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	y number	
HARSHA VARDHAN PALLIKONDA	201-59-	-3175
Spouse's name	al security number	
AISHWARYA MASHETTY	981-99-	-2374
Part I Tax Return Information — Tax Year Ending December 31, 2023 (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 96,976.
2 Total tax		2 7,873.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3 10,314.
4 Amount you want refunded to you		4 2,441.
5 Amount you owe		5
Part II Taxpayer Declaration and Signature Authorization (Be sure you get a	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 Part return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, 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 Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution accoupayment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial in authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to ter payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellatio business days prior to the payment (settlement) date. I also authorize the financial institutions involved taxes to receive confidential information necessary to answer inquiries and resolve issues related to personal identification number (PIN) below is my signature for the income tax return (original or amende Electronic Funds Withdrawal Consent.	ransmitter, or electro for rejection of the trathe U.S. Treasury ar int indicated in the tastitution to debit the minate the authorization requests must be in the processing of the payment. I furtl	nic return originator (ERO) ansmission, (b) the reason of its designated Financial expreparation software for entry to this account. This tion. To revoke (cancel) a received 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 general content or	erate my PIN	3 1 7 5 as my
ERO firm name signature on the income tax return (original or amended) I am now authorizing.	ř Ent	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 if you are entering your own PIN and your return is filed using the Practitioner PIN below.		
Your signature ▶ Date	e▶	
Spouse's PIN: check one box only		
▼ I authorize GLOBAL TAXES LLC to enter or general signature on the income tax return (original or amended) I am now authorizing.	Ent	2 3 7 4 as my er five digits, but i't enter all zeros
I will enter my PIN as my signature on the income tax return (original or amended) I if you are entering your own PIN and your return is filed using the Practitioner PIN below.		
Spouse's signature ▶ Date	e ▶	
Practitioner PIN Method Returns Only—continue b	elow	
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.	2 2 2 4 9 6 Don't ente	5 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 incomplete authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am requirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Provide	submitting this retu	rn in accordance with the
ERO's signature ▶ Date	e ▶	
ERO Must Retain This Form — See Instruction	ns	

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

2023

OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

For the year Jan	ı. 1–De	c. 31, 2023, or other tax year beginning		, 2023, end	ding		, 20		See sep	arate inst	ructions.
Your first name	and m	niddle initial	Last n	ame					Your so	cial securit	y number
HARSHA V	/ARD	HAN	PAT	LIKONDA		201	59 3	175			
		s first name and middle initial	Last n			Spouse's social security number					
AISHWARY	/A		MASI	HETTY					981	99 2:	374
		er and street). If you have a P.O. box, see					Apt. no.				on Campaigr
269 SOUT	ГНРО	INTE AVE						1	Check h	ere if you,	or your
City, town, or p	ost off	ice. If you have a foreign address, also co	mplete	spaces below.	Sta	te	ZIP code				tly, want \$3
SOUTH EI	LGIN				II		60177		•	this lund. (ow will not	Checking a change
Foreign country	/ name	1		Foreign province/state/	count	ty	Foreign postal c			or refund.	•
										You	Spouse
Filing Status	, [Single				☐ Head of ho	ousehold (HOF	H)			
Check only	×	Married filing jointly (even if only or	ne had	income)							
one box.		Married filing separately (MFS)				☐ Qualifying	surviving spot	use (C	QSS)		
	lf :	you checked the MFS box, enter the	name	of your spouse. If you	u che	ecked the HOH	l or QSS box,	enter	the chil	d's name	if the
	qι	ualifying person is a child but not you	ır depe	ndent:							
Digital	At a	ny time during 2023, did you: (a) rece	eive (as	s a reward. award. or	pavr	ment for proper	rtv or services): or (b) sell.		
Assets		hange, or otherwise dispose of a digi	•				•		,	☐ Yes	⊠ No
Standard	Son	neone can claim:	pender	nt Your spous	e as	a dependent					
Deduction		Spouse itemizes on a separate return	n or yo	u were a dual-status	alien	ı					
Age/Rlindness	. You	: Were born before January 2, 1	959	Are blind Spo	ouse	· 🗆 Was hor	n before Janua	arv 2	1959	☐ Is bli	ind
Dependents	_	•	000	<u> </u>			(4) Observed				instructions):
•		First name Last name		(2) Social security number	/	(3) Relationshi	Child t			,	ner dependents
If more than four	·/										
dependents,								ī			╗
see instructions and check	s —										
here											<u> </u>
Income	1a	Total amount from Form(s) W-2, bo	ox 1 (se	ee instructions) .					1a	11	L4,557.
	b	Household employee wages not re	eported	on Form(s) W-2 .					1b		
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	a (see instructions)								
attach Forms	d	Medicaid waiver payments not rep	orted o	orted on Form(s) W-2 (see instructions)							
W-2G and 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	g	Wages from Form 8919, line 6 .							1g		
get a Form W-2, see	h	Other earned income (see instructi	ions)						1h		0.
instructions.	i	Nontaxable combat pay election (s	see inst	tructions)		<u>li</u>				4	
	Z	Add lines 1a through 1h		· · · · · i					1z	$+$ $\frac{11}{}$	L4,557.
Attach Sch. B if required.	2a	'	2a			axable interest			2b	+	
	3a	·	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	_	
separately, \$13,850	C 7	If you elect to use the lump-sum elect to use the lump-sum elect		*	•	,				-	
Married filing	7	Capital gain or (loss). Attach Scheol Additional income from Schedule						. ∟	7	_ 1	L7,581.
jointly or Qualifying	8 9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,							9		96,976.
surviving spouse, \$27,700	10	Add lines 12, 20, 30, 40, 50, 60, 7, Adjustments to income from Sche		•					10	+	.0,010.
Head of	11	Subtract line 10 from line 9. This is							11	+ c	96,976.
household, [12	Standard deduction or itemized	-	-					12		27,700.
If you checked any box under	13	Qualified business income deducti		•	,	 5-Α			13	+	11,100.
Standard Deduction,	14				. 555				14	+ :	27,700.
see instructions.	15	Subtract line 14 from line 11. If zer			our I	lavable incom			15		59 276

