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/Form8879 for the latest information.

OMB No. 1545-0074

Taxpayer's name HARISH NUTTAKI Spouse's social security number 109-89-7503 Spouse's social security number Part I Tax Return Information — Tax Year Ending December 31, 2023 (Enter year you are authorizing.) Enter 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	Submission Identification Numb	per (SID)				
ARTISH NUTTAKI Tax Return Information — Tax Year Ending December 31, 2023 (Enter year you are authorizing.)				Casial assurit		
Part Tax Return Information — Tax Year Ending December 31, 2023 (Enter year you are authorizing.)					•	
Part II Tax Return Information — Tax Year Ending December 31, 2023 (Enter year you are authorizing.) Enter 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						v number
Enter 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 2 Total tax 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 3 19, 544. 4 Amount you wart refunded to you 4 5, 817. 5 Amount you owe 5 Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Under penalties of perjuy, I declare that I have examined a copy of the income tax return foriginal or amended I am now authorizing, and the best of whowledge and belief. It is not exorted to copie for mine in the 185 (a) an acknowledgement of reapouts in Part I above are the semination of the 185 (a) an acknowledgement of recipitor or feath or rejection of the reparation for any delay in processing the return or refund, and (a) the date of any refund, I applicable. I authorize the U.S. Treasury and its designated Financial for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution account indicated in the repearation of the such recipitor of the propriet of the payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution account indicated in the repearation of the payment (settlement) date. It is not excess for any delay in processing the return and/or a payment of estimated tax, and the financial institutions involved in the processing of the electronic payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (Phyl) below is my signature for the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your						,
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. 1 Adjusted gross income 2 Total tax 2 Total tax 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 3 19, 544. 4 Amount you want refunded to you 5 Amount you want refunded to you 6 Amount you want refunded to you 7 Amount you want refunded to you 8 Amount you want refunded to you 9 Amount you want refunded in your refunding to a pay of the income tax return (original or amended) I am now authorizing, closes to laid want refunded in your refunding the processing the refunding the the refundin	Part I Tax Return Infor	mation - Tax Year Ending Dec	cember 31 , 2023	(Enter year you a	re autho	orizing.)
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2 13,7.27. 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . 3 19,544. 4 Amount you want refunded to you . 4 5,817. 5 Amount you owe . 5 5 Formall Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and bellef, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, framsnitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason or any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasony financial Agent and and/or a payment of all returns or refund. And (c) the date of any refund. If applicable, I authorize the U.S. Treasony Financial Agent to terminate the authorization. To revoke (cancel) a payment, imust contact the U.S. Treasony Financial Agent and Tax and the financial institution account indicated in the tax preparation software for payment of the payment in full force and effect until I notify the U.S. Treasony Financial Agent to terminate the authorization. To revoke (cancel) a submitted contact the U.S. Treasony Financial Agent and Tax and the financial institutions and the electronic payment of the payment institution account institutions and the processing of the electronic payment of the payment institution accounts and the payment institution and the processing of the electronic payment of the payment institution and the processing of the electronic payment of the payment institution and the processing of the electronic payment of the payment institution and the processing of the electronic payment of the	Note: Form 1040-SS filers use I	ine 4 only. Leave lines 1, 2, 3, and 5	blank.			
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I authorize GLOBAL TAXES LLC to enter or generate my PIN to enter five digits, but don't enter all zeros I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below. Spouse's PIN: check one box only						
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Spouse's PIN: check one box only authorize	I will enter my PIN as n if you are entering you	my signature on the income tax retur	n (original or amended)			
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	authorized to file for tax year indicate	ated above for the taxpayer(s) indicated	I above. I confirm that I a	m submitting this retu	rn in acc	ordance with
ERO's signature ▶ Date ▶	ERO's signature ▶		Da	ate ▶		
ERO Must Retain This Form — See Instructions Don't Submit This Form to the IRS Unless Requested To Do So	_					

