(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/Form8879 for the latest information.

OMB No. 1545-0074

IIILEIIIAIT	levelue Selvice	-			
Submi	ssion Identification Number (SID)				
Taxpaye	r's name	Social securit	y numbe	r	
NEHA DAWAR 366-71-					
Spouse's	Spouse's name Spouse's soc				
SHUE	BHAM AGARWAL	833-10-	-0308		
Part	Tax Return Information — Tax Year Ending December 31, 2023 (E	nter year you a	e auth	orizing.)
Enter v	whole dollars only on lines 1 through 5.				
Note:	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.				
1	Adjusted gross income		1		,827.
2	Total tax		2	44	<u>,156.</u>
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	43	,238.
4	Amount you want refunded to you		4		
5	Amount you owe		5		918.
Part	Taxpayer Declaration and Signature Authorization (Be sure you get a penalties of perjury, I declare that I have examined a copy of the income tax return (original or ame				
to send for any Agent to paymer authorize paymer business taxes to persona	original or amended) I am now authorizing. I consent to allow my intermediate service provider, to my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account of my federal taxes owed on this return and/or a payment of estimated tax, and the financial instruction is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to term it, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation is days prior to the payment (settlement) date. I also authorize the financial institutions involved in the receive confidential information necessary to answer inquiries and resolve issues related to all identification number (PIN) below is my signature for the income tax return (original or amended in Funds Withdrawal Consent.	or rejection of the trache U.S. Treasury are the U.S. Treasury are tindicated in the tattitution to debit the ninate the authorization requests must be not the processing of the payment. I furti-	ansmiss and its de x prepa entry to tion. To receive the elector er acki	ion, (b) the signated ration soft this accordance (ed no late thronic parowledge	ne reason Financial tware for bunt. This cancel) a er than 2 syment of that the
	yer's PIN: check one box only				
X		rato my DINI 1	1 5	9 9	ac my
	ERO firm name	ř Ent		gits, but	as my
	signature on the income tax return (original or amended) I am now authorizing.	dor	rt enter	all zeros	
	I will enter my PIN as my signature on the income tax return (original or amended) I a if you are entering your own PIN and your return is filed using the Practitioner PIN below.				
Your s	ignature ▶ Date	>			
Spous	e's PIN: check one box only				
X		rate my PIN 0	0 3	0 8	as my
	ERO firm name			gits, but	as my
	signature on the income tax return (original or amended) I am now authorizing.		't enter	· /	
	I will enter my PIN as my signature on the income tax return (original or amended) I a if you are entering your own PIN and your return is filed using the Practitioner PIN below.				
Snous	e's signature ► Date	•			
Ороиз	Practitioner PIN Method Returns Only—continue be	•			
Part I					
EDO's	EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2 2 4 9	5 0	8 2 7	1
ENU S	ZEFIN/FIN. Effer your six-aigit Er in followed by your live-aigit self-selected Fin.	Don't ente		-	1 +
authoriz	that the above numeric entry is my PIN, which is my signature for the electronic individual incozed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I amments of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers	submitting this retu	rn in ac	cordanće	
FRO'∘	signature ▶ Date	•			
<u> </u>	FRO Must Retain This Form — See Instruction				

