# Department of the Treasury-Internal Revenue Service U.S. Nonresident Alien Income Tax Return 2023 OMB No. 1545-0074

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

For the year Jar	ı. 1–D	ec. 31, 2023, or other tax year beginn	ing	, 2023,	ending	· · · · · · · · · · · · · · · · · · ·	20	instructions.
Your first name							Your ide	entifying number
							(see inst	ructions)
SAI MANIT	EJA		GUDU	RU			881-	06-4903
Home address (	(numb	er and street). If you have a P.O. box	, see ins	tructions.				Apt. no.
7550 S BA	CKH	AWK ST						9108
City, town, or po	ost of	fice. If you have a foreign address, als	so comp	lete spaces below.		State	2	ZIP code
ENGLEWOOD	)					CO		80112
Foreign country	nam	e	Foreigr	n province/state/county		Foreign p	ostal cod	e
Filing		Single	rately (N	MFS) Qualifvir	ng surviving spouse (	QSS)	☐ Esta	ate 🗌 Trust
Status		you checked the QSS box, enter the c		,	0 .	,		
Check only	'	,				,		
one box.								
Digital Assets		ny time during 2023, did you: (a) recei rwise dispose of a digital asset (or a f					(b) sell, e 	
Dependents					, (,			if qualifies for (see inst.):
(see instructions):				(2) Dependent's		Chile	d tax credit	Cradit for other
(,-		(1) First name Last name		identifying number	(3) Relationship to yo	ou Onn		dependents
If more than four							<u> </u>	<u> </u>
dependents, see								
instructions and check here							<u> </u>	
	1.	Total amount from Form(a) M. O. hou	1 /000 ;	notwictions)			<u> </u>	76,225.
Income	1a	Total amount from Form(s) W-2, box	•	*			. <u>1a</u> . 1b	70,223.
Effectively Connected	b Household employee wages not reported on Form(s) W-2							
With U.S.	c Tip income not reported on line 1a (see instructions) d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							
Trade or	e	Taxable dependent care benefits fro		.,	,		. 1d . 1e	
Business	f	Employer-provided adoption benefit		·			. 1f	
Duomiooo	g	Wages from Form 8919, line 6		·			. 1g	
Attach Form(s) W-2,	h	Other earned income (see instruction	ns) .				. 1h	
1042-S,	i	Reserved for future use			1i			
SSA-1042-S,	j	Reserved for future use					. <u>1j</u>	
RRB-1042-S, and 8288-A here. Also	k	Total income exempt by a treaty from line 1(e)		,,	tem L,			
attach	z	Add lines 1a through 1h		,			. 1z	76,225.
Form(s) 1099-R if	2a	Tax-exempt interest 2a	1	<b>b</b> Tax	able interest		. 2b	
tax was	3a	Qualified dividends 3a	1	<b>b</b> Ord	linary dividends .		. 3b	
withheld.	4a	IRA distributions 4a			able amount			
If you did not get a Form	5a	Pensions and annuities 5a			able amount			
W-2, see	6	Reserved for future use				_		
instructions.	7	Capital gain or (loss). Attach Schedu Additional income from Schedule 1 (			•		<u> </u>	15 500
	8 9	Add lines 1z, 2b, 3b, 4b, 5b, 7, and 8						-15,520. 60,705.
								00,703.
	10	Adjustments to income from Schedincome	•	,··				
	11	Subtract line 10 from line 9. This is y	our <b>adju</b>	usted gross income			. 11	60,705.
	12 Itemized deductions (from Schedule A (Form 1040-NR)) or, for certain residents of India, standard deduction (see instructions)							13,850.
	13a	Qualified business income deduction						
	b	Exemptions for estates and trusts or	nly (see i	instructions)	13b			
	С	Add lines 13a and 13b					. 13c	
	14							13,850.
	15	Subtract line 14 from line 11. If zero	or less,	enter -0 This is your tax	cable income .	<u>.</u>	. 15	46,855.

