Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879. tion.

|--|

Submission Identification Number (SID)

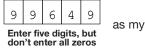
Taxpayer's name Social security number TEJASWINI MUTHINENI 713-29-9649 Spouse's name Spouse's social security number 863-17-1158 NAGARJUN RAO DUGYALA Tax Return Information – Tax Year Ending December 31, 2023 (Enter year you are authorizing.) Part I Enter whole dollars only on lines 1 through 5. Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. 195,143. 1 1 2 2 27,452. 3 3 29,927. 4 4 2,475. 5 5

Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Part II

Under penalties of periury. 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 lauthorize GLOBAL TAXES LLC	to enter or generate my PIN
-------------------------------	-----------------------------



5

8

as mv

7

1

1

Enter five digits, but don't enter all zeros

ERO firm name 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.

Your signature 🕨

Spouse's PIN: check one box only

X lauthorize GLOBAL TAXES LLC to enter or generate my PIN ERO firm name

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 sign	nature Da	ate 🕨	•						
	Practitioner PIN Method Returns Only—continue	bel	ow						
Part III C	Certification and Authentication – Practitioner PIN Method Only								
ERO's EFIN/F	PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2	2		 6 nter a		2	7	1

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 🕨	Date 🕨
	ist Retain This Form — See Instructions his Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 03/07/24 PRO

Date

1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Ta		turn	202	3	OMB No. 1545	-0074	IRS Use Only	y—Do not w	vrite or stap	le in this space.	
For the year Jan	. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20	See se	parate in	structions.	
Your first name	and m	iddle initial	Last r	ame						Your so	cial secu	rity number	
TEJASWIN	II		MUT	HINENI	-					713	29	9649	
		s first name and middle initial	ame	-							security number		
NAGARJUN	I RA(0	DUG	YALA						863	17	1158	
		er and street). If you have a P.O. box, see						A	Apt. no.			tion Campaign	
16824 EA	STEI	RN RED BLVD										u, or your	
		ce. If you have a foreign address, also co	mplete	spaces be	low.	Sta	ite	ZIP o	ode	spouse if filing jointly, want \$			
JUSTIN						T	< C	762	47	1 0		d. Checking a ot change	
Foreign country	name			Foreign p	rovince/state/	-			n postal code		k or refun	•	
											🗌 You	J Spouse	
Filing Status	. [] Single					Head of h	ouseh	old (HOH)				
-		Married filing jointly (even if only o	ne had	l income)					· · /				
Check only one box.		Married filing separately (MFS)		,			Qualifying	surviv	/ing spouse	(QSS)			
	lf y	ou checked the MFS box, enter the	name	of your s	pouse. If you	u che			• •	. ,	ild's nam	ie if the	
		alifying person is a child but not you											
	A 1 -												
Digital Assets		ny time during 2023, did you: (a) reco nange, or otherwise dispose of a dig						-			Yes	s 🛛 No	
		eone can claim: You as a de		·			a dependent	,0: (00		113.)			
Standard Deduction	_	Spouse itemizes on a separate retur	•		•		•						
		Were born before January 2, 1		Are bl				n hofe	ore January	0 1050		blind	
-			909	<u> </u>	•	ouse		14				ee instructions):	
Dependents		irst name Last name		(2) 8	Social security number	/	(3) Relationsh to you		Child tax c	-	· ·	other dependents	
lf more than four	(1)	Lasthane					,						
dependents,													
see instructions	s —												
and check here	·			_									
Income	1a	Total amount from Form(s) W-2, b	ox 1 (s	ee instruc	ctions)					. 1a		202,498.	
mcome	b	Household employee wages not re	•		,								
Attach Form(s) W-2 here. Also	c	Tip income not reported on line 1a	•		. ,					. 10	-		
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							. 1d				
W-2G and	e	Taxable dependent care benefits from Form 2441, line 26							. 1e	-			
1099-R if tax was withheld.	f	Employer-provided adoption bene								. 1f	-		
If you did not	g	Wages from Form 8919, line 6 .								. 10			
get a Form	h	Other earned income (see instructions)							. 1h	·	0.		
W-2, see instructions.	i	Nontaxable combat pay election (s	,				1i		-				
	z	Add lines 1a through 1h								. 1z	: 2	202,498.	
Attach Sch. B	2a		2a			bТ	axable interest	t.		. 2b			
if required.	3a	· ·	3a			b C	Ordinary divide	nds .		. 3b	,		
	4a		4a			bТ	axable amoun	t		. 4b	,		
Standard	5a		5a				axable amoun			. 5b	-	7,800.	
 Deduction for — Single or 	6a		6a				axable amoun			. 6b	,		
Married filing separately,	с	If you elect to use the lump-sum e	lection	method,	check here				[
\$13,850	7	Capital gain or (loss). Attach Sche				•	,		[7			
 Married filing jointly or 	8	Additional income from Schedule								. 8		-15,155.	
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7								. 9		195,143.	
surviving spouse, \$27,700	10	Adjustments to income from Sche								. 10			
 Head of household, 	11	Subtract line 10 from line 9. This is								. 11		195,143.	
\$20,800	12	Standard deduction or itemized	•	-	-					. 12		27,700.	
 If you checked any box under 	13	Qualified business income deduct		•		,	95-A			. 13	-		
Standard Deduction,	14	Add lines 12 and 13								. 14	-	27,700.	
see instructions.	15	Subtract line 14 from line 11. If zer	o or le	ss, enter	-0 This is y	our t	taxable incom	ie .				167,443.	

