IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879. ► Go to www.irs.gov/Form8879 for the latest information.

Conicl converts number

Submission Identification Number (SID)

T.....

Taxpayer S hame	Social security number								
RANADHEER ODETI 179-95-9778									
Spouse's name Spouse's social security numbers									
SUSHMA CHELIMELA	823-20-0644								
Part I Tax Return Information – Tax Year Ending December 31, 2022 (Enter	r year you are authorizing.)								
Enter whole dollars only on lines 1 through 5.									
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.									
1 Adjusted gross income	1 84,829.								
2 Total tax	2 6,660.								
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3 14,604.								
4 Amount you want refunded to you	4 7,944.								
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 acknowledgement 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

X	I authorize	GLOBAL	TAXES	ERO firm name	to enter or generate my PIN	Er
\mathbf{Y}	l authorize	CLOBAL.	TAYES	T.T.C	to optor or gonorato my PIN	

	er fiv n't er	as my			
5	9	7	7	8	

0 6 4 4

don't enter all zeros

as mv

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.

Date 🕨

Your signature 🕨

Spouse's PIN: check one box only

X | authorize GLOBAL TAXES LLC to enter or generate my PIN 0 ERO firm name Enter five digits, but

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 ► D	ate 🕨	•						
Practitioner PIN Method Returns Only—continue	bel	ow						
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.	2	2		 	6 all zer	 9	8 9	9

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 authorized 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			
ERO Must Ret Don't Submit This For	ain This Form — See m to the IRS Unless		
For Paperwork Reduction Act Notice, see your tax return in	structions. BAA	REV 02/05/23 PRO	Form 8879 (Rev. 01-2021)

