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PRANEETHA COUNT B36 0.9 5.517 First mum, secure's first name and middle initial Last mane Previous is first name and middle initial Secure's social security number Home address (number and stree), if you have a Do box, see instructions. 210 Creat, here if you any and the initial Previous is first you have a foreign address, also complete spaces below. 220 Creat, here if you or you Creat, here if you Special Security Creat, here if you or you Creat, here if you Special Security Creat, here if you or you Creat, here if you Special Security Creat, here if you or you Creat, here if you or you Special Security Creat, here if you or you Creat, here if you or you Special Security Creat, here if you or you Special Security Creat, here if you or you Creat, here if you Creat, h	For the year Jan	. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, er	ding			, 20	See	sepa	arate i	nstruc	ctions.
PRANEETIE GONT Base	Your first name	and mi	iddle initial	Last r	name						You	r soci	ial sec	urity n	umber
If joint refurm, spouse's first name and middle initial Last name Spouse's social security number 1 hom address pumber and attend; if you have a P.O. box, see instructions. Apt no. Apt no. 311.9. COUNTY ROAD 172 To post office. If you have a P.O. box, see instructions. TX To peridential Election Campaign (Figure 17). ROUND ROCK Foreign county name Foreign powince/statis/county Error post office. If you have a foreign powince/statis/county Error post office. If you have a foreign powince/statis/county Error post office. If you have a foreign powince/statis/county Error post office. If you have a foreign powince/statis/county Error post office. If you have a foreign powince/statis/county Error post office. If you have a foreign powince/statis/county Error post office. If you have a foreign powince/statis/county Error post office. If you have a foreign powince/statis/county Error post office. If you have a foreign powince/statis/county Error post office. If you have a foreign powince/statis/county Error post office. If you have a foreign powince/statis/county Error post office. If you have a foreign powince/statis/county Error power and the foreign powere/statis/foreign powere/statis/foreign powere/statis/foreign powe	PRANEETH	IA		GOU	INT									-	
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For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form 1040 (2023)

Form 1040 (2023	3)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3 🗌		16	9,605.
Credits	17	Amount from Schedule 2, lin	ie3				[17	
	18	Add lines 16 and 17					[18	9,605.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812		[19	
	20	Amount from Schedule 3, lin	ie 8				[20	
	21	Add lines 19 and 20					🗆	21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0			[22	9,605.
	23	Other taxes, including self-e					[23	0.
	24	Add lines 22 and 23. This is					[24	9,605.
Payments	25	Federal income tax withheld							
	а	Form(s) W-2				25a 12	,541.		
	b	Form(s) 1099				25b			
	с	Other forms (see instructions				25c			
	d	Add lines 25a through 25c	,					25d	12,541.
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	12,541.
Refund	34	If line 33 is more than line 24						34	2,936.
neruna	35a	Amount of line 34 you want	,			, .	_ +	35a	2,936.
Direct deposit?	b	Routing number 0 4 1					Savings		
See instructions.	d	Account number 4 0 1							
	36	Amount of line 34 you want a			ed tax	36	_		
Amount	37	Subtract line 33 from line 24				1 1			
You Owe	07	For details on how to pay, g						37	
	38	Estimated tax penalty (see in				38			
Third Party	Do	you want to allow another	,						
Designee			•				omplete bel	ow.	🗙 No
	De	signee's		Phone		Perso	onal identifica	ation	
	nai			no.			ber (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?					DATA ANALYS	T AT VERANA H	(and inc		N, enter it here
See instructions.	Sp	ouse's signature. If a joint return, t	Date	Spouse's occupat			S sen	nt your spouse an	
Keep a copy for	- 1-	,					Identity	Prote	ection PIN, enter it here
your records.							(see ins	t.)	
	Ph	one no. (513) 692-505		Email address	PRANEETHA.G	OUNI@GMAIL.CC	M		
Paid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:
Preparer	SYAM	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	02/07/2024	P020827	03	Self-employed
Use Only	Fir	m's name GLOBAL TAX	XES LLC				Phone	וס. (678)965-9522
	Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firm's I	EIN	84-3171965
Go to www.irs.go	ov/Forn	1040 for instructions and the late	st information.		BAA	REV 01/27/24 PRO			Form 1040 (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

	ent of the Treasury Revenue Service	Go to www.irs.gov/Form1040 for instructions and the latest information.		Attachment Sequence No. 01
Name	(s) shown on Fo	rm 1040, 1040-SR, or 1040-NR	Your soc	ial security number
PRAN	IEETHA GOUN	I	836-09	-5517
	A 1 1919			

