E 1040-NR Department of the Treasury-Internal Revenue Service U.S. Nonresident Alien Income Tax Return

| 2022 |
|------|
|------|

OMB No. 1545-0074

IRS Use Only—Do not write or staple in this space.

| For the year Jan. 1–Dec. 31, 2022, or other tax year beginning, 2022, ending, 20 | | | | | | | | | e separate structions. |
|--|---------|--|---|------------------------------------|--------------------------|----------------------------|--------------|-------------|---------------------------|
| Filing Status | | Single Married filing sepa | | | ng surviving spouse | | Est | ate | Trust |
| Check only one box. | " | | | | | | | | |
| Your first name | and i | middle initial | Last na | ame | | | Your id | | g number s) |
| SONY | | | UPPU | | | | 164- | 79-89 | 995 |
| Home address | (num | oer and street). If you have a P.O. box | , see ins | structions. | | | | | Apt. no. |
| 304 49TH | STR | EET | | | 3 | | | | |
| City, town, or p | oost o | ffice. If you have a foreign address, al | so comp | lete spaces below. | | State | | ZIP cod | le |
| UNION CI | ΓΥ | | | | | NJ | | 07087 | 7 |
| Foreign countr | y nam | е | Foreig | n province/state/county | | Foreign | postal co | de | |
| Digital Assets | | ny time during 2022, did you: (a) recei | | | | | or (b) sell, | | |
| Dependents | 3 | | | | | (4) Ch | eck the box | if qualifie | es for (see inst.): |
| (see instructions) | - 1 | (d) First server | | (2) Dependent's identifying number | (O) Deletie veleie te co | Chi | ld tax cred | † | edit for other |
| | | (1) First name Last name | | identifying number | (3) Relationship to yo | ou | | 0 | dependents |
| If more than fou | r | | | | | _ | | - | |
| dependents, see | | | | | | | - | | |
| instructions and check here | | | | | | | | | - |
| | 10 | Total amount from Form(a) W 2, has | , 1 /222 i | inatruationa) | | | . la | T 1 | 135 , 711. |
| Income Effectively | 1a b | Total amount from Form(s) W-2, box Household employee wages not rep | | | | | . 1b | | |
| Connected | C | Tip income not reported on line 1a (| | | | | _ | | |
| With U.S. | d | Medicaid waiver payments not repo | | | | | . 1d | | |
| Trade or | e | Taxable dependent care benefits from | | | | | . 1e | | |
| Business | f | Employer-provided adoption benefit | . 16 | | | | | | |
| Dusiliess | g | Wages from Form 8919, line 6 | | | | | . 1g | | |
| Attach | b h | | | | | | | | |
| Form(s) W-2, 1042-S, | i | Reserved for future use | | | | | | | |
| SSA-1042-S, | i | Reserved for future use | . 1j | | | | | | |
| RRB-1042-S, | k | Total income exempt by a treaty from | , | | | | | | |
| and 8288-A here. Also | | line 1(e) | | | 1k | | | | |
| attach | z | Add lines 1a through 1h | | | | | . 1z | 1 | 35,711. |
| Form(s) 1099-R if | 2a | Tax-exempt interest 2a | a | b Tax | able interest | | . 2b | | |
| tax was | 3a | Qualified dividends 3a | а | b Ord | linary dividends . | | . 3b | | |
| withheld. | 4a | IRA distributions 4a | э | b Tax | able amount | | . 4b | | |
| If you did not | 5a | Pensions and annuities 5a | a | b Tax | able amount | | . 5b | | 355. |
| get a Form W-2, see | 6 | Reserved for future use | | | | | . 6 | | |
| instructions. | 7 | Capital gain or (loss). Attach Schedu | , | , , | | | | | -2,506. |
| | 8 | Other income from Schedule 1 (Form | | | | | | | -6 , 115. |
| | 9 | Add lines 1z, 2b, 3b, 4b, 5b, 7, and 8 | 8. This is | your total effectively c | onnected income | | . 9 | 1 1 | 127,445. |
| | 10 | Adjustments to income: | | | | | | | |
| | а | From Schedule 1 (Form 1040), line 2 | | | | | _ | | |
| | b | Reserved for future use | | | | | | | |
| | С | Reserved for future use | | | | | | | |
| | d | Enter the amount from line 10a. The | - | | | | | | |
| | 11 | Subtract line 10d from line 9. This is | - | | | | | 1 1 | 127,445. |
| | 12 | Itemized deductions (from Schedudeduction (see instructions) | | | Std Dedn | ia, standa _US/India_Tr | I | | 12,950. |
| | 13a | Qualified business income deduction | Qualified business income deduction from Form 8995 or Form 8995-A . 13a | | | | | | |
| | b | Exemptions for estates and trusts of | nly (see | instructions) | 13b | | | | |
| | С | Add lines 13a and 13b | | | | | . 13c | | |
| | 14 | | | | | | | | 12,950. |
| | 15 | Subtract line 14 from line 11. If zero | or less, | enter -0 This is your tax | xable income . | | . 15 | 1 | 114,495. |