Deduction for- 6a Social security benefits	1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		urn d	202	2	OMB No. 1545	-0074	IRS Use O	nly—Do n	ot writ	e or staple in this space.
RANADHEER ODET I 179-95-9778 If joint turn, spose's first name and middle initial Last name Spose's social security numbe 2051MA CHELINSLA At no. 2650 S MCDONALD ST UP 201 Presidential Election Campaign 2650 S MCDONALD ST UP 221 Check hme typus a Probability went S3 2670 S MCDONALD ST UP 221 Check hme typus a Probability went S3 2750 S MCDONALD ST UP 221 Check hme typus a filling jointy, went S3 MCKINNEY Foreign province/state/county Foreign province/state/county Foreign province/state/county Standard Someone can claim You as a dependent Your spouse as a dependent Deduction Spouse themizes on a separate return or you were a dual-status allein Age/Blindness Your Spouse At any time during spouse inteructions): (2) Social security (3) Relationalip (4) Check hme box (f qualifies for gene instructions) Begendents, isse instructions): (2) Social security (3) Relationalip (4) Check hme box (f qualifies for gene instructions) If more (1) First name Last name (3) Relationalip (4) Check hme box (f qualifies for gene instruct	Check only	lf yo	u checked the MFS box, enter the na	ame of y	-			_			S	pous	e (QSS)
If joint term, spouse's first name and middle initial Last name Spouse's social security number SUSHMA CHELTMELA Representation of the second s	Your first name	and mi	ddle initial	Last nan	ne						Your	^r soci	al security number
SUSHM CHELIMELA 223-20-0644 Home address (number and steed, If you have a PO. box, see instructions. Apt. no. Presidential Election Campaign spouse if iling jointly, want 35 City, tow, or post office. If you have a foreign address, also complete spaces below. State 22P code MCKTINNEY Foreign control yame Foreign province/state/county Foreign post-county to the control of the Checking a box below will not change Digital At any time during 2022, did you: (a) recover (sa a reward, award, or payment for properly or service); or (b) sel Image: control of the Checking a box below will not change Standard Someone can claim: You as a dependent You as a dependent Deduction Spouse femises on a separate return or you were a dual-status allen Age/Bindness You as dependent You as a dependent Deduction Spouse femises on a separate return or you were a dual-status allen Age/Bindness You as dependent You as a dependent Deduction (f) First name Last name Imober I'n or under the one fore data set (or a financial interest in a digital asset)? (b) sel (see instructions); Imober Imober I'n or under the one fore data set (or a financial interest in a digital asset)? (c) lia tas coreid Imober Imober	RANADHEE	R		ODET	I						179	9-9	5-9778
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MCKTINNEY TX 7506 gl box below will not change Foreign country name Foreign province/statis/county Foreign postal code your tax or refund. Digital At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, Assets Standard Someone can claim: You as a dependent You as a dependent Yes No Standard Someone can claim: You as a dependent You as a dependent Yes No Standard Someone can claim: You as a dependent You as a dependent Yes No Age/Blindness You: Were born before January 2, 1958 Is blind Poeues Dependents (see instructions): (2) Social security (a) Relationship (a) Check the boil fiquilities for dependent Income 1a Total amount from Form(s) W-2, box 1 (see instructions) 1a 94, 215. Hatch Form(s) Valuer Ako 1a 94, 215. 1b Medicald waive payments not reported on Form(s) W-2. 1b 1d dependent Value Ako 1a 94, 215. 1g 1d dependent 1g 1d <td>City, town, or po</td> <td>ost offic</td> <td>ce. If you have a foreign address, also co</td> <td>mplete sp</td> <td>baces below</td> <td>w.</td> <td>Sta</td> <td>te</td> <td>ZIP c</td> <td>ode</td> <td></td> <td></td> <td></td>	City, town, or po	ost offic	ce. If you have a foreign address, also co	mplete sp	baces below	w.	Sta	te	ZIP c	ode			
Foreign country name Foreign province/stata/country Foreign postal code your tax or refund. Digital Assets At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sall, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions). Yes Xe Standard Someone can claim: You as a dependent Your spouse as a dependent Yes Xe Deduction Spouse timizes on a separate return or you were a dual-status allen Age/Blindness You Yes Xe Age/Blindness You: Were born before January 2, 1958 Are blind Spouse: Was born before January 2, 1958 Is blind Dependents (see instructions): (2) Social security (9) Relationship (9) Check the box if qualifies for (see instructions) Id Id<	MCKINNEY						TΣ	ζ	750	69			
Assets exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions). □ Yes ○ No Standard Someone can claim:: ○ You is a dependent: ○ You is a dependent: Age/Bilindness Yes: ○ No Age/Bilindness Yes: ○ No Age/Bilindness Yes: ○ No Age/Bilindness Yes: ○ No Operations: (i) First name Last name Spouse: ○ Name It more dependents: (i) First name Last name (ii) First name Last name (iii) Coolid security (ii) Policid tor other dependent It more dependents: I Total amount from Form(s) W-2, box 1 (see instructions) It I 9 4, 215. It a total amount from Form(s) W-2, box 1 (see instructions) It 9 4, 215. It It W-28 and tatch Form(s) W-28 (see instructions) It It 9 4, 215. It a total amount from Form(s) W-2, box 1 (see instructions) It It 9 4, 215. V-28 and tatch Form(s) W-28 (see instructions) It It 9 4, 215. V-28 and tatch Form(s) W-28 (see instructions) <t< td=""><td>Foreign country</td><td>name</td><td></td><td>F</td><td>oreign prov</td><td>vince/state/c</td><td>oun</td><td>ty</td><td>Foreig</td><td>jn postal cod</td><td></td><td></td><td>or refund.</td></t<>	Foreign country	name		F	oreign prov	vince/state/c	oun	ty	Foreig	jn postal cod			or refund.
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\$12,950 7 Capital gain of (loss). Attach Schedule D if required, if not required, check here 1 7 • Married filing jointly or Qualifying surviving spouse, \$25,900 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 84,829. • Married filing jointly or Qualifying surviving spouse, \$25,900 • Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 84,829. • Head of household, \$19,400 • Standard deduction or itemized deductions (from Schedule A) 11 84,829. • If you checked any box under Standard 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 • Add lines 12 and 13 • • 14 25,900. • If you checked any box under Standard • 14 25,900.	Married filing	С	If you elect to use the lump-sum e	lection m	nethod, cl	heck here (s	see	instructions)					
opinity or Qualifying surviving spouse, \$25,9009Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income984, 829.10Adjustments to income from Schedule 1, line 2610• Head of household, \$19,40011Subtract line 10 from line 9. This is your adjusted gross income1184, 829.12Standard deduction or itemized deductions (from Schedule A)1225, 900.• If you checked any box under Standard Deduction,13Qualified business income deduction from Form 8995 or Form 8995-A131425, 900.14Add lines 12 and 131425, 900.15Subtract line 14 from line 11If zero or less enter -0-This is your taxable income15		7	Capital gain or (loss). Attach Schee	dule D if	required.	If not requi	red	, check here				7	
Qualifying surviving spouse, \$25,900 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 84,829. 10 Adjustments to income from Schedule 1, line 26 10 10 • Head of household, \$19,400 11 Subtract line 10 from line 9. This is your adjusted gross income 11 84,829. 12 Standard deduction or itemized deductions (from Schedule A) 12 25,900. • If you checked any box under Standard Deduction, 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 14 25,900. 14 25,900. 14									· ·		•		
\$25,900 10 Adjustments to income non-schedule 1, inte 20 11 10 • Head of household, \$19,400 11 Subtract line 10 from line 9. This is your adjusted gross income 11 84,829. 12 25,900. 12 25,900. 12 25,900. • If you checked any box under Standard Deduction, 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 14 25,900. 14 25,900. 14 25,900. 15 Subtract line 14 from line 11. If zero or less enter -0 This is your taxable income 15	Qualifying					ur total inc	om	e	· ·		•	-	84,829.
household, \$19,400 12 Standard deduction or itemized deductions (from Schedule A) 12 25,900. • If you checked any box under Standard Deduction, 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 13 14 Add lines 12 and 13 14 25,900. 14 25,900. 15 Subtract line 14 from line 11 If zero or less enter -0- This is your taxable income 15 58,929	\$25,900								• •		·		
\$19,400 12 Standard deduction or itemized deductions (from Schedule A) 12 25,900. • If you checked any box under Standard 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 13 14 Add lines 12 and 13 13 14 25,900. 15 Subtract line 14 from line 11 If zero or less enter -0- This is your taxable income 15 58 929									• •		·		
any box under Standard14Add lines 12 and 13131425,900Deduction,15Subtract line 14 from line 11 If zero or less enter -0- This is your taxable income1558,929	\$19,400								• •		· -		25,900.
Standard 14 Add lines 12 and 13 14 25,900. Deduction, 15 Subtract line 14 from line 11. If zero or less enter -0 This is your taxable income 15 58,929									• •		·		
	Standard										· -		
		15	Subtract line 14 from line 11. If zer	o or less	s, enter -0	This is yo	bur	axable incom	e.		·	15	58,929.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2022)