E 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return

20**23** OMB No. 1545-0074

						01112 1101 1010		J, 2	0 1101 111	ne or orapio in time opacor
For the year Jar	n. 1–Dec	c. 31, 2023, or other tax year beginning		, 2023, end	ding		, 20	s	ee sep	parate instructions.
Your first name	and m	iddle initial	Last n	ame				Y	our so	cial security number
HARISH			NUT'	TAKI				-	109	89 7503
If joint return, s	pouse's	s first name and middle initial	Last n	ame				Sį	pouse's	s social security number
Home address	(numbe	er and street). If you have a P.O. box, see	instruc	tions.			Apt. no.	Pi	resider	ntial Election Campaign
_1126 AV	ENUE	A SUITE 201								nere if you, or your
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete	spaces below.	Stat	te	ZIP code			if filing jointly, want \$3 this fund. Checking a
DENTON					TX	•	76201			ow will not change
Foreign countr	y name			Foreign province/state/o	count	y	Foreign postal c	ode yo	our tax	or refund.
										You Spouse
Filing Status	s X	Single				Head of h	ousehold (HOH	H)		
Check only	L	Married filing jointly (even if only or	ne had	income)						
one box.		Married filing separately (MFS)					surviving spou			
		ou checked the MFS box, enter the			u che	cked the HOF	or QSS box,	enter tl	he chil	d's name if the
	qu	alifying person is a child but not you	ır depe	ndent:						
Digital	At a	ny time during 2023, did you: (a) rec	eive (as	s a reward, award, or	payn	nent for prope	rty or services); or (b)	sell,	
Assets	exch	nange, or otherwise dispose of a dig	ital ass	et (or a financial intere	est in	a digital asse	et)? (See instru	ctions.))	🗌 Yes 🛛 No
Standard	Som	neone can claim:	pender	nt Your spouse	e as a	a dependent				
Deduction		Spouse itemizes on a separate retur	n or yo	u were a dual-status	alien					
Age/Blindnes	s You	: Were born before January 2, 1	959	Are blind Spo	ouse:	√	n before Janua	arv 2 1	959	☐ Is blind
Dependent				-			(A) Chook t			fies for (see instructions):
-		irst name Last name		(2) Social security number	/	(3) Relationsh to you	iib İ.,	ax cred		Credit for other dependents
If more than four	(.,							$\overline{}$		
dependents,								_		
see instruction and check	s —						j			
here]							_		
Income	1a	Total amount from Form(s) W-2, b	ox 1 (s	ee instructions)					1a	109,870.
	b	Household employee wages not re	eported	d on Form(s) W-2					1b	
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	a (see ir	nstructions)					1c	
attach Forms	d	Medicaid waiver payments not rep	orted	on Form(s) W-2 (see in	nstru	ctions)			1d	
W-2G and 1099-R if tax	е	Taxable dependent care benefits f	ent care benefits from Form 2441, line 26						1e	
was withheld.	f	Employer-provided adoption bene	fits fro	m Form 8839, line 29					1f	
If you did not	g	Wages from Form 8919, line 6 .							1g	
get a Form W-2, see	h	Other earned income (see instruct	ions)						1h	0.
instructions.	i	Nontaxable combat pay election (s	see ins	tructions)		<u>1</u> i				
	Z	Add lines 1a through 1h	. ;						1z	109,870.
Attach Sch. B	2a	Tax-exempt interest	2a		b Ta	axable interest	t		2b	
if required.	3a		3a			rdinary divide			3b	
Standard	4a	<u> </u>	4a			axable amoun			4b	
Deduction for—	5a		5a			axable amoun			5b	
Single or Married filing	6a	,	6a			axable amoun	t		6b	_
separately,	С	If you elect to use the lump-sum election method, check here (see instructions)							4	
\$13,850 Married filing	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here						7	10.050	
jointly or Qualifying	8	Additional income from Schedule							8	-12,279.
surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,							9	97,591.
\$27,700 Head of	10	Adjustments to income from Sche							10	+
household, \$20,800	11	Subtract line 10 from line 9. This is	-						11	97,591.
If you checked	12	Standard deduction or itemized							12	
any box under Standard	13	Qualified business income deducti	ion tror	11 Form 8995 or Form	ı 899	o-A			13	
Deduction, see instructions.	14	Add lines 12 and 13 Subtract line 14 from line 11. If zer	o or lo			avabla issa			14	<u>'</u>
	15	Subtract line 14 HOTH line 11. If Zer	O OI IE	oo, enter -u This is y	our t	axable incom	i c		15	00,/41.

