

# IRS efile Signature Authorization

Department of the Treasury  
Internal Revenue Service

- ▶ ERO must obtain and retain completed Form 8879.
- ▶ Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.

Submission Identification Number (SID) ▶

|  |   |
|--|---|
| Taxpayer's name<br><b>SHEREEN SHAIK</b>  | Social security number<br><b>842-16-1176</b>          |
| Spouse's name<br><b>JANI BASHA SHAIK</b> | Spouse's social security number<br><b>978-90-5250</b> |

**Part I Tax Return Information— Tax Year Ending December 31, 2021 (Enter year you are authorizing)**

Enter whole dollars only on lines 1 through 5

Note: Form 1040SS filers use line 4 only. Leave lines 1, 2, 3 and 5 blank

|   |   |         |
|---|---|---------|
| 1 Adjusted gross income . . . . .   | 1 | 82,589. |
| 2 Total tax . . . . .   | 2 | 6,427.  |
| 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . . . | 3 | 10,821. |
| 4 Amount you want refunded to you . . . . .                               | 4 | 5,794.  |
| 5 Amount you owe . . . . .  | 5 |         |

**Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)**

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

Taxpayer's PIN: check one box only

I authorize GLOBAL TAXES LLC to enter or generate my PIN 

|   |   |   |   |   |
|---|---|---|---|---|
| 6 | 1 | 1 | 7 | 6 |
|---|---|---|---|---|

 as my 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. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

Spouse's PIN: check one box only

I authorize GLOBAL TAXES LLC to enter or generate my PIN 

|   |   |   |   |   |
|---|---|---|---|---|
| 0 | 5 | 2 | 5 | 0 |
|---|---|---|---|---|

 as my 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. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**Practitioner PIN Method Returns Only—continue below**

**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 

|   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|
| 5 | 8 | 7 | 2 | 7 | 8 | 6 | 1 | 9 | 8 | 9 |
|---|---|---|---|---|---|---|---|---|---|---|

 Don't enter all zeros

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

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

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

Filing Status  Single  Married filing jointly  Married filing separately (MFS)  Head of household (HOH)  Qualifying widow(er) (QW)  
 Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent ▶

|  |                           |   |
|--|---------------------------|---|
| Your first name and middle initial<br><b>SHEREEN</b>   | Last name<br><b>SHAIK</b> | Your social security number<br><b>842-16-1176</b>     |
| If joint return, spouse's first name and middle initial<br><b>JANI BASHA</b>                             | Last name<br><b>SHAIK</b> | Spouse's social security number<br><b>978-90-5250</b> |
| Home address (number and street). If you have a P.O. box, see instructions<br><b>315 HARRISON AVE</b>    |                           | Apt no.   |
| City, town, or post office. If you have a foreign address, also complete spaces below<br><b>HARRISON</b> |                           | State<br><b>NJ</b>                                    |
| Foreign country name   |                           | ZIP code<br><b>07029</b>                              |
| Foreign province/state/county  |                           | Foreign postal code                                   |

Presidential Election Campaign  
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.  
 You  Spouse

At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency?  Yes  No

Standard Deduction  Spouse itemizes on a separate return or you were a dual-status alien  
 Someone can claim:  You as a dependent  Your spouse as a dependent

Age/Blindness You  Were born before January 2, 1957  Are blind Spouse:  Was born before January 2, 1957  Is blind

| Dependents (see instructions):   | (1) First name | Last name | (2) Social security number | (3) Relationship to you | (4) <input checked="" type="checkbox"/> if qualifies for (see instructions):<br>Child tax credit | Credit for other dependents |
|--|----------------|-----------|----------------------------|-------------------------|--|-----------------------------|
| If more than four dependents see instructions and check here▶ <input type="checkbox"/> |                |           |                            |                         | <input type="checkbox"/>   | <input type="checkbox"/>    |
|  |                |           |                            |                         | <input type="checkbox"/>   | <input type="checkbox"/>    |
|  |                |           |                            |                         | <input type="checkbox"/>   | <input type="checkbox"/>    |
|  |                |           |                            |                         | <input type="checkbox"/>   | <input type="checkbox"/>    |