Form 1040 (202)	3)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	ı(s): 1 🗌 881	4 2 🗌 4972	з 🗌		16	7,873.
Credits	17	Amount from Schedule 2, lin	ie3					17	
	18	Add lines 16 and 17						18	7,873.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lin	ie 8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	7,873.
	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	7,873.
Payments	25	Federal income tax withheld	from:						
•	а	Form(s) W-2				25a 10	314		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c						25d	10,314.
If you have a	26	2023 estimated tax payment	ts and amount a	pplied from 20)22 return			26	
qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit from	n Schedule 8812	2		28			
	29	American opportunity credit	from Form 8863	3, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin							
	32	Add lines 27, 28, 29, and 31	32						
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	10,314.
Refund	34	If line 33 is more than line 24	I, subtract line 2	4 from line 33.	This is the amour	nt you overpaid		34	2,441.
	35a	Amount of line 34 you want	refunded to you	ı. If Form 8888	3 is attached, chec	k here	🗆	35a	2,441.
Direct deposit?	b	Routing number 0 1 1	4 0 0 4	9 5	c Type: 🛛	Checking	Savings		
See instructions.	d	Account number 3 8 8							
	36	Amount of line 34 you want	applied to your	2024 estimate	ed tax	36			
Amount	37	Subtract line 33 from line 24	. This is the amo	ount you owe					
You Owe		For details on how to pay, g	o to <i>www.ir</i> s.gov	v/Payments or	see instructions .			37	
	38	Estimated tax penalty (see in	nstructions) .			38			
Third Party		you want to allow another	•			_			
Designee							•		⊠ No
		esignee's me		Phone no.			sonal iden ber (PIN)	tification	
Sign		nder penalties of perjury, I declare the	nat I have examined		accompanying sche		, ,	the best	of my knowledge and
Sign		lief, they are true, correct, and com							,
Here	Yo	our signature		Date	Your occupation	If th	ne IRS se	nt you an Identity	
							1		IN, enter it here
Joint return?					SOFTWARE E			e inst.)	
See instructions. Keep a copy for		ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupati	on			nt your spouse an ection PIN, enter it here
your records.					HOME MAKER		(see inst.)		
	——Ph	one no. (618)731-621	 6	Email address	VARDHANHARSH		OM		
		eparer's name	Preparer's signat			Date	PTIN		Check if:
Paid	SYA	M PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	02/28/2024	P0208	32703	Self-employed
Preparer									678)965-9522
Use Only			Y CT E BRU	NSWICK N	J 08816			n's EIN	84-3171965
	<u></u>	40406 1 1 11 11 11					1		= 1010 (*****)

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

HARSHA VARDHAN PALLIKONDA & AISHWARYA MASHETTY

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 201-59-3175

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	ach Schedule E .	5	-17,581.
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			
	1040, 1040-SR, or 1040-NR, line 8		10	-17,581.