orm 1040 (2023		T (' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	40	Page
Tax and Credits	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3	16	13,727.
realts	17	Amount from Schedule 2, line 3	17	10 707
	18	Add lines 16 and 17	18	13,727.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	10 707
	22	Subtract line 21 from line 18. If zero or less, enter -0	22	13,727
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	12.727
	24	Add lines 22 and 23. This is your total tax	24	13,727
ayments	25	Federal income tax withheld from: Form(s) W-2		
	a	· · · · · · · · · · · · · · · · · · ·	-	
	b	Form(s) 1099	-	
	C	Other forms (see instructions)	05-1	10 544
	d	Add lines 25a through 25c	25d	19,544
rou have a \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	26	2023 estimated tax payments and amount applied from 2022 return	26	
ach Sch. EIC.	27 28	Earned income credit (EIC)	-	
	28 29	Additional child tax credit from Schedule 8812	-	
	30	Reserved for future use		
	31	Amount from Schedule 3, line 15	-	
	32		20	
	33	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits Add lines 25d, 26, and 32. These are your total payments	32	19,544
a.f al	34	Add lines 25d, 26, and 32. These are your total payments	34	5,817
efund	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here	35a	5,817
rect deposit?	b	Routing number 0 6 2 2 0 3 7 5 1 c Type: X Checking Savings	SSA	3,017
e instructions.	d	Account number 1 6 7 1 4 9 9 2 2 4		
	36	Amount of line 34 you want applied to your 2024 estimated tax 36		
mount	37	Subtract line 33 from line 24. This is the amount you owe .		
ou Owe	31	For details on how to pay, go to www.irs.gov/Payments or see instructions	37	
	38	Estimated tax penalty (see instructions)		
hird Party Sesignee	Do	you want to allow another person to discuss this return with the IRS? See structions	pelow.	⊠ No
9-100	De	signee's Phone Personal identif		

Here	Your signature			Date Your occupation				If the IRS sent you an Identity Protection PIN, enter it here		
Joint return?					SOFTWARE E	SOFTWARE ENGINEER				
See instructions. Keep a copy for your records.	Spouse's signature. If a joint return, both must sign.			Date	Spouse's occupation				e IRS sent your spouse an http Protection PIN, enter it here inst.)	
	Phone no.	(601) 307-749	8	Email addre	ess HARISHCH360	06@GMAIL.CC	M			
Do:d	Preparer's nan	ne	Preparer's signat	ure		Date	PT	ΊΝ	Check if:	
Paid	SYAM PRIYA	RAM SAGAR GUPTA	SYAM PRIY	A RAM S	SAGAR GUPTA	03/16/2024	P0	2082703	Self-employed	
Preparer	Firm's name GLOBAL TAXES LLC							Phone no.	(678) 965-9522	
Use Only	Firm's address 245 ROONEY CT E BRUN				NJ 08816			Firm's FIN		

BAA

REV 03/07/24 PRO

Go to $\emph{www.irs.gov/Form1040}$ for instructions and the latest information.

Form **1040** (2023)

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023
Attachment Sequence 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.

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

Your social security number

109-89-7503 Part I Additional Income Taxable refunds, credits, or offsets of state and local income taxes 1 1 2a Date of original divorce or separation agreement (see instructions): 3 3 4 4 -12,279. 5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . 5 6 6 7 7 8 Other income: 8a d8 8c Foreign earned income exclusion from Form 2555 8d 8e 8f Alaska Permanent Fund dividends 8i Activity not engaged in for profit income 8i 8k 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 8m 8n Section 951A(a) inclusion (see instructions) 80 Section 461(I) excess business loss adjustment 8p Taxable distributions from an ABLE account (see instructions) . . . 8a Scholarship and fellowship grants not reported on Form W-2 . . . 8r Nontaxable amount of Medicaid waiver payments included on Form 8s Pension or annuity from a nonqualifed deferred compensation plan or 8t **u** Wages earned while incarcerated 8u **z** Other income. List type and amount: 9 9

10

-12,279.