|  |     |   |     |         |
|--|-----|---|-----|---------|
| Attach Sch B if required   | 1   | Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .  | 1   | 89,089. |
|  | 2a  | Tax-exempt interest . . . . .   | 2b  |         |
|  | 3a  | Qualified dividends . . . . .   | 3b  |         |
|  | 4a  | IRA distributions . . . . .   | 4b  |         |
|  | 5a  | Pensions and annuities . . . . .  | 5b  |         |
|  | 6a  | Social security benefits . . . . .  | 6b  |         |
|  | 7   | Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . . ▶ <input type="checkbox"/> | 7   |         |
|  | 8   | Other income from Schedule 1, line 10 . . . . .   | 8   | -6,500. |
|  | 9   | Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income . . . . . ▶  | 9   | 82,589. |
|  | 10  | Adjustments to income from Schedule 1, line 2b . . . . .  | 10  |         |
|  | 11  | Subtract line 10 from line 9. This is your adjusted gross income . . . . . ▶  | 11  | 82,589. |
| Standard Deduction for—<br>• Single or Married filing separately, \$12,550<br>• Married filing jointly or Qualifying widow(er), \$25,100<br>• Head of household, \$18,800<br>• If you checked any box under Standard Deduction, see instructions | 12a | Standard deduction or itemized deductions (from Schedule A) . . . . .   | 12a | 25,100. |
|  | b   | Charitable contributions if you take the standard deduction (see instructions)  | 12b | 600.    |
|  | c   | Add lines 12a and 12b . . . . .   | 12c | 25,700. |
|  | 13  | Qualified business income deduction from Form 8995 or Form 8995-A . . . . .   | 13  |         |
|  | 14  | Add lines 12c and 13 . . . . .  | 14  | 25,700. |
|  | 15  | Taxable income. Subtract line 14 from line 11. If zero or less, enter -0- . . . . .                                     | 15  | 56,889. |

|                                     |  |     |         |
|-------------------------------------|--|-----|---------|
| 16                                  | Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____  | 16  | 6,427.  |
| 17                                  | Amount from Schedule 2 line 3  | 17  |         |
| 18                                  | Add lines 16 and 17  | 18  | 6,427.  |
| 19                                  | Nonrefundable child tax credit or credit for other dependents from Schedule 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  | 6,427.  |
| 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  | 6,427.  |
| 25                                  | Federal income tax withheld from:  |     |         |
| a                                   | Form(s) W-2  | 25a | 10,821. |
| b                                   | Form(s) 1099   | 25b |         |
| c                                   | Other forms (see instructions)   | 25c |         |
| d                                   | Add lines 25a through 25c  | 25d | 10,821. |
| 26                                  | 2021 estimated tax payments and amount applied from 2020 return  | 26  |         |
| 27a                                 | Earned income credit (EIC).<br>Check here if you were born after January 1, 1993, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18 to claim the EIC. See instructions <input type="checkbox"/> | 27a |         |
| b                                   | Non-taxable combat pay election  | 27b |         |
| c                                   | Prior year (2019) earned income  | 27c |         |
| 28                                  | Refundable child tax credit or additional child tax credit from Schedule 8812  | 28  |         |
| 29                                  | American opportunity credit from Form 8863 line 8  | 29  |         |
| 30                                  | Recovery rebate credit. See instructions   | 30  | 1,400.  |
| 31                                  | Amount from Schedule 3 line 15   | 31  |         |
| 32                                  | Add lines 27a and 28 through 31. These are your total other payments and refundable credits  | 32  | 1,400.  |
| 33                                  | Add lines 25d, 26, and 32. These are your total payments   | 33  | 12,221. |
| Refund                              | 34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid   | 34  | 5,794.  |
| 35a                                 | Amount of line 34 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>  | 35a | 5,794.  |
| Direct deposit?<br>See instructions | b Routing number 0 1 1 1 0 3 0 9 3 c Type <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings  |     |         |
| d                                   | Account number 4 3 4 6 5 7 9 2 7 4   |     |         |
| 36                                  | Amount of line 34 you want applied to your 2022 estimated tax  | 36  |         |
| Amount You Owe                      | 37 Amount you owe. Subtract line 33 from line 24. For details on how to pay, see instructions  | 37  |         |
| 38                                  | Estimated tax penalty (see instructions)   | 38  |         |

If you have a qualifying child, attach Sch. EIC.