Form 1040 (2022	2)									Page 2
Tax and	16	Tax (see instructions). Check if a	ny from Form	(s): 1 🗌 881	4 2 4972	3		16	6,	660.
Credits	17	Amount from Schedule 2, line 3						17		
	18	Add lines 16 and 17						18	6,	660.
	19	Child tax credit or credit for oth	er dependent	ts from Sched	ule 8812			19		
	20	Amount from Schedule 3, line 8	3					20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18. If	zero or less,	enter -0				22	6,	660.
	23	Other taxes, including self-emp	loyment tax,	from Schedule	e 2, line 21 .			23		0.
	24	Add lines 22 and 23. This is you	ur total tax					24	6,	660.
Payments	25	Federal income tax withheld fro								
2	а	Form(s) W-2				25a 14	,604.			
	b	Form(s) 1099				25b				
	с	Other forms (see instructions)				25c				
	d	Add lines 25a through 25c						25d	14,	604.
If	26	2022 estimated tax payments a	ind amount a	pplied from 20	21 return			26		
If you have a qualifying child,	27	Earned income credit (EIC) .				27				
attach Sch. EIC.	28	Additional child tax credit from S				28				
	29	American opportunity credit fro	m Form 8863	8, line 8		29				
	30	Reserved for future use				30				
	31	Amount from Schedule 3, line 1				31				
	32	Add lines 27, 28, 29, and 31. Th						32		
	33	Add lines 25d, 26, and 32. Thes						33	14,	604.
Defined	34	If line 33 is more than line 24, si	-					34		944.
Refund	35a	Amount of line 34 you want refu						35a	7,	944.
Direct deposit?	b	Routing number 0 5 1 0					Savings			
See instructions.	d	Account number 4 3 5 0					<u> </u>			
	36	Amount of line 34 you want app			· · · · ·	36				
Amount	37	Subtract line 33 from line 24. Th	-							
You Owe	07	For details on how to pay, go to						37		
	38	Estimated tax penalty (see instr	-	-		38				
Third Party	Do	you want to allow another pe	-							
Designee		structions					omplete b	elow.	× No	
Ū		signee's		Phone		Pers	onal identifi	cation		
	nai	ne		no.		numl	oer (PIN)			
Sign		der penalties of perjury, I declare that								
Here		ief, they are true, correct, and complet	e. Declaration o			ased on all informatio		• •		0
	Yo	ur signature		Date	Your occupation				nt you an Iden IN, enter it her	
Joint return?					SENIOR DA	FA ENGINEER	1			Ť
See instructions.	Sp	ouse's signature. If a joint return, both	n must sign.	Date	Spouse's occupat			IRS ser	nt your spouse	e an
Keep a copy for		0, , , ,	0						ection PIN, ent	ter it here
your records.					HOME MAKEI	3	(see i	nst.)		
	Ph	one no. (703) 507-3636		Email address	ODETI.RANADH	EER360GMAIL.CO	MC			
Paid	Pre	eparer's name Pr	eparer's signat	ure		Date	PTIN		Check if:	
Preparer	SYAM	PRIYA RAM SAGAR GUPTA TALLAM SY	AM PRIYA	RAM SAGAR	GUPTA TALLAM	02/15/2023	P02082	703	Self-emp	ployed
Use Only	Fir	m's name GLOBAL TAXE	S LLC				Phon	eno. ((678)965-	-9522
	Fir	m's address 245 ROONEY	CT E BRU	NSWICK N	J 08816		Firm'	s EIN	84-317	1965
Go to www.irs.go	ov/Forn	1040 for instructions and the latest ir	nformation.		BAA	REV 02/05/23 PRO			Form 10	40 (2022)

