Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

► ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

Submission Identification Number (SID)		
Taxpayer's name	Social security	y number
MOHAN REDDY NANGA	745-07-	-6001
Spouse's name	Spouse's soci	ial security number
MOUNIKA CHINTHAPENTA	276-51-	-0893
Part I Tax Return Information — Tax Year Ending December 31, 202	3 (Enter year you ar	re 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 Adjusted gross income		1 155,089.
2 Total tax		2 18,641.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3 15,595.
4 Amount you want refunded to you		4
5 Amount you owe		5 3,046.
Part II Taxpayer Declaration and Signature Authorization (Be sure you g	et and keep a copy	y of your return)
my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in P return (original or amended) I am now authorizing. I consent to allow my intermediate service provide to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reas for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I autho Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution ac payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financia authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancell business days prior to the payment (settlement) date. I also authorize the financial institutions involutaxes to receive confidential information necessary to answer inquiries and resolve issues related personal identification number (PIN) below is my signature for the income tax return (original or ame Electronic Funds Withdrawal Consent.	er, transmitter, or electro on for rejection of the tra- rize the U.S. Treasury ar count indicated in the ta al institution to debit the terminate the authoriza ation requests must be red in the processing of the tothe payment. I furth	onic return originator (ERO) ansmission, (b) the reasor and its designated Financia ax preparation software for entry to this account. This ation. To revoke (cancel) a areceived no later than 2 the electronic payment of the acknowledge that the
Taxpayer's PIN: check one box only		
▼ I authorize GLOBAL TAXES LLC to enter or g	ienerate my PIN	6 0 0 1 as my
ERO firm name	EIIL	er five digits, but n't enter all zeros
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 amende if you are entering your own PIN and your return is filed using the Practitioner F below.		
Your signature ►	Date ►	
Spouse's PIN: check one box only	4	
X I authorize GLOBAL TAXES LLC to enter or g	generate my PIN $\begin{bmatrix} 1 \\ \hline - \end{bmatrix}$	
signature on the income tax return (original or amended) I am now authorizing.		er five digits, but n't enter all zeros
I will enter my PIN as my signature on the income tax return (original or amender if you are entering your own PIN and your return is filed using the Practitioner Fibelow.		
Spouse's signature ▶ [Date ►	
Practitioner PIN Method Returns Only—continu		
Part III Certification and Authentication — Practitioner PIN Method Only		
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.		6 0 8 2 7 1 er all zeros
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I requirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Provided in the practition of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Provided in the practition of	am submitting this retu	rn in accordance with the
ERO's signature ►	Date ►	
ERO Must Retain This Form — See Instruc	tions	

