Form <b>8879</b>
(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.

Submission Identification Number (SID)

Taxpayer's name	Social security number
ARAVIND JAYACHANDRAN	506-65-4523
Spouse's name	Spouse's social security number
Part ITax 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	<b>1</b> 126,130.
<b>2</b> Total tax	<b>. 2</b> 20,337.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	<b>. 3</b> 22,842.
4 Amount you want refunded to you	<b>4</b> 2,505.
5 Amount you owe	5
Part II Taxpayer Declaration and Signature Authorization (Be sure you get and k	eep a copy of your return)

Under penalties of periury. 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 belief, 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, transmitter, 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 for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize 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 (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

#### Taxpayer's PIN: check one box only

X	l authorize	GLOBAL TAXES LLC	to enter or generate my P
	rautionze		

5	4	5	2	3	
Ent don	er fiv i't er	ve di nter a	gits, all ze	but ros	as my

ERO firm name signature on the income tax return (original or amended) I am now authorizing.

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.

Your signature

Date 🕨

#### Spouse's PIN: check one box only

I authorize

to	enter	or	generate	my	PIN

as mv Enter five digits, but

don't enter all zeros

ERO firm name signature on the income tax return (original or amended) I am now authorizing.

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 s	ignature D	ate 🖡							 		
	Practitioner PIN Method Returns Only—continue below										
Part III	Certification and Authentication – Practitioner PIN Method Only										
ERO's EFII	N/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2	2	2				0 all zei	 2	7 1	1

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature >		Date 🕨	
ERO Don't Submit			
For Dependence Reduction Act Nation and your t	v roturn instructions	PEV/ 02/16/24 PPO	Earm 8879 (Pay 01 2021)