SCHEDULE	1
(Form 1040)	

Department of the Treasury

Additional Income and Adjustments to Income

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

Attachment Sequence No. **01**

Your social security number

Internal Revenue Service Go to www.irs.gov/Fo Name(s) shown on Form 1040, 1040-SR, or 1040-NR

RANA	DHEER ODETI & SUSHMA CHELIMELA		179-95	-97	78				
Par	t I Additional Income								
1	Taxable refunds, credits, or offsets of state and local income taxes			1					
2 a	Alimony received		1	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 -9, 386.								
6	Farm income or (loss). Attach Schedule F.		🗋	6					
7	Unemployment compensation		🗋	7					
8	Other income:								
а	Net operating loss	8a ()						
b	Gambling	8b							
С	Cancellation of debt	8c							
d	Foreign earned income exclusion from Form 2555	8d ()						
е	Income from Form 8853	8e							
f	Income from Form 8889	8f							
g	Alaska Permanent Fund dividends	8g							
h	Jury duty pay	8h							
i	Prizes and awards	8i							
j	Activity not engaged in for profit income	8j							
k	Stock options	8k							
I	Income from the rental of personal property if you engaged in the rental								
	for profit but were not in the business of renting such property	81							
m	Olympic and Paralympic medals and USOC prize money (see								
	instructions)	8m							
	Section 951(a) inclusion (see instructions)	8n							
0	Section 951A(a) inclusion (see instructions)	80							
р	Section 461(I) excess business loss adjustment	8p							
q	Taxable distributions from an ABLE account (see instructions)	8q							
r	Scholarship and fellowship grants not reported on Form W-2	8r							
S	Nontaxable amount of Medicaid waiver payments included on Form								
	1040, line 1a or 1d	8s ()						
t	Pension or annuity from a nonqualifed deferred compensation plan or								
	a nongovernmental section 457 plan	8t							
	Wages earned while incarcerated	8u							
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-SF	, or 1040-NR	, line 8 📋	10	-9,386.				

