## Form 8879

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

### IRS e-file Signature Authorization

► ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form5879 for the latest information.

OMB No. 1545 0074

Taxpayer's name		Social s	ecurity number	
			-75-5588	
TINA GADA Spouse's name		and the second s	's social security	number
Part I Tax Return Information — T	ax Year Ending December 31,	2023 (Enter year y	ou are author	rizing.)
Enter whole dollars only on lines 1 through 5.				
Note: Form 1040-SS filers use line 4 only. Le	ave lines 1, 2, 3, and 5 blank.			
1 Adjusted gross income			. 1	119,850.
2 Total tax			. 2	18,840.
3 Federal income tax withheld from Form	n(s) W-2 and Form(s) 1099		. 3	22,124.
4 Amount you want refunded to you			. 4	3,284.
5 Amount you owe			. 5	retuil to great against
Part II Taxpayer Declaration and S	Signature Authorization (Be sure y	ou get and keep a	copy of you	r return)
signature on the income tax return (  I will enter my PIN as my signature	until I notify the U.S. Treasury Financial Agnicial Agent at 1-888-353-4537. Payment of late. I also authorize the financial institutions ary to answer inquiries and resolve issues signature for the income tax return (original	ent to terminate the au- cancellation requests me involved in the process related to the payment or amended) I am now a per or generate my PIN ling.	thorization. To rust be received sing of the electrical further acknowledges and, authorizing and, authorizing and, authorizing and, authorizing and, authorizing.	revoke (cancel) at no later than 2 ronic payment of owledge that the if applicable, my 8 8 as my lits, but il zeros
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Spouse's PIN: check one box only				
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For the year Jan.	1-Des	c. 31, 2023, or other tax year beginning			, 2023, end	ing		, 21	)	. Se	e separa	ate instr	ictions.
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TINA			GAD	-								5   55	THE RESERVE
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City, town, or po	ce. If you have a foreign address, also o	o complete spaces below. State				IP code					hecking a		
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Check only one box.	Ē	Married filing separately (MFS)	One made	i ilioonic,		r	Oualitying su	milvino	Snous	e (OS	Sì		
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see instructions	-				Andrew Control				764			Ī	
and check here				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	en de particular de la companya de l			To the second			J. II got a		
Income	1a	Total amount from Form(s) W-2,	box 1 (s	ee instru	ctions)			10.0			1a	134	,654.
	b	Household employee wages not	reporte	d on For	n(s) W-2						1b		
Attach Form(s) W-2 here. Also	c	Tip income not reported on line	la (see	nstruction	ns)						1c		
attach Forms	d	Medicald waiver payments not re	eported	on Form	s) W-2 (see in	nstruc	ctions)			•	1d		
W-2G and 1099-R If tax		Taxable dependent care benefits	from F	orm 2441	, line 26 .						10		
was withheld.	1	Employer-provided adoption ber	nefits fro	m Form	8839, line 29						11		60.64 S. 7
If you did not	g	Wages from Form 8919, line 6 .							• •		1g		
get a Form W-2, see	h	Other earned income (see instruc	ctions)								1h		0.
instructions.	i	Nontaxable combat pay election	(see ins	structions	)	•	11			A gastal		134	,654.
	2	Add lines 1a through 1h				•		• • •			1z 2b		7034.
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ii required.	3a	Qualified dividends	3a	6.2.2.6			dinary dividend	5			4b		
tandard	4a	IRA distributions	4a		Section 2015		xable amount .				5b		7,50
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The state of the s	6a	Social security benefits   If you elect to use the lump-sum	6a		AND REAL PROPERTY AND ADDRESS OF THE PARTY O		xable amount .			o l			
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Single or Married filing separately, \$13,850 Married filing jointly or Qualifying	7 8	Capital gain or (loss). Attach Sch Additional income from Schedule	edule D e 1, line	10							9	AND THE RESERVE	,850.
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For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