Form 1040-NR (	2023)									Page <b>2</b>
Tax and	16	Tax (see instructions). Check if ar	y from For	m(s): <b>1</b> 88	314 <b>2</b>	4972	3 🗌		16	5,620.
Credits	17	Amount from Schedule 2 (Form	1040), line	3					17	0.
	18	Add lines 16 and 17							18	5,620.
	19	Child tax credit or credit for other	er depende	ents from Sched	ule 8812 (For	rm 1040	)		19	
	20	Amount from Schedule 3 (Form	1040), line	8					20	
	21	Add lines 19 and 20							21	
	22	Subtract line 21 from line 18. If z	ero or less	s, enter -0					22	5,620.
	<b>23</b> a	Tax on income not effectively co Schedule NEC (Form 1040-NR),					23a			
	b	Other taxes, including self-empl	oyment ta	x, from Schedul	e 2 (Form 104	40),			-	
	_	line 21					23b			
	C C	Transportation tax (see instruction	,			<u> </u>	23c		224	
	d 24	Add lines 23 and 23d. This is yo							23d	F 620
Devene	24	Add lines 22 and 23d. This is yo		<b>x</b>		• •	<u> </u>		24	5,620.
Payments	25	Federal income tax withheld from				١,	)Fo	0 020		
	a	Form(s) W-2						9,030.	_	
	b	Form(s) 1099					25b 25c		_	
	C	Other forms (see instructions) .				<u> </u>			OE4	9,030.
	d	Add lines 25a through 25c							25d	9,030.
	e	Form(s) 8805							25e 25f	
	f	Form(s) 8288-A							25g	
	g	Form(s) 1042-S							25g 26	
	26 27	Reserved for future use				- 1	27		20	
	28	Additional child tax credit from S					28		-	
	29	Credit for amount paid with Forr		•	•		29			
	30	Reserved for future use					30			
	31	Amount from Schedule 3 (Form					31		-	
	32	Add lines 28, 29, and 31. These	,.						32	
	33	Add lines 25d, 25e, 25f, 25g, 26							33	9,030.
Refund	34	If line 33 is more than line 24, su							34	3,410.
neiuliu	35a						-		35a	3,410.
Direct deposit?	b	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here								3,110.
See instructions.	d	Routing number								
	e	If you want your refund check mailed to an address outside the United States not shown on page								
	C									
	36	Amount of line 34 you want <b>app</b>	lied to voi	ır 2024 estimat	ed tax		36			
Amount	37	Subtract line 33 from line 24. Th								
You Owe		For details on how to pay, go to		-		ons .			37	
	38	Estimated tax penalty (see instru	ictions) .			.	38			
Third	Do yo	ou want to allow another person to	discuss t	his return with th	ne IRS? See ii	instruct	ons. 🗌 Y	es. Compl	ete be	low. 🗵 No
Party	Desig	nee's		Phone			Perso	nal identifi	cation	
Designee	name									
	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which penalties of perjury.									
Sign	Your	signature		Date	Your occupa	ation		If the	e IRS s	ent you an Identity
Here	<b>3</b>								PIN, enter it here	
								(see	inst.)	
	Phone		Б.	Email address		1.	5-1-	DT::		
Paid		ırer's name	· ·	's signature			Date	PTIN		Check if:
Preparer		PRIYA RAM SAGAR GUPTA TALLAM	SYAM PR	IYA RAM SAGAI	R GUPTA TAL	LLAM (	02/13/2024	P02082		Self-employed
Use Only		s name GLOBAL TAXES	LLC					Phone n	, ,	78)965-9522
	Firm's	address 245 ROONEY (	CT E BR	RUNSWICK N	J 08816			Firm's El	N 8	34-3171965

BAA

#### SCHEDULE 1 (Form 1040)

## **Additional Income and Adjustments to Income**

OMB No. 1545-0074

2023

Attachment
Seguence No. 01

Department of the Treasury Internal Revenue Service

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

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

Internal Revenue Service Go to www.irs.gov/Form 1040 for instructions and the latest information.						
Name(s) shown on Fo	orm 1040, 1040-SR, or 1040-NR	Your soci	ial security numbe			
SAI MANITEJA G	UDURU	881-06	-4903			

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. Att	ach Schedule E .	5	-15,520.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a (	)	
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d (	)	
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
ı	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
0	Section 951A(a) inclusion (see instructions)	80		
р	Section 461(I) excess business loss adjustment	8p		
q	Taxable distributions from an ABLE account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
S	Nontaxable amount of Medicaid waiver payments included on Form			
	1040, line 1a or 1d	8s (	4	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
Z	Other income. List type and amount:			
_		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> . Ente		,	15 500
	1040, 1040-SR, or 1040-NR, line 8		10	-15,520.

