<b>1040</b>		artment of the Treasury—Internal Revenue Servi <b>S. Individual Income Tax</b>		turn	202	3	OMB No. 1545	-0074	IRS Use Onl	y—Do not v	vrite or sta	aple in this	space.
For the year Jar	. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20	See se	parate	instructio	ons.
Your first name	and m	iddle initial	Last r	name						Your so	ocial sec	curity nur	nber
VAIBHAV REDDY KAL				AKOTA						027	23	8891	
		s first name and middle initial	Last r	-						-		security	
USHA DUMPALA						APP	T.T	ED F	I.				
	(numbe	er and street). If you have a P.O. box, see						Α	pt. no.			ection Ca	
15323 NH	י זי 1 אי	тн рт.						q	04			ou, or yo	
		ce. If you have a foreign address, also co	mplete	spaces be	low.	Sta	ate	ZIP co	-	spouse	if filing	jointly, w	/ant \$3
BELLEVUE	2	,	•	·		WZ	<u>_</u>	980				nd. Chec	
Foreign country				Foreian p	rovince/state/o				n postal code		x or refu	not chan und.	ge
0				0 1			,	0		,	Y		Spouse
Filing Status	. [	] Single					Head of ho	huseh	hold (HOH)				
•	_	Married filing jointly (even if only or	ne hac	l income)				500011					
Check only		Married filing separately (MFS)	ie nae	( inconic)			Qualifying	surviv	ina snouse	(099)			
one box.	lf v	you checked the MFS box, enter the	name	of your s	nouse If voi	ı che			•	. ,	ild's na	me if the	2
		alifying person is a child but not you											,
Digital		ny time during 2023, did you: (a) rece									<b>—</b>		
Assets		hange, or otherwise dispose of a digi					-	t)? (Se	e instructio	ons.)		es 🛛	No
Standard Deduction		neone can claim:	•		-		a dependent						
		Spouse itemizes on a separate return		_						0 4050			
		: Were born before January 2, 1	959	Are bl	•	ouse		14	re January Check the t			s blind (see instri	uctions):
Dependents	•	instructions): irst name Last name		(2) 8	Social security number		(3) Relationsh to you	ip (*	Child tax of		1	or other de	
If more	(1)				папьсі		to you				oroan re		
than four dependents,													
see instruction	s ——												
and check here	ı ——												
	10	Total amount from Form(s) W-2, bo	ov 1 (e		ctions)					. 1a		246,3	330
Income	1a 5				,							210,	550.
Attach Form(s)		<ul> <li>b Household employee wages not reported on Form(s) W-2</li></ul>											
W-2 here. Also attach Forms	с С						. 10						
W-2G and	d	Taxable dependent care benefits fi				ISITU		• •		. 16			
1099-R if tax	e	·				• •		• •					
was withheld.	-	Employer-provided adoption bene						• •		. 11			
get a Form	g	Wages from Form 8919, line 6 .				• •		• •		· 10			0.
W-2, see	h	Other earned income (see instructi		· · ·		• •	· · · ·	· ·	· · ·	. <u>1</u> ł	1		0.
instructions.	i	Nontaxable combat pay election (s	see ins	structions)		• •	<b>1</b> i			_		246	220
		Add lines 1a through 1h	 0a		· · · ·	 ь <del>т</del>		• •		. 12		246,3	35.
Attach Sch. B if required.	2a	· · –	2a		330.		axable interest		· · ·	. 2t			
	<u>3a</u>		3a		550.		Ordinary divider						362.
Standard	4a		4a				axable amount			. 4k			
Deduction for –	5a		5a				axable amount			. 5k			
<ul> <li>Single or Married filing</li> </ul>	6a		6a				axable amount	t		. 6k	)		
separately,	_c	If you elect to use the lump-sum el				•	,	• •				2	0.0.0
<ul><li>\$13,850</li><li>Married filing</li></ul>	7	Capital gain or (loss). Attach Sched		•				• •				-3,(	000.
jointly or Qualifying	8	Additional income from Schedule 1								. 8			
surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,			our total inc	come	е			. 9		243,	/27.
\$27,700 • Head of	10	Adjustments to income from Schee								. 10	)		
household,	11	Subtract line 10 from line 9. This is	-	-	-					. 11		243,	
<ul> <li>\$20,800</li> <li>If you checked T</li> </ul>	12	Standard deduction or itemized	deduc	<b>tions</b> (fro	m Schedule	A)				. 12	2	27,	700.
any box under Standard	13	Qualified business income deducti	ion fro	m Form 8	995 or Form	899	95-A			. 13	3		
Deduction,	14	Add lines 12 and 13								. 14	<u>ا</u>	27,	700.
see instructions.	15	Subtract line 14 from line 11. If zer	o or le	ss, enter	-0 This is y	ourt	taxable incom	e.		. 15	5	216,0	)27.