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9					1 5 20		Page 2
16	Tax (see instructions). Check if any from Form	n(s): 1  881	4 2 4972	3 🗆		16	18,840.
17						17	The set of the
18	Add lines 16 and 17	36:04:0				18	18,840.
19	Child tax credit or credit for other depender	nts from Sched	ule 8812			19	
20	Amount from Schedule 3, line B					20	
21	Add lines 19 and 20					21	MASS CALLS
22	Subtract line 21 from line 18. If zero or less,	enter -0				22	18,840.
23	Other taxes, including self-employment tax,	from Schedule	e 2, line 21 .			23	0.
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58 4 78			c type: [2	KI Checking	Savings		
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36	Amount of line 34 you want applied to your	2024 estimate	ed tax	36			
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38	Estimated tax penalty (see Instructions) .		• • • • • • • • • • • • • • • • • • • •	38	100000000000000000000000000000000000000	Sec.	AND THE PROPERTY.
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Sp Ph	ouse's signature. If a joint return, both must sign.  one no. (315) 806-9787  parer's name Preparer's signa	of preparer (other Date Date Date Email address	Your occupation SR.UX DES Spouse's occupa TGADA@OSW	BIGNER ation WEGO . EDU Date	If the Prot (see If the Iden (see	e IRS ser ection Pl inst.) e IRS ser titty Prote inst.)	nt you an Identity N, enter it here  nt your spouse an ection PIN, enter it here  Check if:
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	16 17 18 19 20 21 22 23 24 25 a b c d 26 27 28 29 30 31 32 33 34 35a b d 36 37 38 Decinar	Tax (see instructions). Check if any from Form Amount from Schedule 2, line 3  18 Add lines 16 and 17  19 Child tax credit or credit for other depender Amount from Schedule 3, line 8  21 Add lines 19 and 20  22 Subtract line 21 from line 18. If zero or less, Other taxes, including self-employment tax, Add lines 22 and 23. This is your total tax  24 Add lines 22 and 23. This is your total tax  25 Federal income tax withheld from:  a Form(s) W-2  b Form(s) 1099  c Other forms (see instructions)  d Add lines 25a through 25c  26 2023 estimated tax payments and amount at 27 Earned income credit (EIC)  28 Additional child tax credit from Schedule 881:  29 American opportunity credit from Form 886  30 Reserved for future use  31 Amount from Schedule 3, line 15  32 Add lines 27, 28, 29, and 31. These are your to 34 If line 33 is more than line 24, subtract line 24 and 35a Amount of line 34 you want refunded to your 35 Routing number 0 2 2 2 3 0 0 1 1 2 Account number 3 1 7 5 8 5 7 2 36 Amount of line 34 you want applied to your 37 Subtract line 33 from line 24. This is the am For details on how to pay, go to www.lrs.go  38 Estimated tax penalty (see instructions)  Do you want to allow another person to dis instructions  Dosignee's name	Tax (see instructions). Check if any from Form(s): 1 881 Amount from Schedule 2, line 3 Add lines 16 and 17 Child tax credit or credit for other dependents from Schedule 20 Amount from Schedule 3, line 8 Add lines 19 and 20 Subtract line 21 from line 18. If zero or less, enter -0- Other taxes, including self-employment tax, from Schedule 24 Add lines 22 and 23. This is your total tax Federal income tax withheld from: Form(s) W-2  Cother forms (see instructions) Add lines 25a through 25c Cother forms (see instructions) Add lines 25a through 25c Additional child tax credit from Schedule 8812 American opportunity credit from Form 8863, line 8 Amount from Schedule 3, line 15 Add lines 27, 28, 29, and 31. These are your total other pass Add lines 25d, 26, and 32. These are your total other pass Add lines 25d, 26, and 32. These are your total other pass Amount of line 34 you want refunded to you. If Form 888 Bouting number 0 2 2 3 0 0 1 7 3 4 Account number 3 1 7 5 8 5 7 5 7 5 7 4 Amount of line 34 you want refunded to your 2024 estimated tax penalty (see instructions)  Do you want to allow another person to discuss this refundance.	Tax (see instructions). Check if any from Form(s): 1  8814  2  4972  Amount from Schedule 2, line 3  Add lines 16 and 17  Child tax credit or credit for other dependents from Schedule 8812  Amount from Schedule 3, line 8  Add lines 19 and 20  Subtract line 21 from line 18. If zero or less, enter -0-  Other taxes, including self-employment tax, from Schedule 2, line 21  Add lines 22 and 23. This is your total tax  Federal income tax withheld from:  Form(s) W-2  Form(s) 1099  Other forms (see instructions)  Add lines 25a through 25c  Farned income credit (EIC)  Additional child tax credit from Schedule 8812  American opportunity credit from Form 8863, line 8  Reserved for future use  Add lines 27, 28, 29, and 31. These are your total other payments and re  Add lines 25d, 26, and 32. These are your total payments  If line 33 is more than line 24, subtract line 24 from line 33. This is the amo  Amount of line 34 you want refunded to you. If Form 8888 is attached, che  Routing number	16         Tax (see instructions). Check if any from Form(s): 1	16         Tax (see instructions). Check if any from Form(s): 1	16         Tax (see instructions). Check if any from Form(s): 1

#### SCHEDULE 1 (Form 1040)

### Additional Income and Adjustments to Income

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.gov/Form1040 for instructions and the latest information.

