# 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

			_		
Subm	ission Identification Number (SID)				
Taxpay	er's name	Social security	y number	•	
VEN	U KUMAR BODDUPALLI	751-91-	7894		
Spouse	's name	Spouse's soci	al securi	ty number	
Part	Tax Return Information — Tax Year Ending December 31, 2023 (Enter	∣ ∵year you ar	e auth	orizing.)	
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	93	,405.
2	Total tax		2	12	,814.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	15	,987.
4	Amount you want refunded to you		4	3	,173.
5	Amount you owe		5		
Part	II Taxpayer Declaration and Signature Authorization (Be sure you get and I	eep a copy	of yo	ur retur	n)
return to send for any Agent payme author payme busine taxes person Electro	cowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmoth my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for reject of violation of the return or refund, and (c) the date of any refund. If applicable, I authorize the U to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indigent 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 terminate and, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requires adays prior to the payment (settlement) date. I also authorize the financial institutions involved in the to receive confidential information necessary to answer inquiries and resolve issues related to the payment (PIN) below is my signature for the income tax return (original or amended) I authorize the payment (PIN) below is my signature for the income tax return (original or amended) I authorize the payment (PIN) below is my signature for the income tax return (original or amended) I authorize the payment (PIN) the payment (PIN) to the payment (PIN) the payment (P	itter, or electro ection of the tra S. Treasury ar cated in the ta in to debit the the authoriza- lests must be processing of ayment. I furtl	nic returnansmissind its desex preparentry to tion. To receive the electer ackr	n originat on, <b>(b)</b> the signated I ration soft this accor revoke (c d no late tronic pay nowledge	or (ERO) e reason Financial ware for unt. This cancel) a r than 2 yment of that the
	ayer's PIN: check one box only	1	7 8	9 4	
×	I authorize GLOBAL TAXES LLC to enter or generate signature on the income tax return (original or amended) I am now authorizing.	Ent	er five dig		as my
Yours	I will enter my PIN as my signature on the income tax return (original or amended) I am n if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN meth below.		must o		
Snou	se's PIN: check one box only				
	I authorize to enter or generate 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 amended) I am now authorizing.	Ent don ow authorizir		ill zeros ck this b	
	if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN meth below.	od. The ERO	must o	complete	Part III
Spous	se's signature ▶ Date ▶				
Dowl	Practitioner PIN Method Returns Only—continue below				
Part ERO's	Certification and Authentication — Practitioner PIN Method Only 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		3 2 7	1
author	y that the above numeric entry is my PIN, which is my signature for the electronic individual income to ized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submements of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS e-file Providers of Ir	itting this retu	rn in acc	cordance	
FR∩'	s signature ► Date ►				
	ERO Must Retain This Form — See Instructions				
	<u> </u>				

