Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

OMB No. 1545-0074

ERO must obtain and retain completed Form 8879. ▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID)

Taxpayer's name Social security number MOHAN REDDY NANGA 745-07-6001 Spouse's name Spouse's social security number 276-51-0893 MOUNIKA CHINTHAPENTA Tax Return Information – Tax Year Ending December 31, 2023 (Enter year you are authorizing.) Part I 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. Adjusted gross income 1 155,089. 1 18,641. 2 2 3 3 15,595. 4 4 5 Amount you owe 5 3,046. . . Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Part II

Under penalties of periury. I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Тахрау	er's PIN: ch	eck one box only					76			
×	I authorize	GLOBAL TAXES	LLC	to enter or g	generate	my PIN				as my
	signature o	n the income tax ret	ERO firm name urn (original or amended	l) I am now authorizing.				ive digit enter all		
		ntering your own PI	N and your return is file	eturn (original or amende d using the Practitioner F	,		•			-
Your sig	nature 🕨	N. Mohan	my	[Date 🕨	27/01/20	024			
Spouse	I authorize signature of I will enter r	ny PIN as my signa	ERO firm name urn (original or amended ture on the income tax r	to enter or g I) I am now authorizing. eturn (original or amende d using the Practitioner F	d) I am i	now auth	don't e orizing.		s, but zeros	-
Spouse	's signature I	•		[Date 🕨					
				Returns Only—continu	e belov	V				
Part II	Certific	cation and Authe	ntication – Practitio	ner PIN Method Only						
ERO's E	EFIN/PIN. Er	nter your six-digit EF	IN followed by your five	-digit self-selected PIN.	2 2	2 4	9 6	0 8	2 7	1

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature >										
ERO Must Retain This Form — See Instructions Don't Submit This Form to the IRS Unless Requested To Do So										

1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		turn	202	3	OMB No. 1545	-0074	IRS Use Only	∕—Do not w	rite or sta	ple in this space.
For the year Jan	. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20	See se	oarate i	nstructions.
Your first name	and m	iddle initial	Last r	ame						Your so	cial sec	urity number
MOHAN RE	EDDY		NAN	GA						745	07	6001
		s first name and middle initial	Last r							-	1 - 1	security number
MOUNIKA			СНТ	NTHAPE	ENTA					276	51	0893
	(numbe	er and street). If you have a P.O. box, see			111 1 2 1			A	pt. no.		• •	ction Campaign
		RIDGE WAY										ou, or your
		ce. If you have a foreign address, also co	mplete	spaces be	low.	Sta	ite	ZIP c	ode	spouse	if filing j	jointly, want \$3
BALL GRO		,		·		GA		301	07			nd. Checking a
Foreign country				Foreign p	rovince/state/o				n postal code	your tax		not change nd.
0,				0 1			,		•	,	Yo	
Filing Status] Single					Head of h	ouseh	old (HOH)			
-		Married filing jointly (even if only or	ne had	l income)				ousen				
Check only		Married filing separately (MFS)		i inconic)			Qualifying	surviv	ina snouse	(099)		
one box.	lf v	you checked the MFS box, enter the	name	of your s	nouse If voi	ı che					ld's nai	me if the
		alifying person is a child but not you									10 3 110	
	94		a dope									
Digital		ny time during 2023, did you: (a) rece						-			_	
Assets	exch	hange, or otherwise dispose of a digi	ital ass	set (or a fi	nancial intere	est ir	n a digital asse	et)? (Se	e instructio	ns.)	∐ Ye	es 🛛 No
Standard	Som	neone can claim: 🗌 You as a de	pende	nt 🗌	Your spouse	e as	a dependent					
Deduction		Spouse itemizes on a separate retur	n or yo	ou were a	dual-status a	alien	1					
Age/Blindness	s You	: 🗌 Were born before January 2, 1	959	🗌 Are b	lind Spo	ouse	: 🗌 Was bor	n befo	ore January 2	2, 1959	🗌 ls	s blind
Dependents	s (see	instructions):		(2)	Social security	,	(3) Relationsh	ip (4) Check the b	ox if quali	fies for (see instructions):
- If more	(1) F	irst name Last name			number		to you		Child tax c	redit	Credit fo	r other dependents
than four												
dependents,												
see instructions and check	5											
here												
Income	1a	Total amount from Form(s) W-2, be	ox 1 (s	ee instruc	ctions)					. 1a		188,330.
	b	Household employee wages not re	eporte	d on Form	n(s) W-2					. 1b		
Attach Form(s) W-2 here. Also	с	Tip income not reported on line 1a	on line 1a (see instructions)									
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)										
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 8	3839, line 29					. 1f		
lf you did not	g	Wages from Form 8919, line 6								. 1g		
get a Form	h	Other earned income (see instructi	ions)							. 1h		0.
W-2, see instructions.	i	Nontaxable combat pay election (s	,	tructions))		1i					
	z	Add lines 1a through 1h								. 1z		188,330.
Attach Sch. B	2a	-	2a			bТ	axable interest	t.		. 2b		
if required.	3a		3a			b C	Ordinary divide	nds .		. 3b		
	4a		4a				axable amoun			. 4b		
Standard	5a	-	5a				axable amoun			. 5b		
 Deduction for — Single or 	6a		6a				axable amoun			. 6b		
Married filing	c	If you elect to use the lump-sum elect		method								
separately, \$13,850	7	Capital gain or (loss). Attach Scher				`	,		[7		
 Married filing 	8	Additional income from Schedule						• •	L	. 8		-33,241.
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,						• •		. 0		155,089.
surviving spouse, \$27,700	3 10	Adjustments to income from Sche					.	• •	• • •	. <u> </u>		
 Head of 	11	Subtract line 10 from line 9. This is						• •	• • •	. 11		155,089.
household, [\$20,800	12	Standard deduction or itemized	•	-	-			• •	• • •	. 12	-	27,700.
If you checked any box under		Qualified business income deduction						• •				21,100.
Standard	13 14				SSO OF FORM	099	б-А	• •		. 13		27 700
Deduction, see instructions.	14 15	Add lines 12 and 13	••••	· · ·		· ·				. 14		27,700.
	15	Subtract line 14 from line 11. If zer	U Ur ie	ss, enter	-o mis is y	ouri	La Aabie Incom	. 18		. 15		127,389.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2023)