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

Form **1040** (2023)

Form 1040 (2023)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3 🗌		16	27,452.
Credits	17	Amount from Schedule 2, lin	e3				[17	
	18	Add lines 16 and 17					[18	27,452.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lin	e8				[20	
	21	Add lines 19 and 20					[21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0			[22	27,452.
	23	Other taxes, including self-e					[23	0.
	24	Add lines 22 and 23. This is					[24	27,452.
Payments	25	Federal income tax withheld							
,	а	Form(s) W-2				25a 29	,147.		
	b	Form(s) 1099				25b	780.		
	с	Other forms (see instructions	6)			25c			
	d	Add lines 25a through 25c	,					25d	29,927.
If you have a	26	2023 estimated tax payment	s and amount a	pplied from 20	22 return .		[26	
qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit fror				28			
	29	American opportunity credit				29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin				31			
	32	Add lines 27, 28, 29, and 31,				undable credits		32	
	33	Add lines 25d, 26, and 32. T		-	-			33	29,927.
Refund	34	If line 33 is more than line 24						34	2,475.
lioidiid	35a	Amount of line 34 you want						35a	2,475.
Direct deposit?	b	Routing number 0 1 1					Savings		
See instructions.	d	Account number 3 8 5 0 1 9 7 7 0 3 6 3 1 1							
	36	Amount of line 34 you want a				36			
Amount	37	Subtract line 33 from line 24				1			
You Owe	01	For details on how to pay, ge						37	
	38	Estimated tax penalty (see in				38			
Third Party	Do	you want to allow another	,						
Designee		structions					omplete be	low.	🗙 No
	De	signee's		Phone		Pers	onal identific	ation	
	nai			no.			oer (PIN)		
Sign		der penalties of perjury, I declare the ief, they are true, correct, and com							
Here			piete. Declaration					, ,	
	Yo	ur signature		Date	Your occupation				nt you an Identity IN, enter it here
Joint return?					SOFTWARE I	DEVELOPER	(see in		
See instructions.	Sp	ouse's signature. If a joint return, k	ooth must sian.	Date	Spouse's occupat		If the II	RS ser	nt your spouse an
Keep a copy for	-1-	,,,,,					Identity	y Prote	ection PIN, enter it here
your records.					SOFTWARE I	DEVELOPER	(see in	st.)	
	Ph	one no. (469) 502-996	1	Email address	TMUTHINEN	I@GMAIL.COM	Ι		
Paid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:
Preparer	<u>SYA</u>	M PRIYA RAM SAGAR GUPTA	SYAM PRIY	A RAM SAC	GAR GUPTA	04/16/2024	P02082	703	Self-employed
Use Only	Fir	m's name GLOBAL TAX	KES LLC				Phone	no. (678)965-9522
	Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firm's	EIN	84-3171965
Go to www.irs.go	v/Forn	n1040 for instructions and the late	st information.		BAA	REV 03/07/24 PRO			Form 1040 (2023)

