Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

| Submission Identification N | lumber (SID) | | • | |
|--|---|--|---|--|
| Taxpayer's name | Social security nu | ımber | | |
| ANCY JOHNSON | 658-61-90 |)25 | | |
| Spouse's name | | | Spouse's social s | ecurity number |
| | Information — Tax Year Ending D | ecember 31, 2022 (Ente | r year you are a | authorizing.) |
| Enter whole dollars only or | | | | |
| | use line 4 only. Leave lines 1, 2, 3, and | | | |
| 1 Adjusted gross inco | | | | 67,073. |
| | | | | |
| 4 Amount you want re | withheld from Form(s) W-2 and Form(s) | | · · · · · - | |
| , | | | | |
| | eclaration and Signature Authoriz | | | f your return) |
| return (original or amended) I to send my return to the IRS a for any delay in processing the Agent to initiate an ACH elect payment of my federal taxes of authorization is to remain in payment, I must contact the business days prior to the pataxes to receive confidential personal identification numbe | is true, correct, and complete. I further dec am now authorizing. I consent to allow my in and to receive from the IRS (a) an acknowle e return or refund, and (c) the date of any re- ronic funds withdrawal (direct debit) entry to wwed on this return and/or a payment of est full force and effect until I notify the U.S. T U.S. Treasury Financial Agent at 1-88-3 yment (settlement) date. I also authorize the information necessary to answer inquiries or (PIN) below is my signature for the income | ntermediate service provider, transm degement of receipt or reason for rejefund. If applicable, I authorize the U to the financial institution account ind imated tax, and the financial institution reasury Financial Agent to terminate 53-4537. Payment cancellation req e financial institutions involved in the and resolve issues related to the part of the part | itter, or electronic eection of the transr. S. Treasury and it icated in the tax pronto debit the entre the authorization uests must be recprocessing of the payment. I further | return originator (EHO) mission, (b) the reason is designated Financial reparation software for my to this account. This is to revoke (cancel) a ceived no later than 2 electronic payment of acknowledge that the |
| Electronic Funds Withdrawal | | | | |
| | DEAL TAXES LLC ERO firm name ncome tax return (original or amended) | to enter or generate | Enter in | 0 2 5 ve digits, but nter all zeros |
| I will enter my PIN if you are entering below. | N as my signature on the income tax reg g your own PIN and your return is filed | turn (original or amended) I am n I using the Practitioner PIN meth | now authorizing. and The ERO mutual $03/16/20$ | ust complete Part III |
| Your signature ▶ | ρ. | | 03/10/5 | |
| Spouse's PIN: check one | box only | | DIN | |
| I authorize | ERO firm name | to enter or generate | | ve digits, but |
| signature on the i | ncome tax return (original or amended) | I am now authorizing. | | nter all zeros |
| □ I will enter my PIN | N as my signature on the income tax reg g your own PIN and your return is filed | turn (original or amended) I am n | now authorizing. nod. The ERO mi | Check this box only ust complete Part III |
| Spouse's signature ▶ | | Date ► | | |
| -1 | | Returns Only—continue below | 1 | |
| Part III Certification | and Authentication — Practition | er PIN Method Only | | |
| ERO's EFIN/PIN. Enter yo | ur six-digit EFIN followed by your five-o | digit self-selected PIN. 2 2 | 2 4 9 6 Don't enter al | 6 1 9 8 9 Il zeros |
| authorized to file for tay year | ic entry is my PIN, which is my signature for indicated above for the taxpayer(s) indicater PIN method and Pub. 1345, Handbook for | ted above. I confirm that I am subn | nitting this return i | in accordance with the |
| EDO's signature | | Date ▶ | | |
| ERO's signature ▶ | ERO Must Retain This | Form - See Instructions | | |
| | Don't Submit This Form to the | | Do So | |

