(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

	5					
Submis	ssion Identification Number (SID)					
Taxpaye	r's name	Social secur	ty numl	per		
VIVI	TDHA SINGH	531-93	-639	3		
Spouse's	s name	Spouse's so	cial secu	urity nun	nber	
Part	Tax Return Information — Tax Year Ending December 31, 2022 (Ente	 er year you a	are au	thorizi	na.)	
	whole dollars only on lines 1 through 5.	o. you. you c	0 0.0.			
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.					
	Adjusted gross income		1		89,	181.
	Total tax		2		12,	387.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		14,	950.
4	Amount you want refunded to you		4		2,	563.
	Amount you owe		5			
Part	II Taxpayer Declaration and Signature Authorization (Be sure you get and	keep a cop	y of y	our re	eturr	1)
return (of to send for any Agent to payment authorize payment business taxes to personal	wledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I aboriginal or amended) I am now authorizing. I consent to allow my intermediate service provider, trans my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for redelay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the oinitiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account in the office of the interval of	mitter, or electrejection of the to U.S. Treasury a dicated in the totion to debit the authoriz quests must be processing of payment. I fur	onic refransmisted ax preparation. The election of the election at the election at the election of the election at the election of the electio	turn original designation to this a forevolute of the control of t	ginato b) the ted Fing softwaccounter (call the call the	r (ERO) reason nancial vare for nt. This ncel) a than 2 nent of nat the
	nic Funds Withdrawal Consent. yer's PIN: check one box only				\neg	
X		e my PIN	6 3	3 9	3	as my
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	r Er		digits, b r all zer	ut	y
	I will enter my PIN as my signature on the income tax return (original or amended) I am if you are entering your own PIN and your return is filed using the Practitioner PIN met below.					
Your si	ignature ▶ Date ▶					
Spous	e's PIN: check one box only					
	I authorize to enter or generate	e my PIN				as my
	ERO firm name	Er		digits, b	ut	,
	signature on the income tax return (original or amended) I am now authorizing.	do	n't ente	r all zer	os	
	I will enter my PIN as my signature on the income tax return (original or amended) I am if you are entering your own PIN and your return is filed using the Practitioner PIN met below.		_			-
Spouse	e's signature ▶ Date ▶					
	Practitioner PIN Method Returns Only—continue below	w				
Part I	Certification and Authentication — Practitioner PIN Method Only					
FRO's	EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.					
LI10 3	ET 11471 114. Effet your six digit Ef 114 followed by your five digit self solected 1 114.	Don't en	ter all ze	eros		
authoriz	that the above numeric entry is my PIN, which is my signature for the electronic individual income zed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subments of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of	mitting this ret	urn in a	accorda	nće v	
ERO's	signature ▶ Date ▶					
	ERO Must Retain This Form — See Instructions					
	Don't Submit This Form to the IRS Unless Requested To	Do So				

Department of the Treasury—Internal Revenue Service U.S. Nonresident Alien Income Tax Return