**Third Party Designee** Do you want to allow another person to discuss this return with the IRS? See instructions  Yes. Complete below.  No

Designee's name \_\_\_\_\_ Phone no \_\_\_\_\_ Personal identification number (PIN) \_\_\_\_\_

**Sign Here** Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

|   |      |  |  |
|---|------|--|--|
| Your signature  | Date | Your occupation<br>CLINICAL DATA MANAGER | If the IRS sent you an Identity Protection PIN, enter it here (see inst) _____         |
| Spouse's signature. If a joint return, both must sign | Date | Spouse's occupation<br>HOME MAKER        | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst) _____ |

Phone no (203) 522-6096 Email address SK.SHEREEN93@GMAIL.COM

**Paid Preparer Use Only**

|  |   |                    |                            |   |
|--|---|--------------------|----------------------------|---|
| Preparer's name<br>SYAM PRIYA RAM SAGAR GUPTA TALLAM | Preparer's signature<br>SYAM PRIYA RAM SAGAR GUPTA TALLAM | Date<br>02/05/2022 | PTIN<br>P02082703          | Check if:<br><input type="checkbox"/> Self-employed |
| Firm's name<br>GLOBAL TAXES LLC                      | Firm's address<br>2530 Pebble Creek Ln Cumming GA 30041   |                    | Phone no<br>(678) 965-9522 | Firm's EIN<br>30-1017196                            |

# Additional Income and Adjustments to Income

▶ Attach to Form 1040, 1040-SR, or 1040-NR  
▶ Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

Name(s) shown on Form 1040, 1040-SR, or 1040-NR  
SHEREEN & JANI BASHA SHAIK

Your social security number  
842-16-1176

## Part 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 Schedule E . . . . .   |        | 5  | -6,500. |
| 6  | Farm income or (loss). Attach Schedule F . . . . .  |        | 6  |         |
| 7  | Unemployment compensation . . . . .   |        | 7  |         |
| 8  | Other income:   |        |    |         |
|    | a Net operating loss . . . . .  | 8a ( ) |    |         |
|    | b Gambling income . . . . .   | 8b     |    |         |
|    | c Cancellation of debt . . . . .  | 8c     |    |         |
|    | d Foreign earned income exclusion from Form 2555 . . . . .  | 8d ( ) |    |         |
|    | e Taxable Health Savings Account distribution . . . . .   | 8e     |    |         |
|    | f Alaska Permanent Fund dividends . . . . .   | 8f     |    |         |
|    | g Jury duty pay . . . . .   | 8g     |    |         |
|    | h Prizes and awards . . . . .   | 8h     |    |         |
|    | i Activity not engaged in for profit income . . . . .   | 8i     |    |         |
|    | j Stock options . . . . .   | 8j     |    |         |
|    | k 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 . . . . . | 8k     |    |         |
|    | l Olympic and Paralympic medals and USOC prize money (see instructions) . . . . .   | 8l     |    |         |
|    | m Section 951(a) inclusion (see instructions) . . . . .   | 8m     |    |         |
|    | n Section 951A(a) inclusion (see instructions) . . . . .  | 8n     |    |         |
|    | o Section 461(l) excess business loss adjustment . . . . .  | 8o     |    |         |
|    | p Taxable distributions from an ABLE account (see instructions) . . . . .   | 8p     |    |         |
|    | 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. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 . . . . .   |        | 10 | -6,500. |