E1040-NR Department of the Treasury-Internal Revenue Service U.S. Nonresident Alien Income Tax Return 2022 OMB No. 1545-0074

| | | U.S. Nonresident And | 11 1111 | Joine Tax Netun | | 71VID 140. 13 | 43-00/4 | or staple in this space. |
|--|--------------|--|-------------------|---|--|----------------|-----------------|---|
| For the year Ja | n. 1–D | ec. 31, 2022, or other tax year beginning | g | , 2022, | ending | , | 20 | See separate instructions. |
| Filing Status Check only one box. | 0.000 | Single Married filing separa you checked the QSS box, enter the child | | | ng surviving spouse n is a child but not yo | | Esta | te 🗌 Trust |
| Your first name | and i | niddle initial | _ast na | me | | | Your ide | ntifying number |
| | | | | | | | (see instr | uctions) |
| ANCY | | | JOHN | SON | | | 658-6 | 1-9025 |
| | | per and street). If you have a P.O. box, s | see ins | tructions. | | | | Apt. no. |
| 3445 GEM | | | | | 53 | | | 10 1 |
| | oost o | ffice. If you have a foreign address, also | comp | lete spaces below. | | State | | IP code |
| COLUMBUS | | | | | | IN | | 7201 |
| Foreign countr | y nam | e l | -oreigr | province/state/county | | Foreign | ostal code | , |
| Digital Asset | S At a other | ny time during 2022, did you: (a) receive erwise dispose of a digital asset (or a fin | e (as a ancial | reward, award, or paym interest in a digital asset | ent for property or se)? (See instructions.) | ervices); or | (b) sell, ex | change, gift, or Yes No |
| Dependents (see instructions | . 1 | (1) First name Last name | | (2) Dependent's identifying number | (3) Relationship to yo | Chile | d tax credit | qualifies for (see inst.): Credit for other dependents |
| If more than fou | r | | | | | | <u> </u> | |
| dependents, see | e | | | | | _ | <u> </u> | |
| instructions and check here | \ | | | | | | | |
| | 10 | Total amount from Form(s) W-2, box 1 | l /coo i | netructions) | | | . 1a | 74,863. |
| Income Effectively | 1a b | Household employee wages not report | | | | | 1b | 7.70001 |
| Connected | c | Tip income not reported on line 1a (se | | | | | . 1c | |
| With U.S. | d | Medicaid waiver payments not reporte | | 0.70 | | | . 1d | |
| Trade or | е | Taxable dependent care benefits from | | | | | . 1e | |
| Business | f | Employer-provided adoption benefits | from F | orm 8839, line 29 . | | | . 1f | |
| | g | Wages from Form 8919, line 6 | | | | | | |
| Attach Form(s) W-2, | h | | | | | | | |
| 1042-S, | i | Reserved for future use | | | | | | |
| SSA-1042-S, RRB-1042-S, | j | Reserved for future use | . 1j | | | | | |
| and 8288-A | k | | | | | | | |
| here. Also attach | _ | line 1(e) | | | | | . 1z | 74,863. |
| Form(s) | z 2a | Tax-exempt interest 2a | į : | b Ta | able interest | | 2b | , |
| 1099-R if | 3a | Qualified dividends 3a | | b Ord | dinary dividends . | | . 3b | |
| tax was withheld. | 4a | IRA distributions 4a | | b Tax | able amount | | . 4b | |
| If you did not | 5a | Pensions and annuities 5a | | b Ta | able amount | | . 5b | |
| get a Form | 6 | Reserved for future use | . 6 | | | | | |
| W-2, see instructions. | 7 | Capital gain or (loss). Attach Schedule | J 7 | | | | | |
| A Company of the Comp | 8 | Other income from Schedule 1 (Form | 1040), | line 10 | | | . 8 | <u>-7,790.</u> |
| | 9 | Add lines 1z, 2b, 3b, 4b, 5b, 7, and 8. | I his is | your total effectively o | connected income | | . 9 | 67,073. |
| | 10 | Adjustments to income: From Schedule 1 (Form 1040), line 26 | | | 10a | | | |
| | а | Reserved for future use | | | | | \dashv \mid | |
| | b | Reserved for future use | | | | | - | |
| | d | Enter the amount from line 10a. These | are vo | our total adjustments to | p income | | . 10d | |
| | 11 | Subtract line 10d from line 9. This is ye | our ad | justed gross income | | | . 11 | 67,073. |
| | 12 | Itemized deductions (from Schedule deduction (see instructions) | A (Fo | rm 1040-NR)) or, for cer | rtain residents of Ind | | ırd | 12,950. |
| | 40- | Qualified business income deduction | | | | u, -punu , 120 | | 12,930. |
| | 13a | Exemptions for estates and trusts only | | | | | | |
| | b | Add lines 13a and 13b | . 13c | | | | | |
| | 14 | | | | | | | 12,950. |
| | 15 | Subtract line 14 from line 11. If zero or | | | | | | 54,123. |

