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

| Submissi | on Identification Number (SID) | | | | | |
|--|--|--|--|---|--|---|
| Taxpayer's r | name | | Social securi | ty numbe | er | |
| SHEMAN | NTH REDDY LOKA | | 719-20 | -8205 | | |
| Spouse's na | ime | | Spouse's so | cial secur | ity number | |
| | ETHA KATIPALLY | | 657-84 | | | |
| Part I | Tax Return Information — Tax Year Ending December 3 | 31, 2023 (Enter | year you a | re auth | norizing.) |) |
| | ole dollars only on lines 1 through 5. | | | | | |
| | rm 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. | | | 1 1 | | |
| | ljusted gross income | | | 1 | | 324. |
| | otal tax | | | 2 | | ,755. |
| | deral income tax withheld from Form(s) W-2 and Form(s) 1099 | | | 3 | | 512. |
| | nount you want refunded to you | | | 5 | -/, | ,757. |
| Part II | nount you owe | | een a cor | | ur retu | m) |
| | alties of perjury, I declare that I have examined a copy of the income tax retu | | | | | |
| to send my for any del Agent to in payment o authorizati payment, I business d taxes to re personal id | ginal or amended) I am now authorizing. I consent to allow my intermediate so return to the IRS and to receive from the IRS (a) an acknowledgement of reay in processing the return or refund, and (c) the date of any refund. If application application and ACH electronic funds withdrawal (direct debit) entry to the financial from federal taxes owed on this return and/or a payment of estimated tax, are on is to remain in full force and effect until I notify the U.S. Treasury Finan must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Pay lays prior to the payment (settlement) date. I also authorize the financial instruction number (PIN) below is my signature for the income tax return (or Funds Withdrawal Consent. | eceipt or reason for rejectable, I authorize the Uninstitution account indirectable of the financial institution account indirectal Agent to terminate or cancellation requisitutions involved in the pissues related to the p | ection of the t S. Treasury a cated in the t in to debit the the authoriz lests must b processing o ayment. I fur | ransmiss and its de ax prepare entry to ation. To e receive f the elether ack | sion, (b) the esignated I aration soft of this accoording to the control of the c | e reason Financial ware for unt. This cancel) a r than 2 yment of that the |
| | | | | | | |
| | r's PIN: check one box only | | 0 | 8 2 | 0 5 | |
| × I | authorize GLOBAL TAXES LLC ERO firm name | to enter or generate | ř En | | igits, but | as my |
| 5 | signature on the income tax return (original or amended) I am now au | ıthorizing. | ac | n't enter | all zeros | |
| i | will enter my PIN as my signature on the income tax return (original f you are entering your own PIN and your return is filed using the Foelow. | | | | | |
| Your sign | ature ▶ | Date ► _ | | | | |
| Spouse's | s PIN: check one box only | | | | | |
| X | authorize GLOBAL TAXES LLC | to enter or generate | my PIN 4 | 5 2 | 9 5 | as my |
| | ERO firm name | · · | | | igits, but | - |
| | signature on the income tax return (original or amended) I am now au | | | n't enter | | |
| i | will enter my PIN as my signature on the income tax return (original f you are entering your own PIN and your return is filed using the Foelow. | | | | | |
| Spouse's | signature ► | Date ► | | | | |
| | Practitioner PIN Method Returns Only | | | | | |
| Part III | Certification and Authentication — Practitioner PIN Me | thod Only | | | | |
| ERO's EF | FIN/PIN. Enter your six-digit EFIN followed by your five-digit self-sele | ected PIN. 2 2 | 2 4 9 | 6 0 | 8 2 7 | 1 |
| | | | Don't en | - - | - - - | |
| authorized | at the above numeric entry is my PIN, which is my signature for the electron to file for tax year indicated above for the taxpayer(s) indicated above. I conts of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized I | confirm that I am subm | itting this ret | urn in ac | cordance | |
| | | | | | | |
| ERO's sig | | Date ► | | | | |
| | ERO Must Retain This Form — S Don't Submit This Form to the IRS Unles | | o So | | | |

