# 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

	5.5.1.65 55.1.65					_
Submis	ssion Identification Number (SID)					
Taxpayer	's name	Social securit	y numb	per		_
TEJA	L RAMDAS PATIL	714-26-	-769	0		
Spouse's	name	Spouse's soc	ial secu	urity numbe	er	_
Part	Tax Return Information — Tax Year Ending December 31, 2022 (Enter	vear vou a	re au	thorizino	1)	—
	/hole dollars only on lines 1 through 5.	ycai you a	C au	1101121116	J· <i>)</i>	_
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.					
	Adjusted gross income		1	86	5,647	
	Total tax		2		1,826	
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		5,320	_
4	Amount you want refunded to you		4		4,494	_
5	Amount you owe		5			_
Part I	Taxpayer Declaration and Signature Authorization (Be sure you get and k	eep a cop	y of y	our retu	urn)	Ξ
my know return (c to send for any c Agent to paymen authoriz paymen business taxes to persona	renalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) will be and belief, it is true, correct, and complete. I further declare that the amounts in Part I above original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmit my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejected processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indict of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution ation is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate t, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requised adays prior to the payment (settlement) date. I also authorize the financial institutions involved in the particle of the processor of the payment (settlement) and the payment indiction of the payment (settlement) attended to the payment financial processor of the payment (PIN) below is my signature for the income tax return (original or amended) I and its Funds Withdrawal Consent.	e are the amounter, or electro- ction of the tro- ction of the tro- cated in the tan- to debit the the authoriza- ests must be- processing of ayment. I furt	ounts for increase and its control its con	rom the inturn origination, (b) the designated paration so to this according to revoke ved no late ectronic perhamments.	ncome to ator (ERI) the reason of Financi oftware foount. The (cancel) ter than ayment e that the	ax O) on al or is a of ne
	yer's PIN: check one box only				]	
X	l authorize GLOBAL TAXES LLC to enter or generate r	ny PIN 6		5   9   0	as m	У
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	Ent		digits, but er all zeros		
	I will enter my PIN as my signature on the income tax return (original or amended) I am not if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN method below.					
Your si	gnature▶ <mark>Tejal Patil</mark> Date▶ ⊿	1/7/	20	)23		_
Spouse	e's PIN: check one box only				1	
- П	I authorize to enter or generate r	ny PIN			as m	٧
_	ERO firm name	Ent		digits, but	1	•
	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 no	w authorizi	ng. Cł			
	if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN methodelow.	od. The ERC	) mus	t comple	te Part	Ш
Spouse	e's signature ▶ Date ▶					
	Practitioner PIN Method Returns Only—continue below					
Part I	I Certification and Authentication — Practitioner PIN Method Only					_
ERO's	<b>EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 2	2 4 9 Don't ente	6 3 erallze		8 9	
authoriz	that the above numeric entry is my PIN, which is my signature for the electronic individual income ta- ed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submi- nents of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS e-file Providers of In-	tting this retu	rn in a	accordanc		
ERO's	signature ▶ Date ▶					
	ERO Must Retain This Form — See Instructions					_
	Don't Submit This Form to the IRS Unless Requested To D	o So				

