<b>1040</b>		artment of the Treasury—Internal Revenue Service <b>S. Individual Income Tax</b>		turn	202	3	OMB No. 1545	-0074	IRS Use Only	∕−Do not w	vrite or staple in this space.	
For the year Jar	. 1–Dec	2. 31, 2023, or other tax year beginning			, 2023, ending , 20				, 20	See separate instructions.		
Your first name	and m	iddle initial	Last r	name						Your so	cial security number	
SUMANTH BHUK										360	31 1885	
If joint return, s	pouse's	s first name and middle initial	Last r	name							's social security number	
										119	76 1545	
Home address	(numbe	er and street). If you have a P.O. box, see	instruc	ctions.				A	Apt. no.	Preside	ntial Election Campaign	
3548 TRY	YON Z	AVE						3	BB	Check I	here if you, or your	
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete	spaces be	low.	Sta	ite	ZIP c	ode		if filing jointly, want \$3	
BRONX						NY	ζ	104	67	· · ·	o this fund. Checking a low will not change	
Foreign country	/ name			Foreign p	rovince/state/	coun	ty	Foreig	gn postal code		x or refund.	
											You Spouse	
Filing Status	; [	Single					Head of h	ouseh	old (HOH)			
Check only		] Married filing jointly (even if only or	ne hac	d income)								
one box.	X	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	ecked the HOH	l or Q	SS box, ente	er the chi	ild's name if the	
	qu	alifying person is a child but not you	r depe	endent: (	CATHERIN	JE :	DURAN					
Divital	Atar	ny time during 2023, did you: (a) rece	aivo (a		d award or	navr	ment for prope	rtv or	services): or	(b) sell		
Digital Assets		ange, or otherwise dispose of a digi	•					•	,	.,	🗌 Yes 🛛 No	
Standard		eone can claim:  You as a dep					a dependent					
Deduction	_	Spouse itemizes on a separate return			•		•					
Age/Blindness	S You:	: 🗌 Were born before January 2, 19	959	Are b	lind Spo	ouse	: 🗌 Was boi	rn befo	ore January	2, 1959	Is blind	
Dependent	s (see	instructions):		(2)	Social security	,	(3) Relationsh	nin <b>(4</b>	) Check the b	ox if quali	ifies for (see instructions):	
If more		(1) First name Last name			number		to you	"P	Child tax cred		Credit for other dependents	
than four	-											
dependents,	-											
see instructions and check	s ——											
here												
Income	1a	Total amount from Form(s) W-2, bo	ox 1 (s	see instruc	ctions) .					. 1a	144,423.	
	b	Household employee wages not re	d on Form	n(s) W-2 .					. 1b	)		
Attach Form(s) W-2 here. Also	с	Tip income not reported on line 1a	nstructior	structions)					. 1c	;		
attach Forms	d	Medicaid waiver payments not rep	on Form(s	s) W-2 (see ii	nstru	uctions)			. 1d	1		
W-2G and 1099-R if tax	е	Taxable dependent care benefits fi	orm 2441	, line 26					. 1e	,		
was withheld.	f	Employer-provided adoption benef	m Form 8	m Form 8839, line 29					. 1f			
If you did not	g	Wages from Form 8919, line 6								. 1g	J	
get a Form W-2, see	h	Other earned income (see instructions)								. 1h	0.	
instructions.	i	Nontaxable combat pay election (s			<b>1</b> i							
	z	Add lines 1a through 1h	• •							. 1z	144,423.	
Attach Sch. B	2a	Tax-exempt interest	2a			bΤ	axable interes	t.		. 2b	,	
if required.	3a		3a			bС	Ordinary divide	nds .		. 3b	,	
Standard )	4a	IRA distributions	4a			bΤ	axable amoun	t		. 4b	,	
Standard Deduction for—	5a	Pensions and annuities	5a			bΤ	axable amoun	t		. 5b	,	
Single or	6a	Social security benefits	6a			bΤ	axable amoun	t		. 6b	,	
Married filing separately,	С	If you elect to use the lump-sum el	lectior	n method,	check here	(see	instructions)		l			
\$13,850 • Married filing	7	Capital gain or (loss). Attach Scheo	dule D	if require	d. If not requ	uired	, check here		[	7		
jointly or	8	Additional income from Schedule 1	1, line	10						. 8		
Qualifying spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,		•	our total inc	com	е			. 9		
\$27,700 • Head of	10	Adjustments to income from Schee								. 10		
household,	11	Subtract line 10 from line 9. This is	•	-	-					. 11		
<ul> <li>\$20,800</li> <li>If you checked T</li> </ul>	12	Standard deduction or itemized								. 12	.,	
any box under Standard	13	Qualified business income deduction	on fro	m Form 8	995 or Form	899	5-A			. 13		
Deduction,	14	Add lines 12 and 13			• • •					. 14		
see instructions.	15	Subtract line 14 from line 11. If zero	o or le	ess, enter	-0 This is y	our	taxable incom	ne .		. 15	115,888.	