| Form 1040-NR | (2022) | | | | | | | | | Page 2 |
|-------------------|---|--|-------------|--|-----------------|-----------|-------------|---------------|--------------------|---|
| Tax and | 16 | Tax (see instructions). Check if a | any from Fo | orm(s): 1 8 | 814 2 4 | 1972 | 3 🗌 | | 16 | 7,525. |
| Credits | 17 | Amount from Schedule 2 (Form | | A. S. | | | | | 17 | 0. |
| | 18 | Add lines 16 and 17 | | | | | | | 18 | 7,525. |
| | 19 | Child tax credit or credit for oth | | | | | | | 19 | |
| | 20 | Amount from Schedule 3 (Form | | | | | | | 20 | |
| | 21 | Add lines 19 and 20 | | | | | | | 21 | |
| | 22 | Subtract line 21 from line 18. If | | | | | | | 22 | 7,525. |
| | 23a | Tax on income not effectively c | | | | | | | | .,,,,,, |
| | Lou | Schedule NEC (Form 1040-NR) | | | | 23a | | | | |
| | b | Other taxes, including self-emp | * | | | | | | 1 1 | |
| | | line 21 | | | , | 23b | | | | |
| | С | Transportation tax (see instruct | | | | 23c | | | 1 1 | |
| | d | Add lines 23a through 23c . | | | | | | | 23d | |
| | 24 | Add lines 22 and 23d. This is ye | | | | | | | 24 | 7,525. |
| Payments | 25 | Federal income tax withheld from | | | | <u> </u> | | | | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| aymonts | а | Form(s) W-2 | | | | 25a | 10 | ,054. | 1 1 | |
| | b | Form(s) 1099 | | | | 25b | | ,, | 1 | |
| | c | Other forms (see instructions) | | | | 25c | | | 1 | |
| | d | Add lines 25a through 25c . | | | | | | | 25d | 10,054. |
| | е | Form(s) 8805 | | | | | | | 25e | |
| | f | Form(s) 8288-A | | | | | | | 25f | |
| | g | Form(s) 1042-S | | | | | | | 25g | |
| | 26 | 2022 estimated tax payments a | | | | | | | 26 | |
| | 27 | Reserved for future use | | | | 27 | | | | |
| | 28 | Additional child tax credit from | Schedule 8 | 8812 (Form 1040 |) | 28 | | | 1 | |
| | 29 | Credit for amount paid with For | m 1040-C | | | 29 | | | 1 | |
| | 30 | Reserved for future use | | | | 30 | | |] | |
| | 31 | Amount from Schedule 3 (Form | 1040), line | e 15 | | 31 | | | | |
| | 32 Add lines 28, 29, and 31. These are your total other payments and refundable credits | | | | | | | | 32 | |
| | 33 | Add lines 25d, 25e, 25f, 25g, 26 | s, and 32. | These are your t o | otal payments | | | | 33 | 10,054. |
| Refund | 34 | If line 33 is more than line 24, so | | | | | • | | 34 | 2,529. |
| | 35a | Amount of line 34 you want refu | | | | | | | 35a | 2,529. |
| Direct deposit? | | | | | | | | in ship | * | |
| See instructions. | d Account number 5 2 7 0 2 5 3 2 1 | | | | | | | ~ . | and and the second | |
| | е | 1931 to a first to the state of | | | | | | | 5 To 3 | |
| | | enter it here. | | | | | | | 4 | |
| | 36 | Amount of line 34 you want app | | | | 36 | | | 14 | |
| Amount | 37 | Subtract line 33 from line 24. Th | | | | | | | | |
| You Owe | | For details on how to pay, go to | | | | 1 1 | | | 37 | ×t |
| | 38 | Estimated tax penalty (see instr | | | | 38 | | | <u> </u> | S |
| Third | - | u want to allow another person to | discuss t | | | ructions. | | es. Compl | | ow. 🔀 No |
| Party | Design | ee's | | Phone | | | | nal identifi | cation [| |
| | namenumber (PIN) | | | | | | | 1 | | |
| | | hey are true, correct, and complete. I | | | | | | | | |
| Sign | Your s | ignature, | | Date | Your occupation | on | | If the | IRS se | ent you an Identity |
| Here | | | | Comment anymous anymou | | | | | ection [| PIN, enter it here |
| | 03/16/2023 VAL/SIM ENGINEER | | | | ER | (see | inst.) | | | |
| | Phone no. Email address | | | | | DTILL | | | | |
| Paid | Prepar | er's name | | 's signature | | Date | 0 1005 - | PTIN | | Check if: |
| Preparer | SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/13/2023 P02082703 | | | | | | | Self-employed | | |
| Ise Only | | name SYAMIL RAMARAMA SAGAS G | | | 15 NO. 2020 | | | Phone n | | 78) 965-9522 |
| | Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's EIN 84-3171965 | | | | | | | | | |