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	-14,519.
6	Farm income or (loss). Attach Schedule F.		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a ()	
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()	
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i	_	
j	Activity not engaged in for profit income	8j	_	
k	Stock options	8k	_	
I	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81	- 1	
m	Olympic and Paralympic medals and USOC prize money (see	_		
		8m	- 1	
n	Section 951(a) inclusion (see instructions)	8n	- 1	
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	0.		
	a nongovernmental section 457 plan	8t	- 1	
u	Wages earned while incarcerated	8u	- 1	
Z	Other income. List type and amount:	0_		
0	Tatal ather income. Add lines to through 97	8z		
9	Total other income. Add lines 8a through 8z		9	
10	1040, 1040-SR, or 1040-NR, line 8		10	-14,519.
For Po	perwork Reduction Act Notice, see your tax return instructions.	<u>· · · · · · · ·</u>		e 1 (Form 1040) 2023
1 UT 1' a	permonent neuronation Activation, see your tax return instructions.		ocnedul	

1	t II Adjustments to Income Educator expenses				. 11	
				• •		
2	Certain business expenses of reservists, performing artists, and fee	-basis	s gov	ernmei	nt . 12	
•	officials. Attach Form 2106	• •	• •	• •	· 12 · 13	
3	Health savings account deduction. Attach Form 8889					
4	Moving expenses for members of the Armed Forces. Attach Form 3903					
5	Deductible part of self-employment tax. Attach Schedule SE					
6	Self-employed SEP, SIMPLE, and qualified plans					
7	Self-employed health insurance deduction					
8	Penalty on early withdrawal of savings					
9a	Alimony paid					1
b	Recipient's SSN	·			_	
С	Date of original divorce or separation agreement (see instructions):				_	
20	IRA deduction					
21	Student loan interest deduction					
22	Reserved for future use					
3	Archer MSA deduction				. 23	
24	Other adjustments:					
а	Jury duty pay (see instructions)	24a				
b	Deductible expenses related to income reported on line 8I from the					
	rental of personal property engaged in for profit	24b				
с	Nontaxable amount of the value of Olympic and Paralympic medals					
_	and USOC prize money reported on line 8m	24c				
d	Reforestation amortization and expenses	24d				
e	Repayment of supplemental unemployment benefits under the Trade					
Ŭ	Act of 1974	24e				
f	Contributions to section 501(c)(18)(D) pension plans	24f				
g	Contributions by certain chaplains to section 403(b) plans	24g			_	
•	Attorney fees and court costs for actions involving certain unlawful	279			_	
	discrimination claims (see instructions)	24h				
		2411			_	
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	04:				
		24i			_	
j	Housing deduction from Form 2555	24j			_	
ĸ	Excess deductions of section 67(e) expenses from Schedule K-1 (Form					
	1041)	24k			_	
z	Other adjustments. List type and amount:					
		24z				
25	Total other adjustments. Add lines 24a through 24z				. 25	
26	Add lines 11 through 23 and 25. These are your adjustments to income				n	
	Form 1040, 1040-SR, or 1040-NR, line 10	<u> </u>		<u> </u>	. 26	

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

Name(s) shown on return

Department of the Treasury

Internal Revenue Service

Your social security number 836-09-5517

PRANEETHA GOUNI

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.	(d) Proceeds	(e) Cost	(g) 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 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 Box A checked	11,100.	11,491.	4	99.	108.
2	Totals for all transactions reported on Form(s) 8949 with Box B checked					
3	Totals for all transactions reported on Form(s) 8949 with Box C 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			usts from	5	
6	Short-term capital loss carryover. Enter the amount, if an Worksheet in the instructions		•	-	6	()
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise				7	108.