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

Form **1040** (2023)

Form 1040 (2023	3)								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	21,213.
Credits	17	Amount from Schedule 2, lin	e3				[	17	
	18	Add lines 16 and 17					[	18	21,213.
	19	Child tax credit or credit for	other dependen	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	21,213.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .		[	23	175.
	24	Add lines 22 and 23. This is					[	24	21,388.
Payments	25	Federal income tax withheld							
	а	Form(s) W-2				<b>25a</b> 14	,145.		
	b	Form(s) 1099				25b	·		
	с	Other forms (see instructions	s)			25c	0.		
	d	Add lines 25a through 25c	,					25d	14,145.
If you have a	26	2023 estimated tax payment					[	26	
qualifying child,	27	Earned income credit (EIC)		••		27			
attach Sch. EIC.	28	Additional child tax credit from				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						32	
	33	Add lines 25d, 26, and 32. T	•		-		-	33	14,145.
Refund	34	If line 33 is more than line 24						34	
norana	35a					•	. n t	35a	
Direct deposit?	b	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here       .       .       .         Routing number       X       X       X       X       X       X       C Type:       Checking       Savings							
See instructions.	d								
	36	Amount of line 34 you want a				36			
Amount	37	Subtract line 33 from line 24							
You Owe	01	For details on how to pay, g						37	7,506.
	38	Estimated tax penalty (see in				38	263.		,
Third Party	Do	you want to allow another	,			' See			
Designee		structions	•				omplete be	low.	× No
U	De	signee's		Phone			onal identific	ation	
	nai			no.			er (PIN)		
Sign		der penalties of perjury, I declare the ief, they are true, correct, and com							
Here				、	1 , 2 ,			•	, .
	Yo	ur signature		Date	Your occupation				nt you an Identity IN, enter it here
Joint return?					SOFTWARE	(see in:			
See instructions.	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupat				nt your spouse an
Keep a copy for your records.			-						ection PIN, enter it here
your records.							(see ins	st.)	
		one no. (201) 884-333		Email address	CHANTII.B8	010GMAIL.CO			
Paid		eparer's name	Preparer's signat			Date	PTIN		Check if:
Preparer	SYA	M PRIYA RAM SAGAR GUPTA	SYAM PRIY	A RAM SAG	GAR GUPTA	04/12/2024	P020827		Self-employed
Use Only	Fir	Firm's name GLOBAL TAXES LLC Phone							(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	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 03/07/24 PRO			Form <b>1040</b> (2023)

SCHEDULE	1
(Form 1040)	

Department of the Treasury

## Additional Income and Adjustments to Income

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

OMB No. 1545-0074 20 23

Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form1040 for instructions and the latest information.		Attachment Sequence No. <b>01</b>
Name(s) shown on Fo	orm 1040, 1040-SR, or 1040-NR	Your soci	ial security number
SUMANTH BHUKYA		360-31	-1885