**Part II** Adjustments to Income

|     |  |     |     |  |
|-----|--|-----|-----|--|
| 11  | Educator expenses . . . . .  |     | 11  |  |
| 12  | Certain business expenses of reservists, performing artists, and fee-basis government 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 . . . . . ▶ _____  |     |     |  |
|     | c 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  |     |     |  |
|     | a Jury duty pay (see instructions) . . . . .   | 24a |     |  |
|     | b Deductible expenses related to income reported on line 8k 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 8 . . . . .  | 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 |     |  |
|     | 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 ▶ _____   | 24z |     |  |
| 25  | Total other adjustments Add lines 24a through 24z . . . . .  |     | 25  |  |
| 26  | Add lines 11 through 23 and 25 These are your adjustments to income. Enter here and on Form 1040 or 1040SR, line 10 or Form 1041NR, line 10a . . . . .                 |     | 26  |  |

SCHEDULE E  
(Form 1041)

Supplemental Income and Loss

OMB No 1545-0074

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

2021

Department of the Treasury  
Internal Revenue Service (99)

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

Attachment  
Sequence No. 13

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

Name(s) shown on return

Your social security number

SHEREEN & JANI BASHA SHAIK

842-16-1176

**Part I** Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.

A Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions . . . . .  Yes  No

B If "Yes," did you or will you file required Form(s) 1099? . . . . .  Yes  No

|    |   |  |                  |                   |                          |
|----|---|--|------------------|-------------------|--------------------------|
| 1a | Physical address of each property (street, city, state, ZIP code) |  |                  |                   |                          |
| A  | kukatpally HYDERABAD TELANGANA IN 500045                          |  |                  |                   |                          |
| B  |   |  |                  |                   |                          |
| C  |   |  |                  |                   |                          |
| 1b | Type of Property (from list below)                                | 2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions. | Fair Rental Days | Personal Use Days | QJV                      |
| A  | 3   |  | 365              | 0                 | <input type="checkbox"/> |
| B  |   |  |                  |                   | <input type="checkbox"/> |
| C  |   |  |                  |                   | <input type="checkbox"/> |

Type of Property:

- 1 Single Family Residence
- 2 Multi-Family Residence
- 3 Vacation/Short-Term Rental
- 4 Commercial
- 5 Land
- 6 Royalties
- 7 Self-Rental
- 8 Other (describe)

| Income:   | Properties | A          | B   | C       |
|---|------------|------------|-----|---------|
| 3 Rents received . . . . .  | 3          | 500.       |     |         |
| 4 Royalties received . . . . .  | 4          |            |     |         |
| <b>Expenses</b>   |            |            |     |         |
| 5 Advertising . . . . .   | 5          |            |     |         |
| 6 Auto and travel (see instructions) . . . . .  | 6          |            |     |         |
| 7 Cleaning and maintenance . . . . .  | 7          | 800.       |     |         |
| 8 Commissions . . . . .   | 8          |            |     |         |
| 9 Insurance . . . . .   | 9          |            |     |         |
| 10 Legal and other professional fees . . . . .  | 10         |            |     |         |
| 11 Management fees . . . . .  | 11         | 500.       |     |         |
| 12 Mortgage interest paid to banks, etc. (see instructions) . . . . .   | 12         |            |     |         |
| 13 Other interest . . . . .   | 13         |            |     |         |
| 14 Repairs . . . . .  | 14         | 1,500.     |     |         |
| 15 Supplies . . . . .   | 15         | 1,200.     |     |         |
| 16 Taxes . . . . .  | 16         |            |     |         |
| 17 Utilities . . . . .  | 17         | 3,000.     |     |         |
| 18 Depreciation expense or depletion . . . . .  | 18         |            |     |         |
| 19 Other (list) ▶ . . . . .   | 19         |            |     |         |
| 20 Total expenses Add lines 5 through 19 . . . . .  | 20         | 7,000.     |     |         |
| 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         | -6,500.    |     |         |
| 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) . . . . .   | 22         | ( 6,500. ) | ( ) | ( )     |
| 23a Total of all amounts reported on line 3 for all rental properties . . . . .   | 23a        | 500.       |     |         |
| b Total of all amounts reported on line 4 for all royalty properties . . . . .  | 23b        |            |     |         |
| c 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        |            |     |         |
| e Total of all amounts reported on line 20 for all properties . . . . .   | 23e        | 7,000.     |     |         |
| 24 Income. Add positive amounts shown on line 21. Do not include any losses . . . . .   | 24         |            |     |         |
| 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . . . . .  | 25         | ( 6,500. ) |     |         |
| 26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1041), line 5. Otherwise, include this amount in the total on line 41 on page 2 . . . . . | 26         |            |     | -6,500. |