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

See instructions for how to figure the amounts to enter on the lines below.		(d) Proceeds	(e) Cost	(g) Adjustmen to gain or loss	from	(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, I line 2, colum		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 Box D checked	40.	25.			15.
9	Totals for all transactions reported on Form(s) 8949 with Box E checked					
10	Totals for all transactions reported on Form(s) 8949 with Box F checked.					
11	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824		• •	• •	11	
12	Net long-term gain or (loss) from partnerships, S corporat	ions, estates, and	trusts from Scheo	dule(s) K-1	12	
13	Capital gain distributions. See the instructions	13				
14	Long-term capital loss carryover. Enter the amount, if any Worksheet in the instructions	14	()			
15	Net long-term capital gain or (loss). Combine lines 8a on the back .	through 14 in co	lumn (h). Then, go	o to Part III	15	15.

Part	III Summary	
16	Combine lines 7 and 15 and enter the result	16 123.
	 If line 16 is a gain, 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 loss , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.	
	 If line 16 is zero, 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 both gains?	
	X Yes. Go to line 18. No. Skip lines 18 through 21, and go to line 22.	
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet	18
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet	19
20	 Are lines 18 and 19 both zero or blank and you are not filing Form 4952? 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. 	
	□ 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 ()
	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.	
	□ No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.	
		Schedule D (Form 1040) 2023

REV 01/27/24 PRO BAA

Schedule D (Form 1040) 2023

Form **8949**

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.



Sequence No. 12A

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form8949 for instructions and the latest information.

Name(s) shown on return	Social security number or taxpayer identification number
PRANEETHA GOUNI	836-09-5517

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.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see 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.

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

(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

1 (a) Description of property	(b)	Date sold or		(e) Cost or other basis See the Note below	If you enter an enter a c	if any, to gain or loss amount in column (g), ode in column (f). parate instructions.	(h) Gain or (loss) Subtract column (e)	
(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	(g) Amount of adjustment	from column (d) and combine the result with column (g).	
ROBINHOOD SECURITIES LLC	01/01/23	12/31/23	11,100.	11,491.	W	499.	108.	
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).			11,100.	11,491.		499.	108.	

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.

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

Form 8949 (2023)	Attachment S	Sequence No. 12A	Page 2

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side PRANEETHA GOUNI

Social security number or taxpayer identification number 836-09-5517

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)

[] (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	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below	Adjustment, if If you enter an a enter a co See the sepa	(h) Gain or (loss) Subtract column (e)		
(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	(g) Amount of adjustment	from column (d) and combine the result with column (g).	
ROBINHOOD SECURITIES LLC	01/01/23	12/31/23	40.	25.			15.	
2 Totals. Add the amounts in column negative amounts). Enter each tota Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box	al here and inc e is checked), lir	lude on your ne 9 (if Box E	40.	25.			15.	

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.

