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

IIIICIIIAI NE	avertue del vice					
Submis	sion Identification Number (SID)					
Taxpayer'	's name	Social secur	ty numb	er		
CHAN	DANA REDDY MADASANI	843-62	-5005	5		
Spouse's	name	Spouse's so	cial secu	rity nu	mber	
Doubl	Too Data was Information Too Very Fading December 04				·! \	
Part I		nter year you a	are aut	noriz	ing.)	
	hole dollars only on lines 1 through 5. form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.					
	Adjusted gross income		11		90	655.
	Total tax		2			$\frac{033.}{717.}$
	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3			360.
	Amount you want refunded to you		4			643.
	Amount you owe		5			
Part II		nd keep a cop	y of y	our r	eturr	<u>n)</u>
my know return (or to send if for any of Agent to payment authoriza payment business taxes to personal	enalties of perjury, I declare that I have examined a copy of the income tax return (original or amer wledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I riginal or amended) I am now authorizing. I consent to allow my intermediate service provider, tramy return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution accounts of my federal taxes owed on this return and/or a payment of estimated tax, and the financial instation is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terms, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellations adays prior to the payment (settlement) date. I also authorize the financial institutions involved in receive confidential information necessary to answer inquiries and resolve issues related to to identification number (PIN) below is my signature for the income tax return (original or amended its Funds Withdrawal Consent.	above are the arr insmitter, or electron of the to rejection of the to the U.S. Treasury at tindicated in the ti- titution to debit the inate the authorize requests must be the processing of the payment. I fur	ounts frontic ret ransmis and its cax preperentry to attorn. The received ther according to the electric received the electric recei	rom thurn or sion, lesignaratio o this or revolved no ectron knowle	ne inco iginato (b) the ated Fi n softv accou oke (ca o later ic payredge t	ome tax or (ERO) reason inancial vare for nt. This ancel) a than 2 ment of hat the
	er's PIN: check one box only	Γ-				
X	I authorize GLOBAL TAXES LLC to enter or gener	ate mv PIN			5	as my
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	Er	ter five n't ente		but	,
	I will enter my PIN as my signature on the income tax return (original or amended) I a if you are entering your own PIN and your return is filed using the Practitioner PIN n below.					
Your sig	gnature ► Date					
Snouse	e's PIN: check one box only					
	I authorize to enter or gener	ate my PIN				as my
Ш	ERO firm name	,	ter five	diaits.		as my
	signature on the income tax return (original or amended) I am now authorizing.		n't ente			
	I will enter my PIN as my signature on the income tax return (original or amended) I a if you are entering your own PIN and your return is filed using the Practitioner PIN n below.					
Spouse	's signature ▶ Date	•				
	Practitioner PIN Method Returns Only—continue be	low				
Part II	Certification and Authentication — Practitioner PIN Method Only					
ERO's I	EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	1 8 9 5	2 3	1 9	8	9
		Don't en	ter all ze	ros		
authorize	that the above numeric entry is my PIN, which is my signature for the electronic individual incored to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am sents of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Providers	submitting this ret	urn in a	ccord	anće v	
ERO's s	signature ► Date	•				
	ERO Must Retain This Form — See Instruction	s				
	Don't Submit This Form to the IRS Unless Requested 1					