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



£1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		urn	202	3	OMB No. 1545-	0074	IRS Use Only	—Do not v	write or staple in this space.	
For the year Jar	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, endi	ing			, 20	See se	parate instructions.	
Your first name	and mi	iddle initial	Last na	ame						Your so	ocial security number	
MOHAN RI	EDDY		NANO	GΑ						745 07 6001		
		s first name and middle initial	Last na							Spouse's social security numb		
MOUNIKA			CHI	NTHAPE	ENTA					276	51 0893	
	(numbe	er and street). If you have a P.O. box, see						A	Apt. no.		ential Election Campaig	
8265 SCI	ENIC	RIDGE WAY									here if you, or your	
		ce. If you have a foreign address, also co	mplete	spaces be	low.	Sta	te	ZIP c	ode	spouse	if filing jointly, want \$3	
BALL GRO	OUND					GA	4	301	0.7	_	o this fund. Checking a low will not change	
Foreign countr				Foreign p	rovince/state/c				n postal code		x or refund.	
									,	,	You Spous	
Filing Status		Single					Head of ho	ouseh	old (HOH)			
_		Married filing jointly (even if only or	ne had	income)					0.0 (1.01.)			
Check only one box.		Married filing separately (MFS)					Qualifying	surviv	ing spouse	(OSS)		
one box.	If v	ou checked the MFS box, enter the	name	of vour s	nouse If you	che					ild's name if the	
		alifying person is a child but not you			podoc. II you	0110		01 00	oo box, onto	1 1110 011	na o name ir the	
Digital		ny time during 2023, did you: (a) rec				-		-				
Assets	exch	ange, or otherwise dispose of a dig	ital ass	et (or a fi	nancial intere	est ir	n a digital asse	t)? (Se	ee instruction	ns.)	☐ Yes ☒ No	
Standard	Som	eone 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 a	alien	<u> </u>					
Age/Blindnes	s You:	Were born before January 2, 1	959	Are b	lind Spo	use	: Was bor	n befo	ore January 2	2. 1959	☐ Is blind	
Dependent				T	Social security		(3) Relationshi			-	ifies for (see instructions	
•		irst name Last name		(2)	number		to you	h ,	Child tax cr		Credit for other dependen	
If more than four	(1)											
dependents,												
see instruction	s											
and check here	1 —											
	1a	Total amount from Form(s) W-2, b	ov 1 (co	oo inetru	otions)					. 1a	188,330.	
Income	b	Household employee wages not re								. 16		
Attach Form(s)		Tip income not reported on line 1a	•									
W-2 here. Also attach Forms	C C	·	`		,					. 10		
W-2G and	d	Medicaid waiver payments not rep								. 10		
1099-R if tax	e	Taxable dependent care benefits f								. 16		
was withheld.	f	Employer-provided adoption bene	TITS Tro	n Form 8	3839, ilne 29	•				. 1f		
If you did not get a Form	g	Wages from Form 8919, line 6 .				٠				. 10		
W-2, see	h	Other earned income (see instruct	,					i .		. <u>1</u> h	0.	
instructions.	i	Nontaxable combat pay election (s	see inst	ructions))	•	<u>li</u>				100 220	
	<u>z</u>	Add lines 1a through 1h			· · · ·					. 1z		
Attach Sch. B if required.	2a		2a				axable interest			. 2b		
ii required.	<u>3a</u>		3a				ordinary divider			. 3b		
Standard	4a	-	4a				axable amount			. 4b		
Deduction for—	5a		5a				axable amount			. 5b		
Single or Married filing	6a	,	6a				axable amount			. 6b)	
Married filing separately,	С	If you elect to use the lump-sum e							[_		
\$13,850 Married filing	7	Capital gain or (loss). Attach Sche					•		[
jointly or	8	Additional income from Schedule								. 8	· ·	
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	, and 8.	This is y	our total inc	ome	e			. 9	155,089.	
\$27,700 • Head of	10	Adjustments to income from Sche	dule 1,	line 26						. 10)	
household,	11	Subtract line 10 from line 9. This is	your a	djusted	gross incon	ne				. 11	155,089.	
\$20,800 If you checked	12	Standard deduction or itemized	deduc	tions (fro	m Schedule	A)				. 12	27,700.	
any box under	13	Qualified business income deduct	ion fron	n Form 8	995 or Form	899	5-A			. 13	3	
Standard Deduction,	14	Add lines 12 and 13								. 14	27,700.	
see instructions.	15	Subtract line 14 from line 11. If zer	o or les	ss, enter	-0 This is yo	our t	taxable incom	e .		. 15		