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	38,617.
Credits	17	Amount from Schedule 2, lin	ne3				🗆	17	
	18	Add lines 16 and 17						18	38,617.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lin	ne8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	38,617.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .		[	23	46.
	24	Add lines 22 and 23. This is	your <b>total tax</b>				[	24	38,663.
Payments	25	Federal income tax withheld							
-	а	Form(s) W-2				<b>25a</b> 46	,982.		
	b	Form(s) 1099				25b			
	с	Other forms (see instructions	s)			25c	496.		
	d	Add lines 25a through 25c					2	5d	47,478.
If you have a	26	2023 estimated tax payment	ts 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 from				28			
	29	American opportunity credit	from Form 8863	8, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin	ne 15			31			
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	undable credits		32	
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	tal payments			[;	33	47,478.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amou	nt you <b>overpaid</b>		34	8,815.
	35a	Amount of line 34 you want	refunded to you	<b>.</b> If Form 8888	3 is attached, che	ck here	. 🗌 🛛	5a	8,815.
Direct deposit?	b	Routing number         1         2         1         0         0         2         4         c Type:         X Checking         Savings							
See instructions.	d	Account number 2 5 0	2 7 1 5	9 7					
	36	Amount of line 34 you want a	applied to your	2024 estimate	ed tax	36			
Amount	37	Subtract line 33 from line 24	. This is the <b>amo</b>	ount you owe					
You Owe		For details on how to pay, g	o to <i>www.ir</i> s.gov	//Payments or	see instructions			37	
	38	Estimated tax penalty (see in	nstructions) .			38			
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?	See			_
Designee	ins	structions				🗌 <b>Yes.</b> Co	omplete belo	w.	X No
	De: nar	signee's		Phone no.			onal identifica oer (PIN)	tion	
Ciarra		der penalties of perjury, I declare th	nat I have examined		accompanying sche		. ,	nest of	f my knowledge and
Sign		ief, they are true, correct, and com							
Here	Yo	ur signature		Date Your occupation If th			If the IR	S sent	t you an Identity
		0						on PIN	N, enter it here
Joint return?					SOFTWARE ENGINEER			,	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, <b>t</b>	ooth must sign.	Date	Spouse's occupat	ion			t your spouse an ction PIN, enter it here
your records.					HOME MAKEI	2	(see inst		JUOIT FIN, EIILEI IL HEIE
	Ph	one no. (248)425-933	6	Email address		2@GMAIL.COM	r		
		eparer's name	Preparer's signat		KVKEDD1422	Date	PTIN		Check if:
Paid		PRIYA RAM SAGAR GUPTA TALLAM			СПРТА ТАТ.Т.АМ		P020827		Self-employed
Preparer		n's name GLOBAL TAX		TATH DAGAN	GOLIA INDAM	05/11/2024			578)965-9522
Use Only			Y CT E BRU	NSWICK N	J 08816		Firm's E		84-3171965
Go to www.irs.cr		1040 for instructions and the late		TIONICIC IN					Form <b>1040</b> (2023)
		in the instructions and the late	scinomation.		BAA	REV 03/04/24 PRO			10m IUTU (2023)