Don't Submit This Form to the IRS Unless Requested To Do So

E1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return



For the year Jan. 1-Dec. 31, 2023, or other tax year beginning			, 2023, ending		, 20	, 20 ;		See separate instructions.			
Your first name and middle initial			Last name					Your social security number			
NEHA				AR					366	71 159	99
If joint return, spouse's first name and middle initial				ame						's social secur	
SHUBHAM				RWAL					833	10 030	08
Home address	(numbe	er and street). If you have a P.O. box, see	instruct	ions.			Apt. no.		Preside	ntial Election	Campaign
5904 SAI	DLE	CLUB TRL							Check here if you, or your		
City, town, or p	ost offic	ce. If you have a foreign address, also co	mplete :	spaces below.	State	е	ZIP code		•	if filing jointly this fund. Ch	
MCKINNEY	,				TX		75070	75070 box be			
Foreign country	name			Foreign province/state/o	county	/	Foreign postal of			x or refund.	3.
										You	Spouse
Filing Status	,	Single			[Head of he	ousehold (HOI	H)			
Check only		Married filing jointly (even if only or	ne had	income)							
one box.		Married filing separately (MFS)			[Qualifying	surviving spor	use (C	QSS)		
	If y	ou checked the MFS box, enter the	name	of your spouse. If you	u che	cked the HOH	l or QSS box,	enter	the chi	ild's name if	the
	qu	alifying person is a child but not you	ır depe	ndent:							
Digital	Δt ar	ny time during 2023, did you: (a) rece	eive (as	a reward award or	navm	ent for prope	rty or services): or (h) sell		
Assets		ange, or otherwise dispose of a digi					-			Yes	⊠ No
Standard		eone can claim: You as a de					, ,				
Deduction		Spouse itemizes on a separate return	•	•		. соролост					
			<u> </u>						1050		
	_	Were born before January 2, 19	959 [Are blind Spo →	ouse:	Was bor	n before Janu			ls blind	
Dependents				(2) Social security	/	(3) Relationsh	ip	Check the box if qualifies for (see Child tax credit Credit for the Credit Credit for the Child tax credit Child tax credit Credit for the Child tax credit Credit for the Child tax credit Child tax credit Credit for the Child tax credit		Tredit for other	-
If more	(1) 1-1	irst name Last name		number		to you	Crilla	ax cre	uit	Credit for other	dependents
than four dependents,								<u> </u>			1
see instructions	s —							<u> </u>			1
and check											
here L	4.	Total amount from Form(s) W 2 ha	ov 1 /o	an inaturational					1.0	250	9 , 730.
Income	1a	Total amount from Form(s) W-2, bo	•	,					1a		7,730.
Attach Form(s)	b	Tip income not reported on line 1a (see instructions)							1b		
W-2 here. Also attach Forms	c d								1d		
W-2G and	e	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)						1e			
1099-R if tax was withheld.	f	Taxable dependent care benefits from Form 2441, line 26							1f		
If you did not	g g	Wages from Form 8919, line 6.							1g		
get a Form	h	Other earned income (see instructi							1h		0.
W-2, see instructions.	i	Nontaxable combat pay election (s	,			1 1i	i				
	z	Add lines to through th							1z	259	730.
Attach Sch. B			2a	i i	b Ta	xable interest	t		2b		1,429.
if required.	3a		3a	455		dinary divider			3b		668.
	4a		4a			xable amount			4b	,	
Standard Deduction for—	5a		5a			xable amount			5b	,	
Single or	6a	Social security benefits	6a			xable amount			6b	,	
Married filing separately,	С	If you elect to use the lump-sum election method, check here (see instructions)									
\$13,850	7	Capital gain or (loss). Attach Sched	dule D	if required. If not requ	uired,	check here			7		
 Married filing jointly or 	8	Additional income from Schedule 1							8		
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	and 8.	This is your total inc	come				9	264	1,827.
\$27,700	10	Adjustments to income from Scheo	dule 1,	line 26					10		<u> </u>
 Head of household, 	<u>11</u>	Subtract line 10 from line 9. This is	your a	djusted gross incon	me				11	264	1,827.
\$20,800 If you checked	12	Standard deduction or itemized	deduc	tions (from Schedule	: A)				12		7,700.
any box under	13	Qualified business income deducti	on fron	n Form 8995 or Form	1 8995	5-A			13		4.
Standard Deduction,	14	Add lines 12 and 13							14	27	7,704.
see instructions.	15	Subtract line 14 from line 11. If zero	o or les	ss, enter -0 This is y	our t a	axable incom	ie		15	237	7,123.