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| Tax and | 16 | Tax (see instructions). Check if any from F | Form(s): 1 88 | 3 14 2 🗌 497 | 2 3 \square | | 16 | 21,314. |
|--------------------------------------|--------|---|-----------------------|----------------------------|----------------------|----------------|----------|--------------------|
| Credits | 17 | Amount from Schedule 2 (Form 1040), li | ne3 | | | | 17 | 0. |
| | 18 | Add lines 16 and 17 | | | | | 18 | 21,314. |
| | 19 | Child tax credit or credit for other depen | dents from Sched | ule 8812 (Form 10 | 40) | | 19 | |
| | 20 | Amount from Schedule 3 (Form 1040), li | ne 8 | | | [| 20 | |
| | 21 | Add lines 19 and 20 | | | | | 21 | |
| | 22 | Subtract line 21 from line 18. If zero or le | ess, enter -0 | | | Г | 22 | 21,314. |
| | 23a | Tax on income not effectively connected Schedule NEC (Form 1040-NR), line 15 | with a U.S. trade | or business from | 23a | | | , |
| | b | Other taxes, including self-employment line 21 | | | 23b | 36. | | |
| | С | Transportation tax (see instructions) . | | | 23c | | | |
| | d | Add lines 23a through 23c | | | | | 23d | 36. |
| | 24 | Add lines 22 and 23d. This is your total | tax | | | | 24 | 21,350. |
| Payments | 25 | Federal income tax withheld from: | | | | | | |
| | а | Form(s) W-2 | | | 25a 23 | ,595. | | |
| | b | Form(s) 1099 | | | 25b | 71. | | |
| | С | Other forms (see instructions) | | | 25c | | | |
| | d | Add lines 25a through 25c | | | | 2 | 25d | 23,666. |
| | е | Form(s) 8805 | | | | [| 25e | |
| | f | Form(s) 8288-A | | | | [| 25f | |
| | g | Form(s) 1042-S | | | | | 25g | |
| | 26 | 2022 estimated tax payments and amou | | | | <u> </u> | 26 | |
| | 27 | Reserved for future use | | | 27 | | | |
| | 28 | Additional child tax credit from Schedule | | | 28 | | | |
| | 29 | Credit for amount paid with Form 1040- | | | 29 | | | |
| | 30 | Reserved for future use | | | 30 | | | |
| | 31 | Amount from Schedule 3 (Form 1040), li | | | 31 | | | |
| | 32 | Add lines 28, 29, and 31. These are your | | | | | 32 | |
| | 33 | Add lines 25d, 25e, 25f, 25g, 26, and 32 | | | | _ | 33 | 23,666. |
| D - fl | 34 | If line 33 is more than line 24, subtract li | | | | | 34 | |
| Refund | | | | | | | - | 2,316. |
| D: 1 1 10 | 35a | Amount of line 34 you want refunded to | | · | | | 35a | 2,316. |
| Direct deposit? See instructions. | b | Routing number 0 2 1 2 0 0 | | | Checking | Savings | | |
| oco mon donono. | d | Account number 3 8 1 0 4 | | | | | | |
| | е | If you want your refund check mailed to | an address outsic | de the United State | es not shown on | page 1, | | |
| | | enter it here. | | | T | | | |
| _ | 36 | Amount of line 34 you want applied to y | | | 36 | | | |
| Amount | 37 | Subtract line 33 from line 24. This is the | - | | | | | |
| You Owe | | For details on how to pay, go to www.irs | | | | | 37 | |
| 1 | 38 | Estimated tax penalty (see instructions) | | | 38 | | | |
| Third | Do yo | u want to allow another person to discuss | s this return with th | ne IRS? See instru | ctions. \square Ye | s. Complet | e belov | w. 🗵 No |
| Party | Desig | nee's | Phone | | | nal identifica | ıtion _ | |
| Designee | name | | | | numbe | · / | | |
| Cian | | penalties of perjury, I declare that I have examine they are true, correct, and complete. Declaration | | han taxpayer) is base | ed on all informatio | n of which pro | eparer h | as any knowledge. |
| Sign | Your | signature | Date | Your occupation | | | | it you an Identity |
| Here | | | | TX 177 | ODED | | | N, enter it here |
| - | DL | | Faradi - 11 | JAVA DEVEL | OPEK | (see in | SI.) | |
| | Phone | | Email address | | Data | PTIN | | Nh a al c ife |
| Paid | riepa | ' | er's signature | | Date | | | Check if: |
| Preparer | | | | R GUPTA TALLAM | 03/01/2023 | P020827 | | Self-employed |
| Use Only | | S name SYMUL的BALRAMASXAS GUITE TA | | | | Phone no. | | 3) 965-9522 |
| | Firm's | Saddress 245 ROONEY OF FI | ADIINSMICK M | T 08816 | | Firm's FIN | 84 | -3171965 |

Form 1040-NR (2022)

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2022
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
SONY UPPU