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 1 (Form 1040) 2022

Par	t II Adjustments to Income					
11	Educator expenses				11	
12	Certain business expenses of reservists, performing artists, and fee-	-basis	s gove	rnment		
	officials. Attach Form 2106				12	
13	Health savings account deduction. Attach Form 8889				13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903				14	
15	Deductible part of self-employment tax. Attach Schedule SE				15	
16	Self-employed SEP, SIMPLE, and qualified plans				16	
17	Self-employed health insurance deduction				17	
18	Penalty on early withdrawal of savings				18	
19a	Alimony paid				19a	
b	Recipient's SSN	·				
С	Date of original divorce or separation agreement (see instructions):					
20	IRA deduction				20	
21	Student loan interest deduction				21	
22	Reserved for future use				22	
23	Archer MSA deduction	• •			23	
24	Other adjustments:					
а		24a			_	
b	Deductible expenses related to income reported on line 8I from the					
		24b				
С	Nontaxable amount of the value of Olympic and Paralympic medals	04-				
ام		24c			-	
d	· · ·	24d			-	
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e				
£		24e 24f			-	
f g		24g			-	
•	Attorney fees and court costs for actions involving certain unlawful	279			- 1	
	,	24h				
;	Attorney fees and court costs you paid in connection with an award	<u> </u>				
	from the IRS for information you provided that helped the IRS detect					
		24i				
i		24j				
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	,				
		24k				
z	Other adjustments. List type and amount:					
		24z				
25	Total other adjustments. Add lines 24a through 24z				25	
26	Add lines 11 through 23 and 25. These are your adjustments to income.			and on		
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a				26	
	ВАА	REV 0	2/05/23 PF	80	Schedu	le 1 (Form 1040) 2022