E1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return



| £1040 | | artment of the Treasury—Internal Revenue Servi S. Individual Income Ta | | turn | 202 | 3 | OMB No. 1545 | -0074 | IRS Use Only | —Do not w | vrite or staple in this space. |
|--|----------|--|----------|-------------|-----------------|--------|------------------|---------|-------------------|--------------------|---|
| For the year Jar | n. 1–Dec | c. 31, 2023, or other tax year beginning | | | , 2023, end | ling | | | , 20 | See se | parate instructions. |
| Your first name | and mi | iddle initial | Last n | ame | | | | | | Your so | cial security number |
| SHEMANT | H REI | DDY | LOK | A | | | | | | 719 | 20 8205 |
| If joint return, s | pouse's | s first name and middle initial | Last n | | | | | | | | 's social security number |
| SANGEETI | ΗA | | KAT | IPALLY | 7 | | | | | 657 | 84 5295 |
| | | er and street). If you have a P.O. box, see | | | | | | A | pt. no. | | ntial Election Campaig |
| 1742 WII | LDWO | OD TERRACE TRL | | | | | | | | | here if you, or your |
| | | ce. If you have a foreign address, also co | mplete | spaces be | low. | Sta | te | ZIP c | ode | | if filing jointly, want \$3 |
| TEGA CAY | Y | | | | | sc | | 297 | 0.8 | | this fund. Checking a low will not change |
| Foreign country | | | | Foreign pr | rovince/state/ | | | | n postal code | | x or refund. |
| | | | | | | | | | | | You Spous |
| Filing Status | . [| Single | | | | | Head of ho | ouseh | old (HOH) | | |
| _ | | Married filing jointly (even if only o | ne had | income) | | | | | (- , | | |
| Check only one box. | | Married filing separately (MFS) | | , | | | Qualifying | surviv | ing spouse | (QSS) | |
| OHC BOX. | If \ | ou checked the MFS box, enter the | name | of vour si | nouse. If voi | ı che | | | | | ild's name if the |
| | | alifying person is a child but not you | | | podoo. II you | J 0110 | | . O. Q. | 50 50x, 011tc | | |
| | | | | | | | | | | | |
| Digital | | ny time during 2023, did you: (a) rec | | | | | | - | | | |
| Assets | | nange, or otherwise dispose of a dig | | | | | | t)? (Se | e instruction | าร.) | ☐ Yes ⊠ No |
| Standard | | eone can claim: You as a de | • | | • | | a dependent | | | | |
| Deduction | | Spouse itemizes on a separate retur | n or yo | u were a | dual-status | alien | l | | | | |
| Age/Blindnes | s You: | : Were born before January 2, 1 | 959 | Are bl | ind Sp | ouse | : Was bor | n befo | ore January 2 | 2, 1959 | ☐ Is blind |
| Dependent | s (see | instructions): | | (2) 9 | Social security | , | (3) Relationsh | in (4 |) Check the b | ox if qual | ifies for (see instructions |
| If more | | 1) First name Last name | | | | number | | | Child tax c | redit | Credit for other dependent |
| than four | | | | | | | | | П | | П |
| dependents, | | | | | | | | | $\overline{\Box}$ | | |
| see instruction and check | s | | | | | | | | | | |
| here |] | | | | | | | | | | |
| Income | 1a | Total amount from Form(s) W-2, b | ox 1 (s | ee instruc | ctions) . | | | | | . 1a | 116,659. |
| IIICOIIIC | b | Household employee wages not re | | | | | | | | . 1b | |
| Attach Form(s) W-2 here. Also | С | Tip income not reported on line 1a | | | | | | | | . 10 | ; |
| attach Forms | d | Medicaid waiver payments not rep | , | | • | | | | | . 1d | |
| W-2G and | e | Taxable dependent care benefits f | | | | | | | | . 1e | |
| 1099-R if tax was withheld. | f | Employer-provided adoption bene | | | | | | | | . 1f | |
| If you did not | g | Wages from Form 8919, line 6. | | | | | | | | . 19 | _ |
| get a Form | h | Other earned income (see instructions) | | | | | | | | | 0. |
| W-2, see instructions. | i | Nontaxable combat pay election (see instructions) | | | | | | | | | |
| | z | Add lines 1a through 1h | | | | | | | | . 1z | 116,659. |
| Attach Sch. B | | 1 | 2a | • | i | b Т | axable interest | | | . 2b | |
| if required. | 3a | · · · · · · · · · · · · · · · · · · · | 3a | | | | ordinary divider | | | . 3b | |
| | 4a | | 4a | | | | axable amount | | | . 4b | |
| Standard | 5a | | 5a | | | | axable amount | | | . 5b | |
| Deduction for— | 6a | | 6a | | | | axable amount | | | . 6b | |
| Single or Married filing | C | If you elect to use the lump-sum e | _ | method | check here | | | | | | |
| separately, \$13,850 | 7 | Capital gain or (loss). Attach Sche | | | | | | | [| | |
| Married filing | 8 | Additional income from Schedule | | | | | • | | L | . 8 | -12,335. |
| jointly or Qualifying | 9 | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, | | | | | | | | . 8 | 104,324. |
| surviving spouse, \$27,700 | 9 10 | | | | | | | | | . <u>9</u> . 10 | |
| Head of | | Adjustments to income from Sche | | | | | | | | <u> </u> | |
| household, \$20,800 | 11 | Subtract line 10 from line 9. This is | - | | | | | | | . 11 | |
| If you checked | 12 | Standard deduction or itemized | | | | | | | | . 12 | , |
| any box under Standard | 13 | Qualified business income deducti | | | | ı 699 | υ-A | | | . 13 | |
| Deduction, see instructions. | 14 | | · · | | | | ovable in a con- | | | . 14 | |
| | 15 | Subtract line 14 from line 11. If zer | o or les | ss, enter · | -u Inis is y | our 1 | laxable incom | е. | | . 15 | 76,624. |