Attachment Sequence No. 01

Your social security number

		GADA		496-75-5	300
2a Allmony received b Date of original divorce or separation agreement (see instructions): 3 Business income or (loss). Attach Schedule C 4 Other gains or (losses). Attach Form 4797 5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 6 Farm income or (loss). Attach Schedule F 7 Unemployment compensation 8 Other income: 9 Net operating loss 9 Gambling 9 Cancellation of debt 9 Foreign earned income exclusion from Form 2555 9 Income from Form 8853 9 Alaska Permanent Fund dividends 9 Jury duty pay 1 Prizes and awards 1 Activity note regaged in for profit income 1 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 1 Income from 951A(a) inclusion (see instructions) 9 Section 951A(a) inclusion (see instructions) 1 Pension or annoity from a nonqualifed deferred compensation plan or a nongovernmental section 457 plan 1 Wages earned while incarcerated 2 Other income. List type and amount:  2	Pai				
b Date of original divorce or separation agreement (see instructions):  3 Business income or (loss). Attach Schedule C  4 Other gains or (losses). Attach Form 4797  5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E  5 -14,804  6 Farm income or (loss). Attach Schedule F  Unemployment compensation  Other income:  Net operating loss  Ba ( )  Bab  Cancellation of debt  Foreign earned income exclusion from Form 2555  Income from Form 8853  Income from Form 8889  Alaska Permanent Fund dividends  Jury duty pay  Prizes and awards  Activity not engaged in for profit income  Stock options  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  M Olympic and Paralympic medals and USOC prize money (see instructions)  Section 951(a) inclusion (see instructions)  Section 951(a) inclusion (see instructions)  Section 461(i) excess business loss adjustment  Taxable distributions from an ABLE account (see instructions)  Scholarship and fellowship grants not reported on Form W-2  Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d  Pension or annuity from a nonqualifed deferred compensation plan or a nongovernmental section 457 plan  Wages earned while incarcerated  Other income. List type and amount:  82  83  84  85  86  87  88  88  88  88  88  88  88  88	1				
3 Business income or (losss). Attach Schedule C 4 Other gains or (losses). Attach Form 4797 5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 5 -14,804 6 Farm income or (loss). Attach Schedule F 7 Unemployment compensation 7 Other income: a Net operating loss b Gambling C Cancellation of debt d Foreign earned income exclusion from Form 2555 Bd ( ) l Income from Form 8853 f Income from Form 8889 Alaska Permanent Fund dividends b Jury duty pay 1 Prizes and awards 1 Activity not engaged in for profit income 8 Stock options 1 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 m Olympic and Paralympic medals and USOC prize money (see instructions) 9 Section 951(a) inclusion (see instructions) 1 Prasable distributions from an ABLE account (see instructions) 9 Section 951(a) linclusion (see instructions) 1 Pension or annuity from a nonqualifed deferred compensation plan or a nongovernmental section 457 plan 1 Wages earned while incarcerated 2 Other income, List type and amount:    3	2a				
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6 Farm income or (loss). Attach Schedule F	4				
7 Unemployment compensation	5			STATE OF THE REAL PROPERTY.	-14,804.
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c Cancellation of debt d Foreign earned Income exclusion from Form 2555	a		-		
d Foreign earned income exclusion from Form 2555 8d ( ) e Income from Form 8883 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 8i 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 8l m Olympic and Paralympic medals and USOC prize money (see instructions) 8n Section 951(a) inclusion (see instructions) 8n Section 951A(a) inclusion (see instructions) 8n g Section 461(l) excess business loss adjustment 8p g Taxable distributions from an ABLE account (see instructions) 8q Taxable distributions from an ABLE account (see instructions) 8q Total distributions from an ABLE account (see instructions) 8q Total distributions from an ABLE account (see instructions) 8q Total distributions from an ABLE account (see instructions) 8q Total distributions from an ABLE account (see instructions) 8q Total distributions from an ABLE account (see instructions) 8q Total distributions from an ABLE account (see instructions) 8q Total distributions from an ABLE account (see instructions) 8q Total distributions from an ABLE account (see instructions) 8q Total distributions from an ABLE account (see instructions) 8q Total distributions from an ABLE account (see instructions) 8q Total distributions from an ABLE account (see instructions) 8q Total distributions from an ABLE account (see instructions) 8q Total distributions from an ABLE account (see instructions) 8q Total distributions from an ABLE account (see instructions) 8q Total distributions from an ABLE account (see instructions) 8q Total distributions from an ABLE account (see instructions) 8q Total distributions from an ABLE account (see instructions) 8q Total distributions from an ABLE account (see instructions) 8q Total distributions from an	b			A	
e Income from Form 8853	C	Cancellation of debt		Ch.	
f Income from Form 8889	d				
g Alaska Permanent Fund dividends	e				
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i Prizes and awards	g				
j Activity not engaged in for profit income	h				
k Stock options	i				
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	j				
for profit but were not in the business of renting such property	k		8k		
instructions)  n Section 951(a) inclusion (see instructions) o Section 951A(a) inclusion (see instructions) p Section 461(l) excess business loss adjustment q Taxable distributions from an ABLE account (see instructions) r Scholarship and fellowship grants not reported on Form W-2 s Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d t Pension or annuity from a nonqualifed deferred compensation plan or a nongovernmental section 457 plan w Wages earned while incarcerated t Wages earned while incarcerated t Other income. List type and amount:    8m		for profit but were not in the business of renting such property	81		
n Section 951(a) inclusion (see instructions)	m				
o Section 951A(a) inclusion (see instructions)					
p Section 461(I) excess business loss adjustment	n				
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	0		-		
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	p				
s Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	q				
t Pension or annuity from a nonqualifed deferred compensation plan or a nongovernmental section 457 plan	r		8r	Children Co	
a nongovernmental section 457 plan		1040, line 1a or 1d	8s (	)	
a nongovernmental section 457 plan	t	Pension or annuity from a nonqualifed deferred compensation plan or			
z Other income. List type and amount:		a nongovernmental section 457 plan	8t		
z Other income, List type and amount:	u	Wages earned while incarcerated	8u		
	z	Other income. List type and amount:	87	and established	Salara
	•	Total other income. Add lines to through 97		0	
	0	Combine lines 1 through 7 and 9. This is your additional income. Ente			-14,804