16-

Your social security number 164-79-8995

| 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 | ch Schedule E . | 5 | -6,115. |
| 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 | <u> </u> | 8c | | |
| d | | 8d () | | |
| е | ⊢ | 8e | | |
| f | | 8f | | |
| g | Alaska Permanent Fund dividends | 8g | | |
| h | , , , , , | 8h | | |
| i | Prizes and awards | 8i | | |
| j | Activity not engaged in for profit income | 8j | | |
| k | · • • • • • • • • • • • • • • • • • • • | 8k | | |
| - 1 | 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 | | | |
| | , · | 8m | | |
| n | | 8n | | |
| 0 | · | 80 | | |
| р | · · · · · · · · · · · · · · · · · · · | 8p | - | |
| q | ` ' ' | 8q | | |
| r | 1 1 5 1 | 8r | | |
| S | Nontaxable amount of Medicaid waiver payments included on Form | | | |
| _ | · · · · · · · · · · · · · · · · · · · | 8s () | | |
| t | Pension or annuity from a nonqualifed deferred compensation plan or | | | |
| | · · · · · · · · · · · · · · · · · · · | 8t | | |
| u | | 8u | | |
| Z | Other income. List type and amount: | 0- | | |
| ^ | | 8z | | |
| 9 | Total other income. Add lines 8a through 8z | | 9 | C 11F |
| 10 | Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, | or 1040-NR, line 8 | 10 | -6 , 115. |

Schedule 1 (Form 1040) 2022 Page **2**

| Par | Adjustments to Income | | | |
|-----|---|---------|-----|--|
| 11 | Educator expenses | | 11 | |
| 12 | Certain business expenses of reservists, performing artists, and fee-ti- | | | |
| | 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 8I from the | | | |
| | rental of personal property engaged in for profit | 24b | | |
| С | Nontaxable amount of the value of Olympic and Paralympic medals | | | |
| | | 24c | | |
| d | | 24d | | |
| е | Repayment of supplemental unemployment benefits under the Trade | | | |
| | | 24e | | |
| f | | 24f | | |
| g | , | 24g | | |
| h | Attorney fees and court costs for actions involving certain unlawful | | | |
| | · | 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 | - 41 | | |
| | F | 24i | | |
| j | <u> </u> | 24j | | |
| k | Excess deductions of section 67(e) expenses from Schedule K-1 (Form | S.4. | | |
| | | 24k | | |
| Z | Other adjustments. List type and amount: | | | |
| 05 | | 24z | 05 | |
| 25 | Total other adjustments. Add lines 24a through 24z | | 25 | |
| 26 | Add lines 11 through 23 and 25. These are your adjustments to income . | | 00 | |
| | Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a | | 26 | |

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SCHEDULE 2 (Form 1040)

Additional Taxes

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

OMB No. 1545-0074

2022

Attachment
Sequence No. 02

Department of the Treasury Internal Revenue Service Go to www.irs.gov/For Name(s) shown on Form 1040, 1040-SR, or 1040-NR

Your social security number 164-79-8995

| POIN | 1 0PP0 104- | 19-09 | <u> </u> |
|------|---|--------|---------------|
| Pa | rt I Tax | | |
| 1 | Alternative minimum tax. Attach Form 6251 | 1 | |
| 2 | Excess advance premium tax credit repayment. Attach Form 8962 | 2 | |
| 3 | Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17 | 3 | |
| Par | t II Other Taxes | | |
| 4 | Self-employment tax. Attach Schedule SE | 4 | |
| 5 | Social security and Medicare tax on unreported tip income. Attach Form 4137 | | |
| 6 | Uncollected social security and Medicare tax on wages. Attach Form 8919 | | |
| 7 | Total additional social security and Medicare tax. Add lines 5 and 6 | 7 | |
| 8 | Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required. | | |
| | If not required, check here | 8 | 36. |
| 9 | Household employment taxes. Attach Schedule H | 9 | |
| 10 | Repayment of first-time homebuyer credit. Attach Form 5405 if required | 10 | |
| 11 | Additional Medicare Tax. Attach Form 8959 | 11 | |
| 12 | Net investment income tax. Attach Form 8960 | 12 | |
| 13 | Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12 | 13 | |
| 14 | Interest on tax due on installment income from the sale of certain residential lots and timeshares | 14 | |
| 15 | Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000 | 15 | |
| 16 | Recapture of low-income housing credit. Attach Form 8611 | 16 | |
| | (c | ontinu | ed on page 2) |

Schedule 2 (Form 1040) 2022 Page **2**

Part II Other Taxes (continued)

| 17 | Other additional taxes: | | | |
|----|---|-----|----|------|
| а | Recapture of other credits. List type, form number, and amount: | | | |
| | | 17a | | |
| b | Recapture of federal mortgage subsidy, if you sold your home | | | |
| | see instructions | 17b | _ | |
| | Additional tax on HSA distributions. Attach Form 8889 | 17c | _ | |
| d | Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889 | 17d | | |
| е | Additional tax on Archer MSA distributions. Attach Form 8853. | 17e | | |
| f | Additional tax on Medicare Advantage MSA distributions. Attach Form 8853 | 17f | | |
| g | Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property | 17g | | |
| h | Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A | 17h | | |
| i | Compensation you received from a nonqualified deferred compensation plan described in section 457A | 17i | | |
| j | Section 72(m)(5) excess benefits tax | 17j | | |
| k | Golden parachute payments | 17k | | |
| I | Tax on accumulation distribution of trusts | 171 | | |
| m | Excise tax on insider stock compensation from an expatriated corporation | 17m | | |
| n | Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866 | 17n | | |
| 0 | Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR | 170 | | |
| р | Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund | 17p | | |
| q | Any interest from Form 8621, line 24 | 17q | | |
| Z | Any other taxes. List type and amount: | | | |
| | | 17z | | |
| 18 | Total additional taxes. Add lines 17a through 17z | | 18 | |
| 19 | Reserved for future use | , | 19 | |
| 20 | Section 965 net tax liability installment from Form 965-A | 20 | | |
| 21 | Add lines 4, 7 through 16, and 18. These are your total other tax on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b. | | 21 | 36. |
| | | | - | |

