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 information.	•	
Submission Identification Number (SID)		
Taxpayer's name	Social security	number
PHANI B MADALA	056-27-	3448
Spouse's name		al security number
, , ,	nter year you ar	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	1
1 Adjusted gross income	-	1 76,154.
2 Total tax	<u> </u>	2 9,019.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	-	3 13,319.
4 Amount you want refunded to you	-	4 4,300.
5 Amount you owe		5
Part II Taxpayer Declaration and Signature Authorization (Be sure you get as Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amen		
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 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 Electronic Funds Withdrawal Consent.	he U.S. Treasury and tindicated in the taxitution to debit the coincate the authorizate requests must be the processing of the payment. I furth	d its designated Financial of preparation software for entry to this account. This ion. To revoke (cancel) a received no later than 2 the electronic payment of per acknowledge that the
Taxpayer's PIN: check one box only	7	3 4 4 8
X I authorize GLOBAL TAXES LLC to enter or gener	ř Ente	er 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 m below.		
Your signature ► Date	>	
Consumals DIM: shoots and however		
Spouse's PIN: check one box only		
I authorize to enter or gener	-	as my
signature on the income tax return (original or amended) I am now authorizing.		er 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 m below.		
Chausa's signature N	_	
Spouse's signature ► Date Practitioner PIN Method Returns Only—continue be		
Part III Certification and Authentication — Practitioner PIN Method Only	IU W	
Certification and Addientication — Fractitioner File Wethod Only		
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2	2 2 4 9 6 Don't enter	
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual incon authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am s requirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Providers	submitting this retur	n in accordance with the
ERO's signature ▶ Date	•	
ERO Must Retain This Form — See Instructions	•	

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

						0.112 1.01 10 10		00, 5		no or otapio in tino opacor
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
PHANI B			MADA	ALA					056	27 3448
	pouse's	s first name and middle initial	Last na							s social security number
Home address	(numbe	er and street). If you have a P.O. box, see	instruct	tions.			Apt. no.	Р	resider	ntial Election Campaign
4835 USA	AA B	LVD					3208			ere 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
SAN ANTO	ONIO				TX	Z .	78240			ow will not change
Foreign country	y name			Foreign province/state/o	count	У	Foreign postal	code y	our tax	or refund.
										You Spouse
Filing Status	s 🗵	Single					ousehold (HC	H)		
Check only	L	Married filing jointly (even if only or	ne had	income)						
one box.		Married filing separately (MFS)					surviving spo			
		you checked the MFS box, enter the			u che	cked the HOF	l or QSS box	enter t	he chil	d's name if the
	qu	alifying person is a child but not you	ır aepe	naent:						
Digital	At a	ny time during 2023, did you: (a) rec	eive (as	a reward, award, or	payn	nent for prope	rty or service	s); 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	uctions.)	☐ Yes ☒ No
Standard	Som	neone can claim: 🗌 You as a de	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/Blindness	s You	: Were born before January 2, 1	959	Are blind Spo	ouse	: Was bor	n before Janı	uary 2, 1	1959	☐ Is blind
Dependent				(2) Social security	,	(3) Relationsh	(A) Chook			fies for (see instructions):
If more		irst name Last name		number		to you		tax cred	it	Credit for other dependents
than four										
dependents,	_									
see instructions and check	s —									
here										
Income	1a	Total amount from Form(s) W-2, b	ox 1 (se	ee instructions)					1a	95,847.
Attach Form(s)	b	Household employee wages not re	eportec	on Form(s) W-2					1b	
W-2 here. Also	С	Tip income not reported on line 1a	ı (see ir	nstructions)					1c	
attach Forms W-2G and	d	Medicaid waiver payments not rep		., .	nstru	ctions)			1d	
1099-R if tax	е	Taxable dependent care benefits f		•					1e	
was withheld.	f	Employer-provided adoption bene	fits fro	m Form 8839, line 29					1f	
If you did not get a Form	g								1g	
W-2, see	h	Other earned income (see instructi	,				· · · ·		1h	0.
instructions.	i	Nontaxable combat pay election (s	see ins	tructions)		<u>1i</u>			+ .	05 047
	<u>z</u>	Add lines 1a through 1h							1z	95,847.
Attach Sch. B if required.	2a	'	2a			axable interest			2b	+
	3a		3a			rdinary divide: axable amoun			3b	+
Standard	4a		4a 5a			axable amoun			4b 5b	_
Deduction for —	5a 6a	_	6a			axable amoun			6b	
Single or Married filing	C	· —		method check here				· .	OD	
separately, \$13,850	7	If you elect to use the lump-sum election method, check here (see instructions)							7	-3,000.
Married filing	8	Additional income from Schedule							8	-16,693.
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,							9	76,154.
surviving spouse, \$27,700	10	Adjustments to income from Sche							10	+
Head of household,	11	Subtract line 10 from line 9. This is							11	76,154.
\$20,800	12	Standard deduction or itemized	-						12	13,850.
If you checked any box under	13	Qualified business income deducti				5-A			13	
Standard Deduction,	14	Add lines 12 and 13							14	13,850.
see instructions.	15	Subtract line 14 from line 11. If zer	o or les	ss, enter -0 This is y	our t	axable incom	ne		15	