Form 1040 (202)	3)								Page Z
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	з 🗌		16	43,667.
Credits	17	Amount from Schedule 2, lin	ie 3					17	
	18	Add lines 16 and 17						18	43,667.
	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	43,667.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21			23	489.
	24	Add lines 22 and 23. This is	your total tax					24	44,156.
Payments	25	Federal income tax withheld	from:						
•	а	Form(s) W-2				25a 43	3,228.		
	b	Form(s) 1099				25b	10.		
	С	Other forms (see instructions	s)			25c	0.		
	d	Add lines 25a through 25c						25d	43,238.
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)			No .	27			
attach Sch. EIC.	28	Additional child tax credit from	n Schedule 8812			28			
	29	American opportunity credit	from Form 8863	8, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin				31			
	32	Add lines 27, 28, 29, and 31				ndable credits		32	
	33	Add lines 25d, 26, and 32. T	•	-	-			33	43,238.
Refund	34	If line 33 is more than line 24						34	
	35a	Amount of line 34 you want				•	🗆	35a	
Direct deposit?	b	Routing number X X X	XXXXX	XX	c Type:	Checking	Savings		
See instructions.	d	Account number X X X	X X X X	XXXX		X X	Ü		
	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 amo	ount vou owe					
You Owe		For details on how to pay, g						37	918.
	38	Estimated tax penalty (see in	nstructions) .			38			
Third Party Designee		you want to allow another	•		rn with the IRS?		omplete	below.	X No
Doolgilloo	De	esignee's		Phone			onal ident		
	na	me		no.		num	ber (PIN)		
Sign Here		der penalties of perjury, I declare the lief, they are true, correct, and com							
пеге	Yo	ur signature		Date Your occupation			If th	If the IRS sent you an Identity	
								Protection PIN, enter it here	
Joint return?					STAFF ENGI			(see inst.)	
See instructions. Keep a copy for your records.	Sp	ouse's signature. If a joint return, t	ooth must sign.	Date	Spouse's occupation SYSTEMS EN			the IRS sent your spouse an dentity Protection PIN, enter it he see inst.)	
	Ph	one no. (469) 877-865	8	Email address	NEHADAWARO		MC MC		
	Pre	eparer's name	Preparer's signat	ure		Date Date	PTIN		Check if:
Paid	SYA	M PRIYA RAM SAGAR GUPTA	SYAM PRIY	A RAM SAO	GAR GUPTA	03/30/2024	P0208	2703	Self-employed
Preparer								(678) 965-9522	
Use Only			Y CT E BRU	NSWICK N	J 08816			ı's EIN	,
		4040 6 1 1 11 11 11					1		- 1010 ()

SCHEDULE 2 (Form 1040)

Department of the Treasury Internal Revenue Service

Additional Taxes

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

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

OMB No. 1545-0074

2023

Attachment
Sequence No. 02

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
NEHA DAWAR & SHUBHAM AGARWAL

Your social security number 366-71-1599

Pai	tl Tax		
1	Alternative minimum tax. Attach Form 6251	1	
2	Excess advance premium tax credit repayment. Attach Form 8962	2	
3	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17.	3	
Par	t Other Taxes		
4	Self-employment tax. Attach Schedule SE	4	
5	Social security and Medicare tax on unreported tip income. Attach Form 4137		
6	Uncollected social security and Medicare tax on wages. Attach Form 8919		
7	Total additional social security and Medicare tax. Add lines 5 and 6	7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required.		
	If not required, check here	8	
9	Household employment taxes. Attach Schedule H	9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required	10	
11	Additional Medicare Tax. Attach Form 8959	11	295.
12	Net investment income tax. Attach Form 8960	12	194.
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12	13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares	14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000	15	
16	Recapture of low-income housing credit. Attach Form 8611	16	
	(co	ontinu	ued on page 2)

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

Part 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 see instructions	17b			
С	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	17 I			
m	Excise tax on insider stock compensation from an expatriated corporation	17m			
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n			
0	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	170			
р	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p			
q	Any interest from Form 8621, line 24	17q			
Z	Any other taxes. List type and amount:				
		17z			
18	Total additional taxes. Add lines 17a through 17z			18	
19	Reserved for future use			19	
20	Section 965 net tax liability installment from Form 965-A	20			
21	Add lines 4, 7 through 16, and 18. These are your total other taxe on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b.			21	489.