SCHEDULE E Supplemental Income and Loss						OMB No	0. 1545-0074					
(Form	(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)					20	23					
	partment of the Treasury Attach to Form 1040, 1040-SR, 1040-NR, or 1041. grant Revenue Service Go to www.irs.gov/ScheduleE for instructions and the latest information.					Attachm	nent ce No. 13					
Internal Revenue Service Go to www.irs.gov/ScheduleE for inst Name(s) shown on return				insut			itest ii		Your soci	al security		
. ,	EETHA GOUN	т									9-5517	lumber
Part			s From Rental	Real Estate an	d Ro	valties				050 0	5 5517	
i di t	Note: If yo	ou are in tl	he business of rent is from Form 4835	ng personal proper	ty, use	Schedule	e C . See	e instru	ctions. If you a	are an indiv	vidual, rep	ort farm
A D				vould require you	to file	Form(s)	1099? 5	See ins	structions.		. Ve	s 🛛 No
				orm(s) 1099?								
1a	Physical addr	ess of ea	ach property (stre	et, city, state, ZIF	⊃ code	e)						
Α	10-1-165/	5,ROAD	NO:8, THAPO	HYDERABAD 1	TELAN	NGANA I	IN 50	0035				
В												
С								1				
1b	Type of Prope (from list below			ach rental real estate property listed Fair Rental Pers e, report the number of fair rental and Days				Person Da		QJV		
Α	3	<u> </u>		ays. Check the Q			Α		365		0	
В				requirements to f enture. See instru			В					
С			quaimed joint w		ICTIONS	5.	С					
Туре о	of Property:											
	Single Family R		e 3 Vacation	/Short-Term Ren	tal	5 Lanc			Self-Rental			
2	Multi-Family Re	sidence	4 Commer	cial		6 Roya	alties	8	Other (desc	ribe)		
									Properti	es:		
Incom	e:						Α		В			С
3	Rents received	1			3		6	57.				
4	Royalties rece	ived			4							
Expen	ses:											
5					5							
6			structions)		6							
7			Ince		7		2,5	69.				
8					8							
9 10			sional fees		10							
11					11		2 2	31.				
12			to banks, etc. (se		12		212					
13				,	13							
14	Repairs				14		2,8	90.				
15					15			56.				
16	Taxes				16							
17	Utilities				17		2,0	81.				
18		xpense	or depletion		18		2,6	649.				
19					19							
20	•		nes 5 through 19		20		15,1	76.				
21			ne 3 (rents) and/o									
			structions to find		21		-14,5	19				
22			estate loss after l		21		11/0					
		-	tructions)		22	(14,51		()	()
23a				or all rental prope			•	23a		657.		
b				or all royalty prop			•	23b				
c d				for all properties for all properties				23c 23d		,649.		
d e				for all properties				23a 23e		,049.		
24				on line 21. Do not				200	10	. 24		
2 4 25								 nter to	tal losses her		(14,519.)
26								,, -, -,)				
				on page 2 do no								
				se, include this ar					on page 2	· 26	-	-14,519.
For Pa	perwork Reduct	ion Act N	otice, see the sep	arate instructions.		NI	PA		-14,519	- Scl	hedule E (E	orm 1040) 2023

SCHEDULE E

Schedule E (Form 1040) 2023

Form **88899** Department of the Treasury Internal Revenue Service

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

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.

ation.		Attachment Sequence No. 52
		ber of HSA beneficiary. HSAs, see instructions
	836-09-	5517

6

12

PRAM	NEETHA GOUNI 836-09	-551	L /
Befor	re you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if	^f requ	iired.
Part	HSA Contributions and Deduction. See the instructions before completing this part. If y and both you and your spouse each have separate HSAs, complete a separate Part I for		
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2023. See instructions	🗙 Se	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. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	2	0.
3	If you were under age 55 at the end of 2023 and, on the first day of every month during 2023, you were, or were considered, an eligible individual with the same coverage, enter \$3,850 (\$7,750 for family coverage). All others , see the instructions for the amount to enter	3	3,850.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2023 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2023, also include any amount contributed to your spouse's Archer MSAs	4	0.
5	Subtract line 4 from line 3. If zero or less, enter -0	5	3,850.
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 2023, see the instructions for the amount to enter	6	3,850.
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 .	7	0.
8	Add lines 6 and 7	8	3,850.
9	Employer contributions made to your HSAs for 2023		57000.
10	Qualified HSA funding distributions		
11	Add lines 9 and 10	11	2,400.
12	Subtract line 11 from line 8. If zero or less, enter -0	12	1,450.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13	13	0.
15	Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.	15	0.
Part		rate I	HSAs, complete
14a	Total distributions you received in 2023 from all HSAs (see instructions)	14a	56.
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions	14b	
С	Subtract line 14b from line 14a	14c	56.
15	Qualified medical expenses paid using HSA distributions (see instructions)	15	56.
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0 Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8f	16	0.
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here		
	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	17b	
Part	III Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instruction completing this part. If you are filing jointly and both you and your spouse each have sep complete a separate Part III for each spouse.		
18	Last-month rule	18	
19	Qualified HSA funding distribution	19	
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f .	20	
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form		

21