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 02/16/24 PRO

Deduction for-       Sa       Definitions and annulates       Sa       Definitions and annulates       Sa       Sa         Single or       Married filing separately, \$13,850       Social security benefits       Ga       b Taxable amount       6b       6b         Married filing jointly or       Qualifying spouse, \$27,700       Capital gain or (loss). Attach Schedule 1, line 10       10       7       -3.         \$27,700       Marriets to income from Schedule 1, line 26       10       10	<b>1040</b>		artment of the Treasury—Internal Revenue Servi <b>S. Individual Income Ta</b> )		turn	202	3	OMB No. 1545	-0074	IRS Use Only	/—Do not w	vrite or sta	aple in this space.
ARAVIND         JAYACHANDRAN         506         65         4523           Fjorr eturn, spouse's first name and middle initial         Last mane         Socues's social security number           Home address (number and streed, if you have a Po. box, see instructions.         Apt. no.         Socues's first first porty, want 33           6455         WELLAGENR RD         Check here first, porty, want 33         Socues's first first porty, want 33           BYEVAN         TX         77.801         The evidential Election Campaign 2004           BYEVAN         TX         77.801         The evidential Election Campaign 2004           BYEVAN         Married filing jointly (even if only one had income) one box.         If you checked the MFS box, anter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is child but not your dependent:           Digital         At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) seell, exclusing         Oxel instructions.)         If yee instructions.)         If yee is hold to be instructions.)           Digital         At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) seell, exclusing         If yee instructions.)         If yee instructions.)         If yee instructions.)         If yee instructions.)           Dependents         Gependents         Gependents         Gependents </td <td>For the year Jan</td> <td>. 1-Dec</td> <td>: 31, 2023, or other tax year beginning</td> <td></td> <td></td> <td>, 2023, end</td> <td>ling</td> <td></td> <td></td> <td>, 20</td> <td>See se</td> <td>parate</td> <td>instructions.</td>	For the year Jan	. 1-Dec	: 31, 2023, or other tax year beginning			, 2023, end	ling			, 20	See se	parate	instructions.
DRAVIND         JAYACHANDRAN         506         55         4533           First runn, spouse's first name and middle initial         Last name         Spouse's social security number           Home address (number and streed, if you have a Po. box, see instructions.         Apt. no.         Periadential Election Campaign 3455         WELLOW INVEX         Presidential Election Campaign 3456         WELLOW INVEX         Presidential Election Campaign 3450         WELLOW INVEX         Presidential Election Campaig	Your first name	and m	iddle initial	Last r	name						Your so	cial sec	curity number
It joint return, spoule's first name and middle initial       Last name       Spoule's cold is equily number in display number and company number in the initial filter initinitial filter initinitinitial filter initial filter initial filte	ARAVIND			,TAY	ACHANT	ORAN							-
3645 WELLBORN RD       324       Check home if you or your         City, town, or post affice. If you have a foreign address, also complete spaces below:       State       ZIP code       TX       T7801         Foreign country name       Foreign province/state/country       Foreign province/state/country       Foreign province/state/country       Foreign province/state/country       Foreign country name       Image: C		pouse's	s first name and middle initial										
3645 WELLBORN RD       3.24       Check here if you, or you, "         City, town, or post office. If you have a foreign address, also complete spaces below.       State       21P code       TX       77801       box box bit office. If you have a foreign address, also complete spaces below.       TX       77801       box box bit office. If you have a foreign address, also complete spaces below.       TX       77801       box box bit office. If you have a foreign address, also complete spaces below.       TX       77801       box box bit office. If you have a foreign address, also complete spaces below.       TX       T77801       box box bit office. If you have a foreign address, also complete spaces below.       TX       T77801       box box bit office. If you checked the MS box, enter the name of your spouse. If you checked the HOH or CSS box, enter the child's name if the qualifying persons is a child but not your dependent.         Digital Assett       At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, Assett       Sectard Sectar													
City, trown, or pose office. If you have a foreign address, also complete spaces below.       State       2/P code       spouse office. If you have a foreign address, also complete spaces below.       TX       77801       spouse office. If you have a foreign province/state/county       Spouse of this fund. Checking a box below will not change box below.       Image province/state/county       Spouse of this fund. Checking a box below will not change box below.       Image province/state/county       Image provincounty       Image province/state/county	Home address	(numbe	and street). If you have a P.O. box, see	instruc	tions.				A	pt. no.	Preside	ntial Ele	ection Campaigr
Chy. Number of black for the place of black       Data	3645 WEI	LBOI	RN RD						3	24	Check I	nere if y	/ou, or your
IPX2N       TX       77801       box below will not change         Foreign country name       Foreign province/state/county       Foreign province/state/county       Preven postal code       you tax or refund.         Filing Status       Single       Head of household (HOH)       Qualifying surviving spouse. (DSS)       Tyou check def MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent.         Digital       At any time during 2023, did you: (a) receive (as a reward, ward, or payment for property or services); or (b) sell.         Assets       Someone can claim:       You spouse. If you onchecked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your genetic on financial interest in a digital asset (the most of payment for property or services); or (b) sell.         Assets       Someone can claim:       You spouse as a dependent       Yes Xino         Deduction       Spouse itemizes on a separate return or you were a dual-status allen       Acgelindnesse       Genetities for the instructions):         If more than four dependents, see instructions):       (I) First name       Last name       Immore form(W-2 (see instructions))       Immore form form (the property or services); or (b) sell.         Ital Total amount from Form(s) W-2, box 1 (see instructions)       Immore form form form (the property or services); or (b) sell.       Immore form form (the property or service); or (b) sell. <t< td=""><td></td><td></td><td></td><td>mplete</td><td>spaces be</td><td>low.</td><td>Sta</td><td>ate</td><td></td><td></td><td></td><td></td><td></td></t<>				mplete	spaces be	low.	Sta	ate					