	2022
ı	

OMB No. 1545-0074

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

For the year Ja	n. 1–D	Dec. 31, 2022, or other tax year begi	nning	, 2022	, ending		, 2	20		ee separate Istructions.
Filing Status		Single Married filing se	. , ,	,	ing surviving spo	•	,		ate	☐ Trust
Check only one box.	"			. , , , ,			•			
Your first name	and r	middle initial	Last na	ame				Your id (see ins	-	ng number ns)
VIVIDHA			SING	H				531-	93-6	393
Home address	(numl	oer and street). If you have a P.O. b	ox, see ins	structions.						Apt. no.
655 W IRV	7ING	PARK RD				4114				
City, town, or p	ost of	ffice. If you have a foreign address,	also comp	lete spaces below.		St	ate		ZIP cc	ode
CHICAGO						I	L		6061	_3
Foreign country	/ nam	e	Foreign	n province/state/county		Fo	oreign po	ostal co	de	
Digital Assets		ny time during 2022, did you: (a) rec erwise dispose of a digital asset (or						(b) sell,		nge, gift, or Yes X No
Dependents	3						(4) Che	ck the box	if quali	fies for (see inst.):
(see instructions)	:	(1) First name Last nam	ne	(2) Dependent's identifying number	(3) Relationship	to you	Child	tax credi	t	Credit for other dependents
If more than four dependents, see										
instructions and										
check here										
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see i	nstructions)				1a		100,681.
Effectively	b	Household employee wages not r	eported or	n Form(s) W-2				1b		
Connected	С	Tip income not reported on line 1a	a (see instr	ructions)				1c		
With U.S.	d	Medicaid waiver payments not rep	orted on F	Form(s) W-2 (see instruc	ctions)			1d		
Trade or	е	Taxable dependent care benefits		*						
Business	f	Employer-provided adoption bene		•				1f		
Attach	g	Wages from Form 8919, line 6 .						1g		
Form(s) W-2,	h	Other earned income (see instruct	,					1h		
1042-S,	i	Reserved for future use								
SSA-1042-S, RRB-1042-S.	j	Reserved for future use			1 1			1j		
and 8288-A	k	Total income exempt by a treaty fi								
here. Also					1k				4	
attach Form(s)	Z	Add lines 1a through 1h	1	1				1z		100,681.
1099-R if	2a	•	2a		xable interest .			_	-	
tax was	_		3a		dinary dividends			3b		
withheld.	4a	-	4a		xable amount .					
If you did not get a Form	5a		5a		xable amount .					
W-2, see	6	Reserved for future use						_ —		
instructions.	7	Capital gain or (loss). Attach Sche Other income from Schedule 1 (Fo	,		•					11 500
	8 9	Add lines 1z, 2b, 3b, 4b, 5b, 7, an								-11,500. 89,181.
	10	Add lines 12, 25, 35, 45, 35, 7, and Adjustments to income:	u o. IIIIs is	s your total effectively		iie .		9		09,101.
	а	From Schedule 1 (Form 1040), line	26		10a					
	b	Reserved for future use								
	c	Reserved for future use								
	d	Enter the amount from line 10a. The						10d	1	
	11	Subtract line 10d from line 9. This		=						89,181.
	12	Itemized deductions (from Sche	dule A (Fo	rm 1040-NR)) or, for ce	ertain residents o	f India,	standar	d		
		deduction (see instructions)			1 1	ı pean US/	India.Treat	12	-	12,950.
	13a	Qualified business income deduct								
	b	Exemptions for estates and trusts						-		
	С	Add lines 13a and 13b						—	1	10
	14								-	12,950.
	15	Subtract line 14 from line 11. If ze	o or less.	enter -u This is your ta	axable income			15	1	76,231.

Form 1040-NR (2	2022)					Page 2
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 49	972 3 🗌		16	12,387.
Credits	17	Amount from Schedule 2 (Form 1040), line 3			17	0.
	18	Add lines 16 and 17			18	12,387.
	19	Child tax credit or credit for other dependents from Schedule 8812 (Form	1040)		19	
	20	Amount from Schedule 3 (Form 1040), line 8			20	
	21	Add lines 19 and 20			21	
	22	Subtract line 21 from line 18. If zero or less, enter -0			22	12,387.
	23a	Tax on income not effectively connected with a U.S. trade or business from				
		Schedule NEC (Form 1040-NR), line 15	23a		-	
	b	Other taxes, including self-employment tax, from Schedule 2 (Form 1040), line 21	, 23b			
	С	Transportation tax (see instructions)	23c			
	d	Add lines 23a through 23c			23d	
	24	Add lines 22 and 23d. This is your total tax			24	12,387.
Payments	25	Federal income tax withheld from:			2-7	12,307.
rayinents	a	Form(s) W-2	25 a 1	4,950.		
	b	Form(s) 1099	25b	1,750.		
	c	Other forms (see instructions)	25c			
	d	Add lines 25a through 25c			25d	14,950.
	e	Form(s) 8805			25e	,
	f	Form(s) 8288-A			25f	
	g	Form(s) 1042-S			25g	
	26	2022 estimated tax payments and amount applied from 2021 return			26	
	27	Reserved for future use	27			
	28	Additional child tax credit from Schedule 8812 (Form 1040)	28			
	29	Credit for amount paid with Form 1040-C	29			
	30	Reserved for future use	30			
	31	Amount from Schedule 3 (Form 1040), line 15	31			
	32	Add lines 28, 29, and 31. These are your total other payments and refund	dable credits .		32	
	33	Add lines 25d, 25e, 25f, 25g, 26, and 32. These are your total payments			33	14,950.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amo	unt you overpaid		34	2,563.
	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, ch	eck here	\square	35a	2,563.
Direct deposit?	b	Routing number 0 2 1 0 0 0 0 2 1 c Type: 2	Checking	Savings		
See instructions.	d	Account number 6 5 6 5 5 0 8 1 8				
	е	If you want your refund check mailed to an address outside the United Sta	ates not shown o	n page 1,		
		enter it here.				
	36	Amount of line 34 you want applied to your 2023 estimated tax	36			
Amount	37	Subtract line 33 from line 24. This is the amount you owe .				
You Owe		For details on how to pay, go to www.irs.gov/Payments or see instructions	1 1		37	
	38	Estimated tax penalty (see instructions)	38			N
Third	,	ou want to allow another person to discuss this return with the IRS? See inst		es. Comp		v. 🛛 No
Party Designee	Desig			onal identif	cation	
Designee	name	penalties of perjury, I declare that I have examined this return and accompanying sche		per (PIN) ts, and to th	e best of r	ny knowledge and
_		they are true, correct, and complete. Declaration of preparer (other than taxpayer) is ba				
Sign	Your	signature Date Your occupation	on	If the	e IRS sen	t you an Identity
Here				I		N, enter it here
		SOFTWARE	ENGINEER	(see	inst.)	
	Phone		Det-	DTIN	1 -	No and a 10
Paid	repa	arer's name Preparer's signature	Date	PTIN		Check if:
Preparer	F: ·			DI: -		Self-employed
Use Only		sname GLOBAL TAXES LLC		Phone n		
	rirm's	saddress 245 ROONEY CT F BRUNSWICK NJ 08816		Firm's E	IIN	