SCHE	DULE	2
(Form	1040)	

### **Additional Taxes**

OMB No. 1545-0074

20

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

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

Department of the Treasury Attachment Internal Revenue Service Sequence No. 02 Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number VAIBHAV REDDY KALAKOTA & USHA DUMPALA 027-23-8891 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 4 5 Social security and Medicare tax on unreported tip income. 5 Attach Form 4137 . . . . . . . . . . . . . . . . Uncollected social security and Medicare tax on wages. Attach 6 6 Form 8919 7 Total additional social security and Medicare tax. Add lines 5 and 6 7 Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required. 8 8 9 9 Repayment of first-time homebuyer credit. Attach Form 5405 if required . . . . . 10 10 Additional Medicare Tax. Attach Form 8959 11 11 46. 12 12 13 Uncollected social security and Medicare or RRTA tax on tips or group-term life 13 Interest on tax due on installment income from the sale of certain residential lots 14 14 Interest on the deferred tax on gain from certain installment sales with a sales price 15 15 Recapture of low-income housing credit. Attach Form 8611 . . . . . . . . . . . . 16 16 (continued 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				
		17m	-		
	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 BAA	REV 03/04/24 PRO	21	4 ule 2 (Form 1040) 2	6.

SCHEDULE	D
(Form 1040)	

# **Capital Gains and Losses**

OMB No. 1545-0074

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

Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10. Go to *www.irs.gov/ScheduleD* for instructions and the latest information.

2023 Attachment Sequence No. 12

Internal Revenue Service Name(s) shown on return

Department of the Treasury

VAIBHAV REDDY KALAKOTA & USHA DUMPALA

Your social security number 027-23-8891

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? 
Yes X No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

#### Part I Short-Term Capital Gains and Losses – Generally Assets Held One Year or Less (see instructions)

	instructions for how to figure the amounts to enter on the below.	<b>(d)</b> Proceeds	(e) Cost	<b>(g)</b> Adjustment to gain or loss		(h) Gain or (loss) Subtract column (e) from column (d) and
	form may be easier to complete if you round off cents to e dollars.	(sales price)	(or other basis)	Form(s) 8949, F line 2, column	Part I,	combine the result with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.					
1b	Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked					
2	Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked	131,820.	125,298.	4	34.	6,956.
3	Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked					
4	Short-term gain from Form 6252 and short-term gain or (I	oss) from Forms 4	684, 6781, and 88	324	4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1		,		5	
6	6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover</b> <b>Worksheet</b> in the instructions					( 92,133.)
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise		7	-85,177.		

#### Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year (see instructions)

	instructions for how to figure the amounts to enter on the below.	<b>(d)</b> Proceeds	(e) Cost	<b>(g)</b> Adjustmen to gain or loss		(h) Gain or (loss) Subtract column (e) from column (d) and
This who	form may be easier to complete if you round off cents to e dollars.	(sales price)	(or other basis)	Form(s) 8949, line 2, colum	Part II,	combine the result with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.					
8b	Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked					
9	Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked	3,204.	7,229.	1	17.	-3,908.
10	Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked.					
11	11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824					
12	12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1					
13	13 Capital gain distributions. See the instructions					
14	14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your <b>Capital Loss Carryover</b> Worksheet in the instructions					( 139.)
15	Net long-term capital gain or (loss). Combine lines 8a on the back .	•			15	-4,047.