Schedule 1 (Form 1040) 2023 Page **2** 

Par	t II Adjustments to Income				
11	Educator expenses			. 11	
12	Certain business expenses of reservists, performing artists, and fee-				
	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				
16	Self-employed SEP, SIMPLE, and qualified plans				
17	Self-employed health insurance deduction				
18	Penalty on early withdrawal of savings				
19a	Alimony paid				
b	Recipient's SSN				
С	Date of original divorce or separation agreement (see instructions):				Į.
20	IRA deduction				
21	Student loan interest deduction				
22	Reserved for future use				
23	Archer MSA deduction			. 23	
24	Other adjustments:				
а	,	24a			
b	Deductible expenses related to income reported on line 8l from the				
		24b			
С	Nontaxable amount of the value of Olympic and Paralympic medals				
	· · · · · · · · · · · · · · · · · · ·	24c			
d	the state of the s	24d			
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e			
f		24f			
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)	24h			
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				
	<del>-</del>	24i			
j		24j			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form				
		24k			
Z	Other adjustments. List type and amount:				
		24z			Į.
25	Total other adjustments. Add lines 24a through 24z				
26	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . Form 1040, 1040-SR, or 1040-NR, line 10	. Enter	r here and	on <b>26</b>	
	1 OITH 1070, 1070-011, 01 1070-1111, 11110-10	• •		.   20	

#### **SCHEDULE NEC** (Form 1040-NR)

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

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

Attach to Form 1040-NR. Go to www.irs.gov/Form1040NR for instructions and the latest information. Sequence No. 7B

Name shown on Form 1040-NR Your identifying number SAI MANITEJA GUDURU 881-06-4903 Enter **amount of income** under the appropriate rate of tax. See instructions.

	Making of Income			4 3 4007	# N 4504	4 3 0004	(d) Other (specify)			
		Nature of Income				(a) 10%	<b>(b)</b> 15%	(c) 30%	%	%
1	Dividends and divide	end ec	uivalents:							
а	Dividends paid by U.	S. co	porations		1a					
b	Dividends paid by fo	reign	corporations		1b					
С	Dividend equivalent p	aymei	nts received with respect to section 871(m) to	ransactions	1c					
2	Interest:									
а	Mortgage				2a					
b	Paid by foreign corpo	oratio	ns		2b					
С	Other				2c					
3	Industrial royalties (p	atents	s, trademarks, etc.)		3					
4	Motion picture or TV	сору	right royalties		4					
5	Other royalties (copy	rights	, recording, publishing, etc.)		5					
6	Real property income	e and	natural resources royalties		6					
7	Pensions and annuiti	ies .			7					
8	Social security benef	fits .			8					
9			elow		9					
10	Gambling—Resident If zero or less, enter	s of C	anada only. Enter net income in column (c)	).						
_	•								+	
a b	Winnings				10c				+	
11	Losses Gambling—Resident	e of c	· · · · · · · · · · · · · · · · ·		100			_		
••	Note: Enter winnings	s only.	Losses aren't allowed		11					
12	Other (specify):									
					12					
13			columns (a) through (d)		13					
14	Multiply line 13 by r	ate of	tax at top of each column		14					
15	Tax on income not e	ffectiv	ely connected with a U.S. trade or busines	s. Add colum	nns (a)	through (d) of line 14	4. Enter the total here	e and on Form 1040	-NR, line 23a <b>15</b>	
			Capital Gains and	d Losses F	rom	Sales or Excha	inges of Proper	ty		
Enter only the capital gains and losses from property sales or exchanges that are from sources within the United States and not effectively connected with a U.S. business. Do not include a gain or loss on disposing of a U.S. real property interest; report these		16	(a) Kind of property and description (if necessary, attach statement of descriptive details not shown below)	(b) Date acquire mm/dd/yyyy		(c) Date sold mm/dd/yyyy	(d) Sales price	(e) Cost or other basis	(f) LOSS If (e) is more than (d), subtract (d) from (e).	(g) GAIN  If (d) is more than (e), subtract (e) from (d).
gains ai	nd losses on Schedule D									
(Form 1	•									
exchan	property sales or ges that are effectively							1		
	ted with a U.S. business edule D (Form 1040),								<u> (                                    </u>	
	797, or both.	18	Capital gain. Combine columns (f) and (	(g) of line 17	<sup>7</sup> . Ente	er the net gain her	e and on line 9 ab	ove. If a loss, ente	r-0 <b>18</b>	

## SCHEDULE OI (Form 1040-NR)

#### **Other Information**

Attach to Form 1040-NR.