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

Par	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	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			
С	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			
е	Repayment of supplemental unemployment benefits under the Trade				
	Act of 1974	24e		_	
f	Contributions to section 501(c)(18)(D) pension plans	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				
	tax law violations	24i		_	
J	Housing deduction from Form 2555	24j		-	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form				
	1041)	24k		_	
Z	Other adjustments. List type and amount:	04-			
0E		24z		OF	
25 26	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	e. ⊑nter	nere and on	26	
					le 4 (Ferme 4040) 0000
	BAA	REV 02/	16/24 PRO	ocnedu	le 1 (Form 1040) 2023

SCHEDULE E (Form 1040)

Supplemental Income and Loss

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

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

Department of the Treasury Internal Revenue Service

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

Attachment Sequence No. 13

OMB No. 1545-0074

Name(s)) shown on return								Your socia	al security	number
HARS	SHA VARDHAN PA	ALLIKONDA	. & AISHWARYA MASHI	ETTY					201-5	9-3175	; ;
Part	Note: If you a	re in the busine	Rental Real Estate an ess of renting personal proper orm 4835 on page 2, line 40.			c . See	instruc	ctions. If you a	re an indiv	/idual, rep	oort farm
Α [Did you make any p	ayments in 20	023 that would require you	to file	Form(s) 1	1099? 5	See ins	tructions .		. 🗌 Ye	es 🗵 No
B i	f "Yes," did you or	will you file re	equired Form(s) 1099? .							. 🗌 Ye	es 🗌 No
1a	Physical address	of each pro	perty (street, city, state, ZIF	ode code	e)						
A	-	· · ·	ABAD TELANGANA IN								
B	MUPKAL VILLE	AGE NIZAM	ADAD IELANGANA IN	3032	210						
	Type of Property	2 For ea	ch rental real estate prope	rtv liet	end .		Fo	ir Rental	Person	ol Hoo	
10	(from list below)		, report the number of fair				га	Days	Da		QJV
A	3		nal use days. Check the Q			Α		365		0	П
B			meet the requirements to f			В		303			
		qualifi	ed joint venture. See instru	ictions	S.	C					
	of Property:	1									
	Single Family Resid	dence 3	Vacation/Short-Term Ren	tal	5 Lanc	I	7	Self-Rental			
	Multi-Family Resid		Commercial		6 Roya			Other (descr	ibe)		
								Properti	es:		
Incom						Α	0.0	В			С
3				3		6	00.				
4		1		4							
Exper				_							
5 6				5							
7	•			7		2,4	25				
8	•			8		۷, ٦	۷۶.				
9				9							
10			es	10							
11				11		1,3	85				
12	-		s, etc. (see instructions)	12		Ι, ,	05.				
13				13							
14				14		2.9	64.				
15	•			15			88.				
16				16							
17				17		3,2	10.				
18			tion	18		4,9					
19	Other (list)	·		19							
20		dd lines 5 th	rough 19	20		18,1	81.				
21	Subtract line 20 fr	om line 3 (re	nts) and/or 4 (royalties). If								
	result is a (loss), s	see instructio	ns to find out if you must								
	file Form 6198 .			21		-17,5	81.				
22			ess after limitation, if any,								
	on Form 8582 (se	e instruction	s)	22	(17,58	31.)	,)	(
23a		•	on line 3 for all rental prope				23a		600.		
b			on line 4 for all royalty prop	erties			23b				
С		•	on line 12 for all properties				23c				
d		•	on line 18 for all properties				23d		,909.		
е		•	on line 20 for all properties				23e	18	,181.		
24	•		s shown on line 21. Do not						. 24		
25	•	-	line 21 and rental real estate							(17,581.
26			royalty income or (loss).								
			d line 40 on page 2 do no . Otherwise, include this ar								-17,581.
	COLIEGUIE I (I OIIII	, , o , o ,, iii le o	. Onio wise, illoluue tills al	Hoult		ıaı OII II	110 41	on page 2	. 26		T/, DOT.

Passive Activity Loss Limitations

See separate instructions.

Attach to Form 1040, 1040-SR, or 1041.

