 9 | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, | | | | | | | 9 | 88,356. |
| \$27,700 Head of | 10 | Adjustments to income from Sche | | | | | | | 10 | + |
| household, \$20,800 | 11 | Subtract line 10 from line 9. This is | - | | | | | | 11 | 88,356. |
| If you checked | 12 | Standard deduction or itemized | | | | | | | 12 | |
| any box under Standard | 13 | Qualified business income deducti | ion tror | 11 Form 8995 or Form | 899 | o-A | | | 13 | |
| Deduction, see instructions. | 14 | Add lines 12 and 13 Subtract line 14 from line 11. If zer | | | | ovabla inac | | | 14 | + |
| | 15 | Subtract line 14 HOTH line 11. If Zer | O OI 168 | oo, enter -u This is y | our t | axable incom | ne | | 15 | 74,506. |

| orm 1040 (2020 | | | | Page 2 |
|------------------------------------|------------|--|---------|-------------|
| Tax and | 16 | Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3 | 16 | 11,703. |
| Credits | 17 | Amount from Schedule 2, line 3 | 17 | |
| | 18 | Add lines 16 and 17 | 18 | 11,703. |
| | 19 | Child tax credit or credit for other dependents from Schedule 8812 | 19 | |
| | 20 | Amount from Schedule 3, line 8 | 20 | |
| | 21 | Add lines 19 and 20 | 21 | |
| | 22 | Subtract line 21 from line 18. If zero or less, enter -0 | 22 | 11,703. |
| | 23 | Other taxes, including self-employment tax, from Schedule 2, line 21 | 23 | 0. |
| | 24 | Add lines 22 and 23. This is your total tax | 24 | 11,703. |
| ayments | 25 | Federal income tax withheld from: | | |
| | а | Form(s) W-2 | | |
| | b | Form(s) 1099 | | |
| | С | Other forms (see instructions) | | |
| | d | Add lines 25a through 25c | 25d | 14,518. |
| ou have a | 26 | 2023 estimated tax payments and amount applied from 2022 return | 26 | |
| alifying child, ach Sch. EIC. 1 | 27 | Earned income credit (EIC) | | |
| | 28 | Additional child tax credit from Schedule 8812 | | |
| | 29 | American opportunity credit from Form 8863, line 8 | | |
| | 30 | Reserved for future use | | |
| | 31 | Amount from Schedule 3, line 15 | | |
| | 32 | Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits | 32 | |
| | 33 | Add lines 25d, 26, and 32. These are your total payments | 33 | 14,518. |
| efund | 34 | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid | 34 | 2,815. |
| | 35a | Amount of line 34 you want refunded to you . If Form 8888 is attached, check here | 35a | 2,815. |
| irect deposit? | b | Routing number 0 1 1 9 0 0 2 5 4 c Type: X Checking Savings | | |
| ee instructions. | d | Account number 3 8 5 0 2 3 0 6 3 8 5 9 | | |
| | 36 | Amount of line 34 you want applied to your 2024 estimated tax 36 | | |
| lmount ou Owe | 37 | Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to <i>www.irs.gov/Payments</i> or see instructions | 37 | |
| | 38 | Estimated tax penalty (see instructions) | | |
| hird Party Designee | | you want to allow another person to discuss this return with the IRS? See structions | elow. | ⋉ No |
| | De: nar | signee's Phone Personal identif ne no. number (PIN) | ication | |

Your occupation

BAA

Spouse's occupation

SOFTWARE DEVELOPER

| | Phone no. | | (203 | 3)502 | 2-972 | 1 | | Er | | |
|-----------------|------------|-----|-------|-------|--------|-------|-------------------|---------|--|--|
| Preparer's name | | | | | | | Preparer's signat | | | |
| Paid | SYAM PRIYA | RAM | SAGAR | GUPTA | TALLAM | SYAM | PRIYA | RA | | |
| Preparer | Firm's nan | ne | G] | LOBA | L TA | XES I | LLC | | | |
| Use Only | | | ^ | 1 F | OOME | | _ DDI | T N T C | | |

Firm's address

Go to www.irs.gov/Form1040 for instructions and the latest information.

Spouse's signature. If a joint return, both must sign.