Foreign country name       Foreign province/state/country       Foreign postal code       your tax or refund.         Filing Status       Single       Head of household (HOH)         Check only       Married filing jointly (even if only one had income)       Qualifying surviving spouse (QSS)         If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:	BRYAN						TΣ	x	778	01	1 0		0
Filing Status       Single       Head of household (HOH)         Check only       Married filing jointly (even if only one had income)       Cualifying surviving spouse (CSS)         If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:       Cualifying surviving spouse (CSS)         Digital       Any time duing spoarset (WFS)       Cualifying surviving spouse (or SS)       Ves         Standard       Someone can claim:       You sa a dependent in Your spouse as a dependent       Yes       No         Standard       Someone can claim:       You were a dual-status alien       Pendentition       Check the box if qualifies for (see instructions)       Yes       No         Age/Blindness       You:       Were born before January 2, 1959       Are blind       Spouse iterate check the box if qualifies for (see instructions):         If more       In total amount from Form(s) W-2, box 1 (see instructions)       In total amount from Form Set (see instructions)	Foreign country	name			Foreign p	rovince/state/o	count	ty	Foreig	n postal code			•
Check only       Married filing jointly (even if only one had income)       Qualifying surviving spouse (QSS)         If you checked the MFS box, enter the name of your spouse, if you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:												<b>Y</b>	ou 🗌 Spouse
Clinks Outry       Married filing separately (MFS)       Qualifying surviving spouse (QSS)         If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but on your dependent:         Digital       At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions).       Ves       No         Standard       Someone can claim:       You spouse as a dependent       Your spouse as a dependent       Yes       No         Standard       Spouse itemizes on a segarate return or you were a dual-status allen       Spouse itemizes on a segarate return or you were a dual-status allen         Age/Blindness       You:       Ware born before January 2, 1959       Are blind       Spouse itemizes on a segarate return or you were a dual-status allen         Age/Blindness       You:       (I) First name       Last name       (I) Realinoship       (I) Check the box froudling in the distructions)         If more       If a Total amount from Form(s) W-2, box 1 (see instructions)       Ia       124, 372.         Internet       Ia Total amount from Form(s) W-2, box 1 (see instructions)       Id       Id         W24 and thered       Medical dwaive payments not reported on Form(s) W-2.       Id       Id       Id <t< td=""><td>Filing Status</td><td>, X</td><td>Single</td><td></td><td></td><td></td><td></td><td>Head of he</td><td>ouseh</td><td>old (HOH)</td><td></td><td></td><td></td></t<>	Filing Status	, X	Single					Head of he	ouseh	old (HOH)			
one box. <ul> <li>Qualifying survival power (QSS)</li> <li>Higua checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:</li> <li>Digital Asset (or a financial interest in a digital asset (or a financial interest in a digital asset) (or a services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset) (See instructions.)</li> <li>Yes</li> <li>Someone can calmic:</li> <li>You as a dependent</li> <li>Spouse itemizes on a separate return or you were a dual-status alien</li> </ul> <li>Age/Bindness</li> <li>You: Checket the box if qualifies for (see instructions)</li> <li>If is thange</li>	Check only		] Married filing jointly (even if only o	ne hac	l income)			_					
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Digital       At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)       Image: Control of the control of						pouse. If you	ı che	ecked the HOH	l or QS	SS box, ent	er the ch	ild's na	ime if the
Assets       exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)       Yes       No         Standard       Someone can claim:       You as a dependent       Your spouse as a dependent       Your spouse as a dependent         Age/Blindness       You:       Were born before January 2, 1959       Are blind       Spouse:       Was born before January 2, 1959       Is blind         Dependents       (a) First name       Last name       (a) Social security       (b) Relationship       (c) Credit for other dependent         in four       (1) First name       Last name       (a) Social security       (b) Relationship       (c) Credit for other dependent         is ein structions       Internet       Last name       (a) Social security       (b) Relationship       (c) Credit for other dependent         is ein structions       Internet       Last name       Internet		qu	alifying person is a child but not you	ur depe	endent:								
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Deduction       Spouse itemizes on a separate return or you were a dual-status alien         Age/Blindness       You:       Ware born before January 2, 1959       A re blind       Spouse:       Was born before January 2, 1959       Is blind         Dependents       (see instructions):       (u) First name       Last name       (u) Relationship       (d) Check the box if qualifies for (see instructions):         If more       (i) First name       Last name       number       (u) Relationship       (d) Check the box if qualifies for (see instructions):         It and than four												<b>Y</b>	es 🛛 No
Age/Blindness       You:       Were born before January 2, 1959       Are blind       Spouse:       Was born before January 2, 1959       Is blind         Dependents       (see instructions):       (1) First name       Last name       (2) Social security       (3) Relationship       (4) Check the box if qualifies for (see instructions):         If more       (1) First name       Last name       number       (2) Social security       (3) Relationship       (4) Check the box if qualifies for (see instructions):         dependents	Standard	Som	i <b>eone can claim:</b> 🗌 You as a de	pende	nt 🗌	Your spouse	e as	a dependent					
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Attach Form(s) W-2 here.Also       b       Household employee wages not reported on Form(s) W-2	here 🗌												
Attach Form(s)       Tip income not reported on line 1a (see instructions)       1c         W*2 Piere.Also       C       Tip income not reported on Form(s) W-2 (see instructions)       1d         W*2 Ga ad       Use attach Forms       d       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d         W2 Ga ad       Use attach Forms       d       Medicaid waiver payments not reported on Form (see instructions)       1d         W2 Ga ad       Use attach Sch. B       f       Employer-provided adoption benefits from Form 8839, line 29       1f         If you did not       g       Wages from Form 8919, line 6       1g       1g         get a Form       h       Other earned income (see instructions)       1h       0.         W-2, see       instructions.       1i       1z       124, 372.         Z       Add lines 1a through 1h       1       2b       1, 651.         if required.       3a       109.       b       Taxable amount       4b         Standard       See another earned income from Schedule 1, line 10       5b       5b       5b         Standard filing pointy or separately, stands       Ga all through 14, line 26       10       126, 130.         Standard filing pointy or Gualyng pouse, Stand and ulexies 1, line 26       10       126,	Income	1a	Total amount from Form(s) W-2, b	ox 1 (s	ee instruc	ctions)					. 1a	I	124,372.