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

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

Sequence No. 01

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

Your social security number ANCY JOHNSON 658-61-9025 Part | Additional Income 1 2a Date of original divorce or separation agreement (see instructions): 3 3 4 4 -7,790. 5 5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E... 6 6 7 7 Other income: 8a 8b Cancellation of debt 8c 8d Foreign earned income exclusion from Form 2555 Income from Form 8853 8e f 8f Alaska Permanent Fund dividends 8g 8h 8i Activity not engaged in for profit income 8j 8k Income from the rental of personal property if you engaged in the rental 81 for profit but were not in the business of renting such property . . . Olympic and Paralympic medals and USOC prize money (see 8m 8n 80 Section 461(I) excess business loss adjustment 8p Taxable distributions from an ABLE account (see instructions) . . . 8q 8r Scholarship and fellowship grants not reported on Form W-2 . . . Nontaxable amount of Medicaid waiver payments included on Form 88 Pension or annuity from a nonqualifed deferred compensation plan or 8t 8u Other income. List type and amount: Total other income. Add lines 8a through 8z

Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8

-7,790.

| Part | 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): | 1 | |
| 20 | IRA deduction | 20 | |
| 21 | Student loan interest deduction | 21 | 21 |
| 22 | Reserved for future use | 22 | |
| 23 | Archer MSA deduction | 23 | |
| 24 | Other adjustments: | - 9 | |
| а | Jury duty pay (see instructions) | | |
| b | Deductible expenses related to income reported on line 8I from the | | |
| | rental of personal property engaged in for profit | - 1 | |
| С | Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m | | |
| d | | 1 | |
| e | Repayment of supplemental unemployment benefits under the Trade | 1 | |
| C | Act of 1974 | | |
| f | Contributions to section 501(c)(18)(D) pension plans | 7 | |
| 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) | 1 | |
| 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 | | |
| j | Housing deduction from Form 2555 | | |
| k | Excess deductions of section 67(e) expenses from Schedule K-1 (Form | | |
| | 1041) | - | |
| Z | Other adjustments. List type and amount: | | |
| | 24z | 10E | |
| 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 | 26 | |
| | Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a | | 4 (5 4040) 2222 |
| | BAA REV 02/18/23 PRO | schedule | 1 (Form 1040) 2022 |

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.