Form 1040 (2023	3)								Page
Tax and	16	Tax (see instructions). Check if any from Forn	n(s): 1 🗌 881	4972 2 4972	з 🗌			16	9,019.
Credits	17	Amount from Schedule 2, line 3						17	
	18	Add lines 16 and 17						18	9,019.
	19	Child tax credit or credit for other depender	nts from Sched	ıle 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	9,019
	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	9,019
ayments	25	Federal income tax withheld from:							
-	а	Form(s) W-2			25a	13,3	319.		
	b	Form(s) 1099			25b				
	С	Other forms (see instructions)			25c				
	d	Add lines 25a through 25c						25d	13,319
ou have a	26	2023 estimated tax payments and amount a	applied from 20	22 return				26	
alifying child, ach Sch. EIC.	27	Earned income credit (EIC)		No .	27				
acii Scii. Lic.	28	Additional child tax credit from Schedule 881	2		28				
	29	American opportunity credit from Form 886	3, line 8		29				
	30	Reserved for future use			30				
	31	Amount from Schedule 3, line 15			31				
	32	Add lines 27, 28, 29, and 31. These are you	r total other pa	yments and refu	ndable cı	edits		32	
	33	Add lines 25d, 26, and 32. These are your to	otal payments					33	13,319.
Refund	34	If line 33 is more than line 24, subtract line 2	24 from line 33.	This is the amoun	nt you ove	rpaid		34	4,300.
	35a	Amount of line 34 you want refunded to yo	u . If Form 8888	is attached, chec	k here .			35a	4,300.
irect deposit?	b	Routing number 0 8 1 0 0 0 0		,, <u> </u>	Checking	Sa	vings		
ee instructions.	d	Account number 3 5 5 0 0 8 1	7 8 4 2	2 7					
	36	Amount of line 34 you want applied to your	2024 estimate	d tax	36				
Amount You Owe	37	Subtract line 33 from line 24. This is the am For details on how to pay, go to <i>www.irs.go</i>		see instructions				37	
	38	Estimated tax penalty (see instructions) .	•		38			<u> </u>	
hird Party esignee	Do	you want to allow another person to distructions	cuss this retur		See	Yes. Com	nlete h	l——I	⊠ No
colglice		signee's	Phone		· ⊔	Persona			
	na		no.			number			
Sign Here		der penalties of perjury, I declare that I have examine ief, they are true, correct, and complete. Declaration							
ICIC	Υn	ur signature	Date	Your occupation			If the	IRS ser	nt you an Identity

Joint return? See instructions. Keep a copy for your records.	rour signature	Date	SOFTWARE ENGINEER	Protection PIN, enter it here (see inst.)
	Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
	Phone no. (816) 868-7611	Email address	phani@phanimadala.com	

Paid Preparer Use Only

Preparer's name Preparer's signature Self-employed 01/25/2024 SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM P02082703 Phone no. (678) 965-9522 GLOBAL TAXES LLC Firm's name 245 ROONEY CT E BRUNSWICK NJ 08816 84-3171965 Firm's address Firm's EIN

PTIN

Date

Check if:

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074 Attachment Sequence No. 01

Department of the Treasury Internal Revenue Service

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

Name(s) shown on Form 1040, 1040-SR, or 1040-NR PHANI B MADALA 056-27-3448 **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	-16,693.
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 (<u>)</u>	
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 (<u>)</u>	
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:			
•	Title in the second sec	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			1.6.600
	1040, 1040-SR, or 1040-NR, line 8		10	-16,693.