Go to www.irs.gov/Form1040NR for instructions and the latest information.

Answer all questions.

OMB No. 1545-0074

2023

Attachment
Sequence No. 7C

Department of the Treasury Internal Revenue Service

Name sl	shown on Form 1040-NR  Your identifying number									
SAI	MANITEJA GUDURU 881-06-4903									
Α	Of what country or countries were you a citizen or national during the tax year? INDIA									
В	In what country did you claim residence for tax purposes during the tax year? United States									
С	Have you ever applied to be a	green card holder (lawful p	ermanent resident	) of the United States? .		☐ Yes	⊠ No			
D	Were you ever:			,						
1.	-					☐ Yes	⊠ No			
						Yes	⊠ No			
	A green card holder (lawful permanent resident) of the United States?									
E	If you had a visa on the last day of the tax year, enter your visa type. If you didn't have a visa, enter your U.S. immigration status on the last day of the tax year.  F1									
F	Have you ever changed your v If you answered "Yes," indicate	isa type (nonimmigrant sta e the date and nature of the	tus) or U.S. immigr	ration status?		☐ Yes	⊠ No			
G	List all dates you entered and I	eft the United States durin	g 2023. See instru	ctions.						
	Note: If you're a resident of C	anada or Mexico AND cor	nmute to work in t	the United States at frequ	ient intervals,					
	check the box for Canada or	Mexico and skip to item H	1	🗌 Canada	☐ Mexico					
	Date entered United States	Date departed United Stat	es	Date entered United State	es Date depa	rted United	States			
	mm/dd/yy	mm/dd/yy		mm/dd/yy		nm/dd/yy				
Н	Give number of days (including	vacation, nonworkdays, and	d partial days) you v	vere present in the United	States during:					
	2021	, 2022	, and	12023 365						
I	Did you file a U.S. income tax of "Yes," give the latest year an	return for any prior year?.				⊠ Yes	☐ No			
J	Are you filing a return for a trus	st?	<del>.</del>			Yes	⊠ No			
•	If "Yes," did the trust have a l									
	U.S. person, or receive a contr					Yes	☐ No			
K	Did you receive total compens					Yes	⊠ No			
	If "Yes," did you use an alterna					Yes	☐ No			
L	Income Exempt From Tax—If					_				
	complete (1) through (3) below				,	J	,			
1.	Enter the name of the country,				claimed the tre	aty benefit	, and the			
	amount of exempt income in th	e columns below. Attach Fo	orm 8833 if required	d. See instructions.						
	<b>(a)</b> Cou	ntry	(b) Tax treaty artic			ount of exe				
				claimed in prior tax ye	ears income in	n current ta	x year			
		E 4040 115 11 11 =								
_	(e) Total. Enter this amount or		-							
	Were you subject to tax in a fo			` '		∐ Yes	∐ No			
3.	Are you claiming treaty benefit		-			∐ Yes	⊠ No			
	If "Yes," attach a copy of the C	competent Authority detern	nination letter to yo	our return.						
М	Check the applicable box if:	1			1011					
	This is the first year you are ma with a U.S. trade or business u	ınder section 871(d). See ir	nstructions	·						
2.	You have made an election in States as effectively connected									
					<u> </u>		<u> </u>			