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

# E 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return



<b>£1040</b>	•	artment of the Treasury—Internal Revenue Servi <b>S. Individual Income Ta</b>		turn	202	3	OMB No. 1545-	-0074	IRS Use Only	∕—Do not v	vrite or sta	aple in this space.
For the year Jan. 1–Dec. 31, 2023, or other tax year beginning , 2023, ending , 20							See separate instructions.					
Your first name and middle initial Last name								Your social security number				
VENU KUN	MAR		BOD	DUPALI	ΞI					751	91	7894
If joint return, spouse's first name and middle initial Last name									Spouse	's socia	l security numbe	
Home address	(numbe	er and street). If you have a P.O. box, see	instruc	tions.				А	pt. no.	Preside	ntial Ele	ection Campaigr
_500 HODO	GE C	OURT								1		ou, or your
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete	spaces be	elow.	Sta	te	ZIP co	ode			jointly, want \$3 nd. Checking a
FRANKLII	N					TN	1	370	67			not change
Foreign country	y name			Foreign p	rovince/state/o	count	ty	Foreig	n postal code	your tax	x or refu	
Filing Status	s 🗵	Single					Head of ho	ouseho	old (HOH)	•		
Check only		Married filing jointly (even if only o	ne had	income)								
one box.		Married filing separately (MFS)					☐ Qualifying	surviv	ing spouse	(QSS)		
	If y	you checked the MFS box, enter the	name	of your s	pouse. If you	ı che	ecked the HOH	l or QS	SS box, ente	er the ch	ild's na	me if the
	qu	ialifying person is a child but not you	ır depe	endent:								
Digital	At a	ny time during 2023, did you: (a) rec	eive (as	s a rewar								
Assets	exch	nange, or otherwise dispose of a dig	ital ass	et (or a fi	nancial intere	est ir	n a digital asse	t)? (Se	e instructio	ns.)	□ Y	es 🗵 No
Standard		neone can claim: You as a de	•		•		a dependent					
Deduction	<u></u> ;	Spouse itemizes on a separate retur	n or yo	u were a	dual-status	alien	<u> </u>					
		: Were born before January 2, 1	959	Are b	lind <b>Spo</b>	ouse	: Was bor		re January			s blind
Dependent				(2)	Social security	,	(3) Relationsh	ip (4)			1	(see instructions):
If more	(1) F	(1) First name Last name			number		to you		Child tax c	redit	Credit to	or other dependents
than four									<del> </del>			
dependents, see instruction	s											
and check												
here L												
Income	1a	Total amount from Form(s) W-2, b	•		,					. 1a		108,033.
Attach Form(s)	b	Household employee wages not reported on Form(s) W-2							. 1b			
W-2 here. Also	С	Tip income not reported on line 1a (see instructions)								. 10		
attach Forms W-2G and	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)								. 10		
1099-R if tax	е	•	ent care benefits from Form 2441, line 26							. 16		
was withheld.	f	Employer-provided adoption bene	etits tro	m Form 8	3839, line 29	•				. 1f		
If you did not get a Form	g	Wages from Form 8919, line 6 .								. 10		0
W-2, see	h	Other earned income (see instruct	,					· ·		. 1h	1	0.
instructions.	İ	Nontaxable combat pay election (s	see ins	tructions)	)		<u>li</u>					100 022
Au	Z	Add lines 1a through 1h			· · · ·	 				. 1z		108,033.
Attach Sch. B if required.	2a	· -	2a				axable interest			. 2b		
	3a_		3a				ordinary divider					
Standard	4a		4a 5a				axable amount					
Deduction for—	5a		6a				axable amount axable amount					
<ul> <li>Single or Married filing</li> </ul>	6a c	Social security benefits L  If you elect to use the lump-sum e		method						.   00	•	
separately, \$13,850	7	Capital gain or (loss). Attach Sche				•	,		[	<b>-</b> 7		
<ul> <li>Married filing</li> </ul>	8	Additional income from Schedule		•	•					. 8		-14,628.
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7								. 9		93,405.
surviving spouse, \$27,700	10	Add liftes 12, 20, 30, 40, 50, 60, 7. Adjustments to income from Sche								. 10		,,,100.
<ul> <li>Head of</li> </ul>	11	Subtract line 10 from line 9. This is								. 11		93,405.
household, \$20,800	12	Standard deduction or itemized	-	-	-					. 12	_	13,850.
<ul> <li>If you checked any box under</li> </ul>	13	Qualified business income deduct					 5-A			. 13	_	±3,030.
Standard Deduction,	14									. 14		13,850.
see instructions.	15	Subtract line 14 from line 11. If zer						е.				79,555.

Form 1040 (2023	3)								Page Z
Tax and	16	Tax (see instructions). Check	if any from Form	ı(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	з 🗌		16	12,814.
Credits	17	Amount from Schedule 2, lin	ne 3					17	
	18	Add lines 16 and 17						18	12,814.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lir	ne 8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	12,814.
	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 <b>total tax</b>					24	12,814.
<b>Payments</b>	25	Federal income tax withheld	from:						
	а	Form(s) W-2				<b>25a</b> 15	,987		
	b	Form(s) 1099				25b			
	С	Other forms (see instruction	s)			25c			
	d	Add lines 25a through 25c						25d	15,987.
If you have a	26	2023 estimated tax paymen	ts and amount a	pplied from 20	22 return			26	
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)			No .	27			
allacii Scii. Elc.	28	Additional child tax credit from	m 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, lir							
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	ndable credits		32	
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	tal payments				33	15,987.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amour	nt you <b>overpaid</b>		34	3,173.
	35a	Amount of line 34 you want	refunded to you	ı. If Form 8888	is attached, chec	k here	. 🗆	35a	3,173.
Direct deposit?	b	Routing number 0 1 1			,, <u> </u>	Checking	Savings	;	
See instructions.	d	Account number 3 8 8	0 0 4 9	6 2 8 2	2 4				
	36	Amount of line 34 you want	applied to your	2024 estimate	ed tax	36			
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g						37	
	38	Estimated tax penalty (see in	nstructions) .			38			
Third Party	Do	you want to allow another				See		_	
Designee	ins	structions				. 🗌 Yes. C	omplete	below.	<b>⋉</b> No
		esignee's		Phone			itification		
		me		no.			ber (PIN)		
Sign		ider penalties of perjury, I declare the lief, they are true, correct, and com							, ,
Here		our signature	,	Date	Your occupation				nt you an Identity
	10	our signature		Date	rour occupation			PIN, enter it here	
Joint return?					SOFTWARE E		e inst.)		
See instructions.		ouse's signature. If a joint return, I	<b>both</b> must sign.	Date	Spouse's occupation	on			nt your spouse an
Keep a copy for your records.								entity Prote e inst.)	ection PIN, enter it here
	Ph	one no. (603)233-327	0	Email address	UNEV27@GMA	IL.COM			
Paid	Pr	eparer's name	Preparer's signat	ture		Date	PTIN		Check if:
	SYA	M PRIYA RAM SAGAR GUPTA	SYAM PRIY	A RAM SAC	GAR GUPTA	04/05/2024	P020	82703	Self-employed
Preparer	Fir	Firm's name GLOBAL TAXES LLC						one no. (	(678)965-9522
Use Only	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816						Fire	m's EIN	84-3171965