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

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ı	9)(1) 9 9
ı	

OMB No. 1545-0074

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

For the year Ja	ın. 1–[Dec. 31, 2022, or other tax year begin	nning	, 2022,	ending	,	20		ee separate nstructions.
Filing Status		Single Married filing se		•	ng surviving spouse		Es	tate	☐ Trust
Check only one box.					•	•			
Your first name	e and	middle initial	Last na	ame			Your id		ng number ns)
CHANDANA	REI	DDY	MADA	SANI			843-	62-5	005
Home address	(num	ber and street). If you have a P.O. bo	x, see ins	structions.			•		Apt. no.
8645 N M	ACAR	THUR BLVD			20	66			
City, town, or	ost o	ffice. If you have a foreign address, a	also comp	lete spaces below.		State		ZIP co	de
IRVING						TX		7506	53
Foreign countr	y nam	е	Foreigi	n province/state/county		Foreign	postal co	de	
Digital Asset		ny time during 2022, did you: (a) recervise dispose of a digital asset (or a					r (b) sell,		
Dependent	s					(4) Ch	eck the bo	x if qualit	fies for (see inst.):
(see instructions		(1) First name Last nam	е	(2) Dependent's identifying number	(3) Relationship to ye	ou Chi	ld tax cred	it	Credit for other dependents
If we are the section									
If more than four dependents, se	- 1								
instructions and									
check here									
Income	1a	Total amount from Form(s) W-2, bo	`	,					102,715.
Effectively	b	Household employee wages not re							
Connected	С	Tip income not reported on line 1a	`	,					
With U.S.	d	Medicaid waiver payments not rep		` '	,				
Trade or	е	Taxable dependent care benefits f		•					
Business	f	Employer-provided adoption bene		•			. 1f		
Attach	g	Wages from Form 8919, line 6 .							
Form(s) W-2,	h	Other earned income (see instructi	,				. 1h		
1042-S,	i	Reserved for future use							
SSA-1042-S, RRB-1042-S,	J	Reserved for future use			1 1		. <u>1j</u>		
and 8288-A	k	Total income exempt by a treaty from							
here. Also attach		()			1k				100 715
Form(s)	Z	Add lines 1a through 1h	1	1			. 1z		102,715.
1099-R if	2a	· —	2a 3a		cable interest		. 2b	_	
tax was withheld.	_		за 4а		linary dividends . able amount				
If you did not	4a 5a	-	т а 5а		able amount				
get a Form	5a 6	Reserved for future use							
W-2, see	7	Capital gain or (loss). Attach Scheo							
instructions.	8	Other income from Schedule 1 (Fo						+	-12,060.
	9	Add lines 1z, 2b, 3b, 4b, 5b, 7, and						+	90,655.
	10	Adjustments to income:		. , sa. 151ai 5115611161 y 6			3		
	а	From Schedule 1 (Form 1040), line	26		10a				
	b	Reserved for future use							
	С	Reserved for future use							
	d								
	11	Subtract line 10d from line 9. This							90,655.
	12	Itemized deductions (from Sched	dule A (Fo	orm 1040-NR)) or, for cer	tain residents of Ind		ard		
	120	deduction (see instructions) Qualified business income deducti			1 1	.00/11/414.110	-40] IZ		12,950.
	13a								
	b	Exemptions for estates and trusts Add lines 13a and 13b					12-		
	с 14								12,950.
	15	Subtract line 14 from line 11. If zer							77,705.