Par	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	ach Schedule E .	5	-14,685.
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	- 1	
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			
		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 Nontaxable amount of Medicaid waiver payments included on Form	8r	-	
S	1040, line 1a or 1d	8s (		
t	Pension or annuity from a nonqualifed deferred compensation plan or	05 (	4	
L	a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u	-	
z	Other income. List type and amount:	ou	-	
2		8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. This is your <b>additional income</b> . Enter			
	1040, 1040-SR, or 1040-NR, line 8		10	-14,685.
For Pa	perwork Reduction Act Notice, see your tax return instructions.			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 <b>adjustments to income</b> . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10	06	
		26	
	<b>BAA</b> REV 03/07/24 PRO	Schedule	1 (Form 1040) 2023

SCHE	DULE	2
(Form	1040)	

Department of the Treasury

## **Additional Taxes**

OMB No. 1545-0074

20

Attachment

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

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

Internal Revenue Service Sequence No. 02 Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number SUMANTH BHUKYA 360-31-1885 Part I Tax 1 Alternative minimum tax. Attach Form 6251 . . . . 1 2 2 Excess advance premium tax credit repayment. Attach Form 8962 . . . . . . . . 3 Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17 . . 3 Part II **Other Taxes** 4 Self-employment tax. Attach Schedule SE . . . . . . . . . 4 5 Social security and Medicare tax on unreported tip income. Attach Form 4137 5 . . . . . . . . . . . . . . . . . . Uncollected social security and Medicare tax on wages. Attach 6 6 Form 8919 Total additional social security and Medicare tax. Add lines 5 and 6 7

'			
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required.		
	If not required, check here $\ldots$	8	
9	Household employment taxes. Attach Schedule H	9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required	10	
11	Additional Medicare Tax. Attach Form 8959	11	175.
12	Net investment income tax. Attach Form 8960	12	
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12	13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares	14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000	15	
16	Recapture of low-income housing credit. Attach Form 8611	16	
	00)	ontini	ued on page 2)

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

Schedule 2 (Form 1040) 2023

Par	t II Other Taxes (continued)				
17	Other additional taxes:				
а	Recapture of other credits. List type, form number, and amount:				
		17a			
b	Recapture of federal mortgage subsidy, if you sold your home				
		17b	-		
	Additional tax on HSA distributions. Attach Form 8889	17c	-		
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d			
е	Additional tax on Archer MSA distributions. Attach Form 8853 .	17e			
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f			
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g			
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h			
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17i			
j	Section 72(m)(5) excess benefits tax	17j			
k	Golden parachute payments	17k			
I	Tax on accumulation distribution of trusts	171			
m	Excise tax on insider stock compensation from an expatriated corporation	17m			
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n			
0	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	170			
р	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p			
q	Any interest from Form 8621, line 24	17q			
z	Any other taxes. List type and amount:				
		17z			
18	Total additional taxes. Add lines 17a through 17z		18		
19	Reserved for future use		19		
20	Section 965 net tax liability installment from Form 965-A	20			
21	Add lines 4, 7 through 16, and 18. These are your <b>total other taxe</b> on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b.		21		75.
	ВАА			ule 2 (Form 1040	