Part	III Summary			
16	Combine lines 7 and 15 and enter the result	16		-89,224.
	• If line 16 is a <b>gain</b> , enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.			
	• If line 16 is a <b>loss</b> , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.			
	• If line 16 is <b>zero</b> , skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.			
17	Are lines 15 and 16 <b>both</b> gains? <b>Yes.</b> Go to line 18.			
	<b>No.</b> Skip lines 18 through 21, and go to line 22.			
18	If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet	18		
19	If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet	19		
20	<ul> <li>Are lines 18 and 19 both zero or blank and you are not filing Form 4952?</li> <li>Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below.</li> </ul>			
	□ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.			
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:			
	The loss on line 16; or     (\$3,000), or if married filing separately, (\$1,500)	21	(	3,000.)
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.			
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?			
	Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16.			
	<b>No.</b> Complete the rest of Form 1040, 1040-SR, or 1040-NR.			

BAA REV 03/04/24 PRO

Schedule D (Form 1040) 2023

Department of the Treasury

Internal Revenue Service

# Sales and Other Dispositions of Capital Assets

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.



Go to www.irs.gov/Form8949 for instructions and the latest information.

Name(s) shown on return	Social security number or taxpayer identification number
VAIBHAV REDDY KALAKOTA & USHA DUMPALA	027-23-8891

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see Part I instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A. B. or C below. Check only one box. If more than one box applies for your short-term transactions. complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

(A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

X (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

C) Short-term transactions not reported to you on Form 1099-B

<b>1</b> (a) Description of property	<b>(b)</b> Date acquired	<b>(c)</b> Date sold or	<b>(d)</b> Proceeds	<b>(e)</b> Cost or other basis See the <b>Note</b> below	If you enter an enter a co	amount in column (g), ode in column (f). arate instructions.	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g).	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	<b>(g)</b> Amount of adjustment		
FIDELITY	07/11/23	12/31/23	53,391.	46,306.	W	434.	7,519.	
FIDELITY	06/11/23	12/31/23	78,429.	78,992.			-563.	
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked).		131,820.	125,298.		434.	6,956.		

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

Form 8949 (2023)	Attachment Sequence No. 12A	Page <b>2</b>
Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side	Social security number or taxpayer identification num	ber

VAIBHAV REDDY KALAKOTA & USHA DUMPALA

Social security number or taxpayer identification number
027-23-8891

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

**Part II Long-Term.** Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

**Note:** You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

**(D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)

- X (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS
- (F) Long-term transactions not reported to you on Form 1099-B

1 (a) Description of property	(Mo dow wr) disposed of	Date sold or	old or Proceeds sed of (sales price)	(e) Cost or other basis See the <b>Note</b> below and see <i>Column</i> (e) in the separate instructions.	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss) Subtract column (e)
(Example: 100 sh. XYZ Co.)		disposed of (Mo., day, yr.)			(f) Code(s) from instructions	<b>(g)</b> Amount of adjustment	from column (d) and combine the result with column (g).
FIDELITY	10/14/22	12/31/23	3,204.	7,229.	W	117.	-3,908.
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box	I here and inc is checked), <b>lir</b>	lude on your ne 9 (if Box E	3,204.	7,229.		117.	-3,908.