Your signature

Sign Here

Joint return? See instructions.

your records.

Keep a copy for

| Duito | opouse s occupant | , | | | ection PIN, enter it here |
|---------------|-------------------|----------------|----|----|---------------------------|
| Email address | SRIKANTH.THOUT | AM7594@GMAIL.C | OM | | |
| ıre | | Date | PT | ΊΝ | Check if: |
| | | | | | |

SYAM PRIYA RAM SAGAR GUPTA TALLAM 01/25/2024 P02082703 🗆 Self-employed Phone no. (678)965-9522245 ROONEY CT E BRUNSWICK NJ 08816 Firm's EIN 84-3171965

Date

Date

If the IRS sent you an Identity Protection PIN, enter it here

If the IRS sent your spouse an

(see inst.)

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

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

| OUTU | ANTH THOOTAM | | | 125- | 15-51 | 0.0 |
|------|--|----|---|---------|-------|----------|
| 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 | | | | 5 | -13,864. |
| 6 | Farm income or (loss). Attach Schedule F | | | | 6 | · |
| 7 | Unemployment compensation | | | | 7 | |
| 8 | Other income: | | | | | |
| а | Net operating loss | 8a | (| , | | |
| b | Gambling | 8b | | <i></i> | | |
| С | Cancellation of debt | 8c | | | | |
| d | Foreign earned income exclusion from Form 2555 | 8d | (| | | |
| е | Income from Form 8853 | 8e | - | | | |
| f | Income from Form 8889 | 8f | | | | |
| g | Alaska Permanent Fund dividends | 8g | | | | |
| h | Jury duty pay | 8h | | | | |
| i | Prizes and awards | 8i | | | | |
| j | Activity not engaged in for profit income | 8j | | | | |
| k | Stock options | 8k | | | | |
| I | Income from the rental of personal property if you engaged in the rental | | | | | |
| | for profit but were not in the business of renting such property | 81 | | | | |
| m | Olympic and Paralympic medals and USOC prize money (see | | | | | |
| | instructions) | 8m | | | | |
| n | Section 951(a) inclusion (see instructions) | 8n | | | | |
| 0 | Section 951A(a) inclusion (see instructions) | 80 | | | | |
| р | Section 461(I) excess business loss adjustment | 8p | | | | |
| q | Taxable distributions from an ABLE account (see instructions) | 8q | | | _ | |
| r | Scholarship and fellowship grants not reported on Form W-2 | 8r | | | | |
| S | Nontaxable amount of Medicaid waiver payments included on Form | | , | , | | |
| | 1040, line 1a or 1d | 8s | (| | | |
| t | Pension or annuity from a nonqualifed deferred compensation plan or | _ | | | | |
| | a nongovernmental section 457 plan | 8t | | | _ | |
| | Wages earned while incarcerated | 8u | | | | |
| Z | Other income. List type and amount: | | | | | |
| • | T. I. I. I | | | | | |
| 9 | Total other income. Add lines 8a through 8z | | | | 9 | |
| 10 | Combine lines 1 through 7 and 9. This is your additional income . Enter | | | | | 12 064 |
| | 1040, 1040-SR, or 1040-NR, line 8 | | | | 10 | -13,864. |