Form 1040 (2023	8)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3 🗌		16	18,641.
Credits	17	Amount from Schedule 2, lin	e3				[17	
	18	Add lines 16 and 17						18	18,641.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lin	e8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	18,641.
	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	18,641.
Payments	25	Federal income tax withheld							
-	а	Form(s) W-2				25a 15	,595.		
	b	Form(s) 1099				25b			
	с	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c						25d	15 , 595.
If you have a	26	2023 estimated tax payment	s 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	n Schedule 8812			28			
	29	American opportunity credit	from Form 8863	8, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin	e15			31			
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and ref	undable credits		32	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	15,595.
Refund	34	If line 33 is more than line 24	l, subtract line 2	4 from line 33.	This is the amou	nt you overpaid		34	
	35a	Amount of line 34 you want			3 is attached, che	ck here	. 🗆 🗋	35a	
Direct deposit?	b	Routing number X X X							
See instructions.	d	Account number X X X							
	36	Amount of line 34 you want a	applied to your	2024 estimate	ed tax	36			
Amount	37	Subtract line 33 from line 24							
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 in	nstructions) .			38			
Third Party		you want to allow another	person to disc	cuss this retu	rn with the IRS?				_
Designee	ins	tructions					omplete be		X No
	De nai	signee's ne		Phone no.			onal identifica per (PIN)	ation	
Sign		der penalties of perjury, I declare tl	nat I have examined		accompanying sche		()	hest	of my knowledge and
Sign		ief, they are true, correct, and com							
Here	Yo	ur signature		Date	Your occupation		If the IF	RS ser	nt you an Identity
		0							IN, enter it here
Joint return?					SOFTWARE I		(see ins		
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupat	ion			nt your spouse an action PIN, enter it here
your records.					SOFTWARE I	TEVELOPER	(see ins		ection Fin, enter it here
	Ph	one no. (814) 430-349	9	Email address		S42@GMAIL.CO	M		
		parer's name	Preparer's signat			Date	PTIN		Check if:
Paid		PRIYA RAM SAGAR GUPTA TALLAM					P020827	102	Self-employed
Preparer		n's name GLOBAL TAX		TATA DUGUL	GOLIN INDAM	01/10/2024			678) 965-9522
Use Only			Y CT E BRU	NSWICK N	J 08816		Firm's		84-3171965
Go to wave in a		1040 for instructions and the late		ILOUI OIL IN			1	4	Form 1040 (2023)
ao to www.iis.go		noro for instructions and the late	st mornation.		BAA	REV 01/12/24 PRO			1 0mm 10-to (2023)