Form 1040-NR (2	2022)							1	Page 2
Tax and	16	Tax (see instructions). Check if any from Fo	orm(s): 1 88	314 2 497	72 3 🗌		16	12,7	
Credits	17	Amount from Schedule 2 (Form 1040), lin	e3				17		0.
	18	Add lines 16 and 17					18	12,7	717.
	19	Child tax credit or credit for other depend	lents from Sched	ule 8812 (Form 10	040)		19		
	20	Amount from Schedule 3 (Form 1040), lin	e8				20		
	21	Add lines 19 and 20					21		
	22	Subtract line 21 from line 18. If zero or les	ss, enter -0				22	12,7	717.
	23a	Tax on income not effectively connected Schedule NEC (Form 1040-NR), line 15			23a				
	b	Other taxes, including self-employment to		,	001-				
		line 21			23b				
	C	Transportation tax (see instructions) .			23c		004		
	d 04	Add lines 22 and 22d. This is your total to					23d	10.7	717
Doumente	24 25	Add lines 22 and 23d. This is your total ta Federal income tax withheld from:	ax				24	12,7	11.
Payments		Form(s) W-2			250	260			
	a b	()			25a 20 25b),360.			
	C	Form(s) 1099			25c				
	d	Add lines 25a through 25c					25d	20,3	360
	e	Form(s) 8805					25e		,,,,,
	f	Form(s) 8288-A					25f		
	g	Form(s) 1042-S					25g		
	26	2022 estimated tax payments and amour					26		
	27	Reserved for future use			27		20		
	28	Additional child tax credit from Schedule			28				
	29	Credit for amount paid with Form 1040-C	,	•	29				
	30	Reserved for future use			30				
	31	Amount from Schedule 3 (Form 1040), lin			31				
	32	Add lines 28, 29, and 31. These are your					32		
	33	Add lines 25d, 25e, 25f, 25g, 26, and 32.					33	20,3	360.
Refund	34	If line 33 is more than line 24, subtract lin					34		543.
nerana	35a	Amount of line 34 you want refunded to					35a		543.
Direct deposit?	b	Routing number 0 8 1 0 0 0		_	Checking		000	.,,	
See instructions.	d	Account number 3 5 5 0 1 2							
	е	If you want your refund check mailed to			es not shown on	page 1.			
		enter it here.							
	36	Amount of line 34 you want applied to yo	our 2023 estimat	ed tax	36				
Amount	37	Subtract line 33 from line 24. This is the a							
You Owe		For details on how to pay, go to www.irs.	gov/Payments or	see instructions .			37		
	38	Estimated tax penalty (see instructions)			38				
Third	Do yo	u want to allow another person to discuss	this return with th	ne IRS? See instru	ıctions.	es. Compl	ete belo	ow. 🛛 No	0
Party	Desig	nee's	Phone		Perso	nal identifi	cation		
Designee	name		no.		numbe	er (PIN)	L	<u> </u>	Ш
		penalties of perjury, I declare that I have examine they are true, correct, and complete. Declaration		, , ,		,		, ,	
Sign	Your	signature	Date	Your occupation	1	If the	IRS se	ent you an Ide	entity
Here				·		l l		PIN, enter it he	ere
				SOFTWARE E	ENGINEER	(see	inst.)		
	Phon		Email address		I B. I.	DTIL		<u> </u>	
Paid		_ '	r's signature		Date	PTIN		Check if:	
Preparer			KIYA RAM SAGAI	R GUPTA TALLAM	03/28/2023	P02082		Self-emp	
- 1				- 0005 -				<u> </u>	
Use Only Firm's name GLOBAL TAXES LLC Phone no. Firm's address 245 DOONEY CT F RRINGWICK NIT 08816 Firm's FIN						N Q	1-317196	, h	

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2022
Attachment
Sequence No. 01

Department of the Treasury Internal Revenue Service

CHANDANA REDDY MADASANI

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

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

Go to www.irs.gov/Form1040 for instructions and the latest information.

Sequence No. 01

Your social security number
843-62-5005

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta	ich Schedule E .	5	-12,060.
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		
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	_		
	, , , , , , , , , , , , , , , , , , ,	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		
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 ()	4	
t	Pension or annuity from a nonqualifed deferred compensation plan or	04		
	a nongovernmental section 457 plan	8t		
u -	Wages earned while incarcerated	8u		
Z	Other income. List type and amount:	0-		
0	Total other income. Add lines 9s through 97	8z	0	
9 10	Total other income. Add lines 8a through 8z		9	-12 060

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 governr			
	officials. Attach Form 2106	L	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	L	17	
18	Penalty on early withdrawal of savings	L	18	
19a	Alimony paid		I9a	
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	L	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)			
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			
25	Total other adjustments. Add lines 24a through 24z		25	
25 26	,		23	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26	
	1 01111 1040 01 1040-011, IIIIE 10, 01 1 01111 1040-1110, IIIIE 10a		2 0	

SCHEDULE NEC (Form 1040-NR)

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

2022

Department of the Treasury Internal Revenue Service

connected with a U.S. business

on Schedule D (Form 1040).

Form 4797, or both.

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

Attachment Sequence No. 7B	

OMB No. 1545-0074

Name shown on Form 1040-NR Your identifying number CHANDANA REDDY MADASANI 843-62-5005 Enter amount of income under the appropriate rate of tax. See instructions. (d) Other (specify) (a) 10% **Nature of Income** (c) 30% **(b)** 15% % % Dividends and dividend equivalents: Dividends paid by U.S. corporations 1a 1b