(Form	Form 1040) (From rental real estate, royalties, partnersh					hips, S	corporati	ions, es	tates,	trusts, REMI	Cs, etc.)	96	93
Department of the Treasury Internal Revenue Service Go to www.irs.gov/ScheduleE for											Attachm		
	Revenue Service			Go to www.i	rs.gov/ScheduleE for	r instru	ictions an	d the la	itest in	formation.			ce No. <b>13</b>
	) shown on return											al security r	number
	NTH BHUKYA										360-3	1-1885	
Part	Note: If yo rental inco	ou are ome or	in th loss	e business of re from <b>Form 48</b> ;	al Real Estate an enting personal proper 35 on page 2, line 40.	ty, use	Schedule			-			
					t would require you I Form(s) 1099?					structions .			
1a	Physical addr	ress o	f ea	ch property (s	treet, city, state, ZIF								
Α	4-1/2/19,	DUR	.GA	RESIDENCY	RTC COLONY C	CHENC	GICHERI	A,HY	DERA	BAD, TELAI	NGANA I	IN 5000	92
В													
С											1		
1b	Type of Prope (from list below		2	above, report	tal real estate prope t the number of fair	rental	and		Fa	ir Rental Days		nal Use Iys	QJV
Α	3				days. Check the Queen the requirements to f			Α		365		0	
B					t venture. See instru			В					
				-1,				С					
1	<b>of Property:</b> Single Family R Multi-Family Re			3 Vacati 4 Comm	on/Short-Term Ren nercial	tal	5 Land 6 Roya			Self-Rental Other (desc	ribe)		
										Propert	ies:		
Incom	ne:							Α		В			С
3 4						3		6	91.				
Exper		irou i				+ • •							
5						5							
6	0					6							
7						7		2,4	74.				
8	Commissions					8							
9	Insurance .					9		2,8	93.				
10	•	•				10							
11						11							
12					(see instructions)	12							
13						13			= 0				
14						14		3,8	79.				
15 16	Supplies					15 16							
17						17		3,0	1 /				
18						18		3,1					
19	Other (list)			•		19							
20	· · ·	s. Ado	d lin	es 5 through 1	19	20		15,3	76.				
21	•			•	d/or 4 (royalties). If			·					
		s), see	e ins	structions to fi	nd out if you must	21	-	-14,6	85.				
22					er limitation, if any,	22		14,68		(	)	(	)
23a				-	3 for all rental prope				23a	١	691.		,
b			-		4 for all royalty prop				23b		-		
С			-		12 for all properties				23c				
d			-		18 for all properties				23d	3	3,116.		
е					20 for all properties				23e	15	5,376.		
24					n on line 21. <b>Do not</b>		-				. 24		
25	Losses. Add ro	oyalty	losse	es from line 21	and rental real estate	e losse	es from lin	e 22. E	nter to	tal losses her	re <b>25</b>	( 1	L4,685.)

Supplemental Income and Loss

SCHEDULE E

(Form 1040)

26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 .

For Paperwork Reduction Act Notice, see the separate instructions.

26

-14,685.

OMB No. 1545-0074

8959 Form

Department of the Treasury

## **Additional Medicare Tax**

If any line does not apply to you, leave it blank. See separate instructions. Attach to Form 1040, 1040-SR, 1040-NR, or 1040-SS.

Go to www.irs.gov/Form8959 for instructions and the latest information.

OMB No. 1545-0074 2023 Attachment Sequence No. 71

Internal Revenue Service Name(s) shown on return

. ,		
SUMANTH	BHUKYA	

Your social security number 360-31-1885

Part	Additional Medicare Tax on Medicare Wages			
1	Medicare wages and tips from Form W-2, box 5. If you have more than one			
	Form W-2, enter the total of the amounts from box 5	<b>1</b> 144,423.		
2	Unreported tips from Form 4137, line 6	2		
3	Wages from Form 8919, line 6	3		
4	Add lines 1 through 3	<b>4</b> 144,423.		
5	Enter the following amount for your filing status:			
	Married filing jointly			
	Married filing separately			
	Single, Head of household, or Qualifying surviving spouse \$200,000	<b>5</b> 125,000.		
6	Subtract line 5 from line 4. If zero or less, enter -0		6	19,423.
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009).	•		195
Dout	Part II		7	175.
Part				
8	Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you	0		
•	had a loss, enter -0	8	-	
9	Married filing jointly.			
	Married filing separately			
	Single, Head of household, or Qualifying surviving spouse \$200,000	9		
10	Enter the amount from line 4	10		
11	Subtract line 10 from line 9. If zero or less, enter -0	11		
12	Subtract line 11 from line 8. If zero or less, enter -0		12	
13	Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.		12	
10	go to Part III		13	
Part		Compensation		
14	Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14			
••	(see instructions)	14		
15	Enter the following amount for your filing status:			
	Married filing jointly			
	Married filing separately			
	Single, Head of household, or Qualifying surviving spouse \$200,000	15		
16	Subtract line 15 from line 14. If zero or less, enter -0		16	
17	Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line			
	Enter here and go to Part IV		17	
Part				
18	Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), lin			
	filers, see instructions), and go to Part V		18	175.
Part				
19	Medicare tax withheld from Form W-2, box 6. If you have more than one Form	10		
00	W-2, enter the total of the amounts from box 6	<b>19</b> 2,094.	-	
20		<b>20</b> 144,423.		
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages	21 2,094.		
22	Subtract line 21 from line 19. If zero or less, enter -0 This is your Additional statements of the statement of the stateme			
22	withholding on Medicare wages		22	0.
23	Additional Medicare Tax withholding on railroad retirement (RRTA) compensation			0.
20	14 (see instructions)		23	
24	Total Additional Medicare Tax withholding. Add lines 22 and 23. Also inclu			
	federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (			
	see instructions)		24	0.
For Pa	perwork Reduction Act Notice, see your tax return instructions.	REV 03/07/24 PRO		Form <b>8959</b> (2023)