					Supplementa						_	OMB No	o. 1545-0074
(Form	1040)	(From	rent		e, royalties, partners	•	-			trusts, REMI	Cs, etc.)	20	D 22
	ent of the Treasury Revenue Service				Attach to Form 1040, rs.gov/ScheduleE fo					formation		Attachn	nent No. 12
	shown on return				13.gov/Scheduler 10	i insut			ilest in	ionnauon.	Your soci	al security	ce No. 13
. ,	DHEER ODET	T & S	IISF	IMA CHELT	TMF.T.A							5-9778	
Part	-			-	al Real Estate an	d Ro	valties				115 5	5 5770	
i ui i	Note: If yo	u are in	the	business of re	enting personal proper			C . See	e instru	ctions. If you a	are an indiv	vidual, rep	ort farm
					35 on page 2, line 40.		- () (
					at would require you								
					l Form(s) 1099? .							. <u> </u>	es 🗌 No
1 a	Physical addr	ess of	each	n property (s	street, city, state, ZI	P code	e)						
Α	SRINAGAR (COLON	ΥE	IANAMKONI	DA,WARANGAL TE	ELANC	GANA IN	506	001				
В													
C													
1b	Type of Prope				tal real estate prope				Fa	ir Rental	Person		QJV
	(from list below	V)			t the number of fair days. Check the Q					Days	Da	-	
	3				ne requirements to t			<u>A</u>		156		0	
<u>В</u> С					t venture. See instru			B C					
	of Property:							U					
	Single Family R	esiden	re	3 Vacati	on/Short-Term Ren	ital	5 Land		7	Self-Rental			
	Multi-Family Re			4 Comm		itai	6 Roya			Other (desc	ribe)		
			<u> </u>										
								•		Propert	ies:		•
Incom						0		A	50.	В			С
3 4						3		3	50.				
Expen		veu .				4							
5						5							
6						6							
7		•				7		9	86.				
8	0					8		-					
9	Insurance					9							
10	Legal and othe	r profe	ssio	nal fees .		10							
11	Management f	ees .				11		9	53.				
12	Mortgage inter	est pai	d to	banks, etc.	(see instructions)	12							
13						13							
14						14			51.				
15						15		2,8	46.				
16						16			0.0				
17 18						17 18		Ζ,Ζ	00.				
19	Other (list)	•		•		19							
20	· /	s Add	lines	5 through	19	20		9.9	36.				
21	•			0	d/or 4 (royalties). If			575					
					ind out if you must								
						21		-9,3	86.				
22					er limitation, if any,								
	on Form 8582	(see in	stru	ctions)		22	(9,38	36.)	()	(
23a			-		3 for all rental prope				23a		550.		
b					4 for all royalty prop				23b				
C													
d			-						23d				
е 24			•		20 for all properties				23e		9,936.		
24 25													
25 26					income or (loss).							١	J, JUU.
20					on page 2 do not								

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

Schedule E (Form 1040) 2022

26

-9,386.

88 Form Department of the Treasury

Internal Revenue Service

Health Savings Accounts (HSAs)

OMB No. 1545-0074 2022

Form 8889 (2022)

REV 02/05/23 PRO

BAA

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

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

Attachment Sequence No. 52
ber of HSA beneficiary. HSAs, see instructions

Name(s) shown on Form 1040, 1040-SR, or 1040-NR Social securit		security numbe	r of HSA beneficiary. HSAs, see instructions.
		179-95-9	
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 See instructions		Self-only 🛛 Family
2	HSA contributions you made for 2022 (or those made on your behalf), including those made unextended due date of your tax return that were for 2022. Do not include employer contributions through a cafeteria plan, or rollovers. See instructions	outions,	0.
3	If you were under age 55 at the end of 2022 and, on the first day of every month during 202 were, or were considered, an eligible individual with the same coverage, enter \$3,650 (\$7,5 family coverage). All others , see the instructions for the amount to enter	300 for	7,300.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2022 from Form lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 202 include any amount contributed to your spouse's Archer MSAs	22, also	0.
5	Subtract line 4 from line 3. If zero or less, enter -0		7,300.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had coverage under an HDHP at any time during 2022, see the instructions for the amount to enter	I family	7,300.
7	If you were age 55 or older at the end of 2022, married, and you or your spouse had family counder an HDHP at any time during 2022, enter your additional contribution amount. See instruct		
8	Add lines 6 and 7	8	7,300.
9		,000.	
10	Qualified HSA funding distributions		
11	Add lines 9 and 10		
12	Subtract line 11 from line 8. If zero or less, enter -0		-
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.
Dort	Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.		
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.			
14a	Total distributions you received in 2022 from all HSAs (see instructions)	14a	a 296.
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	t were	
	withdrawn by the due date of your return. See instructions	· · 14	b
С	Subtract line 14b from line 14a	140	c 296.
15	Qualified medical expenses paid using HSA distributions (see instructions)	15	296.
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0 Also, inclu amount in the total on Schedule 1 (Form 1040), Part I, line 8f		0.
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 2 Tax (see instructions), check here		
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 1040), Part II, line 17c	(Form	þ
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	Last-month rule	18	}
19	Qualified HSA funding distribution)
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line		
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 1040), Part II, line 17d		

For Paperwork Reduction Act Notice, see your tax return instructions.