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074 Attachment Sequence No. 01

Department of the Treasury Internal Revenue Service

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

Name	(s) shown on Form 1040, 1040-SR, or 1040-NR	Your so	ocial s	ecurity number
VIVI	DHA SINGH	531-9	93-63	393
Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule		5	-11,500.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss			
b	Gambling			
С	Cancellation of debt			
d	Foreign earned income exclusion from Form 2555 8d (
е	Income from Form 8853			
f	Income from Form 8889			
q	Alaska Permanent Fund dividends 8g			
h	Jury duty pay			
i	Prizes and awards			
i	Activity not engaged in for profit income			
k	Stock options			
ı.	Income from the rental of personal property if you engaged in the rental			
-	for profit but were not in the business of renting such property 81			
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)			

8n

80

8p

8q

8r

8s

8t

8u

8z

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

Section 951(a) inclusion (see instructions)

u Wages earned while incarcerated

9

Other income. List type and amount:

Section 951A(a) inclusion (see instructions)

Scholarship and fellowship grants not reported on Form W-2

Section 461(I) excess business loss adjustment

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

Nontaxable amount of Medicaid waiver payments included on Form

Pension or annuity from a nonqualifed deferred compensation plan or a nongovernmental section 457 plan

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

Schedule 1 (Form 1040) 2022

-11,500.

9

10

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

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis governing			
	officials. Attach Form 2106	[12	1
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)			
b	Deductible expenses related to income reported on line 8l from the			
	rental of personal property engaged in for profit			
С	Nontaxable amount of the value of Olympic and Paralympic medals			
	and USOC prize money reported on line 8m			
d	Reforestation amortization and expenses			
е	Repayment of supplemental unemployment benefits under the Trade			
	Act of 1974			
f	Contributions to section 501(c)(18)(D) pension plans			
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)			
İ	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:			
25			O.F.	
25 26	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 an Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26	
	Form 1040 of 1040-3n, lifte 10, of Form 1040-1nn, lifte 10a		20	

SCHEDULE NEC (Form 1040-NR)

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

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

L.,	Sequence No.	7 0
	Attachment	7D

Name shown on Form 1040-NR Your identifying number VIVIDHA SINGH 531-93-6393 Enter **amount of income** under the appropriate rate of tax. See instructions.