SCHEDULE	1
(Form 1040)	

Additional Income and Adjustments to Income

OMB No. 1545-0074 2023

Department of the Treasury Internal Revenue Service

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

	ent of the Treasury Revenue Service		Attachment Sequence No. 01					
		orm 1040, 1040-SR, or 1040-NR				ecurity number		
TEJA	SWINI MUTH	713-2	9-96	49				
Par	t Additio	onal Income						
1	Taxable refur	nds, credits, or offsets of state and local income taxes			1			
2a	Alimony rece				2a			
b		nal divorce or separation agreement (see instructions):		Ī				
3		ome or (loss). Attach Schedule C . `			3			
4		pr (losses). Attach Form 4797			4			
5		state, royalties, partnerships, S corporations, trusts, etc. Att			5	-15,155.		
6	Farm income	or (loss). Attach Schedule F.		[6			
7	Unemployme	ent compensation		[7			
8	Other income	9:						
а	Net operating	g loss	8a ()				
b			8b					
С	Cancellation	of debt	8c					
d		ed income exclusion from Form 2555	8d ()				
е		Form 8853	8e					
f		Form 8889	8f					
g		anent Fund dividends	8g					
h		y . _.	8h					
			8i					
ļ		ngaged in for profit income	8j					
k		S	8k					
I		the rental of personal property if you engaged in the rental						
		were not in the business of renting such property	81					
m		d Paralympic medals and USOC prize money (see	9m					
n		a) inclusion (see instructions)	8m 8n					
n	•		80					
o p) excess business loss adjustment	8p					
ч р		ibutions from an ABLE account (see instructions)	8q					
ч r		and fellowship grants not reported on Form W-2	8r					
S		amount of Medicaid waiver payments included on Form						
•		or 1d	8s ()				
t		nnuity from a nonqualifed deferred compensation plan or						
		mental section 457 plan	8t					
u		d while incarcerated	8u					
z		e. List type and amount:						
			8z					
9	Total other in	come. Add lines 8a through 8z]	9			
10	Combine line	es 1 through 7 and 9. This is your additional income . Ente	r here and on	Form	10	_15 155		
Far D:		SR, or 1040-NR, line 8			10	-15,155.		
For Pa	perwork Reduct	ion Act Nouce, see your tax return instructions.		S	cnedul	e 1 (Form 1040) 2023		

Par	t II Adjustments to Income		
11	Educator expenses	11	
12	Certain business expenses of reservists, performing artists, and fee-basis government		
	officials. Attach Form 2106	12	
13	Health savings account deduction. Attach Form 8889	13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903	14	
15	Deductible part of self-employment tax. Attach Schedule SE	15	
16	Self-employed SEP, SIMPLE, and qualified plans	16	
17	Self-employed health insurance deduction	17	
18	Penalty on early withdrawal of savings	18	
19a	Alimony paid	19a	
b	Recipient's SSN		
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 8I 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 24d		
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:		
05	Tatal athen adjustments. Add lines 04a through 04a	05	
25 06	Total other adjustments. Add lines 24a through 24z	25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10	06	
		26	
	BAA REV 03/07/24 PRO	Schedule	1 (Form 1040) 2023