OMB No. 1545-0074

2022
Attachment
Sequence No. 7B

Name shown on Form 1040-NR ANCY JOHNSON Your identifying number 658-61-9025

| Enter a | mount of income unde | or the appropriate rate of tax. See instructions. | | | 50 % 50 | | | | |
|--|--|--|------------------------------|---------|-----------------------------|---------------------|-------------------------|--|---|
| Nature of Income | | | | | (a) 10% | (b) 15% | (c) 30% | (d) Other | (specify) |
| | | | | | (a) 10% (b) 15% | | (6) 30 % | % | % |
| 1 | Dividends and divide | ESCAL POR STANDARD CONTRACTOR CON | | | | | | | |
| а | Dividends paid by U.S | | | 1a | | | | | |
| Ь | | reign corporations | | 1b | (2) | | | | |
| С | Dividend equivalent pa | ayments received with respect to section 871(m) tra | ansactions | 1c | | | | | |
| 2 | Interest: | | | | | | | | |
| а | | | | 2a | | | | | |
| b | Paid by foreign corpo | orations | | 2b | | | | | |
| C | Other | | | 2c | | | | | |
| 3 | | atents, trademarks, etc.) | | 3 | | | | | |
| 4 | | copyright royalties | | 4 | | | | | |
| 5 | | rights, recording, publishing, etc.) | | 5 | | | | | |
| 6 | | e and natural resources royalties | | 6 | | | | | |
| 7 | Pensions and annuiti | es | | 7 | | | | | |
| 8 | Social security benef | íits | | 8 | | | | | |
| 9 | Capital gain from line | 9 18 below | | 9 | | | | | |
| 10 | Gambling-Resident | s of Canada only. Enter net income in column (c) | | | • | 3.9 | | | - |
| а | Winnings | | | | | | | | |
| b | Losses | <u> </u> | | 10c | | | | | |
| 11 | Gambling winnings— | -Residents of countries other than Canada | | 100 | | | | | Section 1997 |
| | Note: Losses not allo | Residents of countries other than Canada. | | 11 | | | | | |
| 12 | Other (specify): | | | | | | | | |
| | | | | 12 | | | | | |
| 13 | | 12 in columns (a) through (d) | | 13 | | | | | |
| 14 | | ate of tax at top of each column | | 14 | | | | | |
| 15 | Tax on income not e | ffectively connected with a U.S. trade or busines | | | | | | -NR, line 23a 15 | |
| | | Capital Gains and | Losses I | From | Sales or Excha | anges of Proper | ty | | |
| Enter only the capital gains and losses from property sales or exchanges that are from sources within the United States and not effectively connected with a U.S. business, Do not include a gain or loss on disposing of a U.S. real property interest; report these gains and losses on Schedule D | | 16 (a) Kind of property and description (if necessary, attach statement of descriptive details not shown below) | (b) Date acquired mm/dd/yyyy | | (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). |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| (Form 1 | 1040). | | | | | | | | |
| Report | property sales or ages that are effectively | | | | | | | | |
| connec | ted with a U.S. business edule D (Form 1040), | 17 Add columns (f) and (g) of line 16 | | | | | 17 | | |
| | 1797, or both. | 18 Capital gain. Combine columns (f) and (| (g) of line 17 | 7. Ente | er the net gain her | re and on line 9 ab | ove. If a loss, ente | er -0 18 | |

SCHEDULE OI (Form 1040-NR)

Other Information

Go to www.irs.gov/Form1040NR for instructions and the latest information.

Attach to Form 1040-NR.