REV 01/12/24 PRO

SCHEDULE	1
(Form 1040)	

Additional Income and Adjustments to Income

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

OMB No. 1545-0074

20 23

	Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.gov/Form1040 for instructions and the latest information.											
•		rm 1040, 1040-SR, or 1040-NR			ial s	equence No. 01 ecurity number						
		ANGA & MOUNIKA CHINTHAPENTA		745-07	7-60	001						
Par	t Additio	onal Income										
1	Taxable refur	nds, credits, or offsets of state and local income taxes			1							
	Alimony rece	ived		[2a							
b	Date of origin	al divorce or separation agreement (see instructions):										
3	Business inc	Business income or (loss). Attach Schedule C										
4		r (losses). Attach Form 4797			4							
5	Rental real es	state, royalties, partnerships, S corporations, trusts, etc. Attach Sche	dule E	. [5	-14,912.						
6		or (loss). Attach Schedule F.			6							
7	Unemployme	nt compensation		[7							
8	Other income	2.										
а	Net operating	gloss)								
b	Gambling .	8b										
С	Cancellation	of debt										
d	Foreign earne	ed income exclusion from Form 2555)								
е	Income from	Form 8853										
f		Form 8889										
g	Alaska Perma	anent Fund dividends										
h	Jury duty pay	/										
i	Prizes and av	vards										
j	Activity not e	ngaged in for profit income										
k	Stock option:	s										
I		the rental of personal property if you engaged in the rental										
		were not in the business of renting such property 81										
m	Olympic and	d Paralympic medals and USOC prize money (see										
	instructions)											
n	Section 951(a	a) inclusion (see instructions)										
		(a) inclusion (see instructions)										
) excess business loss adjustment										
q		ibutions from an ABLE account (see instructions)										
r		and fellowship grants not reported on Form W-2 8r										
S		amount of Medicaid waiver payments included on Form										
	1040, line 1a)								
t		nnuity from a nonqualifed deferred compensation plan or										
	-	nental section 457 plan										
		d while incarcerated										
z	Other income	e. List type and amount:										
		8z										
9		come. Add lines 8a through 8z		L	9							
10		s 1 through 7 and 9. This is your additional income. Enter here an				_						
	1040, 1040-S	R, or 1040-NR, line 8			10	-33,241.						

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 1 (Form 1040) 2023

1	Educator expenses				1	1	
2	Certain business expenses of reservists, performing artists, and fee-						
2	officials. Attach Form 2106	Dasis	s you	ennie		2	
3	Health savings account deduction. Attach Form 8889	• •	• •	• •	· -	3	
4	Moving expenses for members of the Armed Forces. Attach Form 3903					4	
5	Deductible part of self-employment tax. Attach Schedule SE					5	
6	Self-employed SEP, SIMPLE, and qualified plans					6	
						7	
7	Self-employed health insurance deduction						
8	Penalty on early withdrawal of savings					8	
9a						9a	
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				. 2	22	
23	Archer MSA deduction				. 2	23	
24	Other adjustments:						
а	Jury duty pay (see instructions)	24a					
b	Deductible expenses related to income reported on line 8I from the						
	rental of personal property engaged in for profit	24b					
с	Nontaxable amount of the value of Olympic and Paralympic medals						
		24c					
d		24d					
e	Repayment of supplemental unemployment benefits under the Trade						
Ŭ		24e					
f		24f					
g		24g					
•	Attorney fees and court costs for actions involving certain unlawful	279					
		24h					
		2411					
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						
		04:					
		24i					
j	0	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.						
	Form 1040, 1040-SR, or 1040-NR, line 10				. 2	26	

SCHEDULE	С
(Form 1040)	