10

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-b	basis government		
	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		15	
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN			
С	Date of original divorce or separation agreement (see instructions):			
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			
а	, , , , , , , , , , , , , , , , , , ,	24a	-	
b	Deductible expenses related to income reported on line 8l from the			
		24b	-	
С	The state of the s			
		24c	-	
d		24d	-	
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e		
f	Contributions to section 501(c)(18)(D) pension plans	24f		
g		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			
	tax law violations	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		
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income .			
	Form 1040, 1040-SR, or 1040-NR, line 10		26	

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

Your social security number

Name(s) shown on return							Your socia	al security	number
HARI	SH NUTTAKI							109-8	9-7503	
Part	Note: If you a	Loss From Rental Real Estate ar are in the business of renting personal prope or loss from Form 4835 on page 2, line 40.	rtv. use		c . See	instruc	tions. If you a	re an indiv	vidual, rep	ort farm
Α [payments in 2023 that would require you		Form(s) 1	1099? S	See ins	tructions .		. \(\subseteq \text{Ye}	s 🛚 No
B i	f "Yes," did you or	will you file required Form(s) 1099? .							. 🗌 Ye	es 🗌 No
1a		s of each property (street, city, state, ZI								
A	-	YDERABAD TELANGANA IN 5000		-,						
B	L.B.NAGAK III	IDERABAD IELANGANA IN 3000	0 / 4							
C										
1b	Type of Property	2 For each rental real estate prope	orty liet	tod		Fai	r Rental	Person	al Hea	
ID	(from list below)	above, report the number of fair					Days	Da		QJV
Α	3	personal use days. Check the Q			Α		365		0	
В		if you meet the requirements to			В		303			
C		qualified joint venture. See instru	uctions	S.	C					
	of Property:						l			
	Single Family Resid	dence 3 Vacation/Short-Term Rer	ntal	5 Lanc	l	7	Self-Rental			
	Multi-Family Reside			6 Roya	alties		Other (descr	ibe)		
				,						
							Properti	es:		
Incon					A 7	50.	В			С
3 4			3		- /	50.				
		d	4							
Exper			5							
5		on instructions	6							
6	•	see instructions)	7		1,0	65				
7 8		intenance	8		⊥,∪	05.				
9			9			-				
10		professional fees	10							
11			11		1,1	25				
12	-	t paid to banks, etc. (see instructions)	12		⊥,⊥	23.				
13	0 0	t paid to banks, etc. (see instructions)	13							
14			14		3 8	87.				
15	•		15		3,9					
16	• •		16		- 5/ 5	00.				
17			17		2,9	87				
18		ense or depletion	18		2/3	· ·				
19	Other (list)		19							
20	` ′	Add lines 5 through 19	20		13,0	29.				
21	•	rom line 3 (rents) and/or 4 (royalties). If			,-					
		see instructions to find out if you must								
			21		-12,2	79.				
22		real estate loss after limitation, if any, ee instructions)	22	(12,27	79.)()	()
23a	•	nts reported on line 3 for all rental prope				23a		750.		,
b		nts reported on line 4 for all royalty prop				23b				
C		nts reported on line 12 for all properties				23c				
d		nts reported on line 18 for all properties				23d				
e		nts reported on line 20 for all properties				23e	13	,029.		
24		sitive amounts shown on line 21. Do no						. 24		
25	•	Ity losses from line 21 and rental real estat							(12,279.)
26	•	estate and royalty income or (loss).								, , ,
		II, and IV, and line 40 on page 2 do no								
		1040), line 5. Otherwise, include this a								-12,279.

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

HARISH NUTTAKI

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions. 109-89-7503

	re you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if	f requ	ired.
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		⊠ Se	lf-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		
10	Qualified HSA funding distributions		
11	Add lines 9 and 10	11	500.
12	Subtract line 11 from line 8. If zero or less, enter -0	12	3,350.
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.
	Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.		
Part	HSA Distributions. If you are filing jointly and both you and your spouse each have sepa a separate Part II for each spouse.	arate 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	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	
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here		
b	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	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.	ions b	
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 1040), Part II, line 17d	21	

BAA