#### **SCHEDULE E** (Form 1040)

#### **Supplemental Income and Loss**

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

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

OMB No. 1545-0074 Attachment Sequence No. 13

Department of the Treasury Internal Revenue Service Name(s) shown on return

Your social security number

SAI	MANITEJA GUDURU					8	381-0	6-4903		
Pai	t I Income or Loss From Rental Real Estate and	d Ro	yalties							
	<b>Note:</b> If you are in the business of renting personal proper rental income or loss from <b>Form 4835</b> on page 2, line 40.	ty, use	Schedule	<b>C</b> . See	instru	ctions. If you are	an indiv	/idual, rep	ort farm	
Α	Did you make any payments in 2023 that would require you	to file	Form(s) 1	0002 5	Soo inc	structions			- <b>X</b> N	
	If "Yes," did you or will you file required Form(s) 1099?									lo lo
				• •			• •		,3 <u> </u>	-
1a	Physical address of each property (street, city, state, ZIF	code	<del>)</del>							
Α	MINIBYPASS ROAD NELLORE ANDHRA PRADESH	IIN	524001							
В										
С										
1b	)   -				Fa			al Use	QJ\	/
	(from list below) above, report the number of fair					Days	Da			
A	personal use days. Check the Quif you meet the requirements to fi			Α		365		0	닏닏	
В	qualified joint venture. See instru			В					ᆜ	
<u>C</u>				С						
	of Property:				_	0 1/ 5				
	Single Family Residence 3 Vacation/Short-Term Rent	tal	5 Land			Self-Rental	`			
2	Multi-Family Residence 4 Commercial		6 Roya	ities	8	Other (describ	e)			
						Properties	s:			
Inco	me:			Α		В			С	
3	Rents received	3		5	85.					
4	Royalties received	4								
Ехре	enses:									
5	Advertising	5								
6	Auto and travel (see instructions)	6								
7	Cleaning and maintenance	7		1,9	60.					
8	Commissions	8								
9	Insurance	9								
10	Legal and other professional fees	10								
11	Management fees	11		1,5	20.					
12	Mortgage interest paid to banks, etc. (see instructions)	12								
13	Other interest	13								
14	Repairs	14		3,9						
15	Supplies	15		4,2	28.					
16	Taxes	16		4 4	F 2					
17	Utilities	17		4,4	53.					
18	Depreciation expense or depletion	18								
19 20	Other (list) Total expenses. Add lines 5 through 19	19 20		16 1	ΛE					
		20		16,1	05.					
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must									
	file Form 6198	21	_	-15,5	20					
22	Deductible rental real estate loss after limitation, if any,									
	on <b>Form 8582</b> (see instructions)	22	( -	15,52	20. )	(	)	(		)
23a					23a		585.			
b					23b					
c					23c					
d					23d					
е					23e	16,1	105.			
24	<b>Income.</b> Add positive amounts shown on line 21. <b>Do not</b>						24			
25	Losses. Add royalty losses from line 21 and rental real estate		-		nter to	tal losses here	25	(	15,520	0.)
26	Total rental real estate and royalty income or (loss).									
-	here. If Parts II, III, and IV, and line 40 on page 2 do no									
	Schedule 1 (Form 1040), line 5. Otherwise, include this ar						26		-15,52	20.

## Form **8889**

#### **Health Savings Accounts (HSAs)**

Department of the Treasury Internal Revenue Service Attach to Form 1040, 1040-SR, or 1040-NR.

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

OMB No. 1545-0074

2023

Attachment
Sequence No. 52

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

SAI MANITEJA GUDURU

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions.

881-06-4903

<i><b>Betor</b></i>	<b>e you begin:</b> Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if	requ	iired.
Part	<b>HSA Contributions and Deduction.</b> 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. <b>Do not</b> 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 <b>every</b> month during 2023, you were, or were considered, an eligible individual with the <b>same</b> coverage, enter \$3,850 (\$7,750 for family coverage). <b>All others</b> , see the instructions for the amount to enter	3	7,750.
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	7,750.
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	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.	7	0.
8	Add lines 6 and 7	8	7,750.
9	Employer contributions made to your HSAs for 2023		
10	Qualified HSA funding distributions		
11	Add lines 9 and 10	11	1,000.
12	Subtract line 11 from line 8. If zero or less, enter -0	12	6,750.
13	<b>HSA deduction.</b> Enter the <b>smaller</b> of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13	13	0.
	Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.		
Part	<b>HSA Distributions.</b> If you are filing jointly and both you and your spouse each have sepa a separate Part II for each spouse.	rate I	HSAs, complete
14a	Total distributions you received in 2023 from all HSAs (see instructions)	14a	
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	
15	Qualified medical expenses paid using HSA distributions (see instructions)	15	
16	<b>Taxable HSA distributions.</b> 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	
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	<b>Additional 20% tax</b> (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	Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instructi 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.	arate	
18	Last-month rule	18	
19	Qualified HSA funding distribution	19	
20	<b>Total income.</b> 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		
	1040), Part II, line 17d	21	