SCHEDULE NEC (Form 1040-NR)

Tax on Income Not Effectively Connected With a U.S. Trade or Business

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form1040NR for instructions and the latest information. Attach to Form 1040-NR.

Attachment Sequence No. **7B**

OMB No. 1545-0074

Name shown on Form 1040-NR Your identifying number 164-79-8995 SONY UPPU

| | | | Nature of Income | | | (a) 10% | (b) 15% | (c) 30% | (d) Other | r (specify) |
|--------------------------------|---|----------|--|----------------------------|-----|-----------------------------|-----------------|-------------------------|--|--|
| | | | Nature of income | | | (a) 10% | (b) 15% | (c) 30% | % | % |
| 1 | Dividends and divide | end equ | uivalents: | | | | | | | |
| а | Dividends paid by U. | S. corp | porations | | 1a | | | | | |
| b | Dividends paid by fo | reign c | orporations | | 1b | | | | | |
| С | Dividend equivalent p | ayment | ts received with respect to section 871(m) | transactions | 1c | | | | | |
| 2 | Interest: | | | | | | | | | |
| а | | | | + | 2a | | | | | |
| b | | | s | | 2b | | | | | |
| С | Other | | | | 2c | | | | | |
| 3 | Industrial royalties (p | atents, | trademarks, etc.) | | 3 | | | | | |
| 4 | Motion picture or TV | copyri | ght royalties | | 4 | | | | | |
| 5 | Other royalties (copy | rights, | recording, publishing, etc.) | | 5 | | | | | |
| 6 | Real property income and natural resources royalties | | | | 6 | | | | | |
| 7 | Pensions and annuities | | | 7 | | | | | | |
| 8 | | | | | 8 | | | | | |
| 9 | | | | | 9 | | | | | |
| 10 | Gambling – Residents of Canada only. Enter net income in column (c). If zero or less, enter -0 | | | | | | | | | |
| а | Winnings | | <u> </u> | | | | | | | |
| b | Losses | | | | 10c | | | | | |
| 11 | | | ents of countries other than Canada. | | 11 | | | | | |
| 12 | Other (specify): | | | | | | | | | |
| | | | | | 12 | | | | | |
| 13 | _ | | columns (a) through (d) | t | 13 | | | | | |
| 14 | | | tax at top of each column | | 14 | | | | | |
| 15 | Tax on income not e | ffective | ely connected with a U.S. trade or busine | | | | | | NR, line 23a 15 | |
| | | | Capital Gains an | d Losses F | rom | Sales or Excha | nges of Proper | ty | | |
| losses f exchan within t | nly the capital gains and from property sales or ges that are from sources the United States and not | 16 | (a) Kind of property and description (if necessary, attach statement of descriptive details not shown below) | (b) Date acqu mm/dd/yyy | | (c) Date sold mm/dd/yyyy | (d) Sales price | (e) Cost or other basis | (f) LOSS If (e) is more than (d), subtract (d) from (e). | (g) GAIN If (d) is more than (e), subtract (e) from (d). |
| | rely connected with a U.S. ss. Do not include a gain | | | | | | | | | |
| | on disposing of a U.S. real ty interest; report these | | | | | | | | | |
| | nd losses on Schedule D | | | | | | | | | |
| • | property sales or | | | | | | | | | |
| exchan | ges that are effectively eted with a U.S. business | 47 1 | Add a alivesia (A) and (A) aftire 40 | | | | | | (| |
| on Sche | edule D (Form 1040), 1797, or both. | | Add columns (f) and (g) of line 16 . Capital gain. Combine columns (f) and | | | | | | , | |
| | | | | • | | - | | | | • |

Enter amount of income under the appropriate rate of tax. See instructions.

SCHEDULE OI (Form 1040-NR)

Department of the Treasury

Other Information

Go to www.irs.gov/Form1040NR for instructions and the latest information. Attach to Form 1040-NR. Answer all questions.