		Nature of Income		(a) 10%	(b) 150/	(b) 15% (c) 30%	(a) Other	(a) Other (specify)		
		Nature of income		(a) 10%	(b) 1370	(6) 30 70	%	%		
1	Dividends and divide	nd equivalents:								
а	Dividends paid by U.	S. corporations	1a							
b	Dividends paid by fo	reign corporations	1b							
С	Dividend equivalent p	ayments received with respect to section 871(m) transactions	1c							
2	Interest:									
а	a Mortgage									
b	Paid by foreign corpo	orations	2b							
С	Other		2c							
3	Industrial royalties (p	atents, trademarks, etc.)	3							
4	Motion picture or TV	copyright royalties	4							
5	Other royalties (copy	rights, recording, publishing, etc.)	5							
6	Real property income	e and natural resources royalties	6							
7	Pensions and annuiti	es	7							
8	Social security benef	iits	8							
9	Capital gain from line	e 18 below	9							
10	Gambling—Resident If zero or less, ente	s of Canada only. Enter net income in column (c). r -0								
а	Winnings									
b	Losses		10c							
11	Gambling winnings – Note: Losses not allo	Residents of countries other than Canada.	11							
12	Other (specify):									
			12							
13		12 in columns (a) through (d)								
14		ate of tax at top of each column	14							
15	Tax on income not e	ffectively connected with a U.S. trade or business. Add colu					NR, line 23a 15			
		Capital Gains and Losses	From	Sales or Excha	nges 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		16 (a) Kind of property and description (if necessary, attach statement of descriptive details not shown below) (b) Date accomm/dd/y		(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).		
gains a	nd losses on Schedule D									
(Form 1	ս4սյ. property sales or									
exchan	ges that are effectively									
on Sche	ted with a U.S. business edule D (Form 1040),	17 Add columns (f) and (g) of line 16				<u>17</u>				
Form 4	797, or both.	18 Capital gain. Combine columns (f) and (g) of line 1	/. Ent	er the net gain here	e and on line 9 abo	ove. It a loss, enter	r-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.

Answer all questions.

OMB No. 1545-0074

2022

Attachment Sequence No. 7C

Department of the Treasury Internal Revenue Service

	me snown on Form 1040-NR					Your identifying		
VI		HA SINGH				531-93-6	393	
Α		of what country or countries w						
В	In	n what country did you claim	residence for tax purposes	s during the tax y	ear? United States		<u></u>	<u></u>
С		lave you ever applied to be a	green card holder (lawful p	ermanent resider	nt) of the United States? .		Yes	⊠ No
D	W	Vere you ever:						
							Yes	⊠ No
2		green card holder (lawful per					☐ Yes	⊠ No
	If you answer "Yes" to (1) or (2), see Pub. 519, chapter 4, for expatriation rules that apply to you.							
E	in	you had a visa on the last d nmigration status on the last d	lay of the tax year. F1					
F		lave you ever changed your vi you answered "Yes," indicate					☐ Yes	⊠ No
G	Li	ist all dates you entered and le	eft the United States during	g 2022. See instr	uctions.			
		lote: If you're a resident of Ca				ent intervals.		
		heck the box for Canada or				☐ Mexico		
		Date entered United States mm/dd/yy	Date departed United State mm/dd/yy	es	Date entered United State mm/dd/yy		arted Unite	d States
Н	G	live number of days (including v	vacation, nonworkdays, and	partial days) you	were present in the United	States during:		
		020	, 2021	, ar	nd 2022365			
I		old you file a U.S. income tax r "Yes," give the latest year and	return for any prior year?.				⊠ Yes	☐ No
J	Α	re you filing a return for a trus	:t?				☐ Yes	⊠ No
	lf	"Yes," did the trust have a U.S. person, or receive a contri	J.S. or foreign owner unde	r the grantor trus	st rules, make a distributior	n or loan to a	☐ Yes	☐ No
K		oid you receive total compensa					Yes	⊠ No
		"Yes," did you use an alterna						☐ No
L		ncome Exempt From Tax-If omplete (1) through (3) below.				tax treaty with	a foreign	country,
1		nter the name of the country, t mount of exempt income in the				claimed the tre	eaty benefi	t, and the
		(a) Cour		(b) Tax treaty ar		ns (d) Am	ount of exe	empt
	_				claimed in prior tax ye	ears income i	n current ta	ax year
	_							
	_							
	_	<u></u>	E 40.23.15.11					
		e) Total. Enter this amount or		•				
2		Vere you subject to tax in a for					∐ Yes	∐ No
3		re you claiming treaty benefits					∐ Yes	⊠ No
		"Yes," attach a copy of the C	competent Authority detern	nination letter to y	your return.			
M		Check the applicable box if:		_		10.		
	W	his is the first year you are ma vith a U.S. trade or business u	nder section 871(d). See in	structions				🗌
2		ou have made an election in tates as effectively connected						

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.