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

OMB No. 1545-0074

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

Filing Status	s X	Single   Married filing jointly	Marr	ried filing separately	(MFS)	) U Head of	house	hold (HOH	l) [		ifying survi	ving	
Check only one box.	If vo	u checked the MFS box, enter the r	name of	vour spouse. If you	chack	red the HOH o	r 088	hov ente	r the c	•	ise (QSS)	aualifyina	
OHO BOX.	-	son is a child but not your depender		your spouse. If you	CHOO	ted the Horro	i QOO	DOX, CITE	1 1110 0	illia 3	name ii tii	qualifying	
Your first name			Last na	ame					Yo	ur soc	cial security	number	
TEJAL RA			PAT							714-26-7690			
		s first name and middle initial	Last n						Spouse's social security num				
ii joint rotairi, c	podoo c	o mot riamo ana midale imila	Lastin	amo					٦	ouoo (	, 000iai 000i	arrey mambor	
Home address	(numbe	er and street). If you have a P.O. box, see	_l e instruct	tions.				Apt. no.	Pr	esider	ntial Flection	n Campaign	
			oo ao.					#313		Presidential Election Campaign Check here if you, or your			
								spouse if filing jointly, want \$3					
to								to go to this fund. Checking a box below will not change					
Foreign countr		Foreign province/stat		-	<del>                                     </del>	gn postal co			or refund.	mange			
Totalgir country frame				r oroigir province, etal	.0,00011	.cy	1 0101	gri pootai oo	uo   , -		You	Spouse	
 Digital	At ar	ny time during 2022, did you: (a) red	ceive (as	s a reward award o	or navi	ment for prope	ertv or	services):	or (b)	sell			
Assets		lange, gift, or otherwise dispose of	,				•	, .	` '		Yes	X No	
Standard		eone can claim: You as a de				a dependent		, ,		,			
Deduction		Spouse itemizes on a separate retu	•										
Age/Blindness		Were born before January 2,			pouse		rn hef	ore Janua	n/2 1	058	☐ Is blir	nd	
Dependent	_		1330	(2) Social secu		(3) Relationsh						nstructions):	
_		irst name Last name		number	ity	to you	"P	Child ta		· 1		er dependents	
If more than four	( )							Г	7		Γ	7	
dependents,									<del>-</del>			<del></del>	
see instruction and check	s —								<del>-</del>			<del></del>	
here	]								<del>-</del>			<u>-</u>	
Incomo	1a	Total amount from Form(s) W-2, b	oox 1 (se	ee instructions) .					<del>-</del> .	1a	9	7,583.	
Income	b	Household employee wages not r	,	,						1b		,	
Attach Form(s)	С	Tip income not reported on line 1		. ,						1c			
W-2 here. Also attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)						1d					
W-2G and	е	Taxable dependent care benefits from Form 2441, line 26							1e				
1099-R if tax was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29							1f				
If you did not	g	Wages from Form 8919, line 6								1g			
get a Form	h	Other earned income (see instruc								1h		0.	
W-2, see instructions.	i	Nontaxable combat pay election (see instructions)											
iristructions.	Z	Add lines 1a through 1h								1z	9	7,583.	
Attach Sch. B	2a	Tax-exempt interest	2a		b T	axable interes	t .			2b			
if required.	3a	Qualified dividends	3a		<b>b</b> (	Ordinary divide	nds .			3b			
	4a	IRA distributions	4a		<b>b</b> T	axable amoun	nt			4b			
Standard	5a	Pensions and annuities	5a		<b>b</b> T	axable amoun	nt			5b			
Deduction for—	6a	Social security benefits	6a		b T	axable amoun	nt			6b			
<ul> <li>Single or Married filing</li> </ul>	С	If you elect to use the lump-sum	f you elect to use the lump-sum election method, check here (see instructions)										
separately, \$12,950	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here							7				
Married filing	8	Other income from Schedule 1, lin	e 1, line 10						8	-1	0,936.		
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	7, and 8	. This is your <b>total</b> i	incom	е				9	8	6,647.	
surviving spouse, \$25,900	10	Adjustments to income from Sche	edule 1,	line 26						10			
Head of	11	Subtract line 10 from line 9. This i	is your <b>a</b>	adjusted gross inc	ome					11	8	6,647.	
household, \$19,400	12	Standard deduction or itemized	deduc	tions (from Schedu	ıle A)					12	1	2,950.	
If you checked	13	Qualified business income deduc	tion fror	m Form 8995 or Fo	rm 899	95-A				13			
any box under Standard	14	Add lines 12 and 13								14	1	2,950.	
Deduction, see instructions.	15	Subtract line 14 from line 11. If zero or less, enter -0 This is your <b>taxable income</b>								15	7	3,697.	
										1			