| Form 1040 (202) | 3) | | | | | | | | Page Z | |
|------------------------------------|------|---|------------------------|-------------------|---------------------|------------------------|----------------|---------------------------|---------------------------|--|
| Tax and | 16 | Tax (see instructions). Check if | any from Form | (s): 1 881 | 4 2 🗌 4972 | з 🗌 | | . 16 | 8,755. | |
| Credits | 17 | Amount from Schedule 2, line | 3 | | | | | . 17 | | |
| | 18 | Add lines 16 and 17 | | | | | | . 18 | 8,755. | |
| | 19 | Child tax credit or credit for ot | her dependent | ts from Sched | ule 8812 | | | . 19 | | |
| | 20 | Amount from Schedule 3, line | 8 | | | | | . 20 | | |
| | 21 | Add lines 19 and 20 | | | | | | . 21 | | |
| | 22 | Subtract line 21 from line 18. I | f zero or less, e | enter -0 | | | | . 22 | 8,755. | |
| | 23 | Other taxes, including self-em | ployment tax, | from Schedule | e 2, line 21 | | | . 23 | 0. | |
| | 24 | Add lines 22 and 23. This is yo | our total tax | | | | | . 24 | 8,755. | |
| Payments | 25 | Federal income tax withheld fr | rom: | | | | | | | |
| - | а | Form(s) W-2 | | | | 25a 1 | 6 , 512 | 2. | | |
| | b | Form(s) 1099 | | | | 25b | | | | |
| | С | Other forms (see instructions) | | | | 25c | | | | |
| | d | Add lines 25a through 25c . | | | | | | . 25d | 16,512. | |
| If you have a | 26 | 2023 estimated tax payments | and amount ap | pplied from 20 |)22 return | | | . 26 | | |
| qualifying child, | 27 | Earned income credit (EIC) . | | | No . | 27 | | | | |
| attach Sch. EIC. | 28 | Additional child tax credit from | Schedule 8812 | | | 28 | | | | |
| | 29 | American opportunity credit fr | om Form 8863 | , line 8 | | 29 | | | | |
| | 30 | Reserved for future use | | | | 30 | | | | |
| | 31 | Amount from Schedule 3, line | | | | | | | | |
| | 32 | Add lines 27, 28, 29, and 31. T | . 32 | | | | | | | |
| | 33 | Add lines 25d, 26, and 32. The | ese are your to | tal payments | | | | . 33 | 16,512. | |
| Refund | 34 | If line 33 is more than line 24, | subtract line 24 | 4 from line 33. | This is the amour | nt you overpaid | | . 34 | 7,757. | |
| | 35a | Amount of line 34 you want re | | | 3 is attached, chec | k here | [| 35a | 7,757. | |
| Direct deposit? | b | Routing number 0 5 1 5 | | | c Type: | Checking | Saving | gs | | |
| See instructions. | d | Account number 8 7 1 9 | 9 5 3 8 | 0 3 | | | | | | |
| | 36 | Amount of line 34 you want ap | plied to your | 2024 estimate | ed tax | 36 | | | | |
| Amount | 37 | Subtract line 33 from line 24. 7 | | | | | | | | |
| You Owe | | For details on how to pay, go | to www.irs.gov | //Payments or | see instructions. | | | . 37 | | |
| | 38 | Estimated tax penalty (see ins | tructions) . | | | 38 | | | | |
| Third Party | | you want to allow another p | | | | | S | | ₩. | |
| Designee | | structions | | Phone | | | • | te below. | ⊠ No | |
| | | signee's me | | no. | | | nber (PIN | entification N) | | |
| Sign | | der penalties of perjury, I declare that | | | | | | | | |
| Here | be | belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of wh | | | | | | | er has any knowledge. | |
| 11010 | Yo | ur signature | | Date | Your occupation | | | | nt you an Identity | |
| | | | | | SAS ADMINS | מ חייי גי מיייי | | rotection P see inst.) | PIN, enter it here | |
| Joint return? See instructions. | Sn | ouse's signature. If a joint return, bo | th must sign | Date | Spouse's occupati | | ` | | nt your spouse an | |
| Keep a copy for | | ouse's signature. If a joint return, bo | ar must sign. | Date | opouse s occupati | 511 | | | ection PIN, enter it here | |
| your records. | | | | SOFTWARE ENGINEER | | | | see inst.) | | |
| | Ph | one no. (304) 544-5209 | | Email address | SHEMANTHREDD | Y625@GMAIL.C | OM | | | |
| Paid | Pre | eparer's name F | Preparer's signat | ure | | Date | PTIN | _ | Check if: | |
| Preparer | SYAN | M PRIYA RAM SAGAR GUPTA TALLAM S | GUPTA TALLAM | 02/06/2024 | P020 | 082703 | Self-employed | | | |
| Use Only | Fir | m's name GLOBAL TAXE | ES LLC | | | | Р | Phone no. (678) 965-9522 | | |
| ———— | Fir | m's address 245 ROONEY | CT E BRU | NSWICK N | J 08816 | | F | irm's EIN | 84-3171965 | |
| 0 1 | /- | 40406 | | | | | | | = 1040 () | |