W-2 here. Also attach Forms       c       Tip income not reported on line 1a (see instructions)       1c         attach Forms       d       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d         1099-R it tax       e       Taxable dependent care benefits from Form 2441, line 26       1e         was withheld.       f       Employer-provided adoption benefits from Form 839, line 29       1f         If you did not get a form       gwages from Form 8919, line 6       1g       1g         ye2, see       in       Other earned income (see instructions)       1i       1g         ye2, see       in Nontaxable combat pay election (see instructions)       1i       1g       1g         z       Add lines 1a through 1h       1       1g       1g       1g         z       Add lines 1a through 1h       1       2b       1, 651.       b       1g       1g <td>Attach Form(s)</td> <td>b</td> <td>Household employee wages not re</td> <td>eporte</td> <td>d on Form</td> <td>n(s) W-2..</td> <td></td> <td></td> <td></td> <td></td> <td>. 1b</td> <td>)</td> <td></td>	Attach Form(s)	b	Household employee wages not re	eporte	d on Form	n(s) W-2..					. 1b	)	
W-26 and 1099-R if tax was withheld.       Taxable dependent care benefits from Form 2441, line 26       11         If was withheld.       f       Employer-provided adoption benefits from Form 2441, line 26       11         If you did not get a form W-2, see       g       Wages from Form 8919, line 6       11         If was withheld.       f       Employer-provided adoption benefits from Form 2441, line 26       11         If was withheld.       g       Wages from Form 8919, line 6       11         If was withheld.       f       Employer-provided adoption benefits from Form 2441, line 26       11         If was withheld.       g       Wages from Form 8919, line 6       11       12         If was withheld.       f       Employer-provided adoption benefits from Form 2441, line 26       11       12         If was withheld.       f       Nontaxable combat pay election (see instructions)       11       12       124, 372.         Z       Add lines 1a through 1h       .       .       .       12       124, 372.         Za       aulified dividends       .       3a       10.9       10       3b       110.         Standard       Gualified dividends       .       5a       b       b       b       7       -3.         Standard <t< td=""><td>W-2 here. Also</td><td>С</td><td></td><td>•</td><td></td><td>-</td><td></td><td></td><td></td><td></td><td>. 10</td><td>;</td><td></td></t<>	W-2 here. Also	С		•		-					. 10	;	
1099-R if tax       e       Iaxable dependent care benefits from Form 2441, line 26       1         was withheld.       f       Employer-provided adoption benefits from Form 8839, line 29       1         If you did not get a Form       was get from Form 8919, line 6       1       1         W22, see       h       Other earned income (see instructions)       1       1         W2, see       Nontaxable combat pay election (see instructions)       1       1       1         Add lines 1a through 1h       1       1       1       1       1         Attach Sch. B       2a       Tax-exempt interest       2a       1       b       0       3b       110.         Btandard Deduction for       3a       Qualified dividends       3a       109.       b       Taxable amount       4b       5b         Standard Deduction for       6a       5a       b       Taxable amount       5b       0         Standard Deduction for       6a       Social security benefits       6a       b       Taxable amount       6b         Married fling separately, segarately, segarately, or Qualified dividends       f       6a       1       7       -3.         Standard Deduction for       6a       Social security benefits       6a		d					nstru	uctions)			. 1d		
If you did not g Wages from Form 8919, line 6 1g   get a Form h Other earned income (see instructions) 1h   W-2, see i Nontaxable combat pay election (see instructions) 1i   instructions. i Nontaxable combat pay election (see instructions) 1i   Attach Sch. B 2a Tax-exempt interest 2a   if required. 3a 109.   Bandard Qualified dividends 3a   Standard 4a IRA distributions   Standard 5a   Deduction for-   Single or   Married filing   gionthy or   Qualified dividend stata base   Ga   Standard   Deduction for-   Sa   Sandard   Gadard   Standard   Deduction for-   Sa   Single or   Married filing   gionthy or   Qualified dividends to income from Schedule 1, line 10   Standard   Deduction for-   Sa   Sa ded if non-   Sa Social security benefits   C apital gain or (loss). Attach Schedule D if required. If not required, check here   Sa Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your adjusted gross income   Subtract line 10 from line 9. This is your adjusted gross income   Subtract line 10 from line 9. This is your adjusted gross income   Subtract line 10 from line 9. This is your adjusted gross income   Subtract line 10 from line 9. This is your adjusted	1099-R if tax		•		·								
get a Portin       h       Other earned income (see instructions)       1h       0.         w-2, see       i       Nontaxable combat pay election (see instructions)       1i       1i         z       Add lines 1a through 1h       1a       1a       1a         Attach Sch. B       2a       Tax-exempt interest       2a       b       1a, 651.         3a       Qualified dividends       3a       109.       b       Ordinary dividends       3b       110.         4a       B       Add istributions       4a       b       b       Taxable amount       4b         Standard       5a       Pensions and annuities       5a       b       Taxable amount       5b         Single or       Married filing separately, \$13,850       f       social security benefits       6a       b       Taxable amount       6b         7       Capital gain or (loss). Attach Schedule D if required, check here (see instructions)       7       7       -3.         8       Qualifying spouse, \$27.700       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       126, 130.         \$27.700       Adjustments to income from Schedule 1, line 26       10       11       126, 130.         \$27.700       Adjustments to income from S		f				,			• •			-	