OMB No. 1545-0074 Attachment Sequence No. **7C**

Internal Revenue Service

| Name sl | nown on Form 1040-NR | | | | Your identifying | number | | | | | |
|---------|--|--|--------------------------------------|---|------------------|-------------------------|------------|--|--|--|--|
| SONY | UPPU | | | | 164-79-8 | | | | | | |
| Α | Of what country or countries w | vere you a citizen or nationa | al during the tax y | year?_INDIA | | | | | | | |
| В | In what country did you claim | residence for tax purposes | s during the tax y | ear? United States | | | | | | | |
| С | Have you ever applied to be a | green card holder (lawful p | ermanent resider | nt) of the United States? . | | Yes | ⊠ No | | | | |
| D | Were you ever: | | | | | | | | | | |
| | | | | | | | ⊠ No | | | | |
| 2. | A green card holder (lawful per | · · | | | | ☐ Yes | ⊠ No | | | | |
| | If you answer "Yes" to (1) or (2 | | · · | * * * * | | | | | | | |
| E | If you had a visa on the last of immigration status on the last of | day of the tax year, enter year of the tax year. $F1$ | • | you didn't have a visa, er | • | | | | | | |
| F | Have you ever changed your v If you answered "Yes," indicate | | | | | Yes | ⊠ No | | | | |
| G | List all dates you entered and left the United States during 2022. See instructions. | | | | | | | | | | |
| | Note: If you're a resident of C check the box for Canada or | | | | uent intervals, | | | | | | |
| | Date entered United States mm/dd/yy | Date departed United State mm/dd/yy | | Date entered United State | | arted Unite mm/dd/yy | d States | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Н | Give number of days (including | | | | | | | | | | |
| | 2020 | , 2021 | , ar | nd 2022365 | | . | | | | | |
| ı | Did you file a U.S. income tax | | | | | X Yes | ☐ No | | | | |
| | If "Yes," give the latest year ar | | | | | □ v | V N - | | | | |
| J | Are you filing a return for a trus | | | | | Yes | ⊠ No | | | | |
| | If "Yes," did the trust have a U.S. person, or receive a contr | | | | | Yes | □No | | | | |
| K | Did you receive total compens | | | | | | □ No | | | | |
| IX | If "Yes," did you use an alterna | | - | | | Yes | □ No | | | | |
| L | Income Exempt From Tax—If | | | • | | | | | | | |
| | complete (1) through (3) below | . See Pub. 901 for more inf | formation on tax | treaties. | | | - | | | | |
| 1. | Enter the name of the country, amount of exempt income in the | | | | claimed the tre | eaty benefi | t, and the | | | | |
| | (a) Cou | ntry | (b) Tax treaty ar | ticle (c) Number of month claimed in prior tax ye | | nount of ex | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | (e) Total. Enter this amount or | n Form 1040-NR, line 1k. D | o not enter it any | where else on line 1 | | | | | | | |
| | Were you subject to tax in a fo | | | | | Yes | ☐ No | | | | |
| 3. | Are you claiming treaty benefit | | - | | | ☐ Yes | ⊠ No | | | | |
| | If "Yes," attach a copy of the C | Competent Authority detern | nination letter to | your return. | | | | | | | |
| М | Check the applicable box if: | | | | | | | | | | |
| | This is the first year you are many with a U.S. trade or business u | ınder section 871(d). See ir | structions | | | | 🗌 | | | | |
| 2. | You have made an election in States as effectively connected | n a previous year that has d with a U.S. trade or busin | not been revoke less under sectio | ed, to treat income from ren not not not not not not not not not no | eal property loo | cated in th | ne United | | | | |

SCHEDULE D (Form 1040)

Capital Gains and Losses

2022

OMB No. 1545-0074

Attachment Sequence No. **12**

Department of the Treasury Internal Revenue Service

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

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

Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

Name(s) shown on return Your social security number 164-79-8995 SONY UPPU Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? If "Yes." attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss. Part I Short-Term Capital Gains and Losses - Generally Assets Held One Year or Less (see instructions) See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) lines below. Proceeds Cost to gain or loss from from column (d) and This form may be easier to complete if you round off cents to (sales price) (or other basis) Form(s) 8949, Part I, combine the result whole dollars. line 2. column (a) with column (a) 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . 1b Totals for all transactions reported on Form(s) 8949 with Totals for all transactions reported on Form(s) 8949 with Box B checked 2,297. 4,803. -2,506. 3 Totals for all transactions reported on Form(s) 8949 with Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 . . . 4 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from 5 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover 6 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any longterm capital gains or losses, go to Part II below. Otherwise, go to Part III on the back 7 -2,506. Part II Long-Term Capital Gains and Losses – Generally Assets Held More Than One Year (see instructions) See instructions for how to figure the amounts to enter on the (g) (h) Gain or (loss) Adjustments Subtract column (e) (d) (e) lines below Proceeds to gain or loss from from column (d) and Cost This form may be easier to complete if you round off cents to (sales price) (or other basis) Form(s) 8949, Part II, combine the result whole dollars. line 2, column (a) with column (a)

8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . . 8b Totals for all transactions reported on Form(s) 8949 with Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) 11 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 12 13 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover 14 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III 15

BAA

Schedule D (Form 1040) 2022 Page **2**

Part III Summary

| 16 | Combine lines 7 and 15 and enter the result | 16 | | -2,506. |
|----|--|----|---|---------|
| | • If line 16 is a gain , enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. | | | |
| | • If line 16 is a loss , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22. | | | |
| | • If line 16 is zero , skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. | | | |
| 17 | Are lines 15 and 16 both gains? Yes. Go to line 18. | | | |
| | No. Skip lines 18 through 21, and go to line 22. | | | |
| 18 | If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet | 18 | | |
| | | | | |
| 19 | If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet | 19 | | |
| 20 | Are lines 18 and 19 both zero or blank and you are not filing Form 4952? Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. | | | |
| | ■ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below. | | | |
| 21 | If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: | | | |
| | • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) | 21 | (| 2,506.) |
| | Note: When figuring which amount is smaller, treat both amounts as positive numbers. | | | |
| 22 | Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? | | | |
| | ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. | | | |
| | ■ No. Complete the rest of Form 1040, 1040-SR, or 1040-NR. | | | |
| | | | | |

8949 Form

Sales and Other Dispositions of Capital Assets

Go to www.irs.gov/Form8949 for instructions and the latest information.