Dividend equivalent payments received with respect to section 871(m) transactions 1c 2 Interest: 2a 2b 2c 3 4 Motion picture or TV copyright royalties 5 Real property income and natural resources royalties 6 7 8 9 10 Gambling-Residents of Canada only. Enter net income in column (c). If zero or less, enter -0-. Winnings _____ 10c Gambling winnings—Residents of countries other than Canada. 11 Other (specify): 12 12 13 Add lines 1a through 12 in columns (a) through (d) 13 14 14 15 Tax on income not effectively connected with a U.S. trade or business. Add columns (a) through (d) of line 14. Enter the total here and on Form 1040-NR, line 23a Capital Gains and Losses From Sales or Exchanges of Property Enter only the capital gains and 16 (a) Kind of property and description (f) LOSS (g) GAIN (b) Date acquired (c) Date sold (d) Sales price (e) Cost or losses from property sales or (if necessary, attach statement of If (e) is more than (d), If (d) is more than (e), mm/dd/yyyy mm/dd/yyyy other basis exchanges that are from sources descriptive details not shown below) subtract (d) from (e). subtract (e) from (d). 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 (Form 1040). Report property sales or exchanges that are effectively

18 Capital gain. Combine columns (f) and (g) of line 17. Enter the net gain here and on line 9 above. If a loss, enter -0-

17 Add columns (f) and (g) of line 16

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.

ttach to Form 1040-NR.
Answer all questions.

OMB No. 1545-0074

2022

Attachment
Sequence No. 7C

Department of the Treasury Internal Revenue Service

Nam	e sh	own on Form 1040-NR				Your identifying	number			
СН	ΙΑΝ	DANA REDDY MADASANI				843-62-50	005			
Α		Of what country or countries w								
В		In what country did you claim	residence for tax purposes	s during the tax y	ear? United States					
С		Have you ever applied to be a	green card holder (lawful p	ermanent resider	nt) of the United States? .		☐ Yes	⊠ No		
D		Were you ever:					_			
		A U.S. citizen?						⊠ No		
	2.	A green card holder (lawful per					∐ Yes	⊠ No		
		If you answer "Yes" to (1) or (2)	•	·						
Е		If you had a visa on the last of immigration status on the last of	lay of the tax year. F1				_			
F	If you answered "Yes," indicate the date and nature of the change:									
G		List all dates you entered and I	eft the United States during	g 2022. See instru	uctions.					
	Note: If you're a resident of Canada or Mexico AND commute to work in the United States at frequent intervals, check the box for Canada or Mexico and skip to item H									
		Date entered United States	Date departed United State	es	Date entered United State	s Date depa	rted United	d States		
		mm/dd/yy	mm/dd/yy		mm/dd/yy	n	nm/dd/yy			
ш		Give number of days (including	vacation nonworkdaya and		were present in the United	Ctataa duringu				
Н		2020	, 2021	, an	d 2022 365					
I		Did you file a U.S. income tax if "Yes," give the latest year an					X Yes	∐ No		
J		Are you filing a return for a trus		☐ Yes	⊠ No					
		If "Yes," did the trust have a U.S. person, or receive a contr					☐ Yes	□No		
K		Did you receive total compens	ation of \$250,000 or more	during the tax yea	ar?		☐ Yes	⊠ No		
		If "Yes," did you use an alterna					☐ Yes	☐ No		
L		Income Exempt From Tax—If complete (1) through (3) below				tax treaty with	a foreign	country,		
	1.	Enter the name of the country, amount of exempt income in the				claimed the tre	aty benefi	t, and the		
		(a) Cour	ntry	(b) Tax treaty art	(c) Number of month					
		(a) Total Enter this amount on	Form 1040 ND line 41. D	lo not optor it con	where also on line 1					
	2	(e) Total. Enter this amount or Were you subject to tax in a fo					Yes	No		
		Are you claiming treaty benefit:					Yes	⊠ No		
	٠.	If "Yes," attach a copy of the C		-			00			
М		Check the applicable box if:								
	1.	This is the first year you are ma with a U.S. trade or business u								
	2.	You have made an election in States as effectively connected	a previous year that has	not been revoke	d, to treat income from re	eal property loc	ated in th	e United		