W-2, see       In       Other earlied informe (see instructions)       In       Other earlied informe (see instructions)         instructions.       i       Nontaxable combat pay election (see instructions)       1i       1i       12       124,372.         Attach Sch. B       if required.       3a       Tax-exempt interest       2a       b       Taxable interest       2b       1,651.         Attach Sch. B       if required.       3a       Qualified dividends       3a       109.       b       Taxable interest       2b       1,651.         Standard       Ga       Qualified dividends       3a       109.       b       Taxable amount       4b       4b         Standard       Farable amount       5a       b       Taxable amount       5b       6b         Social security benefits       6a       b       Taxable amount       6b       6b         Married filing separately, \$13,850       7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       -3.         Numired filing jointly or       8       Additional income from Schedule 1, line 10       10       12       126,130.         Y27,700       10       Adjustments to income from Schedule 1, line 26       10       11       126,130.		, v					• •		• •			-	0
zAdd lines 1a through 1h12124,372.Attach Sch. B if required.2abTaxable interest2b3aQualified dividends3a109.4aIRA distributions4ab5andard Deduction for esingle or Maried filing separately, pointy of autifying surviving spouse, \$27.700Fandard Social security benefits5a6aSocial security benefits6abTaxable amount4b7Capital gain or (loss). Attach Schedule D if required. If not required, check here7-3.8Additional income from Schedule 1, line 101011126,130.9126,130.12124,372.1110Adjustments to income from Schedule 1, line 2611126,130.11126,130.1213,850.13141413,850.14Add lines 12 and 131413,850.	W-2, see		```	,	· · ·		• •		· ·		. 1h	1	0.
Attach Sch. B       2a       Tax-exempt interest       2a       b       Taxable interest        2b       1,651.         if required.       3a       Qualified dividends        3a       109.       b       Ordinary dividends        3b       110.         Standard Deduction for-       5a       Pensions and annuities        5a       b       Taxable amount        4b        5b        6b        6b         4b          4b          4b          4b          4b          4b          4b <td>instructions.</td> <td></td> <td></td> <td>see ins</td> <td>structions)</td> <td></td> <td>• •</td> <td> 11</td> <td></td> <td></td> <td></td> <td></td> <td>10/ 270</td>	instructions.			see ins	structions)		• •	11					10/ 270
if required.       3a       Qualified dividends       3a       109.       b       Ordinary dividends       3b       110.         Standard       4a       4a       b       Taxable amount       4b       4b         Standard       5a       Pensions and annuities       5a       b       Taxable amount       4b         Standard       5a       Pensions and annuities       5a       b       Taxable amount       5b         Single or       6a       Social security benefits       6a       b       Taxable amount       5b         6a       Social security benefits       6a       b       Taxable amount       5b       5b         7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       7       -3.         8       Married filing       9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       126, 130.         9       126, 130.       11       126, 130.       12       13, 850.         14       Add lines 12 and 13       Image: Social security form Socie deduction from Form 8995 or Form 8995-A       13       14       13, 850.			- 1	 0.		· · · ·	 ьт	· · · ·					
4a       IRA distributions       4a       b       Taxable amount       4b         Standard       5a       Pensions and annuities       5a       b       Taxable amount       5b         Single or       6a       Social security benefits       6a       b       Taxable amount       5b         Married filing separately, \$13,850       c       If you elect to use the lump-sum election method, check here (see instructions)       .       .       6b         Married filing jointly or       Capital gain or (loss). Attach Schedule D if required. If not required, check here       .       .       7       -3.         Married filing surviving spouse, \$227,700       8       Additional income from Schedule 1, line 10       .       .       .       9       126,130.         Year of household, \$20,800       11       Subtract line 10 from line 9. This is your adjusted gross income       .       .       .       11       126,130.         Year of household, any duditied business income deduction from Form 8995 or Form 8995-A       .       .       .       13       14       13,850.						109							
Standard Deduction for -       5a       Pensions and annuities										• • •			
Single or Married filing separately, \$13,850       6a       b Taxable amount	Standard												
Married filing separately, \$13,850       c       If you elect to use the lump-sum election method, check here (see instructions)       .													
Separately,	Married filing		· · ·		method								
Married filing jointly or Qualifying surviving spouse, \$27,7008Additional income from Schedule 1, line 1089Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income9126,130.\$27,70010Adjustments to income from Schedule 1, line 2610Head of household, \$20,80011Subtract line 10 from line 9. This is your adjusted gross income11126,130.1213,850.13Qualified business income deduction from Form 8995 or Form 8995-A13141413,850.1413,850.1413,850.			, ,		,		`	,	• •		7		-3.
Qualifying surving spouse, \$27,7009Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income9126,130.10Adjustments to income from Schedule 1, line 2610Head of household, \$20,80011Subtract line 10 from line 9. This is your adjusted gross income11126,130.12Standard deduction or itemized deductions (from Schedule A)1213,850.13Qualified business income deduction from Form 8995 or Form 8995-A131413,850.	<ul> <li>Married filing jointly or</li> </ul>				•	•		,					
10       Adjustments to income from Schedule 1, line 26       10         Head of household, \$20,800       11       Subtract line 10 from line 9. This is your adjusted gross income       11       126,130.         12       Standard deduction or itemized deductions (from Schedule A)       12       13,850.         13       Qualified business income deduction from Form 8995 or Form 8995-A       13         14       Add lines 12 and 13       14       13,850.	Qualifying							e					126,130.
Index dof household, \$20,80011Subtract line 10 from line 9. This is your adjusted gross income11126,130.12Standard deduction or itemized deductions (from Schedule A)1213,850.13Qualified business income deduction from Form 8995 or Form 8995-A1314Add lines 12 and 131413,850.	\$27,700												
\$20,80012Standard deduction or itemized deductions (from Schedule A)1213,850.If you checked any box under Standard Deduction,13Qualified business income deduction from Form 8995 or Form 8995-A1313If d lines 12 and 131413,850.1413,850.	<ul> <li>Head of household,</li> </ul>		•				ne						126,130.
13Qualified business income deduction from Form 8995 or Form 8995-A133tandard14Add lines 12 and 13141413,850	\$20,800										. 12	2	
Deduction,         14         Add lines 12 and 13         14         13,850	any box under	13	Qualified business income deduct	ion fro	m Form 8	995 or Form	899	95-A			. 13		
see instructions. 15 Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income 15 112, 280.	Deduction,	14	Add lines 12 and 13								. 14		13,850.
	see instructions.	15	Subtract line 14 from line 11. If zer	ro or le	ss, enter	-0 This is y	ourt	taxable incom	e.		. 15		112,280.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2023)