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

OMB No. 1545-0074

2022

Attachment
Sequence No. 12A

Internal Revenue Service

Name(s) shown on return

SONY UPPU

Department of the Treasury

Social security number or taxpayer identification number

164-79-8995

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box A, B, *or* C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

| (A) Short-term transactions★ (B) Short-term transactions(C) Short-term transactions | reported on | Form(s) 1099 | 9-B showing bas | • | | • |)) |
|--|-------------------|-----------------------------|-------------------------------------|--|---|--|---|
| 1 (a) Description of property | (b) Date acquired | (c) Date sold or | Proceeds | (e) Cost or other basis See the Note below | Adjustment, i If you enter an enter a co See the sep | (h) Gain or (loss) Subtract column (e) | |
| (Example: 100 sh. XYZ Co.) | (Mo., day, yr.) | disposed of (Mo., day, yr.) | (sales price) (see instructions) | and see Column (e) in the separate instructions. | (f) Code(s) from instructions | (g) Amount of adjustment | from column (d) and combine the result with column (g). |
| ROBINHOOD SECURITIES LLC | 01/01/22 | 12/31/22 | 2,297. | 4,803. | | | -2,506. |
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| | | | | | | | |
| 2 Totals. Add the amounts in columns negative amounts). Enter each total Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box C | 2 , 297. | 4,803. | | | -2,506. | | |