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

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

•) snown on return							ai security		_? r
	NDANA REDDY MADASANI						843-6	2-5005	1	
Part	Income or Loss From Rental Real Estate Note: If you are in the business of renting personal pro rental income or loss from Form 4835 on page 2, line 4	perty, use		C . See	instru	ctions. If you a	are an indi	vidual, rep	ort far	m
Α [Did you make any payments in 2022 that would require y		Form(s) 1	1099? 5	See ins	tructions .		. \(\tag{Y}\)	es X	No
	f "Yes," did you or will you file required Form(s) 1099?									No
1a	Physical address of each property (street, city, state,									
Α	FLAT NO:201, KBR RESIDENCY ROCKLAND A	AVENUE	JONNAE	BANDA	, OLI	O ALWAL	, TELANO	GANA II	N 50	0010
В										
С									1	
1b	Type of Property 2 For each rental real estate pro				Fa	ir Rental		nal Use	C	IJV
	(from list below) above, report the number of formula personal use days. Check the			_		Days	Da	ys	+	
_ <u>A</u>	gersonal use days. Check the if you meet the requirements			Α		365		0		ᆗ
B	qualified joint venture. See ins			В						ᆗ
С				С						
	of Property:				_					
	Single Family Residence 3 Vacation/Short-Term F	Rental	5 Land			Self-Rental				
2	Multi-Family Residence 4 Commercial		6 Roya	alties	8	Other (desc	ribe)			
						Propert	ies:			
Incom	ne:			Α		В.			С	
3	Rents received	. 3		7	18.					
4	Royalties received	. 4								
Exper										
5	Advertising	. 5								
6	Auto and travel (see instructions)									
7	Cleaning and maintenance			1,6	42.					
8	Commissions									
9	Insurance									
10	Legal and other professional fees									
11	Management fees			1,4	08.					
12	Mortgage interest paid to banks, etc. (see instructions									
13	Other interest									
14	Repairs			2,9	11.					
15	Supplies				70.					
16	Taxes									
17	Utilities			3,5	47.					
18	Depreciation expense or depletion									
19		40								
20	Other (list) Total expenses. Add lines 5 through 19	. 20		12,7	78.					
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties).									
	result is a (loss), see instructions to find out if you mu	ıst								
	file Form 6198	. 21		-12,0	60.					
22	Deductible rental real estate loss after limitation, if an	ıy,								
	on Form 8582 (see instructions)	. 22	_	12,06	50.))	(
23a	Total of all amounts reported on line 3 for all rental pro-				23a		718.			
b	Total of all amounts reported on line 4 for all royalty pr	roperties			23b					
С	Total of all amounts reported on line 12 for all properti	es			23c					
d	Total of all amounts reported on line 18 for all properti	es			23d					
е	Total of all amounts reported on line 20 for all properti	es			23e	12	2,778.			
24	Income. Add positive amounts shown on line 21. Do	not inclu	ıde any lo	sses			. 24			
25	Losses. Add royalty losses from line 21 and rental real ea	state loss	es from lin	ne 22. E	Inter to	tal losses he	re 25	(12,0	60.
26	Total rental real estate and royalty income or (loss									
	here. If Parts II, III, IV, and line 40 on page 2 do n						on			
	Schedule 1 (Form 1040), line 5. Otherwise, include this	s amount	in the to	tal on li	ne 41	on page 2	. 26		-12,	060.

Form **8889**

Health Savings Accounts (HSAs)

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form8889

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form8889 for instructions and the latest information.

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

OMB No. 1545-0074

2022
Attachment
Sequence No. 52

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

CHANDANA REDDY MADASANI

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions. 843-62-5005

HSA Contributions and Deduction. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse. Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2022. ■ Self-only
 □ Family HSA contributions you made for 2022 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2022. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions 2 0. If you were under age 55 at the end of 2022 and, on the first day of every month during 2022, you 3 were, or were considered, an eligible individual with the same coverage, enter \$3,650 (\$7,300 for 3 3,650. Enter the amount you and your employer contributed to your Archer MSAs for 2022 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2022, also 4 Ο. 5 5 3,650. 6 Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2022, see the instructions for the amount to enter . . . 6 3,650. If you were age 55 or older at the end of 2022, married, and you or your spouse had family coverage 7 under an HDHP at any time during 2022, enter your additional contribution amount. See instructions . 0. 7 8 8 3,650. 9 Employer contributions made to your HSAs for 2022 10 11 11 513. 12 12 3,137. HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 13 13 0. Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions. HSA Distributions. If you are filing jointly and both you and your spouse each have separate HSAs, complete Part II a separate Part II for each spouse. Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were 14b 14c Qualified medical expenses paid using HSA distributions (see instructions) 15 15 Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this 16 16 If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% 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 Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instructions before Part III completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse. 18 18 19 19 20 Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f 20 Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 21 21