Schedule 1 (Form 1040) 2023

Cahadada 4	/Carr	1040	2022
Schedule 1	II OITH	10401	2023

Page 2

Pai	t II Adjustments to Income		
11	Educator expenses ,	. 11	Common Service
12	Certain business expenses of reservists, performing artists, and fee-basis governm	ent	
	officials. Attach Form 2106	. 12	
13	Health savings account deduction. Attach Form 8889	. 13	A PARTY N
4	Moving expenses for members of the Armed Forces. Attach Form 3903		to another to protect
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	. 18	
9a	Alimony paid	. 19a	
b	Recipient's SSN		10 m
C	Date of original divorce or separation agreement (see instructions):		
0	IRA deduction	. 20	
1	Student loan interest deduction	. 21	
2	Reserved for future use	. 22	
3	Archer MSA deduction	. 23	Constant Constant
4	Other adjustments:	4	
a	Jury duty pay (see instructions)		
b	Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit		
	Nontaxable amount of the value of Olympic and Paralympic medals	The second	
C	and USOC prize money reported on line 8m		
4	Reforestation amortization and expenses		
е	Act of 1974		
f	소 없이라고 하는데 하는데 없는데 없는데 하는데 모르겠다면서 하는데 되었다면서 하는데		
The state of	Contributions by certain chaplains to section 403(b) plans		
g	Attorney fees and court costs for actions involving certain unlawful		
п	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		receipt of the
i	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:		
	24z		
5	Total other adjustments. Add lines 24a through 24z		Mary and the
6	Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and		
	Form 1040, 1040-SR, or 1040-NR, line 10		