#### **SCHEDULE 1** (Form 1040)

10

## **Additional Income and Adjustments to Income**

OMB No. 1545-0074 Attachment Sequence No. 01

Your social security number

Department of the Treasury Internal Revenue Service

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

Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.gov/Form1040 for instructions and the latest information.

/ENU	KUMAR BODDUPALLI 751-9				94
Par	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		L	3	
4	Other gains or (losses). Attach Form 4797		[	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta	ach Schedule	E . L	5	-14,628.
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			
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	8I			
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 Nontaxable amount of Medicaid waiver payments included on Form	8r	-		
S	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	

Combine lines 1 through 7 and 9. This is your additional income. Enter here and on Form 

-14,628.

10

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				
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				
С	Date of original divorce or separation agreement (see instructions):				Į.
20	IRA deduction				
21	Student loan interest deduction				
22	Reserved for future use				
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				
	· · · · · · · · · · · · · · · · · · ·	24c			
d	the state of the s	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				
	<del>-</del>	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			Į.
25	Total other adjustments. Add lines 24a through 24z				
26	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . Form 1040, 1040-SR, or 1040-NR, line 10	. Enter	r here and	on <b>26</b>	
	1 OITH 1070, 1070-011, 01 1070-1111, 11110-10	• •		.   20	

#### **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.

Your social security number

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

OMB No. 1545-0074

VENU	J KUMAR BODDUPALLI					-	751-9	1-7894		
Par		d Roy	/alties							
	Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.	ty, use	Schedule	<b>C</b> . See	e instru	ctions. If you are	e an indi	vidual, rep	ort farm	
Λ		to file	Form(s) 1	0002.6	San inc	tructions.			- <b>V</b> N	
	Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions If "Yes," did you or will you file required Form(s) 1099?									
				• •	• •		• •	. <u> </u>	25   INC	
1a	Physical address of each property (street, city, state, ZIF	ode code	<del>)</del>							
Α	REDDY COLONY MIRYALGUDA TELANGANA IN 5	0820	7							
В										
С										
1b	Type of Property 2 For each rental real estate proper	rty liste	ed		Fa	ir Rental	Persor	nal Use	QJV	
	(from list below) above, report the number of fair	rental a	and			Days	Da	ıys	QUI	
Α	gersonal use days. Check the Quif you meet the requirements to fi			Α		365		0		
В	qualified joint venture. See instru			В						
С	<u> </u>		-	С						
	of Property:									
	Single Family Residence 3 Vacation/Short-Term Rent	tal	5 Land			Self-Rental				
2	Multi-Family Residence 4 Commercial		6 Roya	lties	8	Other (describ	oe)			
						Properties	s:			
Incon	ne:			Α		В			С	
3	Rents received	3		5	97.					
4	Royalties received	4								
Expe										
5	Advertising	5								
6	Auto and travel (see instructions)	6								
7	Cleaning and maintenance			1,8	68.					
8	Commissions	8								
9	Insurance	9								
10	Legal and other professional fees	10								
11	Management fees	11		1,3	42.					
12	Mortgage interest paid to banks, etc. (see instructions)	12								
13	Other interest	13								
14	Repairs	14			14.					
15	Supplies	15		2,7	96.					
16	Taxes	16								
17	Utilities	17			37.					
18	Depreciation expense or depletion	18		4,5	68.					
19	Other (list)	19								
20	Total expenses. Add lines 5 through 19	20		15,2	25.					
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			11 0						
00	file Form 6198	21		-14,6	20.					
22	Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions)	00	,	11 6	۰. ۱	(	,	,		\
02-		22		14,62		(	507	(		)
23a	Total of all amounts reported on line 3 for all rental proper				23a		597.			
b	Total of all amounts reported on line 4 for all royalty properties Total of all amounts reported on line 12 for all properties				23b					
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	//	568.			
d	Total of all amounts reported on line 20 for all properties				23e		225.			
e 24	Income. Add positive amounts shown on line 21. <b>Do not</b>				200	13,	24			
2 <del>4</del> 25	Losses. Add royalty losses from line 21 and rental real estate		-		nter to	tal losses here	25	(	14,628	
26	• •							\	17,020	• )
20	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						06		_1/ 62	Q

**Passive Activity Loss Limitations** 

See separate instructions.