	CHEDULE E Supplemental Income and Loss									OMB No. 1545-0074				
(Form	orm 1040) (From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)										2023			
	ent of the Treasury Revenue Service			Attach to Form 1040 Go to www.irs.gov/ScheduleE fo					nformation.		Attachm Sequen	nent ce No.	13	
Name(s)	shown on return									our soci	al security			
TEJA	SWINI MUTH	INEN	9 I 8	A NAGARJUN RAO	DUGYA	ALA				713-2	9-9649			
Part	I Income	or Lo	oss	From Rental Real Estate an	nd Ro	yalties								
	Note: If yo	ou are i	in the	business of renting personal prope	rty, use	Schedule	c . See	e instru	ctions. If you are	an indiv	/idual, rep	ort farn	n	
				from Form 4835 on page 2, line 40.		F =	0000	!				- 2	N -	
				ts in 2023 that would require you									NO NO	
				u file required Form(s) 1099?				• •			. Ye	5	NO	
1a	Physical addr	ess o	of ead	ch property (street, city, state, ZI	P code	e)								
A	1-1-137,G	AYAT	RI	NIVAS, PLOT :203, ALWAL	, SEC	CUNDERE	BAD,T	ELAN	GANA IN 50	0010				
B														
C								1					-	
1b	Type of Prope			For each rental real estate prope				Fa		Person		Q,	JV	
	(from list below	N)		above, report the number of fair personal use days. Check the Q					Days	Da	-			
	3			if you meet the requirements to			A		310		0	L	<u> </u>	
B C				qualified joint venture. See instru			B C					L	<u></u>	
	of Property:						C					L		
	Single Family R	ocido	noo	3 Vacation/Short-Term Rer	atal	5 Land	ı	7	Self-Rental					
	Multi-Family Re			4 Commercial	Ildi	6 Roya			Other (describ					
	Manu-r army rie	Siden		4 Commercial		0 HOye	lities	0						
									Properties	s:				
Incom							Α	1.0	В			С		
3					3		./	10.						
4		ived .			4									
Expen					-									
5				· · · · · · · · · · · · · · ·	5 6									
6 7				ructions)	7		0	90.						
8					8		0	90.						
9					<u> </u>									
10				onal fees	10									
11					11		1.6	50.						
12				o banks, etc. (see instructions)	12		± / 0							
13					13									
14	Repairs				14		3,8	54.						
15					15			12.						
16					16									
17					17		1,6	50.						
18	Depreciation e	xpens	se or	depletion	18		3,3	09.						
19	Other (list)				19									
20	Total expense	s. Adc	d line	es 5 through 19	20		15,8	65.						
21				e 3 (rents) and/or 4 (royalties). If										
				tructions to find out if you must			1							
					21		-15,1	55.						
22				tate loss after limitation, if any, uctions)	00	(1 5 1 7		(`	(`	
020				-	22		15,15) 710.	()	
23a b			-	orted on line 3 for all rental prope orted on line 4 for all royalty prop			•	23a 23b		/ _ U .				
с С				orted on line 12 for all properties			•	23D						
d				orted on line 18 for all properties			•	23d	٦_	309.				
e			-	orted on line 20 for all properties				23e		865.				
24			-	nounts shown on line 21. Do no						24				
25				es from line 21 and rental real estat						25	(15,15	55.)	
26				and royalty income or (loss).							、 <u> </u>	.,		
_•				IV, and line 40 on page 2 do no										
				line 5. Otherwise, include this a					on page 2 .	26	-	-15,1	155.	
For Pa	perwork Reduct	ion Ac	ct No	tice, see the separate instructions	5.	NE	PA		-15,155.	Scl	nedule E (F	orm 104	40) 2023	

53 Form Department of the Treasury Internal Revenue Service

Additional Taxes on Qualified Plans (Including IRAs) and Other Tax-Favored Accounts Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