Attachment Sequence No. 13

OMB No. 1545-0074

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

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

Your social security number

	IDHA SINGH						<u>531</u> -9	3-6393	
Par									
	Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.	ty, use	Schedule	e C. See	instru	ctions. If you are	e an indiv	/idual, repo	ort farm
Α	Did you make any payments in 2022 that would require you	to file	Form(s)	1099? 5	See ins	structions		. \(\text{Ye} \)	s 🗵 No
1a	Physical address of each property (street, city, state, ZIF								
<u>A</u> _	Plot no. 12&13, Sector-19, KHARGHAR NA	AVI M	IUMBAI	IN 4	1021	0			
В									
С	T (D 0 5								
1b	Type of Property (from list below) 2 For each rental real estate proper above, report the number of fair in the f				Fa	ir Rental Days	Person Da		QJV
Α	gersonal use days. Check the Qu			Α		365	Da	0	
В	if you meet the requirements to fi	ile as a	a ,	В		303		0	
C	qualified joint venture. See instru	ictions		C					
	of Property:								
	Single Family Residence 3 Vacation/Short-Term Ren	tal	5 Lanc	4	7	Self-Rental			
	Multi-Family Residence 4 Commercial		6 Roya			Other (descril	be)		
		-				Propertie	s:		
Incor				A	0.0	В			С
3 4	Rents received	3		6	00.				
	Royalties received	4							
⊏xpe 5	nses:	5							
6	Advertising	6							
7	Cleaning and maintenance	7		1,5	0.0				
8	Commissions	8		1,5	00.				
9	Insurance	9							
10	Legal and other professional fees	10							
11	Management fees	11		1.2	00.				
12	Mortgage interest paid to banks, etc. (see instructions)	12							
13	Other interest	13							
14	Repairs	14		2,8	00.				
15	Supplies	15		2,6	00.				
16	Taxes	16							
17	Utilities	17		4,0	00.				
18	Depreciation expense or depletion	18							
19	Other (list)	19							
20	Total expenses. Add lines 5 through 19	20		12,1	00.				
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			11 -	0.0				
	file Form 6198	21		-11,5	00.				
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)		,	11 50	,,,	(,	
00-	Total of all amounts reported on line 3 for all rental proper	22	(-	11,50		(600.	(
23a b	Total of all amounts reported on line 3 for all rental proper Total of all amounts reported on line 4 for all royalty properties.				23a 23b		000.		
C	Total of all amounts reported on line 4 for all royalty properties	GI 1162			23c				
d	Total of all amounts reported on line 18 for all properties				23d				
e	Total of all amounts reported on line 20 for all properties				23e	12.	100.		
24	Income. Add positive amounts shown on line 21. Do no	t inclu	de anv lo	sses			24		
25	Losses. Add royalty losses from line 21 and rental real estat		-		nter to	otal losses here		(L1,500.
26	Total rental real estate and royalty income or (loss).								,
	here. If Parts II, III, IV, and line 40 on page 2 do not a								
	Schedule 1 (Form 1040), line 5. Otherwise, include this ar							-	-11,500.

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 Attachment Sequence No. **52**

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

VIVIDHA SINGH

Department of the Treasury

Internal Revenue Service

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions. 531-93-6393

Deioi	e you begin: Complete Form 6653, Archer MSAs and Long-Term Care insurance Contracts, in	requ	irea.
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		
1		X Se	lf-only \Box 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		
11	Add lines 9 and 10	11	500.
12	Subtract line 11 from line 8. If zero or less, enter -0	12	3,150.
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.		
Part		rate l	HSAs, 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		
10	amount in the total on Schedule 1 (Form 1040), Part I, line 8f	16	
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here	10	
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	

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

REV 03/16/23 PRO

BAA

Passive Activity Loss Limitations

See separate instructions.