Schedule 1 (Form 1040) 2023

#### 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.

OMB No. 1545-0074

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

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

Attachment Sequence No. 13

Your social security number

		15					and the second	-5588		The state of the s
ra	Income or Loss From Rental Real Estate an Note: If you are in the business of renting personal prope rental income or loss from Form 4835 on page 2, line 40.			C. Se	e instru	ictions. If you are	an indiv	idual, rep	ort farr	П
AB	Did you make any payments in 2023 that would require you if "Yes," did you or will you file required Form(s) 1099?									
1a		CARL CONTRACTOR STATE	M. C. Str. Committee of Land of Street, Street							
A	SINGARAYAKONDA MANDALAM PRAKASAM ANDI	HRA I	PRADESE	TN	5231	01		-		
В				V7-72-1	3232					
C										251731
1b	Type of Property (from list below)  2 For each rental real estate proper above, report the number of fair				Fa	air Rental Days	Person Day	w they by the total	Q	JV
A	g personal use days. Check the Q			A		365		0		J
В	if you meet the requirements to qualified joint venture. See instru			В	1 V.5.5					
C	qualified joint venture. See insut	Cuons	3.5.00.00	C			$L_{i_1, i_2, \dots, i_r}$			
Гуре	of Property:				Synt E					
	Single Family Residence 3 Vacation/Short-Term Ren Multi-Family Residence 4 Commercial	tal	5 Land 6 Roya		The last of the la	Self-Rental Other (describ	oe)			
- 1						Properties	s:		I COLT	
ncor	ne:			A		В			C	Too Look
3	Rents received	3			600.				to be a	
4	Royalties received	4		-						
xpe	nses:									
5	Advertising	5		MAL		Single Service	Company of the			
6	Auto and travel (see instructions)	6		1,8	864.					
7	Cleaning and maintenance	7							1987	100
8	Commissions	8	property and the	er avantario				I was to	ed as	
9	Insurance	9								
10	Legal and other professional fees	10								
11	Management fees	11		1,3	336.		22	Control of		
12	Mortgage interest paid to banks, etc. (see instructions)	12					J. 27 35		Jane 1	
13	Other interest	13								
14	Repairs	14			451.					
15	Supplies	15		3,0	010.	Haller College College				14 36 35
16	Taxes	16							7257	
17	Utilities	17		2,6	654.		- P			
18	Depreciation expense or depletion	18		4,(	089.	San Assertance				
19	Other (list)	19		- Control of the						
20	Total expenses, Add lines 5 through 19	20	Zu.	15,4	104.					
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	04		-14,8	804	e de la la de Maria de la del				
22	file Form 6198	21			04.)	2 7 1 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2	)(			
23a	Total of all amounts reported on line 3 for all rental proper		1270	OF THE PARTY	23a		600.		1	1
b	Total of all amounts reported on line 4 for all royalty proper				23b		1 2 1 h			
c	Total of all amounts reported on line 12 for all properties				23c		17			
d	Total of all amounts reported on line 18 for all properties	10			23d	4,	089.			
e	Total of all amounts reported on line 20 for all properties			T.	23e	15,	404.			
24	Income. Add positive amounts shown on line 21. Do not		TOTAL STREET, MAN				24	THE STATE OF		
25	Losses. Add royalty losses from line 21 and rental real estate	losse	s from line	22. E	nter to	tal losses here	25 (	1	4,80	)4.)
26	Total rental real estate and royalty income or (loss). (here, if Parts II, III, and IV, and line 40 on page 2 do not	apply	to you,	also e	inter th	nis amount on				
Wy Tar	Schedule 1 (Form 1040), line 5. Otherwise, include this an aperwork Reduction Act Notice, see the separate instructions.		in the tota		ine 41	on page 214,804.	26	dule E (Fo	14,8	THE COUNTY OF

# Form **8889**

Department of the Treasury Internal Revenue Service **Health Savings Accounts (HSAs)** 