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

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

| Name | (s) shown on Form 1040, 1040-SR, or 1040-NR | | Your so | cial s | ecurity number |
|------|--|---------|---------|--------|----------------|
| SHEM | MANTH REDDY LOKA & SANGEETHA KATIPALLY | | 719-2 | 0-82 | 05 |
| 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. Attach S | chedule | E . | 5 | -12,335. |
| 6 | Farm income or (loss). Attach Schedule F | [| 6 | | |
| 7 | Unemployment compensation | | | 7 | |
| 8 | Other income: | | | | |
| а | Net operating loss | (|) | | |
| b | Gambling | | | | |
| С | Cancellation of debt | | | | |
| d | Foreign earned income exclusion from Form 2555 8d | (|) | | |
| е | Income from Form 8853 | | | | |
| f | Income from Form 8889 | | | | |
| g | Alaska Permanent Fund dividends | | | | |
| h | Jury duty pay | | | | |
| i | Prizes and awards | | | | |
| j | Activity not engaged in for profit income | | | | |
| k | Stock options | | | | |
| 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) | | | | |
| | Section 951(a) inclusion (see instructions) | | | | |
| Ο | Section 951A(a) inclusion (see instructions) | | | | |

8p

8a

8r

8s

8t

8u

8z

u Wages earned while incarcerated

9

10

z Other income. List type and amount: _

Section 461(I) excess business loss adjustment

Taxable distributions from an ABLE account (see instructions) . . .

Scholarship and fellowship grants not reported on Form W-2 . . .

-12,335.

9

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 | | | 15 | |
| 16 | Self-employed SEP, SIMPLE, and qualified plans | | | 16 | |
| 17 | Self-employed health insurance deduction | | | 17 | |
| 18 | Penalty on early withdrawal of savings | | | 18 | |
| 19a | Alimony paid | | | 19a | |
| b | Recipient's SSN | | | | |
| С | Date of original divorce or separation agreement (see instructions): | | | | |
| 20 | IRA deduction | | | 20 | |
| 21 | Student loan interest deduction | | | 21 | |
| 22 | Reserved for future use | | | 22 | |
| 23 | Archer MSA deduction | | | 23 | |
| 24 | Other adjustments: | | | | |
| а | , | 24a | | | |
| b | Deductible expenses related to income reported on line 8l from the | | | | |
| | | 24b | | | |
| С | Nontaxable amount of the value of Olympic and Paralympic medals | | | | |
| | ' ' ' | 24c | | _ | |
| d | | 24d | | | |
| е | Repayment of supplemental unemployment benefits under the Trade Act of 1974 | 24e | | | |
| f | | 24f | | | |
| g | | 24g | | | |
| _ | 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 | | 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 | <u>.</u> . | | 25 | |
| 26 | Add lines 11 through 23 and 25. These are your adjustments to income . | . Enter | here and on | | |
| | Form 1040, 1040-ŠR, or 1040-NR, line 10 | | | 26 | |