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1041) 2021

# Health Savings Accounts (HSAs)

▶ Attach to Form 1040, 1040-SR, or 1040-NR  
 ▶ Go to [www.irs.gov/Form8889](http://www.irs.gov/Form8889) for instructions and the latest information.

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

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions ▶ **842-16-1176**

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

**Part I** HSA Contributions and Deduction. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

|    |   |                                    |  |
|----|---|------------------------------------|--|
| 1  | Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2021. See instructions. . . . . ▶   | <input type="checkbox"/> Self-only | <input checked="" type="checkbox"/> Family |
| 2  | HSA contributions you made for 2021 (or those made on your behalf), including those made from January 1, 2022, through April 15, 2022, that were for 2021. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions. . . . .         | 2                                  | 0.   |
| 3  | If you were under age 55 at the end of 2021 and, on the first day of every month during 2021, you were, or were considered, an eligible individual with the same coverage, enter \$3,600 (\$7,200 for family coverage). All others, see the instructions for the amount to enter. . . . . | 3                                  | 7,200.                                     |
| 4  | Enter the amount you and your employer contributed to your Archer MSAs for 2021 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2021, also include any amount contributed to your spouse's Archer MSAs. . . . .                 | 4                                  | 0.   |
| 5  | Subtract line 4 from line 3. If zero or less, enter -0. . . . .   | 5                                  | 7,200.                                     |
| 6  | Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2021, see the instructions for the amount to enter. . . . .   | 6                                  | 7,200.                                     |
| 7  | If you were age 55 or older at the end of 2021, married, and you or your spouse had family coverage under an HDHP at any time during 2021, enter your additional contribution amount. See instructions. . . . .   | 7                                  |  |
| 8  | Add lines 6 and 7. . . . .  | 8                                  | 7,200.                                     |
| 9  | Employer contributions made to your HSAs for 2021. . . . .  | 9                                  | 158.                                       |
| 10 | Qualified HSA funding distributions. . . . .  | 10                                 |  |
| 11 | Add lines 9 and 10. . . . .   | 11                                 | 158.                                       |
| 12 | Subtract line 11 from line 8. If zero or less, enter -0. . . . .  | 12                                 | 7,042.                                     |
| 13 | HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13. Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions. . . . .   | 13                                 | 0.   |

**Part II** HSA Distributions. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

|     |   |     |  |
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| 14a | Total distributions you received in 2021 from all HSAs (see instructions). . . . .  | 14a |  |
| b   | Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions. . . . . | 14b |  |
| c   | Subtract line 14b from line 14a. . . . .  | 14c |  |
| 15  | Qualified medical expenses paid using HSA distributions (see instructions). . . . .   | 15  |  |
| 16  | Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0. Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8e. . . . .  | 16  |  |
| 17a | If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here. . . . . ▶ <input type="checkbox"/>   |     |  |
| b   | Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c. . . . .                         | 17b |  |

**Part III** Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

|    |   |    |  |
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| 18 | Last-month rule. . . . .  | 18 |  |
| 19 | Qualified HSA funding distribution. . . . .   | 19 |  |
| 20 | Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8z, and enter "HSA" and the amount on the dotted line. . . . . | 20 |  |
| 21 | Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d. . . . .                        | 21 |  |