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

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

OMB No. 1545-1008 Attachment Sequence No. **858** 

Department of the Treasury Internal Revenue Service

Identifying number

Name(s) shown on return							ntifying number		
	VENU KUMAR BODDUPALLI 751								
Part I 2023 Passive Activity Loss									
	Caution: Complete Parts IV ar	nd V before compl	eting Part I.						
	I Real Estate Activities With Active P	• ,		ive participat	ion, see <b>Specia</b>	1			
Allow	ance for Rental Real Estate Activities	in the instructions	s.)						
1a	<b>1a</b> Activities with net income (enter the amount from Part IV, column (a))   <b>1a</b>   0 .								
b	Activities with net loss (enter the amo	. )							
С	Prior years' unallowed losses (enter the	)							
d	Combine lines 1a, 1b, and 1c					1d	-14,628.		
All Ot	her Passive Activities								
2a	Activities with net income (enter the a	mount from Part V	, column (a)) .	2a					
b	Activities with net loss (enter the amo				(	)			
С	Prior years' unallowed losses (enter the	ne amount from Pa	art V, column (c))	2c	(	)			
d	Combine lines 2a, 2b, and 2c					2d			
3	Combine lines 1d and 2d and subtra					s			
	zero or more, stop here and include					<b>I</b>			
	prior year unallowed losses entered								
	normally used					3	-14,628.		
	If line 3 is a loss and: • Line 1d is a	loss, go to Part II.							
	• Line 2d is a	loss (and line 1d is	zero or more), ski	p Part II and	go to line 10.				
	on: If your filing status is married filing	separately and yo	ou lived with your	spouse at ar	ny time during t	he year	, <b>do not</b> complete		
	. Instead, go to line 10.								
Par	Special Allowance for Rei				-				
	Note: Enter all numbers in Par			tions for an e	xample.				
4	Enter the <b>smaller</b> of the loss on line 1					4	14,628.		
5	Enter \$150,000. If married filing separ			5	150,000				
6	Enter modified adjusted gross income				108,033	-			
	<b>Note:</b> If line 6 is greater than or equal on line 9. Otherwise, go to line 7.	to line 5, skip line	es / and 8 and ent	er -u-					
7	_			7	41 067				
7	Subtract line 6 from line 5 Multiply line 7 by 50% (0.50). <b>Do not</b> e	· · · · · · · · · · · · · · · · · · ·			41,967		20 004		
8 9	Enter the <b>smaller</b> of line 4 or line 8. If			•			20,984.		
Par		ine 3 includes any	y ChD, see instruc			<u> </u>	14,628.		
10	Add the income, if any, on lines 1a an	nd 2a and enter the	total			10	0.		
11	Total losses allowed from all passiv				tructions to find		· ·		
• • •	out how to report the losses on your t						14,628.		
Par	Complete This Part Before	e Part I. Lines 1	<b>a. 1b. and 1c.</b> S	ee instruction	ons.		11,020.		
			· · ·						
	Name of activity	Currer	nt year	Prior yea	rs O	verall ga	ain or loss		
	Name of activity	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)		ain	(e) Loss			
RED.	DY COLONY	(line 1a)	14,628.		·		14,628.		
		j.							

14,628.

Total. Enter on Part I, lines 1a, 1b, and 1c

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Part V Complete This Part Before	e Part I, Lines 2	a, 2b,	<b>and 2c.</b> S	ee instrud	ctions.			, -			
	Currer	nt year		Prior y	ears	Overall g		gain or loss			
Name of activity	(a) Net income (line 2a)	(b) Net loss (line 2b)		(c) Unallowed loss (line 2c)		(d) Gain		(e) Loss			
Total. Enter on Part I, lines 2a, 2b, and 2c		· · · · ·	1:		12						
Part VI Use This Part if an Amou		art II,	Line 9. S	ee instruc	tions.						
Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss		<b>(b)</b> Ra	(c) Special allowance			(d) Subtract column (c) from column (a).			
REDDY COLONY	E Ln 22		14,628.	1.0000	0000	14,62	8.	0.			
Total			14,628.	1.00	0	14,62	8.	0.			
Part VII Allocation of Unallowed L	osses. See instr	uction	S.								
Name of activity	Form or sche and line nur to be reporte (see instruct	nber ed on	(a) L	_oss	(b) Ratio		(b) Ratio		<b>(b)</b> Ratio <b>(c)</b> (		) Unallowed loss
Гotal						1.00					
Part VIII Allowed Losses. See instr	ructions.		1								
Name of activity	Form or sche and line nur to be reporte (see instruct	nber ed on	(a) L	_oss	(b) Unallowed loss		(c) Allowed loss				
Cotal Cotal											