Form 1040 (2023	5)						Page <b>2</b>
Tax and	16	Tax (see instructions). Check if any from Form	(s): <b>1</b> 🗌 8814	4 <b>2</b> 4972	3	16	20,337.
Credits	17	Amount from Schedule 2, line 3				17	7
	18	Add lines 16 and 17				18	20,337.
	19	Child tax credit or credit for other dependent	s from Schedu	ule 8812		19	)
	20	Amount from Schedule 3, line 8				20	)
	21	Add lines 19 and 20				21	
	22	Subtract line 21 from line 18. If zero or less, e	enter -0			22	20,337.
	23	Other taxes, including self-employment tax,	from Schedule	2, line 21 .		23	<b>3</b> 0.
	24	Add lines 22 and 23. This is your <b>total tax</b>				24	20,337.
Payments	25	Federal income tax withheld from:					
,, <b>,</b>	а	Form(s) W-2			<b>25a</b> 22	,842.	
	b	Form(s) 1099			25b		
	с	Other forms (see instructions)			25c		
	d	Add lines 25a through 25c				25	d 22,842.
If you have a	26	2023 estimated tax payments and amount a	oplied from 20	22 return .		26	
qualifying child,	27	Earned income credit (EIC)			27		
attach Sch. EIC.	28	Additional child tax credit from Schedule 8812		-	28		
	29	American opportunity credit from Form 8863	, line 8		29		
	30	Reserved for future use	-		30		
	31	Amount from Schedule 3. line 15			31		
	32	Add lines 27, 28, 29, and 31. These are your	total other pa	wments and refu	undable credits	32	2
	33	Add lines 25d, 26, and 32. These are your <b>to</b>	-	-			
Refund	34	If line 33 is more than line 24, subtract line 24				34	
neruna	35a	Amount of line 34 you want refunded to you			, .		
Direct deposit?	b	Routing number 1 1 1 9 0 0 6		_		Savings	
See instructions.	d	Account number 3 0 2 0 7 9 0					
	36	Amount of line 34 you want applied to your 2		dtax	36		
Amount	37	Subtract line 33 from line 24. This is the amo					
You Owe	57	For details on how to pay, go to www.irs.gov				37	,
	38	Estimated tax penalty (see instructions) .			38		
Third Party		you want to allow another person to disc					
Designee		tructions				mplete belov	v. 🗙 No
20019.000	De	signee's	Phone		Perso	nal identificatio	n
	nai	nē	no.		numb	er (PIN)	
Sign		der penalties of perjury, I declare that I have examined					, ,
Here		ef, they are true, correct, and complete. Declaration c			ased on all informatio		, ,
	Yo	ur signature	Date	Your occupation			sent you an Identity PIN, enter it here
Joint return?				DEVOPS ENG	TNEER	(see inst.)	
See instructions.	Sp	ouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupat		If the IRS	sent your spouse an
Keep a copy for	-1-					Identity Pr	otection PIN, enter it here
your records.						(see inst.)	
	Ph	one no. (979)985-7098	Email address	ARAVINDJ19	94@GMAIL.CO	M	
Paid	Pre	parer's name Preparer's signat	ure		Date	PTIN	Check if:
Preparer	SYAM	PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	02/28/2024	P0208270	3 Self-employed
Use Only	Fir	n's name GLOBAL TAXES LLC				Phone no.	(678)965-9522
	Fir	n's address 245 ROONEY CT E BRU	NSWICK N	J 08816		Firm's EIN	84-3171965
Go to www.irs.go	ov/Form	1040 for instructions and the latest information.		BAA	REV 02/16/24 PRO		Form <b>1040</b> (2023)