Form 1040 (2022	2)								Page <b>2</b>
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	3 🗌		16	11,826.
Credits	17	Amount from Schedule 2, lin	ne 3					17	
	18	Add lines 16 and 17						18	11,826.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lin	ne 8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	11,826.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			23	0.
	24	Add lines 22 and 23. This is	your <b>total tax</b>					24	11,826.
Payments	25	Federal income tax withheld							
•	а	Form(s) W-2				<b>25a</b> 16	5,320.		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c						25d	16,320.
lf	26	2022 estimated tax payment	ts and amount a	pplied from 20	21 return			26	
If you have a qualifying child,	27	Earned income credit (EIC)			No .	27			
attach Sch. EIC.	28	Additional child tax credit from				28			
	29	American opportunity credit	from Form 8863	3, line 8		29			
	30	Reserved for future use .				30		1	
	31	Amount from Schedule 3, lin	ne 15			31			
	32	Add lines 27, 28, 29, and 31				undable credits		32	
	33	Add lines 25d, 26, and 32. T	•	-	-			33	16,320.
Refund	34	If line 33 is more than line 24						34	4,494.
neiulia	35a	Amount of line 34 you want						35a	4,494.
Direct deposit?	b	Routing number 1 1 1					Savings		
See instructions.	d	Account number 9 0 4					· ·		
	36	Amount of line 34 you want				36			
Amount	37	Subtract line 33 from line 24							
You Owe	00	For details on how to pay, g	•	•		1 1		37	
	38	Estimated tax penalty (see in				38			
Third Party Designee		you want to allow another structions					omplete b	اماما	× No
Designee		signee's		Phone			sonal identifi		
		me		no.			ber (PIN)	ioution	
Sign		der penalties of perjury, I declare t							
Here								IRS se	nt you an Identity
						Prote (see i		IN, enter it here	
Joint return? See instructions.		ougo's signature. If a joint return I	acth must sign	Date	FLAMMEN				t your spouse an
Keep a copy for	Spouse's signature. If a joint return, <b>both</b> must sign.			Date	Spouse's occupa	LIOH			ection PIN, enter it here
your records.							(see i	nst.)	
	Ph	one no. (832)806-322	8	Email address	PATIL.TEJA	ALR@GMAIL.C	OM		
Daid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:
Paid	SYAM	I PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	1 04/06/2023	P02082	2703	Self-employed
Preparer		m's name GLOBAL TA					<u> </u>		678)965-9522
Use Only			Y CT E BRU	NSWICK N	J 08816		Firm's		84-3171965
Go to www.irs.q	ov/Forn	n1040 for instructions and the late			BAA	REV 03/22/23 PRO	<u> </u>		Form <b>1040</b> (2022)
					<b>-</b> / \/ \				( - /

## **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	cial s	ecurity number
TEJA	L RAMDAS PATIL		714-2	6-76	90
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. Att	ach Schedule	÷Ε.[	5	-10,936.
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			
n	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			

8r

8s

8t

8u

8z

u Wages earned while incarcerated

9

Other income. List type and amount:

Scholarship and fellowship grants not reported on Form W-2 . . .

Nontaxable amount of Medicaid waiver payments included on Form 

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

t Pension or annuity from a nonqualifed deferred compensation plan or 

-10,936.