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

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

Attachment Sequence No. **858** Identifying number

OMB No. 1545-1008

HAR	SHA VARDHAN PALLIKONDA & AI	ISHWARYA MASH	ETTY		201	-59-	-3175	
Pa	rt I 2023 Passive Activity Loss	S						
	Caution: Complete Parts IV ar	nd V before comple	eting Part I.					
Renta	al Real Estate Activities With Active Pa	articipation (For th	e definition of act	ive participation, s	ee Special			
Allow	ance for Rental Real Estate Activities	in the instructions	s.)		-			
1a	Activities with net income (enter the a	mount from Part IV	/. column (a)) .	1a	0.			
b	Activities with net loss (enter the amount				17,581.)			
C	Prior years' unallowed losses (enter the)			
d	Combine lines 1a, 1b, and 1c					1d	-17,581.	
All Ot	ther Passive Activities						•	
2a	Activities with net income (enter the a	mount from Part V	column (a))	2a				
b	Activities with net loss (enter the amount of the control of the c							
C	Prior years' unallowed losses (enter the				/			
d	Combine lines 2a, 2b, and 2c				,	2d		
						Zu		
3	Combine lines 1d and 2d and subtra							
	zero or more, stop here and include							
	prior year unallowed losses entered of normally used		report the losses	on the ionns and	scriedules	3	-17,581.	
	If line 3 is a loss and: • Line 1d is a l				[17,301.	
		oss (and line 1d is	zero or more) sk	in Part II and go to	line 10			
Cauti	on: If your filing status is married filing	•	•	•		vear	do not complete	
	I. Instead, go to line 10.	coparatory and ye	a iivoa wiai you	opodoo at any tin	io daring the	y our,	do not complete	
	t II Special Allowance for Rer	ntal Real Estate	Activities With	Active Participa	ation			
	Note: Enter all numbers in Par			•				
4	Enter the smaller of the loss on line 1					4	17,581.	
5	Enter \$150,000. If married filing separ			5 1	50,000.	-	2,,002,	
6								
_	Note: If line 6 is greater than or equal							
	on line 9. Otherwise, go to line 7.	o, opo						
7	Subtract line 6 from line 5			7	35,443.			
8	Multiply line 7 by 50% (0.50). Do not er	nter more than \$25	.000. If married fili			8	17,722.	
9	Enter the smaller of line 4 or line 8. If				+	9	17,581.	
Par		<u></u>						
10	Add the income, if any, on lines 1a an	d 2a and enter the	total			10	0.	
11	Total losses allowed from all passiv				+			
	out how to report the losses on your to					11	17,581.	
Par	t IV Complete This Part Before	e Part I, Lines 1						
		Currer	nt year	Prior years	Over	rall ga	in or loss	
	Name of activity			•				
	•	(a) Net income	(b) Net loss	(c) Unallowed	(d) Gain	.	(e) Loss	
		(line 1a)	(line 1b)	loss (line 1c)	` ,			
MUP	KAL VILLAGE	0.	17,581.				17,581.	
Total	Enter on Part I, lines 1a, 1b, and 1c	0.	17,581.					
	and 10	. ~ .	,	1				

Form 8582 (2023) Page **2**

Part V Complete This Part Befor	е Ра	rt I, Lines 2	a, 2b,	and 2c. S	ee instrud	ctions.			
Name of a district		Current year Prior years				Overa	ain or loss		
Name of activity		(a) Net income (line 2a)		(b) Net loss (line 2b)		owed e 2c)	(d) Gain		(e) Loss
								_	
Total. Enter on Part I, lines 2a, 2b, and 2c		Chausa an F)t	Lima O. C		4:			
Part VI Use This Part if an Amour			art II,	Line 9. S	ee instruc	ctions.			
Name of activity	and to b	m or schedule d line number e reported on e instructions)	(a) Loss	(b) Ra	atio	(c) Special allowance		(d) Subtract column (c) from column (a).
MUPKAL VILLAGE	I	E Ln 22		17,581.	1.0000	0000	17,58	1.	0.
Total				17,581.	1.00	0	17,58	1.	0.
Part VII Allocation of Unallowed L	oss.			S.					
Name of activity		Form or sche and line nun to be reporte (see instructi	nber ed on	(a) l	_oss	(b) Ratio		(c) Unallowed lo	
Total							1.00		
Part VIII Allowed Losses. See instr	uctio			T					
Name of activity		Form or sche and line num to be reported (see instruction		mber ed on (a) L		(b) Unallowed loss		(c) Allowed loss
Total									