OMB No. 1545-0074
2023
Attachment

.irs.gov/Form5329 for instructions and the latest information

				st mormation.	36	
	•	nal tax. If married filing jointly, see instructions.				al security number
NAG	ARJUN RAO	DUGYALA			863-1	7-1158
		Home address (number and street), or P.O. box	if mail is not delivered to y	our home		Apt. no.
	Your Address Only	City, town or post office, state, and ZIP code. If	you have a foreign address	s, also complete the spaces		
	u Are Filing This	below. See instructions.			lf this is a	an amended
	h by Itself and Not Your Tax Return					neck here
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Foreign country name	Foreign province/state/o	county	Foreign po	ostal code
		nal 10% tax on the full amount of the 8, without filing Form 5329. See instru		you may be able to r	eport this	s tax directly on
Par	t Additional Ta	x on Early Distributions. Complete	e this part if you too	k a taxable distributio	on (other	than a qualified
	disaster distribu	ution) before you reached age 591/2	from a qualified ret	irement plan (includi	ng an IF	RA) or modified
		ntract (unless you are reporting this ta				
		te this part to indicate that you qualify	for an exception to	the additional tax on	early dis	stributions or for
		A distributions. See instructions.				
1	-	ludible in income (see instructions). Fo			1	7,800.
2		luded on line 1 that are not subject to t				
-		exception number from the instruction			2	7,800.
3	-	Iditional tax. Subtract line 2 from line 1			3	
4		10% (0.10) of line 3. Include this amou			4	
		of the amount on line 3 was a distribut mount on line 4 instead of 10%. See ir		hA, you may have to		
Par		x on Certain Distributions From E		ts and ABLE Acco	unts Co	
		an amount in income, on Schedule 1				
		ied tuition program (QTP), or on Sched				g
5	Distributions included	d in income from a Coverdell ESA, a QT	P, or an ABLE accou	int	5	
6		d on line 5 that are not subject to the ac			6	
7		Iditional tax. Subtract line 6 from line 5	-		7	
8	Additional tax. Enter	10% (0.10) of line 7. Include this amou			8	
Part	Additional Ta	x on Excess Contributions to Tra	iditional IRAs. Con	nplete this part if you	contribut	ed more to your
		for 2023 than is allowable or you had a		-		
9	Enter your excess con	tributions from line 16 of your 2022 Form	n 5329. See instructior	ns. If zero, go to line 15	9	
10		A contributions for 2023 are less th				
		n, see instructions. Otherwise, enter -0-		10		
11		listributions included in income (see ins		11	_	
12		prior year excess contributions (see ins	-	12	10	
13 14		12			13 14	
14	•	for 2023 (see instructions)			14	
16		Itions. Add lines 14 and 15			16	
17		6% (0.06) of the smaller of line 16 or the			-	
.,		23 contributions made in 2024). Include th			17	
Part		x on Excess Contributions to Ro				ore to your Roth
		an is allowable or you had an amount o	•			,
18	Enter your excess con	tributions from line 24 of your 2022 Form	n 5329. See instructior	ns. If zero, go to line 23	18	
19	If your Roth IRA cont	ributions for 2023 are less than your n	naximum allowable			
		ructions. Otherwise, enter -0		19		
20		m your Roth IRAs (see instructions) .		20		
21					21	
22		tributions. Subtract line 21 from line 18			22	
23		for 2023 (see instructions)			23	
24		itions. Add lines 22 and 23 \ldots			24	
25		6% (0.06) of the smaller of line 24 or th contributions made in 2024). Include this	2		25	
			amount on ooneuule			