9

10

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

Educator expenses   11	Par	Adjustments to Income			
officials. Attach Form 2106  1 Health savings account deduction. Attach Form 8889  1 Health savings account deduction. Attach Form 8889  1 Deductible part of self-employment tax. Attach Schedule SE  1 Self-employed SEP, SIMPLE, and qualified plans  1 Self-employed SEP, SIMPLE, and qualified plans  1 Self-employed health insurance deduction  1 The Penalty on early withdrawal of savings  1 Ba Alimony paid  1 Ba Pecipient's SSN  1 C Date of original divorce or separation agreement (see instructions):  2 IFA deduction  2 IFA deduction  2 IFA deduction  2 IFA deduction  2 IFA desclustion  3 IFA desclustion  3 IFA desclustion  4 IFA descl	11			11	
officials. Attach Form 2106  1 Health savings account deduction. Attach Form 8889  1 Health savings account deduction. Attach Form 8889  1 Deductible part of self-employment tax. Attach Schedule SE  1 Self-employed SEP, SIMPLE, and qualified plans  1 Self-employed SEP, SIMPLE, and qualified plans  1 Self-employed health insurance deduction  1 The Penalty on early withdrawal of savings  1 Ba Alimony paid  1 Ba Pecipient's SSN  1 C Date of original divorce or separation agreement (see instructions):  2 IFA deduction  2 IFA deduction  2 IFA deduction  2 IFA deduction  2 IFA desclustion  3 IFA desclustion  3 IFA desclustion  4 IFA descl	12	Certain business expenses of reservists, performing artists, and fee-ba	asis government		
13 Health savings account deduction. Attach Form 8889		officials. Attach Form 2106		12	
15 Deductible part of self-employment tax. Attach Schedule SE 16 Self-employed SEP, SIMPLE, and qualified plans 17 Self-employed death insurance deduction 17 Penalty on early withdrawal of savings 18 Penalty on early withdrawal of savings 19a Alimony paid 19a Alimony paid 19a Recipient's SSN 19a Becipient's SSN 19a Becipient	13	Health savings account deduction. Attach Form 8889		13	
16 Self-employed SEP, SIMPLE, and qualified plans	14			14	
17 Self-employed health insurance deduction 18 Penalty on early withdrawal of savings 18 18 19 Alimony paid 19 Recipient's SSN 10 Date of original divorce or separation agreement (see instructions): 20 IRA deduction 21 Student loan interest deduction 22 Archer MSA deduction 23 Archer MSA deduction 24 Other adjustments: 25 Jury duty pay (see instructions) 26 Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit 24 Contributions of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m 24 Reforestation amortization and expenses 24 Repayment of supplemental unemployment benefits under the Trade Act of 1974 24 Contributions to section 501(c)(18)(D) pension plans 24 Contributions by certain chaplains to section 403(b) plans 24 Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) 24 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 24 Jeli 25 Total other adjustments. Add lines 24a through 24z 26 Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on	15			_	
18	16			-	
19a Alimony paid b Recipient's SSN c Date of original divorce or separation agreement (see instructions):  20 IRA deduction		Self-employed health insurance deduction		-	
b Recipient's SSN c Date of original divorce or separation agreement (see instructions): 20 1RA deduction	18			-	
c Date of original divorce or separation agreement (see instructions):  IRA deduction	19a			19a	
20   Student loan interest deduction   21   22   23   24   22   24   24   24   24	b	Recipient's SSN			
Student loan interest deduction Reserved for future use Archer MSA deduction  Other adjustments:  Jury duty pay (see instructions)  Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit  Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m.  Reforestation amortization and expenses Repayment of supplemental unemployment benefits under the Trade Act of 1974.  Contributions to section 501(c)(18)(D) pension plans  Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions).  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  Housing deduction from Form 2555.  Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041).  Total other adjustments. List type and amount:  25  Total other adjustments. Add lines 24a through 24z Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on	С	Date of original divorce or separation agreement (see instructions):			
22 Archer MSA deduction				-	
Archer MSA deduction Other adjustments:  Jury duty pay (see instructions)  Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit  Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m Reforestation amortization and expenses Repayment of supplemental unemployment benefits under the Trade Act of 1974 Contributions to section 501(c)(18)(D) pension plans Contributions by certain chaplains to section 403(b) plans Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) 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 Jeuseph Housing deduction from Form 2555 Let Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) Cother adjustments. List type and amount:  Total other adjustments. Add lines 24a through 24z Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on				$\overline{}$	
24 Other adjustments: a 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				-	
a 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  c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m				23	
b Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit	24		_		
rental of personal property engaged in for profit		, , , , ,	la		
c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	b				
and USOC prize money reported on line 8m			łb	-	
d Reforestation amortization and expenses	С				
e Repayment of supplemental unemployment benefits under the Trade Act of 1974					
Act of 1974			ła		
f Contributions to section 501(c)(18)(D) pension plans	е		la la		
g Contributions by certain chaplains to section 403(b) plans					
h Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)				-	
discrimination claims (see instructions)	_		rg		
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	"		lh		
from the IRS for information you provided that helped the IRS detect tax law violations	i	·	***		
tax law violations	٠				
j Housing deduction from Form 2555			4i		
k Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	i				
1041)	k		.,		
z Other adjustments. List type and amount:	•••		lk		
Total other adjustments. Add lines 24a through 24z	z				
Total other adjustments. Add lines 24a through 24z	_		łz		
26 Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on	25			25	
	26	,			
				26	