SCHEDULE	В
(Form 1040)	

Department of the Treasury

Interest	and	<b>Ordinary</b>	<b>Dividends</b>
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OMB No. 1545-0074 2

#### Attach to Form 1040 or 1040-SR.

Department of the Tre Internal Revenue Serv		Go to www.irs.gov/ScheduleB for instructions and the latest information.		Attachme Sequence	nt No. <b>08</b>	
Name(s) shown on re	eturn		Your	social securi		r
ARAVIND JAY	YACHA	ANDRAN	506	5-65-452		
Part I	1	List name of payer. If any interest is from a seller-financed mortgage and the		Amo	ount	
Interest (See instructions and the Instructions for Form 1040,		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: GOLDMAN SACHS BANK USA CAPITAL ONE			1,207	
line 2b.) Note: If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest			1			
shown on that form.						
	2	Add the amounts on line 1	2		1,651	L .
	3	Excludable interest on series EE and I U.S. savings bonds issued after 1989. 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	A	1,651	<u>.</u>
Part II	Note: 5	If line 4 is over \$1,500, you must complete Part III.         List name of payer:       Robinhood Markets Inc		Amo	<b>ount</b> 11(	<u> </u>
Ordinary Dividends (See instructions and the Instructions for Form 1040, line 3b.) Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the			5			
payer and enter the ordinary	6	Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b	6		110	<u> </u>
dividends shown _ on that form.		If line 6 is over \$1,500, you must complete Part III.	_ <b>-</b>	1		· •
Part III Foreign Accounts	You m	nust complete this part if you ( <b>a</b> ) had over \$1,500 of taxable interest or ordinary d nt; or ( <b>c</b> ) received a distribution from, or were a grantor of, or a transferor to, a foreigr				ign Io
and Trusts Caution: If required, failure to file FinCEN Form 114 may result in substantial penalties.		At any time during 2023, did you have a financial interest in or signature authority of account (such as a bank account, securities account, or brokerage account) locat country? See instructions	ed in  and	a foreign · · · · Financial		×
Additionally, you may be required to file Form 8938, Statement of Specified Foreign Financial Assets.	b 8	If you are required to file FinCEN Form 114, list the name(s) of the foreign country(financial account(s) is (are) located: During 2023, did you receive a distribution from, or were you the grantor of, or t				

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

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

See instructions.