OMB No. 1545-0074

2022

Attachment Sequence No. 7C

Department of the Treasury Internal Revenue Service

Answer all questions.

| van | ne sn | lown on Form 1040-NH | | | | | Your identifying | g number | | |
|-----|--|---|--|---------------------------------------|--------------------------|--|------------------|--------------------------|-----------------|--|
| AN | ICY | JOHNSON | | | | | 658-61-9 | | | |
| A | | Of what country or countries w | vere you a citizen or national | al during the tax | year? Il | NDIA | | | | |
| В | | In what country did you claim | residence for tax purposes | s during the tax | year? Ur | nited States | | | | |
| С | | Have you ever applied to be a | green card holder (lawful p | ermanent reside | nt) of the | United States? . | | ☐ Yes | ⊠ No | |
| D | | Were you ever: | | | | | | | | |
| | 1. | A U.S. citizen? | | | | | | ☐ Yes | ⋈ No | |
| | 2. | | | | | | | | X No | |
| | | 2. A green card holder (lawful permanent resident) of the United States? | | | | | | | | |
| E | | If you had a visa on the last day of the tax year, enter your visa type. If you didn't have a visa, enter your U.S. immigration status on the last day of the tax year. | | | | | | | | |
| F | | Have you ever changed your v | isa type (nonimmigrant sta | tus) or U.S. immi | gration s | tatus? | | Yes | X No | |
| | | If you answered "Yes," indicat | e the date and nature of the | e change: | gradionio | | | | 22111 | |
| G | | List all dates you entered and | left the United States durin | a 2022 See instr | uctions | | | | | |
| _ | | Note: If you're a resident of C | | _ | | | ent intervals | | | |
| | | check the box for Canada or | Mexico and skip to item H | <u>!</u> | | . Canada | Mexico | | | |
| | | Date entered United States mm/dd/yy | Date departed United State mm/dd/yy | es | Date e | ntered United States mm/dd/yy | 1 | arted United mm/dd/yy | d States | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Н | | Give number of days (including | vacation, nonworkdays, and | I partial days) you | were pre | sent in the United S | tates during: | | | |
| | | 2020 | | | | | | | | |
| ı | | Did you file a U.S. income tax | return for any prior year?. | | | | | X Yes | ☐ No | |
| | | If "Yes," give the latest year ar | nd form number you filed: | | 1040N | R | | | | |
| J | | Are you filing a return for a trus | st? | | | | | ☐ Yes | X No | |
| | | If "Yes," did the trust have a l | | | | | | | | |
| | | U.S. person, or receive a contr | | | | | | Yes | ☐ No | |
| K | | Did you receive total compens | ation of \$250,000 or more | during the tax ye | ar? | | | ☐ Yes | ⋈ No | |
| | | If "Yes," did you use an alterna | ative method to determine t | the source of this | compen | sation? | | ☐ Yes | ☐ No | |
| L | | Income Exempt From Tax—If complete (1) through (3) below | you are claiming exempti | on from income formation on tax | tax und | er a U.S. income t | ax treaty with | country, | | |
| | Enter the name of the country, the applicable tax treaty article, the number of months in prior years you claimed the treaty benefit amount of exempt income in the columns below. Attach Form 8833 if required. See instructions. | | | | | | t, and the | | | |
| | | (a) Cou | | (b) Tax treaty ar | 1 | c) Number of month | s (d) Arr | nount of exe | emnt | |
| | | | | -,,- | | aimed in prior tax yea | | in current ta | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | (e) Total. Enter this amount or | Form 1040-NP line 14 D | o not enter it an | where | lse on line 1 | - | | | |
| | 2 | Were you subject to tax in a fo | | | | | | ☐ Yes | □No | |
| | | Are you claiming treaty benefit | | | | | | X Yes | □No | |
| | 3. | | | | | | | Z Tes | □ NO | |
| | | If "Yes," attach a copy of the C | competent Authority determ | imation letter to | your retu | in, | | | | |
| M | | Check the applicable box if: | ., | | | | 101-1 | | | |
| | | This is the first year you are may with a U.S. trade or business u | under section 871(d). See in | 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 section | ed, to tre on 871(d). | eat income from re . See instructions . | al property lo | cated in the | ne United [] | |