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

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

2022

Attachment Sequence No. 13

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

Your social security number

| 1a Physical address of each property (street, city, state, ZIP code) A PLOT NO 110, KALYAN NAGAR PHASE 1, YOUSUFGUDA NEAR J.J.HOSPITAL, HYDERABAD, TELANGANA IN 500 B C C Total Type of Property (from list below) (from list list below) (from list list list a loss), see instructions (from list list list a loss), see instructions (from list list list list list list list list | SON | Y UPPU | | | | | | 164 | 1-79 | -899 |) 5 | |
|---|-------|--|---------|----------|----------------|----------|-----------------|--------------------|---------|---------|----------------|----------------|
| New Pryse, | Par | Note: If you are in the business of renting personal propert | | | c . See | instruc | tions. If you a | are an | indivio | dual, r | eport | farm |
| Table Physical address of each property (street, city, state, ZIP code) | | | | | | | | | | | | ⊠ No |
| A | В | If "Yes," did you or will you file required Form(s) 1099? . | | | | | | | | | Yes | ☐ No |
| B C C Type of Property 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 B qualified joint venture. See instructions. A 365 0 | 1a | Physical address of each property (street, city, state, ZIP | code) |) | | | | | | | | |
| B C C Type of Property 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 B qualified joint venture. See instructions. A 365 0 | Α | PLOT NO 110. KALYAN NAGAR PHASE 1. YOUSUFG | | JEAR J. | J.HOS | PTTAL | . HYDERAF | BAD.1 | TELAN | GANA | TN | 500038 |
| C 1b Type of Property (from list below) (from list) (from | | The results with the results of the | .0211 1 | <u> </u> | 0.1100 | | , |), i | | 011111 | | 000000 |
| 1b Type of Property (from list below) A 3 3 365 Days Days Days Days Days Days Days Days | | | | | | | | | | | | |
| A 3 | | | | | | | | Pei | | | , | QJV |
| Type of Property: 1 Single Family Residence 3 Vacation/Short-Term Rental 2 Multi-Family Residence 4 Commercial 5 Land 7 Self-Rental 6 Royalties 8 Other (describe) | Α | | | | Α | | 365 | | | 0 | | |
| Type of Property: 1 Single Family Residence 3 Vacation/Short-Term Rental 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe) | В | | | | В | | | | | | | |
| 1 Single Family Residence | С | qualified joint venture. See instruc | · | С | | | | | | | | |
| 2 Multi-Family Residence | | | ol | 5 Land | ı | 7 | Solf Dontal | | | | | |
| Rents received | | • | .aı | | | | | ribe) _. | | | | |
| Rents received | | | | | | | Propert | ies: | | | | |
| Expenses: 5 5 Advertising 6 Auto and travel (see instructions) 6 7 Cleaning and maintenance 7 6000. 8 Commissions 8 9 Insurance 9 10 Legal and other professional fees 10 11 Management fees 11 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 Other interest 13 14 1, 645. 13 15 Supplies 15 2, 100. 16 Taxes 16 17 1, 500. 18 Depreciation expense or depletion 18 19 19 19 Other (list) 19 6, 645. 19 20 Total expenses. Add lines 5 through 19 20 6, 645. 19 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, 115. 22 22 Deductible rental r | Incor | | | | | | В | | | | С | |
| Expenses: 5 Advertising 5 6 Auto and travel (see instructions) 6 7 Cleaning and maintenance 7 6000 8 Commissions 8 9 Insurance 9 10 Legal and other professional fees 10 11 Management fees 10 12 Mortgage interest paid to banks, etc. (see instructions) 13 Other interest 13 14 Repairs 14 1,645 15 Supplies 15 2,100 16 Taxes 16 17 17 1,500 18 19 Other (list) 19 20 Total expenses. Add lines 5 through 19 20 6,645 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 -6,115 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) 22 -6,115 b Total of all amounts reported on line 4 for all royalty properties 23a 530 <th< th=""><td>_</td><td>La contraction de la contracti</td><td>3</td><td></td><td>5</td><td>30.</td><td></td><td></td><td></td><td></td><td></td><td></td></th<> | _ | La contraction de la contracti | 3 | | 5 | 30. | | | | | | |
| 5 Advertising 5 6 Auto and travel (see instructions) 6 7 Cleaning and maintenance 7 8 Commissions 8 9 Insurance 9 10 Legal and other professional fees 10 11 Management fees 11 800 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 Other interest 13 14 Repairs 14 1, 645 15 Supplies 15 2, 100 16 Taxes 16 17 10 Utilities 17 1, 500 18 Depreciation expense or depletion 18 19 19 Other (list) 19 20 6, 645 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, 115 22 Total of all amounts reported on line 4 for all royalty properties 22 23a 530 b Total of all amounts reported on line 12 for all properties 23a 2 | | | 4 | | | | | | | | | |
| 6 Auto and travel (see instructions) 7 Cleaning and maintenance 7 600. 8 Commissions 8 9 Insurance 9 9 9 9 9 9 9 9 9 9 | - | | _ | | | | | | | | | |
| 7 Cleaning and maintenance 7 6000. 8 Commissions 8 9 Insurance 9 10 Legal and other professional fees 10 11 Management fees 11 800 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 Other interest 13 14 Repairs 14 1,645 15 Supplies 15 2,100 16 Taxes 16 17 Utilities 17 1,500 18 Depreciation expense or depletion 18 19 Other (list) 19 20 Total expenses. Add lines 5 through 19 20 6,645 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 -6,115 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) 22 (-6,115)() (23a Total of all amounts reported on line 3 for all rental properties 23a 530 25 Total of all amounts reported on line 12 for all properties 23c 26 Total of all amounts reported on line 12 for all properties 23d 6,645 26 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 (6,11 | | - | | | | | | | _ | | | |
| 8 Commissions 8 9 9 Insurance 9 10 Legal and other professional fees 10 11 Management fees 10 12 Mortgage interest paid to banks, etc. (see instructions) 13 Other interest 13 14 Repairs 14 1,645. 15 Supplies 15 2,100. 16 Taxes 16 17 17 Utilities 17 1,500. 18 Depreciation expense or depletion 18 18 19 Other (list) 19 19 20 Total expenses. Add lines 5 through 19 20 6,645. 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 -6,115. 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) 21 -6,115. 23 Total of all amounts reported on line 3 for all rental properties 23a 530. b Total of all amounts reported on line 12 for all properties 23b 23c | | · , | | | | 00 | | | _ | | | |
| 9 | - | - | | | 6 | 00. | | | | | | |
| 10 Legal and other professional fees 10 11 Management fees 11 800. 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 Other interest 13 14 Repairs 14 1,645. 15 Supplies 15 2,100. 16 Taxes 16 17 Utilities 17 1,500. 18 Depreciation expense or depletion 18 19 Other (list) 19 20 6,645. 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 -6,115. 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) 21 -6,115. 22 Total of all amounts reported on line 4 for all royalty properties 23a 530. 23 Total of all amounts reported on line 12 for all properties 23a 530. 23 Total of all amounts reported on line 18 for all properties 23d 6,645. 24 Losses. Add royalty losses from line 21 and rental real estate losses f | | h i | - | | | | | | - | | | |
| 11 Management fees | - | | | | | | | | | | | |
| 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 Other interest 13 14 Repairs 14 1,645 15 Supplies 15 2,100 16 Taxes 16 17 Utilities 17 1,500 18 Depreciation expense or depletion 18 19 Other (list) 19 20 Total expenses. Add lines 5 through 19 20 6,645 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 -6,115 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) 22 (-6,115)(23a Total of all amounts reported on line 3 for all rental properties 23a 530 b Total of all amounts reported on line 12 for all properties 23b 23c c Total of all amounts reported on line 18 for all properties 23c 23d d Total of all amounts reported on line 20 for all properties 23d 6,645 e Total of all amounts reported on line 21 Do not include any losses< | | | - | | 0 | 00 | | | - | | | |
| 13 Other interest 13 14 Repairs 14 1,645 15 Supplies 15 2,100 16 Taxes 16 17 Utilities 17 1,500 18 Depreciation expense or depletion 18 19 Other (list) 19 20 Total expenses. Add lines 5 through 19 20 6,645 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 -6,115 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) 22 (-6,115) 23a Total of all amounts reported on line 3 for all rental properties 23a 530 b Total of all amounts reported on line 4 for all royalty properties 23b 23b c Total of all amounts reported on line 18 for all properties 23c 23d d Total of all amounts reported on line 20 for all properties 23d 6,645 24 Losses. Add positive amounts shown on line 21. Do not include any losses 24 25 Losses. Add royalty losses from line 21 and | | - | | | 0 | 00. | | | | | | |
| 14 1,645. 15 Supplies 15 2,100. 16 Taxes 16 17 Utilities 17 1,500. 18 Depreciation expense or depletion 18 19 Other (list) 19 20 Total expenses. Add lines 5 through 19 20 6,645. 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 -6,115. 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) 21 -6,115. 23 Total of all amounts reported on line 3 for all rental properties 23a 530. b Total of all amounts reported on line 4 for all royalty properties 23b 23b c Total of all amounts reported on line 12 for all properties 23c 3c d Total of all amounts reported on line 18 for all properties 23d 6,645. 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 (6,11 | | | - | | | | | | | | | |
| 15 Supplies 15 2,100. 16 Taxes 16 17 Utilities 17 1,500. 18 Depreciation expense or depletion 18 19 Other (list) 19 20 6,645. 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 -6,115. 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) 22 (-6,115.)()()(23a Total of all amounts reported on line 3 for all rental properties 23a 530. 530. b Total of all amounts reported on line 4 for all royalty properties 23b 23c 33d 530. c Total of all amounts reported on line 12 for all properties 23c 3d 6,645. d Total of all amounts reported on line 20 for all properties 23d 6,645. e Total of all amounts reported on line 20 for all properties 23e 6,645. 24 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 25 (6,11 | | The state of the s | - | | 1 . 6 | 45 | | | | | | |
| Taxes | | · • | | | | | | | | | | |
| 17 Utilities | | _ · · | _ | | | | | | | | | |
| Depreciation expense or depletion | 17 | Utilities | | | 1,5 | 00. | | | | | | |
| Total expenses. Add lines 5 through 19 | | | | | · · | | | | | | | |
| Total expenses. Add lines 5 through 19 | 19 | Other (list) | 19 | | | | | | | | | |
| result is a (loss), see instructions to find out if you must file Form 6198 | 20 | | 20 | | 6,6 | 45. | | | | | | |
| file Form 6198 | 21 | Subtract line 20 from line 3 (rents) and/or 4 (royalties). If | | | | | | | | | | |
| Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) | | | | | | | | | | | | |
| on Form 8582 (see instructions) | | | 21 | | -6,1 | 15. | | | | | | |
| b Total of all amounts reported on line 4 for all royalty properties | 22 | | 22 (| , | -6,11 | 5.)(| | |)(| | |) |
| c Total of all amounts reported on line 12 for all properties | 23a | · | | | | _ | | 53 | 0. | | | |
| d Total of all amounts reported on line 18 for all properties | b | | erties | | | | | | | | | |
| Total of all amounts reported on line 20 for all properties | С | · | | | | | | | | | | |
| Income. Add positive amounts shown on line 21. Do not include any losses | d | · | | | | | | | | | | |
| 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 25 (6, 11 | | | | | | | | | | | | |
| | | · | | - | | | | - | | | | |
| 26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result | | • • | | | | | | | 25 (| | 6 | <u>,115.</u>) |
| here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on | 26 | here. If Parts II, III, IV, and line 40 on page 2 do not a | apply 1 | to you, | also er | iter thi | s amount o | on | 26 | | _ | 6,115. |