SCHEDULE B (Form 1040)

Interest and Ordinary Dividends

Attachment Sequence No. **08**

OMB No. 1545-0074

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

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

Your social security number

NEHA DAWAR	& S	HUBHAM AGARWAL	366	5-71-1599
Part I	1	List name of payer. If any interest is from a seller-financed mortgage and the		Amount
Interest		buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address:		
(See instructions		CHASE BANK		300.
and the Instructions for		PNCBANK		4,068.
Form 1040,		WELLS FARGO BANK		41.
line 2b.)		CHASE BANK		1.
Note: If you		Robinhood Securities LLC		19.
received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the			1	
payer and enter				
the total interest shown on that form.				
	2	Add the amounts on line 1	2	4,429.
	3	Excludable interest on series EE and I U.S. savings bonds issued after 1989.		4,429.
	3	Attach Form 8815	3	
	4	Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b	4	4,429.
		If line 4 is over \$1,500, you must complete Part III.		Amount
Part II	5	List name of payer: FIDELITY BROKERAGE SERVICES LLC		539.
Ordinary		ROBINHOOD SECURITIES LLC		72.
Dividends		ROBINHOOD SECURITIES LLC		57.
(See instructions and the Instructions for Form 1040, line 3b.)			5	
Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the				
payer and enter				
the ordinary dividends shown	6	Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b	6	668.
on that form.	Note:	If line 6 is over \$1,500, you must complete Part III.		
Part III Foreign		must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dunt; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign		
Accounts				Yes No
and Trusts	7a	At any time during 2023, did you have a financial interest in or signature authority of	over a	financial
Caution: If		account (such as a bank account, securities account, or brokerage account) locate		
required, failure to)	country? See instructions		×
file FinCEN Form 114 may result in substantial penalties.		If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank Accounts (FBAR), to report that financial interest or signature authority? See FinC and its instructions for filing requirements and exceptions to those requirements.	CEN F	Form 114

Additionally, you

may be required

to file Form 8938, Statement of Specified Foreign Financial Assets.

See instructions.

b If you are required to file FinCEN Form 114, list the name(s) of the foreign country(-ies) where the

foreign trust? If "Yes," you may have to file Form 3520. See instructions

financial account(s) is (are) located:

During 2023, did you receive a distribution from, or were you the grantor of, or transferor to, a

X

Department of the Treasury

Internal Revenue Service

Qualified Business Income Deduction Simplified Computation

Attach to your tax return.

Go to www.irs.gov/Form8995 for instructions and the latest information.

OMB No. 1545-2294

2023

Attachment Sequence No. **55**

Name(s) shown on return

NEHA DAWAR & SHUBHAM AGARWAL

Your taxpayer identification number

366-71-1599

Note. You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.

Use this form if your taxable income, before your qualified business income deduction, is at or below \$182,100 (\$364,200 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name	(c) Qualified business income or (loss)		
i				
ii				
iii				
iv				
V				
2	Total qualified business income or (loss). Combine lines 1i through 1v,			
	column (c)	2		
3	Qualified business net (loss) carryforward from the prior year	3 ()		
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4		
5	Qualified business income component. Multiply line 4 by 20% (0.20)		5	
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6 21.		
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7 (
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero	8 21.		
9	REIT and PTP component. Multiply line 8 by 20% (0.20)		9	4.
10	Qualified business income deduction before the income limitation. Add lines 5 and		10	4.
11	1	237,127.		
12	Enter your net capital gain, if any, increased by any qualified dividends			
		12 477.		
13	Subtract line 12 from line 11. If zero or less, enter -0	13 236,650.		
14	Income limitation. Multiply line 13 by 20% (0.20)		14	47,330.
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also e			
	the applicable line of your return (see instructions)		15	4.
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than	zero, enter -0	16 (0.
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and zero, enter -0		17 (0.