SCHEDULE E (Form 1040)

Supplemental Income and Loss

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

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

Attach to Form 1040, 1040-SR, 1040-NR, or 1041. Go to www.irs.gov/ScheduleE for instructions and the latest information. Attachment Sequence No. 13

Name(s) shown on return Your social security number ANCY JOHNSON 658-61-9025 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. Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions If "Yes," did you or will you file required Form(s) 1099? Physical address of each property (street, city, state, ZIP code) A THEJUS HOUSE, VAIKOM P.O VAIKOM, KOTTAYAM KERALA IN 686141 В C 1b Type of Property For each rental real estate property listed Fair Rental Personal Use QJV (from list below) **Days** above, report the number of fair rental and Days personal use days. Check the QJV box only A 3 365 0 A if you meet the requirements to file as a В В qualified joint venture. See instructions. C C Type of Property: 1 Single Family Residence 3 Vacation/Short-Term Rental 7 Self-Rental 5 Land 8 Other (describe) 2 Multi-Family Residence 4 Commercial 6 Royalties Properties: C Income: A Rents received . 480. Royalties received . 4 **Expenses:** 5 Advertising 5 6 6 Auto and travel (see instructions) 7 872. 7 Cleaning and maintenance 8 8 Commissions Insurance 9 9 10 10 Legal and other professional fees 991. 11 11 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 Other interest 13 2,710. 14 14 2,269. 15 15 16 16 Taxes 1,428. 17 17 18 Depreciation expense or depletion 18 19 19 20 8,270. Total expenses, Add lines 5 through 19 20 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If 21 result is a (loss), see instructions to find out if you must -7,790. 21 Deductible rental real estate loss after limitation, if any, 22 on Form 8582 (see instructions) -7,790.480. 23a Total of all amounts reported on line 3 for all rental properties 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 Total of all amounts reported on line 18 for all properties . . 23d Total of all amounts reported on line 20 for all properties 23e 8,270. Income. Add positive amounts shown on line 21. Do not include any losses 24 24 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 7,790.) 25 25 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result 26 here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on

-7,790.

Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2

Form **8889**

Health Savings Accounts (HSAs)

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

Internal Revenue Service Go to www
Name(s) shown on Form 1040, 1040-SR, or 1040-NR

ANCY JOHNSON

Department of the Treasury

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions. 658-61-9025

| Befor | re you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, it | requi | red. |
|-------|--|---------------|--|
| Part | HSA Contributions and Deduction. See the instructions before completing this part. If y and both you and your spouse each have separate HSAs, complete a separate Part I for | ou are | e filing jointly spouse. |
| 1 | Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2022. See instructions | ⊠ Self | -only \square Family |
| 2 | 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, contributions through a cafeteria plan, or rollovers. See instructions | 2 | 0. |
| 3 | If you were under age 55 at the end of 2022 and, on the first day of every month during 2022, you 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. |
| 4 | 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 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 | 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 | 6 | 3,650. |
| 7 | If you were age 55 or older at the end of 2022, married, and you or your spouse had family coverage under an HDHP at any time during 2022, enter your additional contribution amount. See instructions. | 7 | 0. |
| 8 | Add lines 6 and 7 | 8 | 3,650. |
| 9 | Employer contributions made to your HSAs for 2022 | | |
| 10 | Qualified HSA funding distributions | i | |
| 11 | Add lines 9 and 10 | 11 | 917. |
| 12 | Subtract line 11 from line 8. If zero or less, enter -0 | 12 | 2,733. |
| 13 | HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 | 13 | 0. |
| | Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions. | | . Marie - marie de la companya del companya de la companya del companya de la com |
| Part | a separate Part II for each spouse. | | SAs, complete |
| 14a | Total distributions you received in 2022 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 | |
| С | 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 | 4.0 | |
| | amount in the total on Schedule 1 (Form 1040), Part I, line 8f | 16 | 14. 1 |
| | If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here | | |
| 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 | | | |
| 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 8f . | 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 | |