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

| 11 Educator expenses | |
|--|--|
| officials. Attach Form 2106 Health savings account deduction. Attach Form 8889 13 Moving expenses for members of the Armed Forces. Attach Form 3903 14 Deductible part of self-employment tax. Attach Schedule SE Self-employed SEP, SIMPLE, and qualified plans Self-employed health insurance deduction 17 Penalty on early withdrawal of savings Recipient's SSN Date of original divorce or separation agreement (see instructions): IRA deduction Sundent loan interest deduction 12 Reserved for future use Archer MSA deduction Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m Reforestation amortization and expenses Repayment of supplemental unemployment benefits under the Trade Act of 1974 Contributions to section 501(c)(18)(D) pension plans | |
| officials. Attach Form 2106 | |
| 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 Alimony paid 19 Alimony paid 19 Recipient's SSN 10 Date of original divorce or separation agreement (see instructions): 19 IRA deduction 20 Student loan interest deduction 21 Student loan interest deduction 22 Reserved for future use 23 Archer MSA deduction 24 Other adjustments: 25 Jury duty pay (see instructions) 26 Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit 24 C Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m 26 Repayment of supplemental unemployment benefits under the Trade Act of 1974 27 Act of 1974 28 Contributions to section 501(c)(18)(D) pension plans 29 Deductible expenses for members of the Armed Forces. Attach Form 3903 29 Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit 29 Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit 29 Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit 29 Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit 29 Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit 29 Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit 29 Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit 24 Deduction 25 Deductible expenses 26 Deductible expenses 26 Deductible expenses 27 Deductible expenses 28 Deductible expenses 29 Deductible expenses 29 Deductible ex | |
| 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 19a Recipient's SSN 19a Date of original divorce or separation agreement (see instructions): 18 | |
| 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 | |
| c Date of original divorce or separation agreement (see instructions): 20 21 Student loan interest deduction 22 Reserved for future use | |
| 20 IRA deduction | |
| 21 Student loan interest deduction 21 22 Reserved for future use 22 23 Archer MSA deduction 23 24 Other adjustments: a Jury duty pay (see instructions) 24a b Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit 24b c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m 24c d Reforestation amortization and expenses 24d e Repayment of supplemental unemployment benefits under the Trade Act of 1974 24e f Contributions to section 501(c)(18)(D) pension plans 24f | |
| 22 Reserved for future use | |
| Archer MSA deduction | |
| 24 Other adjustments: a 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 c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m | |
| a 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 | |
| rental of personal property engaged in for profit | |
| c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m | |
| and USOC prize money reported on line 8m | |
| d Reforestation amortization and expenses | |
| e Repayment of supplemental unemployment benefits under the Trade Act of 1974 | |
| Act of 1974 | |
| f Contributions to section 501(c)(18)(D) pension plans | |
| | |
| | |
| h 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: | |
| | |
| 25 Total other adjustments. Add lines 24a through 24z | |
| Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on | |
| Form 1040, 1040-SR, or 1040-NR, line 10 | |

SCHEDULE E (Form 1040)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

Attachment

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

Attach to Form 1040, 1040-SR, 1040-NR, or 1041. Go to www.irs.gov/ScheduleE for instructions and the latest information. Sequence No. 13

Name(s) shown on return Your social security number SRIKANTH THOUTAM 725-75-5785 **Income or Loss From Rental Real Estate and Royalties** Part I Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40. Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions В 1a Physical address of each property (street, city, state, ZIP code) HANAMKONDA, WARANGAL HYDERABAD TELANGANA IN 506370 Α В C 1b Type of Property **Fair Rental Personal Use** For each rental real estate property listed QJV (from list below) above, report the number of fair rental and **Davs Days** personal use days. Check the QJV box only Α Α 288 0 if you meet the requirements to file as a В В qualified joint venture. See instructions. C C Type of Property: 1 Single Family Residence 3 Vacation/Short-Term Rental 7 Self-Rental 5 Land 8 Other (describe) 2 Multi-Family Residence 4 Commercial 6 Royalties **Properties:** Α В C Income: 702. 3 Rents received . 4 Royalties received . 4 **Expenses:** 5 5 Advertising 6 Auto and travel (see instructions) 6 1,650. 7 7 Cleaning and maintenance . . . 8 Commissions 8 9 9 Insurance . . . 10 10 Legal and other professional fees 11 11 1,412. 12 12 Mortgage interest paid to banks, etc. (see instructions) 13 13 14 3,750. 14 Repairs 15 15 3,255. Supplies 16 16 Taxes 17 Utilities 17 1,950. 18 2,549. 18 Depreciation expense or depletion 19 19 Other (list) 20 20 14,566. Total expenses. Add lines 5 through 19 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 -13,864.file Form 6198 21 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) 22 13,864.) 702. 23a Total of all amounts reported on line 3 for all rental properties 23a Total of all amounts reported on line 4 for all royalty properties 23b Total of all amounts reported on line 12 for all properties 23c 2,549. Total of all amounts reported on line 18 for all properties 23d 14,566. e Total of all amounts reported on line 20 for all properties . 23e 24 Income. Add positive amounts shown on line 21. Do not include any losses 24 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 25 13,864. Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result 26 here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 ...

-13,864.