Department of the Treasury Internal Revenue Service

Additional Medicare Tax

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

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

OMB No. 1545-0074

2023

Attachment Sequence No. 71

Name(s) shown on return Your social security number NEHA DAWAR & SHUBHAM AGARWAL 366-71-1599 Part I Additional Medicare Tax on Medicare Wages Medicare wages and tips from Form W-2, box 5. If you have more than one Form W-2, enter the total of the amounts from box 5 1 282,759. 2 2 3 3 4 4 282,759. 5 Enter the following amount for your filing status: \$125,000 Single, Head of household, or Qualifying surviving spouse . . . \$200,000 250,000. 6 6 32,759. Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to 7 295. Part II Additional Medicare Tax on Self-Employment Income 8 Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you 8 Enter the following amount for your filing status: Single, Head of household, or Qualifying surviving spouse . . . \$200,000 9 10 10 11 12 12 Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and 13 Additional Medicare Tax on Railroad Retirement Tax Act (RRTA) Compensation 14 Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 15 Enter the following amount for your filing status: Single, Head of household, or Qualifying surviving spouse . . . \$200,000 15 16 16 Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (0.009). 17 17 Total Additional Medicare Tax Part IV Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 11 (Form 1040-SS 18 295 Withholding Reconciliation Part V Medicare tax withheld from Form W-2, box 6. If you have more than one Form W-2, enter the total of the amounts from box 6 19 4,100. 20 20 282,759. Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax 21 21 22 Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax 22 0. Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 23 23 24 Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (Form 1040-SS filers.

BAA

24

Net Investment Income Tax— Individuals, Estates, and Trusts

Department of the Treasury Internal Revenue Service

Name(s) shown on your tax return

Attach to your tax return.

Go to www.irs.gov/Form8960 for instructions and the latest information.

2023 Attachment Sequence No. 72

Your social security number or EIN

OMB No. 1545-2227

NEHA DAWAR & SHUBHAM AGARWAL 366-71-1599 Part I Investment Income ☐ Section 6013(g) election (see instructions) ☐ Section 6013(h) election (see instructions) ☐ Regulations section 1.1411-10(g) election (see instructions) 1 4,429. 2 2 668. 3 3 Rental real estate, royalties, partnerships, S corporations, trusts, trades or 4a Adjustment for net income or loss derived in the ordinary course of a nonsection 1411 trade or business (see instructions) 4b 4c Net gain or loss from disposition of property (see instructions) 5a 5a Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions) 5b Adjustment from disposition of partnership interest or S corporation stock (see 5d 6 Adjustments to investment income for certain CFCs and PFICs (see instructions) 6 7 7 Other modifications to investment income (see instructions) Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7. 8 5,097 Part II Investment Expenses Allocable to Investment Income and Modifications 9a Investment interest expenses (see instructions) State, local, and foreign income tax (see instructions) 9b Miscellaneous investment expenses (see instructions) . . 9c 9d 10 10 Total deductions and modifications. Add lines 9d and 10 11 11 Part III Tax Computation Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, complete lines 13-17. 12 12 5,097. Individuals: Modified adjusted gross income (see instructions) 13 264,827. 14 250,000. 15 Subtract line 14 from line 13. If zero or less, enter -0- 15 14,827. 16 16 5,097. Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). Enter here and include 17 17 194. **Estates and Trusts:** Deductions for distributions of net investment income and charitable 18b Undistributed net investment income. Subtract line 18b from line 18a (see 18c 19a Highest tax bracket for estates and trusts for the year (see instructions) . . . 19b Subtract line 19b from line 19a. If zero or less, enter -0- 19c 20 20 Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.038). Enter here and 21 21

BAA