Form 1040 (202)	3)								Page Z
Tax and	16	Tax (see instructions). Check if an	y from Form((s): 1 881	4 2 🗌 4972	з 🗌		16	18,641.
Credits	17	Amount from Schedule 2, line 3						17	
	18	Add lines 16 and 17						18	18,641.
	19	Child tax credit or credit for othe	r dependent	s from Sched	ule 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 zo	ero or less, e	enter -0				22	18,641.
	23	Other taxes, including self-emplo	yment tax, f	rom Schedule	2, line 21			23	0.
	24	Add lines 22 and 23. This is your	total tax					24	18,641.
Payments	25	Federal income tax withheld fron	n:						
-	а	Form(s) W-2				25a 15	,595.		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions) .				25c			
	d	Add lines 25a through 25c						25d	15 , 595.
If you have a	26	2023 estimated tax payments an	id amount ap	oplied from 20	22 return			26	
qualifying child,	27	Earned income credit (EIC)			No .	27			
attach Sch. EIC.	28	Additional child tax credit from Sc	hedule 8812			28			
	29	American opportunity credit from	n Form 8863	, line 8 . .		29			
	30	Reserved for future use				30			
	31	Amount from Schedule 3, line 15	j			31			
	32	Add lines 27, 28, 29, and 31. The	ese are your	total other pa	ayments and refu	ndable credits		32	
	33	Add lines 25d, 26, and 32. These	e are your to	tal payments				33	15 , 595.
Refund	34	If line 33 is more than line 24, sul	btract line 24	from line 33.	This is the amoun	t you overpaid		34	
	35a	Amount of line 34 you want refu			is attached, chec	k here		35a	
Direct deposit?	b	Routing number X X X X					Savings		
See instructions.	d	Account number X X X X	X X X	X X X X	X X X X	XX			
	36	Amount of line 34 you want appli	ied to your 2	2024 estimate	ed tax	36			
Amount	37	Subtract line 33 from line 24. This							
You Owe		For details on how to pay, go to	www.irs.gov	/Payments or	see instructions.			37	3,046.
	38	Estimated tax penalty (see instru	ctions) .			38			
Third Party		you want to allow another per				_			
Designee		structions					•		⊠ No
		signee's me		Phone no.			onal identi ber (PIN)	fication	
Sign	Un	der penalties of perjury, I declare that I h	nave examined	I this return and	accompanying sched	dules and statemen	ts, and to t	he best	of my knowledge and
Here	be	lief, they are true, correct, and complete	. Declaration o	f preparer (other	than taxpayer) is ba	sed on all informati	on of which	n prepare	er has any knowledge.
11616	Yo	ur signature		Date	Your occupation		I		nt you an Identity
								ection P inst.)	IN, enter it here
Joint return? See instructions.		ouse's signature. If a joint return, both	may at aims	Data	SOFTWARE D				***************************************
Keep a copy for		ouse's signature. If a joint return, both	must sign.	Date	Spouse's occupation	וונ			nt your spouse an ection PIN, enter it here
your records.		SOFTWARE DEVE				EVELOPER	(ana inat)		
	Ph	one no. (814) 430-3499		Email address	MOHANDEVOPS	42@GMAIL.CO)M		
Doid	Pre	eparer's name Prep	parer's signati	ure		Date	PTIN		Check if:
Paid	SYAN	1 PRIYA RAM SAGAR GUPTA TALLAM SYA	AM PRIYA 1	RAM SAGAR	GUPTA TALLAM	01/19/2024	P0208	2703	Self-employed
Preparer	Fir	m's name GLOBAL TAXES	LLC				Phor	ne no. (678) 965-9522
Use Only	Fir	m's address 245 ROONEY C	T E BRU	NSWICK N	J 08816		Firm	's EIN	84-3171965
<u> </u>		4040 () 1 1 1 1 1 1 1 1							- 1040

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

MOHAN REDDY

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

NANGA & MOUNIKA CHINTHAPENTA

Attach to Form 1040, 1040-SR, or 1040-NR.

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

Your social security nu		Sequence No. 01
	Your soc	ial security number
	745-07	-6001

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	-18 , 329.
4	Other gains or (losses). Attach Form 4797		4	·
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta	ach Schedule E .	5	-14,912.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a ()	
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()	
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
ı	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
0	Section 951A(a) inclusion (see instructions)	80		
р	Section 461(I) excess business loss adjustment	8p		
q	Taxable distributions from an ABLE account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
S	Nontaxable amount of Medicaid waiver payments included on Form			
	1040, line 1a or 1d	8s ()	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
Z	Other income. List type and amount:			
		8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. This is your additional income. Enter	r here and on Form		
	1040, 1040-SR, or 1040-NR, line 8		10	-33,241.

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			15	
16	Self-employed SEP, SIMPLE, and qualified plans			16	
17	Self-employed health insurance deduction			17	
18	Penalty on early withdrawal of savings			18	
19a	Alimony paid			19a	
b	Recipient's SSN				
С	Date of original divorce or separation agreement (see instructions):				
20	IRA deduction			20	
21	Student loan interest deduction			21	
22	Reserved for future use			22	
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	04			
_1	• • • • • • • • • • • • • • • • • • • •	24c		_	
d		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			
				-	
25	Total other adjustments. Add lines 24a through 24z			25	
26	Add lines 11 through 23 and 25. These are your adjustments to income .	. Enter	nere and on		
	Form 1040, 1040-SR, or 1040-NR, line 10			26	

SCHEDULE C (Form 1040)

Profit or Loss From Business (Sole Proprietorship)

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

Attach to Form 1040, 1040-SR, 1040-SS, 1040-NR, or 1041; partnerships must generally file Form 1065. Go to www.irs.gov/ScheduleC for instructions and the latest information.