Profit or Loss From Business (Sole Proprietorship)

OMB No. 1545-0074

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

2 3 Attachment Sequence No. 09

	nent of the freasury				041; partnerships must generally file uctions and the latest information.		Attachment Sequence No. 09				
Name	of proprietor					Social s	security number (SSN)				
MOUN	NIKA CHINTHAPENTA					276-	51-0893				
Α	Principal business or profession	on, inclu	ding product or service (se	e instru	uctions)	B Enter	code from instructions				
	SOFTWARE SERVICES					5	1 8 2 1 0				
С	Business name. If no separate	e busine	ss name, leave blank.			D Emplo	oyer ID number (EIN) (see instr.)				
E	Business address (including s	uite or r	oom no.) 8265 SCE	ENIC	RIDGE WAY	1					
	City, town or post office, state	e, and Z	IP code BALL GRO	DUND,							
F	.	K Cash	n (2) 🗌 Accrual (3	3)	Other (specify)						
G			operation of this business	during	2023? If "No," see instructions for li	imit on los	sses . 🗙 Yes 🗌 No				
н	If you started or acquired this business during 2023, check here										
I			· •		n(s) 1099? See instructions						
J		e require	ed Form(s) 1099?				🗌 Yes 🗌 No				
Part											
1					f this income was reported to you or d.............	י 1					
2	•				· · · · · · · · · · · ·						
3						. 2					
4											
5											
6	-				refund (see instructions)						
7			•								
Part	II Expenses. Enter ex	penses	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 equipment						
11	Contract labor (see instructions)	11		b	Other business property						
12	Depletion	12		21	Repairs and maintenance						
13	Depreciation and section 179 expense deduction (not			22	Supplies (not included in Part III)						
	included in Part III) (see			23	Taxes and licenses	. 23					
	instructions)	13		24	Travel and meals:						
14	Employee benefit programs			a			600.				
15	(other than on line 19) . Insurance (other than health)	14 15		25	Deductible meals (see instructions) Utilities	′	2,100.				
15 16	Interest (see instructions):	15		25	Wages (less employment credits)	25	2,100.				
a	Mortgage (paid to banks, etc.)	16a	13,991.	20 27a		. 27a					
b	Other	16b		1							
17	Legal and professional services	17		b	Energy efficient commercial bldgs deduction (attach Form 7205).						
28	· ·		business use of home. Add	l lines a	8 through 27b		18,329.				
29	•						-18,329.				
30	,				enses elsewhere. Attach Form 8829		· · ·				
	unless using the simplified me		•								
	Simplified method filers only	: Enter	the total square footage of	(a) you	ur home:	_					
	and (b) the part of your home										
	Method Worksheet in the inst	ructions	to figure the amount to en	ter on l	line 30	. 30					
31	Net profit or (loss). Subtract	line 30 f	rom line 29.		1						
	• If a profit, enter on both Sch checked the box on line 1, see	31	-18,329.								
	• If a loss, you must go to line				J						
32	If you have a loss, check the b	pox that	describes your investment	in this	activity. See instructions.						
	 If you checked 32a, enter th SE, line 2. (If you checked the Form 1041, line 3. If you checked 32b, you mu 	box on	line 1, see the line 31 instruc	tions.)	Estates and trusts, enter on	32a 🛿 32b 🗌	 All investment is at risk. Some investment is not at risk. 				

REV 01/12/24 PRO

Schedu	e C (Form 1040) 2023			Page 2
Part	II Cost of Goods Sold (see instructions)			
33	Method(s) used to value closing inventory: a Cost b Lower of cost or market c Other (at	ach e	(planation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventual of "Yes," attach explanation	ory?	. 🗌 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	Information on Your Vehicle. Complete this part only if you are claiming car of are not required to file Form 4562 for this business. See the instructions for line Form 4562.			
43 44	When did you place your vehicle in service for business purposes? (month/day/year) $05/21/2022$ Of the total number of miles you drove your vehicle during 2023, enter the number of miles you used your		e for:	
а	Business 2,500 b Commuting (see instructions) c	Other		10,500
45	Was your vehicle available for personal use during off-duty hours?		🗙 Yes	No No
46	Do you (or your spouse) have another vehicle available for personal use?		🗌 Yes	🗙 No
47a	Do you have evidence to support your deduction?		🗌 Yes	🗙 No
b	If "Yes," is the evidence written?		🗌 Yes	No
Part	V Other Expenses. List below business expenses not included on lines 8–26, line	27b,	or line 30.	
48	Total other expenses. Enter here and on line 27a	48		