Attach to Form 1040, 1040-SR, or 1041.

OMB No. 1545-1008 Attachment Sequence No. **858**

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

Go to www.irs.gov/Form8582 for instructions and the latest information. Identifying number

VIVI	DHA SINGH				531	-93-	-6393
Par							
	Caution: Complete Parts IV ar	nd V before comple	eting Part I.				
	l Real Estate Activities With Active Pa ance for Rental Real Estate Activities			ive participation, s	ee Special		
	Activities with net income (enter the a Activities with net loss (enter the amor Prior years' unallowed losses (enter the Combine lines 1a, 1b, and 1c	unt from Part IV, c ne amount from Pa	olumn (b)) art IV, column (c))	1b (0. 11,500.) 	1d	-11,500.
All Ot	her Passive Activities						
	Activities with net income (enter the a Activities with net loss (enter the amor Prior years' unallowed losses (enter the Combine lines 2a, 2b, and 2c	unt from Part V, co ne amount from Pa	olumn (b)) art V, column (c))	2b (2c () 	2d	
3	Combine lines 1d and 2d. If this line i all losses are allowed, including any losses on the forms and schedules no	s zero or more, st prior year unallow	op here and inclu	de this form with y on line 1c or 2c.	our return;	3	-11,500.
Part II	on: If your filing status is married filing . Instead, go to line 10.	oss (and line 1d is separately and yo	ou lived with your	spouse at any tim	ne during the	year,	do not complete
Par	t II Special Allowance for Rer						
	Note: Enter all numbers in Par	· · · · · · · · · · · · · · · · · · ·		tions for an examp	ole.		
4 5 6	Enter the smaller of the loss on line 1 Enter \$150,000. If married filing separ Enter modified adjusted gross income	ately, see instructi	ons		50,000.	4	11,500.
7	Note: If line 6 is greater than or equal on line 9. Otherwise, go to line 7. Subtract line 6 from line 5	to line 5, skip line	s 7 and 8 and ent	er -0-	49,319.		
8	Multiply line 7 by 50% (0.50). Do not el nter more than \$25	 ,000. If married filir			8	24,660.
9	Enter the smaller of line 4 or line 8					9	11,500.
Part	III Total Losses Allowed						
10	Add the income, if any, on lines 1a an					10	0.
11	Total losses allowed from all passiv out how to report the losses on your to	ax return				11	11,500.
Part	IV Complete This Part Before	e Part I, Lines 1	a, 1b, and 1c. S	ee instructions.			
	Name of activity		nt year	Prior years	Ove	rall ga	in or loss
	-	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gair	1	(e) Loss
Plot	no. 12&13, Sector-19,	0.	11,500.				11,500.
		I		I	I		

Total. Enter on Part I, lines 1a, 1b, and 1c

0.

11,500.

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Part V	Complete This Part Befor	e P	art I, Lines 2	a, 2b,	and 2c. S	ee instruc	tions.				
	Name of activity	Current yea			Prior ye		ears	Overall g		ain or loss	
	Name of activity		(a) Net income (line 2a)		Net loss ne 2b)	(c) Unallowed loss (line 2c)		(d) Gain		(e) Loss	
Total Enter (on Part I, lines 2a, 2b, and 2c										
Part VI	Use This Part if an Amour	nt Is	Shown on F	Part II.	Line 9. S	ee instruc	tions.				
	Name of activity	Form or schedule and line number to be reported on (see instructions)		(a) Loss		(b) Ratio		(c) Special allowance		(d) Subtract column (c) from column (a).	
Plot no.	t no. 12&13, Sector-19,		E Ln 22	11,500.		1.00000000		11,500.		0.	
					·						
Total				11,500.		1.00		11,500.		0.	
Part VII	Allocation of Orlahowed L	US			S.						
	Name of activity		Form or sche and line nur to be reporte (see instruct	nber ed on	(a) l	_OSS		(b) Ratio ((c) Unallowed loss	
Total							1.00				
Part VIII	Allowed Losses. See instru	ucti	ons.								
Name of activity			Form or sche and line nur to be reporte (see instruct	nber ed on	(a) l	_oss	(b) Unallowed loss		(c) Allowed loss		
					-						
Total											