Attachment Sequence No. 09

	ot proprietor אדאא פטדאיייטא סטאייא						-51-0893				
A	NIKA CHINTHAPENTA Principal business or profession	n incli	iding product or service (se	a inetr	uctions)		er code from instructions				
^	Principal business or profession, including product or service (see instructions) SOFTWARE SERVICES						5 1 8 2 1 0				
С	Business name. If no separate	husine	ess name leave blank				ployer ID number (EIN) (see instr.)				
	Buomoco namo. Il no coparato		D E111	ployer in mulliber (Liny) (see msu.)							
E	Business address (including s	uite or ı	room no.) 8265 SCI	ENIC	RIDGE WAY						
	City, town or post office, state				GA 30107						
F	Accounting method: (1)	X Casl	n (2) Accrual (3	3)	Other (specify)						
G	Did you "materially participate	e" in the	operation of this business	during	2023? If "No," see instructions for I	imit on I	osses . 🛛 Yes 🗌 No				
Н	If you started or acquired this	busine	ss during 2023, check here				\square				
I	Did you make any payments i	n 2023	that would require you to fil	e Form	n(s) 1099? See instructions		🗌 Yes 🕱 No				
J		e requir	ed Form(s) 1099?		<u> </u>		Yes . No				
Par	t I Income										
1					this income was reported to you or						
2					d	. 2					
3											
4											
5	•	,									
6					refund (see instructions)						
7	Gross income. Add lines 5 ar		· ·								
Part			s for business use of yo	our ho	ome only on line 30.	- , -					
8	Advertising	8	,	18	Office expense (see instructions)	. 18					
9	Car and truck expenses			19	Pension and profit-sharing plans	. 19					
	(see instructions)	9	1,638.	20	Rent or lease (see instructions):						
10	Commissions and fees .	10		а	Vehicles, machinery, and equipmen	20a					
11	Contract labor (see instructions)	11		b	Other business property	. 20b					
12	Depletion	12		21	Repairs and maintenance	. 21					
13	Depreciation and section 179 expense deduction (not			22	Supplies (not included in Part III)	. 22					
	expense deduction (not included in Part III) (see			23	Taxes and licenses	. 23					
	instructions) ´. `.	13		24	Travel and meals:						
14	Employee benefit programs			а	Travel						
	(other than on line 19) .	14		b	Deductible meals (see instructions	′ 					
15	Insurance (other than health)	15		25	Utilities		2,100.				
16	Interest (see instructions):		10.001	26	Wages (less employment credits)	26					
a	Mortgage (paid to banks, etc.)	16a	13,991.	1	Other expenses (from line 48) .						
b	Other	16b		b	Energy efficient commercial bldge						
17	Legal and professional services Total expenses before expen	17	business use of home. Ada	l linne	deduction (attach Form 7205) .	. 27b					
28 29	Tentative profit or (loss). Subt				b trirough 27b	. 28 . 29	18,329. -18,329.				
	. , ,						10,323.				
30	unless using the simplified me	,		e expe	nses elsewhere. Attach Form 8829	'					
	Simplified method filers only			(a) you	ır home:						
	and (b) the part of your home			. , ,	. Use the Simplified	-					
	Method Worksheet in the instr			ter on l	· · · · · · · · · · · · · · · · · · ·	. 30					
31	Net profit or (loss). Subtract		•								
	• If a profit, enter on both Sch checked the box on line 1, see		• • • • • • • • • • • • • • • • • • • •		, ,	31	-18,329.				
	• If a loss, you must go to lin		,				•				
32	If you have a loss, check the b		t describes your investment	in this	activity. See instructions.						
	 If you checked 32a, enter th 	e loss d	on both Schedule 1 (Form	1040)	line 3, and on Schedule						
	SE, line 2. (If you checked the		· · · · · · · · · · · · · · · · · · ·			32a	${\color{red}\overline{\mathbf{X}}}$ All investment is at risk.				
	Form 1041, line 3.			,	·	32b	_				
	• If you checked 32b, you mu	st attac	ch Form 6198. Your loss ma	av he li	mited ,		at risk.				