	DULE E		Supplemental Income and Loss									OMB No. 1545-0074		
(Form	1040)	(Fro	om re	ental real estate, royalties, partners	ships, S	corporat	tions, es	states,	trusts, REMIC	Cs, etc.)) 2023			
	ent of the Treasury Revenue Service			Attach to Form 1040 Go to www.irs.gov/ScheduleE fo					nformation.		Attachn Sequen	nent ce No. 13		
Name(s)	shown on return									Your so	cial security			
MOHA	N REDDY N	ANG	A &	MOUNIKA CHINTHAPENTA						745-	07-6001			
Part	Note: If yo	ou are	in th	From Rental Real Estate ar e business of renting personal prope from Form 4835 on page 2, line 40.	erty, use		e C . See	e instru	ctions. If you a	re an inc	dividual, rep	ort farm		
Α				nts in 2023 that would require you		Form(s)	10002 9	See in	structions					
				u file required Form(s) 1099?										
1a	Physical addr	ress o	of ea	ch property (street, city, state, Zl	IP code	e)								
Α	17-52/1 s	AI N	NAGA	AR COLONY CHITTOOR A	NDHRA	A PRADI	ESH	IN 5	17126					
В														
С														
1b	Type of Prope (from list below		2	For each rental real estate properabove, report the number of fair	erty list rental	ted and		Fa	air Rental Days	Personal Use Days		QJV		
Α	3			personal use days. Check the Q			Α		365		0			
В				if you meet the requirements to qualified joint venture. See instru			В							
С					uotione		С							
	of Property:													
	Single Family R				ntal	5 Land			Self-Rental					
2	Multi-Family Re	sider	nce	4 Commercial		6 Roy	alties	8	Other (descr	ibe)				
									Properti	es:				
Incom	ie:						Α		В			С		
3	Rents received	. k			3		6	75.						
4	Royalties rece	ived			4									
Expen	ises:													
5	Advertising .				5									
6		-		tructions)	6									
7				псе	7		2,9	87.						
8	Commissions				8									
9	Insurance .				9									
10				ional fees	10									
11					11		2,8	10.						
12				to banks, etc. (see instructions)	12									
13	Other interest	·	• •		13									
14					14			66.						
15					15		2,8	54.						
16					16									
17					17		2,9	70.						
18		expen	ise o	r depletion	18									
19 20	Other (list)			es 5 through 19	19 20		15,5	07						
	•			•	-		15,5	01.						
21				e 3 (rents) and/or 4 (royalties). If structions to find out if you must										
					21		-14,9	12						
22				state loss after limitation, if any,	21		- 17 5							
22	on Form 8582	(see	inst	ructions)	22	(14,91	1	()()		
23a			-	orted on line 3 for all rental prope				23a		675.	_			
b				orted on line 4 for all royalty prop			•	23b			_			
c				orted on line 12 for all properties			•	23c						
d				orted on line 18 for all properties			•	23d		F 0 7				
e				orted on line 20 for all properties				23e	15	,587.				
24				mounts shown on line 21. Do no					· · · ·	. 24		14 010 \		
25				es from line 21 and rental real esta								14,912.)		
26				e and royalty income or (loss).										
				IV, and line 40 on page 2 do no , line 5. Otherwise, include this a						n . 26		-14,912.		
Ear De			,	otice, see the separate instructions			PA		-14,912			orm 1040) 2023		
I UI Fa		IUII A	OK INC	nuce, see the sevarate instructions		T.N.1			,0		chequie E (F	0111 10401 2023		

Additional Information From 2023 Federal Tax Return

Schedule C (SOFTWARE SERVICES): Profit or Loss from Business 1 :... - 05

Line 25	Itemization Statement
Description	Amount
PHONE BILLS (110 PM*12 M)	1,320.
INTERNET BILLS (65 PM*12 M)	780.
Total	2,100.

745-07-6001