### **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.

Your social security number 714-26-7690

Internal Revenue Service Name(s) shown on return TEJAL RAMDAS PATIL

Department of the Treasury

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

Attachment Sequence No. **13** 

OMB No. 1545-0074

Pa	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.								
Α	Did you make any payments in 2022 that would require you	to file	Form(s) 1	0992.5	See in	structions		☐ Ye	s X No
В	If "Yes," did you or will you file required Form(s) 1099? .								
1a									
Α	SOCIAL OLD SANGVI PUNE MAHARASHTRA IN		<u> </u>						
B	SOCIAL OLD SANGVI FONE MANAKASHIKA IN	1110	121						
C	+								
 1b	Type of Property 2 For each rental real estate prope	rtv liet	od.		E	ir Rental	Dorsor	nal Use	
10	(from list below) above, report the number of fair				'	Days		ays	QJV
Α	personal use days. Check the Qu	JV box	only [	Α		365		0	П
В	if you meet the requirements to f			В				-	$\overline{\Box}$
С	qualified joint venture. See instru	ctions	i.	С					
Турє	of Property:					'			
	Single Family Residence 3 Vacation/Short-Term Ren	tal	5 Land		7	Self-Rental			
	Multi-Family Residence 4 Commercial		6 Roya	lties	8	Other (desci	ribe)		
	·								
lnaa	mai			Α		Properti B	es.		С
Inco 3	Rents received	3			20.	В			<u> </u>
4	Royalties received	4			20.				
	enses:	-							
5	Advertising	5							
6	Auto and travel (see instructions)	6							
7	Cleaning and maintenance	7		1.9	84.				
8	Commissions	8		, -					
9	Insurance	9							
10	Legal and other professional fees	10							
11	Management fees	11		1,0	32.				
12	Mortgage interest paid to banks, etc. (see instructions)	12							
13	Other interest	13							
14	Repairs	14		2,7	20.				
15	Supplies	15		3,1	60.				
16	Taxes	16							
17	Utilities	17		2,5	60.				
18	Depreciation expense or depletion	18							
19	Other (list)	19							
20	Total expenses. Add lines 5 through 19	20		11,4	56.				
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If								
	result is a (loss), see instructions to find out if you must file Form 6198	04		-10,9	36				
20	Deductible rental real estate loss after limitation, if any,	21		10,9	50.				
22	on <b>Form 8582</b> (see instructions)	22		10,93	36 1	(	١	(	,
23a	Total of all amounts reported on line 3 for all rental prope			±0,7	23a	\	520.	(	
20a					23b		220.		
C	Total of all amounts reported on line 12 for all properties				23c				
d					23d				
е	Total of all amounts reported on line 20 for all properties				23e	11	,456.		
24	<b>Income.</b> Add positive amounts shown on line 21. <b>Do no</b>			sses			. 24		
25	Losses. Add royalty losses from line 21 and rental real estat		-		Enter to	otal losses he		(	10,936.
26	Total rental real estate and royalty income or (loss).								·
	here. If Parts II, III, IV, and line 40 on page 2 do not	apply	to you, a	also er	nter th	nis amount c			
	Schedule 1 (Form 1040), line 5. Otherwise, include this ar	nount	in the tot	al on li	ine 41	on page 2	. 26		-10,936.

# **Health Savings Accounts (HSAs)**

Attach to Form 1040, 1040-SR, or 1040-NR. Department of the Treasury Go to www.irs.gov/Form8889 for instructions and the latest information. Internal Revenue Service

OMB No. 1545-0074

Attachment Sequence No. **52** 

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

TEJAL RAMDAS PATIL

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions.

714-26-7690

Befo	<i>re you begin:</i> Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if	requ	ired.
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	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2022. See instructions	X Se	elf-only 🗌 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. <b>Do not</b> 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 <b>every</b> month during 2022, you were, or were considered, an eligible individual with the <b>same</b> coverage, enter \$3,650 (\$7,300 for family coverage). <b>All others</b> , 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	503.
12	Subtract line 11 from line 8. If zero or less, enter -0	12	3,147.
13	<b>HSA deduction.</b> Enter the <b>smaller</b> of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13	13	0.
David	Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.		
Part	a separate Part II for each spouse.		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	<b>Taxable HSA distributions.</b> Subtract line 15 from line 14c. If zero or less, enter -0 Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8f	16	
17a	If any of the distributions included on line 16 meet any of the <b>Exceptions to the Additional 20% Tax</b> (see instructions), check here		
	<b>Additional 20% tax</b> (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	Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instructi completing this part. If you are filing jointly and both you and your spouse each have sep complete a separate Part III for each spouse.		
18	Last-month rule	18	
19	Qualified HSA funding distribution	19	
20	<b>Total income.</b> 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	