BAA

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

Part	Cost of Goods Sold (see instructions)			
33	Method(s) used to value closing inventory: a Cost b Lower of cost or market c Other (attack)	ich ev	nlanation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventor if "Yes," attach explanation	ry?	. Yes	☐ No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35		
36	Purchases less cost of items withdrawn for personal use	36		
37	Cost of labor. Do not include any amounts paid to yourself	37		
38	Materials and supplies	38		
39	Other costs	39		
40	Add lines 35 through 39	40		
41	Inventory at end of year	41		
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42		
Part		truck		
43	When did you place your vehicle in service for business purposes? (month/day/year) 05/21/2022			
44	Of the total number of miles you drove your vehicle during 2023, enter the number of miles you used your vehicle during 2023, enter the number of miles you were your vehicle during 2023, enter the number of miles you were your vehicle during 2023, enter the number of miles you were your vehicle during 2023, enter the number of miles you	/ehicle	e for:	
а	Business 2,500 b Commuting (see instructions) c C	ther		10,500
45	Was your vehicle available for personal use during off-duty hours?		X Yes	☐ No
46	Do you (or your spouse) have another vehicle available for personal use?		Tes	⊠ No
47a	Do you have evidence to support your deduction?		🗌 Yes	X No
b	If "Yes," is the evidence written?		Tyes	☐ No
Part	If "Yes," is the evidence written?	27b,	or line 30.	
48	Total other expenses. Enter here and on line 27a	48		

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 Name(s) shown on return

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

Attachment Sequence No. 13

Your social security number

MOH	AN REDDY NANGA & MOUNIKA CHINTHAPENTA						745-0	7-6001	L
Par	Income or Loss From Rental Real Estate an Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.			e C. See	e instru	ections. If you a	are an indi	vidual, rep	oort farm
Α	Did you make any payments in 2023 that would require you	to file	Form(s)	1099?	See in	structions .		. Y	es 🛛 No
В	If "Yes," did you or will you file required Form(s) 1099? .							. 🗌 Y	es 🗌 No
1a	Physical address of each property (street, city, state, ZII								
Α			, A PRADI	ZSH	TN 5	17126			
B	11 32/1 BILL WIGHT COLONI CHILLOUT III	INDIII	I I I I I I I I I I I I I I I I I I I	1011	111	17120			
C									
1b	Type of Property (from list below) 2 For each rental real estate properabove, report the number of fair	rental	and		Fa	air Rental Days		nal Use nys	QJV
Α	personal use days. Check the Q			Α		365		0	
В	if you meet the requirements to find a qualified joint venture. See instru			В					
С	quained joint venture. See institu	JOHOH	J.	С					
Туре	of Property:								
1	Single Family Residence 3 Vacation/Short-Term Ren	ntal	5 Land	ł		Self-Rental			
2	Multi-Family Residence 4 Commercial		6 Roya	alties	8	Other (descr	ribe)		
						Properti			
Incor	ne.			Α		В			С
3	Rents received	3			575.	_			
4	Royalties received	4							
Expe	nses:								
5	Advertising	5							
6	Auto and travel (see instructions)	6							
7	Cleaning and maintenance	7		2,9	987.				
8	Commissions	8							
9	Insurance	9							
10	Legal and other professional fees	10							
11	Management fees	11		2,8	310.				
12	Mortgage interest paid to banks, etc. (see instructions)	12							
13	Other interest	13							
14	Repairs	14		3,9	966.				
15	Supplies	15		2,8	354.				
16	Taxes	16							
17	Utilities	17		2,9	970.				
18	Depreciation expense or depletion	18							
19	Other (list)	19							
20	Total expenses. Add lines 5 through 19	20		15,5	587.				
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	21		-14,9	912.				
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22		14,9		()	(
23a	Total of all amounts reported on line 3 for all rental prope	erties			23a		675.		
b	Total of all amounts reported on line 4 for all royalty prop	erties			23b				
С	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				
е	Total of all amounts reported on line 20 for all properties				23e	15	,587.		
24	Income. Add positive amounts shown on line 21. Do not	t inclu	de any lo	sses			. 24		
25	Losses. Add royalty losses from line 21 and rental real estat	te losse	es from lin	ie 22. E	nter to	otal losses her	e 25	(14,912.)
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 at						on . 26		-14,912.

Additional Information From 2023 Federal Tax Return

Schedule C (SOFTWARE SERVICES): Profit or Loss from Business Line 25

Itemization Statement

Description	Amount
PHONE BILLS (110 PM*12 M)	1,320.
INTERNET BILLS (65 PM*12 M)	780.
Total	2,100.