Form **896**0 Department of the Treasury

## Net Investment Income Tax— Individuals, Estates, and Trusts

OMB No. 1545-2227 20

3

Attach to your tax return.

	Attach to your tax return. Revenue Service Go to www.irs.gov/Form8960 for instructions and the latest information.		A	ttachment equence No. <b>72</b>
	shown on your tax return	Your soc	_	curity number or EIN
	ANTH BHUKYA	360-3		•
Part				
	Section 6013(h) election (see instructions)			
	Regulations section 1.1411-10(g) election (see instructions)			
1	Taxable interest (see instructions)		1	
2	Ordinary dividends (see instructions)	[	2	
3	Annuities (see instructions)	[	3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, trades or	685.		
b	Adjustment for net income or loss derived in the ordinary course of a non- section 1411 trade or business (see instructions) <b>4b</b>			
с	Combine lines 4a and 4b		4c	-14,685.
5a	Net gain or loss from disposition of property (see instructions) 5a			
b	Net gain or loss from disposition of property that is not subject to netinvestment income tax (see instructions)			
с	Adjustment from disposition of partnership interest or S corporation stock (see			
	instructions)			
d	Combine lines 5a through 5c		5d	
6	Adjustments to investment income for certain CFCs and PFICs (see instructions)		6	
7	Other modifications to investment income (see instructions)		7	
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7		8	-14,685.
Part	Part II Investment Expenses Allocable to Investment Income and Modifications			
9a	Investment interest expenses (see instructions)			
b	State, local, and foreign income tax (see instructions)			
С	Miscellaneous investment expenses (see instructions)			
d	Add lines 9a, 9b, and 9c		9d	
10	Additional modifications (see instructions)		10	
11	Total deductions and modifications. Add lines 9d and 10		11	
	Tax Computation	0.47		
12	Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, complete lines 1 Estates and trusts, complete lines 18a–21. If zero or less, enter -0		12	0.
13		,738.		
14		,000.		
15		,738.		
16	Enter the smaller of line 12 or line 15		16	0.
17	Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). Enter here and in	clude 🗌	-	
	on your tax return (see instructions)		17	0.
	Estates and Trusts:			
18a	Net investment income (line 12 above)         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .			
b	Deductions for distributions of net investment income and charitable deductions (see instructions)			
с	Undistributed net investment income. Subtract line 18b from line 18a (see instructions). If zero or less, enter -0			
19a	Adjusted gross income (see instructions)			
b	Highest tax bracket for estates and trusts for the year (see instructions) 19b			
с	Subtract line 19b from line 19a. If zero or less, enter -0			
20	Enter the smaller of line 18c or line 19c		20	
21	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.038). Enter here include on your tax return (see instructions)		21	
For Pa	perwork Reduction Act Notice, see your tax return instructions. BAA REV 03/07/24 PRC			Form <b>8960</b> (2023)