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

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

2023
Attachment
Sequence No. 52

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

TINA GADA

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions. 496-75-5588

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  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  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  5 Subtract line 4 from line 3. If zero or less, enter -0-  1 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, see the instructions for the amount to enter  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, see the instructions for the amount to enter  8 Employer contributions made to your HSAs for 2023  9 3,850.  10 Qualified HSA funding distributions  11 Add lines 9 and 10  12 Subtract line 11 from line 8. If zero or less, enter -0-  13 HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13  13 Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions  14a  15a Oualified medical expenses paid using HSA distributions (see instructions)  15a Oualified medical expenses paid using HSA distributions (see instructions)  15a Oualified medical expenses paid using HSA distributions (see instructions)  15a Oualified medical expenses paid using HSA distributions (see instructions)  15a Oualified medical expenses paid using HSA distributions (see instructions)  15a Oua	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	ou are f	iling jointly ouse.
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  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.  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 each have separate HSAs and had family coverage under an HDHP at any time during 2023, see the instructions for the amount to enter.  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.  Add lines 6 and 7  Employer contributions made to your HSAs for 2023  Qualified HSA funding distributions  Add lines 9 and 10.  Subtract line 11 from line 8. If zero or less, enter -0-  12  Subtract line 11 from line 8. If zero or line 12 here and on Schedule 1 (Form 1040), Part II, line 13  Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.  B HSA deduction, Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13  Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.  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)  Caution: If the 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 81  I	1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2023.		only  Family
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.  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  5 Subtract line 4 from line 3. If zero or less, enter -0.  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.  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  9 Employer contributions made to your HSAs for 2023  9 3,850.  10 Qualified HSA funding distributions  11 Add lines 9 and 10  12 Subtract line 11 from line 8. If zero or less, enter -0-  13 HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 (Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions)  14 HSA Distributions. If you are filing jointly and both you and your spouse each have separate HSAs, a separate Part II for each spouse.  14a Total distributions you received in 2023 from all HSAs (see instructions)  15 Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions)  15 Distributions of Schedule 1 (Form 1040), Part II, line 8 1  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 II, line 17c  16 If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% tax (see instructio	2	unextended due date of your tax return that were for 2023. Do not include employer contributions,	2	0.
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	3	were, or were considered, an eligible individual with the same coverage, enter \$3,850 (\$7,750 for	3	3,850.
Subtract line 4 from line 3. If zero or less, enter -0- Inter 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  flyou 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.  Add lines 6 and 7  Employer contributions made to your HSAs for 2023  Qualified HSA funding distributions  dd lines 9 and 10  Add lines 9 and 10  Subtract line 11 from line 8. If zero or less, enter -0-  HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13  Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.  Part III HSA Distributions. If you are filing jointly and both you and your spouse each have separate HSAs, a separate Part II for each spouse.  14a  Total distributions you received in 2023 from all HSAs (see instructions)  15a  Taxable HSA distributions, subtract line 14 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  15a  15a  15a  15a  15a  15a  15a  15	4	lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2023, also	4	0.
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 .  1 f 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 .  9 Employer contributions made to your HSAs for 2023 .  10 Qualified HSA funding distributions .  11 Add lines 9 and 10 .  12 Subtract line 11 from line 8. If zero or less, enter -0 .  13 HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 .  13 Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.  14a Total distributions. If you are filing jointly and both you and your spouse each have separate HSAs, a separate Part II for each spouse.  14a Total distributions you received in 2023 from all HSAs (see instructions) .  14a 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 C Subtract line 14b from line 14a .  15 Qualified medical expenses paid using HSA distributions (see instructions) .  15 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 8 f .  16 If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here .  16 Income and Additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 8 f .  17a Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate	5	Subtract line 4 from line 3. If zero or less, enter -0	5	3,850.
under an HDHP at any time during 2023, enter your additional contribution amount. See instructions.  7 Add lines 6 and 7	6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family	6	3,850.
## Employer contributions made to your HSAs for 2023		under an HDHP at any time during 2023, enter your additional contribution amount. See instructions.	7	0.
Qualified HSA funding distributions  Add lines 9 and 10  Subtract line 11 from line 8. If zero or less, enter -0-  HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13  Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.  Part II  HSA Distributions. If you are filing jointly and both you and your spouse each have separate HSAs, a separate Part II for each spouse.  Total distributions you received in 2023 from all HSAs (see instructions)  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  c Subtract line 14b from line 14a  Subtract line 14b from line 14a  Gualified medical expenses paid using HSA distributions (see instructions)  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  Taxable HSA distributions included on line 16 meet any of the Exceptions to the 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  Total income and Additional Tax for Failure To Maintain HDHP Coverage. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.  Last-month rule  Qualified HSA funding distribution  Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f  20  Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form			8	3,850.
Add lines 9 and 10. 11 Subtract line 11 from line 8. If zero or less, enter -0- 12 HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.  Part III HSA Distributions. If you are filing jointly and both you and your spouse each have separate HSAs, a separate Part II for each spouse.  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 c Subtract line 14b from line 14a . 14c IS Qualified medical expenses paid using HSA distributions (see instructions) 15 IT axable 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 II, line 17c . 17b If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here .				
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1040), Part II, line 17d	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	