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

Form 53	329 (2023	3)						Page 2
Part				tributions to Coverdell ESAs. C nan is allowable or you had an amoun				
26	Enter	the excess c	ontributions from line 32 o	f your 2022 Form 5329. See instruction	s. If zero, g	o to line 31	26	
27				SAs for 2023 were less than the uctions. Otherwise, enter -0	27			
28				As (see instructions)	28			
29			-		-		29	
30				ne 29 from line 26. If zero or less, ente			30	
31				ions)			31	
32				id 31			32	
33		Additional tax. Enter 6% (0.06) of the smaller of line 32 or the value of your Coverdell ESAs on Decem						
00	31, 2023 (including 2023 contributions made in 2024). Include this amount on Schedule 2 (Form 1040), I							
Part VI Additional Tax on Excess Contributions to Archer MSAs. Complete this part if you or your employer contributed								
more to your Archer MSAs for 2023 than is allowable or you had an amount on line 41 of your 2022 Form 5329.								
34	Enter the excess contributions from line 40 of your 2022 Form 5329. See instructions. If zero, go to line 39							
35	If the	contribution						
	allowable contribution, see instructions. Otherwise, enter -0							
36	2023	distributions	from your Archer MSAs	from Form 8853, line 8	36			
37	Add lines 35 and 36							
38	Prior year excess contributions. Subtract line 37 from line 34. If zero or less, enter -0							
39	Excess contributions for 2023 (see instructions)							
40	Total excess contributions. Add lines 38 and 39							
41	Additional tax. Enter 6% (0.06) of the smaller of line 40 or the value of your Archer MSAs on							
	December 31, 2023 (including 2023 contributions made in 2024). Include this amount on Schedule 2							
	(Form	1040), line 8	8				41	
Part V	VII ,	Additional	Tax on Excess Cont	tributions to Health Savings Ac	counts (HSAs). Cor	nplete	this part if you,
				nployer contributed more to your HS	As for 202	23 than is al	lowab	le or you had an
		amount on li	ne 49 of your 2022 Form	5329.				
42	Enter	the excess of	contributions from line 48	of your 2022 Form 5329. If zero, go to	o line 47		42	
43	If the contributions to your HSAs for 2023 are less than the maximum							
	allowable contribution, see instructions. Otherwise, enter -0							
44			-	rm 8889, line 16	44			
45	Add lines 43 and 44							
46	Prior year excess contributions. Subtract line 45 from line 42. If zero or less, enter -0							
47	Excess contributions for 2023 (see instructions)							
48	Total excess contributions. Add lines 46 and 47							
49	Addit	Additional tax. Enter 6% (0.06) of the smaller of line 48 or the value of your HSAs on December 31,						
	2023 (including 2023 contributions made in 2024). Include this amount on Schedule 2 (Form 1040), line 8 49							
Part VIII Additional Tax on Excess Contributions to an ABLE Account. Complete this part if contributions to your ABLE								
			2023 were more than is a					
50			ons for 2023 (see instruct	,			50	
51			. ,	maller of line 50 or the value of yo				
December 31, 2023. Include this amount on Schedule 2 (Form 1040), line 8								
Part IX Additional Tax on Excess Accumulation in Qualified Retirement Plans (Including IRAs). Complete this part if you did not receive the minimum required distribution from your qualified retirement plan.								
50				· · · ·		•	50	
52 52		•	•	e instructions)			52	
53 54	Amount actually distributed to you in 2023 (see instructions)						53 54	
54	Subtract line 53 from line 52. If zero or less, enter -0							
55								
	rate on excess accumulations in at least one qualified retirement plan, check this box. Include this amount on Schedule 2 (Form 1040), line 8 or Form 1041, Schedule G, line 8						55	
			,					t of my knowledge and
		nly if You	Under penalties of perjury, I declare that I have examined this form, including accompanying attachments, and to belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of whether the second se				ch prepa	arer has any knowledge.
		nis Form Not With						
Your Tax Re			Your signature			Date		
<u> </u>		Print/Type prep	3	Preparer's signature	Date	Check	;f	PTIN
Paid		21 - F - F				self-emp		
Prep		Firm's name				Firm's EIN		
Use	Uniy	Firm's address						
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Form 5329 (2023)