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 D (Form 1040)

Capital Gains and Losses

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

Attach to Form 1040, 1040-SR, or 1040-NR.
Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

OMB No. 1545-0074

2023

Attachment Sequence No. **12**

Department of the Treasury Internal Revenue Service

Name(s) shown on return Your social security number 056-27-3448 PHANI B MADALA Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? If "Yes." attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss. Part I Short-Term Capital Gains and Losses - Generally Assets Held One Year or Less (see instructions) See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) lines below. Proceeds Cost to gain or loss from from column (d) and This form may be easier to complete if you round off cents to (sales price) (or other basis) Form(s) 8949, Part I, combine the result whole dollars. line 2, column (a) with column (a) 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . 1b Totals for all transactions reported on Form(s) 8949 with Totals for all transactions reported on Form(s) 8949 with Box B checked 3 Totals for all transactions reported on Form(s) 8949 with Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 . . . 4 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from 5 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover 6 22,057.) Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any longterm capital gains or losses, go to Part II below. Otherwise, go to Part III on the back 7 -22,057. Part II Long-Term Capital Gains and Losses – Generally Assets Held More Than One Year (see instructions) See instructions for how to figure the amounts to enter on the (g) (h) Gain or (loss) Adjustments Subtract column (e) (d) (e) lines below Proceeds to gain or loss from from column (d) and Cost This form may be easier to complete if you round off cents to (sales price) (or other basis) Form(s) 8949, Part II, combine the result whole dollars. line 2, column (a) with column (a) 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . . 8b Totals for all transactions reported on Form(s) 8949 with Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss)

12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1

15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III

11

12

13

14

15

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

Part III Summary

16	Combine lines 7 and 15 and enter the result	16	-22,057	' .
	• If line 16 is a gain , enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.			
	• If line 16 is a loss , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.			
	• If line 16 is zero , skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.			
17	Are lines 15 and 16 both gains? Yes. Go to line 18. No. Skip lines 18 through 21, and go to line 22.			
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet	18		
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet	19		
20	Are lines 18 and 19 both zero or blank and you are not filing Form 4952? Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below.			
	No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.			
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:			
	• The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500)	21	(3,000.	,)
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.			
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?			
	☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16.			
	➤ No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.			
_		_		

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

OMB No. 1545-0074

2023

Attachment Sequence No. 13

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

Your social security number

PHAI	NI B MADALA						056-2	7-3448	3			
Par				•								
	Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.	rty, use	Schedule	C . See	instru	ctions. If you a	are an indi	vidual, rep	oort farm			
Α	Did you make any payments in 2023 that would require you	to file I	Form(s) 1	099? S	see ins	structions .		. Ye	es 🗵 No)		
	If "Yes," did you or will you file required Form(s) 1099? .											
1a	Physical address of each property (street, city, state, ZIF											
			,									
A B												
C												
1b	Type of Property 2 For each rental real estate prope	Persor										
10	(from list below) above, report the number of fair				Га	ir Rental Days		ays	QJV			
Α	personal use days. Check the Q	personal use days. Check the QJV box or				275		0				
В	if you meet the requirements to f			A B								
С	qualified joint venture. See instru	ictions.	•	С								
Туре	of Property:								'			
1	Single Family Residence 3 Vacation/Short-Term Ren	ıtal	5 Land		7	Self-Rental						
2	Multi-Family Residence 4 Commercial		6 Roya	ılties	8	Other (desc	ribe)					
						Properti						
Incor	ne·			Α		В			С	_		
3	Rents received	3			40.							
4	Royalties received	4										
Expe	nses:											
5	Advertising	5										
6	Auto and travel (see instructions)	6										
7	Cleaning and maintenance	7	1,887.									
8	Commissions	8										
9	Insurance	9										
10	Legal and other professional fees	10										
11	Management fees	11		1,4	89.							
12	Mortgage interest paid to banks, etc. (see instructions)	12										
13	Other interest	13 14		3,8	15							
14 15	Repairs	15		3,6								
16	Taxes	16		J, 0	12.							
17	Utilities	17		1,9	89.							
18	Depreciation expense or depletion	18		4,7								
19	Other (list)	19		-, -	,							
20	Total expenses. Add lines 5 through 19	20		17,5	33.							
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	-	-16,6	93.							
22	Deductible rental real estate loss after limitation, if any,											
	on Form 8582 (see instructions)	22 (16,69		()	()		
23a	Total of all amounts reported on line 3 for all rental prope				23a		840.					
b	Total of all amounts reported on line 4 for all proportion				23b 23c							
Q C	Total of all amounts reported on line 12 for all properties Total of all amounts reported on line 18 for all properties				23c 23d		711.					
d	Total of all amounts reported on line 18 for all properties Total of all amounts reported on line 20 for all properties				23a 23e		, 533.	-				
e 24	Income. Add positive amounts shown on line 21. Do not				23e	Ι/	. 24					
25	Losses. Add positive amounts shown on line 21. Do not line 21.				· · nter to	tal losses her		(16,693			
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 ar						. 26		-16,693	3.		