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

ע ז האט נ פאארבבידעה אידר דע דר א דר א דר א

Your social security number

| SHE | MANTH REDDY I | JOKA | & SANGEETHA KATIPALLY | | | | /19-20-8205 | |
|------|------------------------------------|---------|--|-------|-----------|----------------------|-------------------------|----------|
| Par | Note: If you ar | e in th | From Rental Real Estate and Ro e business of renting personal property, use from Form 4835 on page 2, line 40. | | le C. See | instructions. If you | are an individual, repo | ort farm |
| | | | nts in 2023 that would require you to file | | | | | s 🗵 No |
| В | If "Yes," did you or | will yo | u file required Form(s) 1099? | | | | Ye | s 🗌 No |
| 1a | Physical address | of ea | ch property (street, city, state, ZIP cod | e) | | | | |
| Α | ANKAPOOR NIZ | AMAE | BAD TELANGANA IN 503224 | | | | | |
| В | | | | | | | | |
| С | | | | | | | | |
| 1b | Type of Property (from list below) | 2 | For each rental real estate property lis above, report the number of fair renta | | | Fair Rental Days | Personal Use Days | QJV |
| Α | 3 | | personal use days. Check the QJV bo | , | Α | 365 | 0 | |
| В | | | if you meet the requirements to file as qualified joint venture. See instruction | | В | | | |
| С | | | quained joint venture. See instruction | 5. | С | | | |
| Туре | of Property: | | | | | | | |
| 1 | Single Family Resid | dence | 3 Vacation/Short-Term Rental | 5 Lan | d | 7 Self-Rental | | |
| 2 | Multi-Family Reside | ence | 4 Commercial | 6 Roy | alties | 8 Other (desc | cribe) | |

| C | | | C | | | | |
|--------|--|-------|--------------------|-------|-----------------|------|-------------------|
| Type | of Property: | | | | | | |
| 1 | Single Family Residence 3 Vacation/Short-Term Rent | :al | 5 Land | 7 | Self-Rental | | |
| 2 | Multi-Family Residence 4 Commercial | | 6 Royalties | 8 | Other (describe | e) | |
| | • | | <u> </u> | | | | |
| Incon | ••• | | Α | | Properties B | - | С |
| | | _ | | 50. | В | | |
| 3 4 | Rents received | 3 | 0 | 50. | | | |
| | Royalties received | 4 | | | | | |
| Exper | | _ | | | | | |
| 5 | Advertising | 5 | | | | | |
| 6 | Auto and travel (see instructions) | 6 | 1 0 | | | | |
| 7 | Cleaning and maintenance | 7 | 1,2 | 03. | | | |
| 8 | Commissions | 8 | | | | | |
| 9 | Insurance | 9 | | | | | |
| 10 | Legal and other professional fees | 10 | 1.0 | | | | |
| 11 | Management fees | 11 | 1,0 | 50. | | | |
| 12 | Mortgage interest paid to banks, etc. (see instructions) | 12 | | | | | |
| 13 | Other interest | 13 | 0.6 | 2.6 | | | |
| 14 | Repairs | 14 | 3,6 | | | | |
| 15 | Supplies | 15 | 2,8 | 66. | | | |
| 16 | Taxes | 16 | | | | | |
| 17 | Utilities | 17 | 4,2 | 60. | | | |
| 18 | Depreciation expense or depletion | 18 | | | | | |
| 19 | Other (list) | 19 | | | | | |
| 20 | Total expenses. Add lines 5 through 19 | 20 | 12,9 | 85. | | | |
| 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 | | 100 | 0.5 | | | |
| | file Form 6198 | 21 | -12,3 | 35. | | | |
| 22 | Deductible rental real estate loss after limitation, if any, | | | | | | |
| | on Form 8582 (see instructions) | 22 | , | | |)(|) |
| 23a | Total of all amounts reported on line 3 for all rental proper | | | 23a | (| 550. | |
| b | Total of all amounts reported on line 4 for all royalty proper | | | 23b | | | |
| С | Total of all amounts reported on line 12 for all properties | | | 23c | | | |
| d | Total of all amounts reported on line 18 for all properties | | | 23d | | | |
| е | Total of all amounts reported on line 20 for all properties | | | 23e | 12,9 | | |
| 24 | Income. Add positive amounts shown on line 21. Do not | | • | | | 24 | |
| 25 | Losses. Add royalty losses from line 21 and rental real estate | | | | | 25 | 12,335.) |
| 26 | Total rental real estate and royalty income or (loss). | | | | | | |
| | here. If Parts II, III, and IV, and line 40 on page 2 do not | | | | | | 10.005 |
| | Schedule 1 (Form 1040), line 5. Otherwise, include this an | nount | in the total on li | ne 41 | on page 2 . | 26 | -12 , 335. |