Form **8889**

Health Savings Accounts (HSAs)

Department of the Treasury Internal Revenue Service

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

Go to www.irs.gov/Form8889 for instructions and the latest information.

OMB No. 1545-0074

2022

Attachment
Sequence No. 52

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

SONY UPPU

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions. $1\,6\,4-7\,9-8\,9\,9\,5$

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required. 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. Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2022. ■ Self-only
 □ Family HSA contributions you made for 2022 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2022. Do not include employer contributions, 2 0. If you were under age 55 at the end of 2022 and, on the first day of every month during 2022, you 3 were, or were considered, an eligible individual with the same coverage, enter \$3,650 (\$7,300 for family coverage). All others, see the instructions for the amount to enter 3 3,650. Enter the amount you and your employer contributed to your Archer MSAs for 2022 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2022, also 5 5 3,650. 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 2022, see the instructions for the amount to enter . . . 3,650. 6 If you were age 55 or older at the end of 2022, married, and you or your spouse had family coverage 7 under an HDHP at any time during 2022, enter your additional contribution amount. See instructions. 7 8 3,650. 9 Employer contributions made to your HSAs for 2022 10 11 11 250. 3,400. 12 12 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. HSA Distributions. If you are filing jointly and both you and your spouse each have separate HSAs, complete Part II a separate Part II for each spouse. Total distributions you received in 2022 from all HSAs (see instructions) 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 14b 14c 15 15 Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this 16 16 17a If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% 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 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. 18 18 19 19 20 Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f 20 21 Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 21