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

REV 03/04/24 PRO

Form **8889** 

# Health Savings Accounts (HSAs)

OMB No. 1545-0074

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

Go to www.irs.gov/Form8889 for instructions and the latest information

2023
Attachment Seguence No. <b>52</b>

	Revenue Service		Sequence No. 52
	If both spous		of HSA beneficiary. SAs, see instructions.
	re you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts		
Part		If you a	re filing jointly
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 202	3.	
-			elf-only 🛛 Family
2	HSA contributions you made for 2023 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2023. <b>Do not</b> include employer contributions contributions through a cafeteria plan, or rollovers. See instructions	s, . <b>2</b>	0.
3	If you were under age 55 at the end of 2023 and, on the first day of <b>every</b> month during 2023, yo		
	were, or were considered, an eligible individual with the <b>same</b> coverage, enter \$3,850 (\$7,750 f family coverage). <b>All others</b> , see the instructions for the amount to enter		7,750.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2023 from Form 885		1,150.
•	lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2023, als include any amount contributed to your spouse's Archer MSAs	SO	0.
5	Subtract line 4 from line 3. If zero or less, enter -0-		7,750.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had fam coverage under an HDHP at any time during 2023, see the instructions for the amount to enter .	-	7,750.
7	If you were age 55 or older at the end of 2023, married, and you or your spouse had family coverage under an HDHP at any time during 2023, enter your additional contribution amount. See instructions		
8	Add lines 6 and 7	. 8	7,750.
9	Employer contributions made to your HSAs for 2023    9    59	J.	
10	Qualified HSA funding distributions		
11	Add lines 9 and 10		590.
12	Subtract line 11 from line 8. If zero or less, enter -0		7,160.
13	<b>HSA</b> deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line <b>Caution:</b> If line 2 is more than line 13, you may have to pay an additional tax. See instructions.	3 13	0.
Part		eparate	HSAs, complete
14a	Total distributions you received in 2023 from all HSAs (see instructions)	. <b>14a</b>	
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 we withdrawn by the due date of your return. See instructions	re	
с		· 14b . 14c	
15	Qualified medical expenses paid using HSA distributions (see instructions)	. 15	
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0 Also, include th amount in the total on Schedule 1 (Form 1040), Part I, line 8f	is	
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 (see instructions). Enter 20% (0.20) of the distributions included on line 16 th are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (For 1040), Part II, line 17c	at m	
Part		uctions b	
18	Last-month rule	. 18	
19	Qualified HSA funding distribution		
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f		
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (For 1040), Part II, line 17d		
For Pa	perwork Reduction Act Notice, see your tax return instructions. BAA REV 03/04/24 PRO		Form <b>8889</b> (2023)

Form 8	959
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Department of the Treasury

Internal Revenue Service

Name(s) shown on return

# **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.



027-23-8891

Your social security number

VAI	SHAV REDDY KALAKOTA & USHA DUMPALA	027-23-88	391			
Par	Additional Medicare Tax on Medicare Wages					
1	Medicare wages and tips from Form W-2, box 5. If you have more than one					
		,151.				
2	Unreported tips from Form 4137, line 6					
3	Wages from Form 8919, line 6         .         .         .         .         3					
4		,151.				
5	Enter the following amount for your filing status:					
	Married filing jointly					
	Married filing separately					
		,000.				
6	Subtract line 5 from line 4. If zero or less, enter -0		5,151.			
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and					
	Part II	7	46.			
Part						
8	Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you					
	had a loss, enter -0					
9	Enter the following amount for your filing status:					
	Married filing jointly					
	Married filing separately					
10	Single, Head of household, or Qualifying surviving spouse \$200,000 9					
10	Enter the amount from line 4					
11	Subtract line 10 from line 9. If zero or less, enter -0	10				
12	Subtract line 11 from line 8. If zero or less, enter -0					
13	Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter he					
Part	go to Part III	-				
14						
14	Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 (see instructions)					
15	Enter the following amount for your filing status:					
10	Married filing jointly					
	Married filing separately					
	Single, Head of household, or Qualifying surviving spouse \$200,000 <b>15</b>					
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 16 by 0.9% (					
	Enter here and go to Part IV					
Part	IV Total Additional Medicare Tax	1	I			
18	Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 11 (Form 10	40-SS				
	filers, see instructions), and go to Part V		46.			
Part						
19	Medicare tax withheld from Form W-2, box 6. If you have more than one Form					
		,196.				
20	Enter the amount from line 1	,151.				
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax					
	withholding on Medicare wages	,700.				
22	Subtract line 21 from line 19. If zero or less, enter -0 This is your Additional Medical	re Tax				
	withholding on Medicare wages	22	496.			
23						
	14 (see instructions)	23				
24	Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this amount					
	federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (Form 1040-SS					
	see instructions)	· · <b>24</b>	496.			
For Pa	perwork Reduction Act Notice, see your tax return instructions. BAA REV 03/0	4/24 PRO	Form 8959 (2023)			