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REV 02/16/24 PRO

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### SCHEDULE D (Form 1040)

## **Capital Gains and Losses**

OMB No. 1545-0074

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

Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10. Go to *www.irs.gov/ScheduleD* for instructions and the latest information.

2023 Attachment Sequence No. 12

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

ARAVIND JAYACHANDRAN

Your social security number 506-65-4523

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? 
Yes No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

## Part I Short-Term Capital Gains and Losses – Generally Assets Held One Year or Less (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	<b>(d)</b> Proceeds (sales price)	<b>(e)</b> Cost (or other basis)	<b>(g)</b> Adjustment to gain or loss Form(s) 8949, F line 2, column	from Part I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.					
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked					
2 Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked					
3 Totals for all transactions reported on Form(s) 8949 with Box C checked					
4 Short-term gain from Form 6252 and short-term gain or (k	oss) from Forms 4	684, 6781, and 88	324	4	
5 Net short-term gain or (loss) from partnerships, Schedule(s) K-1	5				
6 Short-term capital loss carryover. Enter the amount, if an <b>Worksheet</b> in the instructions	6	( )			
7 Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise				7	

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

lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to le dollars.	<b>(d)</b> Proceeds (sales price)	<b>(e)</b> Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)		(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.					
8b	Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked	1.	4.			-3.
9	Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked					
10	Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked.					
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824						
<ul> <li>12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1</li> <li>13 Capital gain distributions. See the instructions</li> </ul>					12 13	
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your <b>Capital Loss Carryover</b> Worksheet in the instructions					14	( )
<b>15</b> Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III on the back					15	-3.

Part	III Summary		
16	Combine lines 7 and 15 and enter the result	16	-3.
	• If line 16 is a <b>gain</b> , enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.		
	• If line 16 is a <b>loss</b> , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.		
	• If line 16 is <b>zero</b> , skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.		
17	Are lines 15 and 16 <b>both</b> gains?		
	<ul> <li>Yes. Go to line 18.</li> <li>No. Skip lines 18 through 21, and go to line 22.</li> </ul>		
18	If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet	18	
19	If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet	19	
20	<ul> <li>Are lines 18 and 19 both zero or blank and you are not filing Form 4952?</li> <li>Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below.</li> </ul>		
	□ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the <b>smaller</b> of:		
	<ul> <li>The loss on line 16; or</li> <li>(\$3,000), or if married filing separately, (\$1,500)</li> </ul>	21 (	3.
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.		
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?		
	Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16.		

□ **No.** Complete the rest of Form 1040, 1040-SR, or 1040-NR.

BAA REV 02/16/24 PRO

Schedule D (Form 1040) 2023

Form 8949 (2023)		Attachment Sequence No. 12A	Page <b>2</b>

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side ARAVIND JAYACHANDRAN Social security number or taxpayer identification number 506-65-4523

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

**Part II Long-Term.** Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

**Note:** You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

**(D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)

[] (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

(F) Long-term transactions not reported to you on Form 1099-B

<b>1</b> (a) Description of property (Example: 100 sh. XYZ Co.)	<b>(b)</b> Date acquired (Mo., day, yr.)	<b>(c)</b> Date sold or disposed of	<b>(d)</b> Proceeds (sales price)	(e) Cost or other basis See the <b>Note</b> below and see <i>Column</i> (e)	If you enter an enter a c See the sep	if any, to gain or loss amount in column (g), ode in column (f). parate instructions.	<b>(h)</b> Gain or (loss) Subtract column (e) from column (d) and	
(Example: 100 SH: XT2 G0.)	(100., day, yr.)	(Mo., day, yr.)	(see instructions)	in the separate instructions.	(f) Code(s) from instructions	<b>(g)</b> Amount of adjustment	combine the result with column (g).	
Robinhood Markets Inc	01/01/22	12/31/23	1.	4.			-3.	
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box	I here and inc is checked), <b>lir</b>	lude on your 1e 9 (if Box E	1.	4.			-3.	

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

8 Form Department of the Treasury Internal Revenue Service

# Health Savings Accounts (HSAs)

OMB No. 1545-0074

23

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

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

Attachment Sequence No. <b>52</b>
ber of HSA beneficiary. HSAs, see instructions
 4 - 0 0

20

intorna				
			ave HS	f HSA beneficiary. As, see instructions.
	re you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance C			
Part		his part. If y	ou ar	e filing jointly
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) du		54011	300030.
	See instructions		× Se	lf-only 🗌 Family
2	HSA contributions you made for 2023 (or those made on your behalf), including those ma unextended due date of your tax return that were for 2023. <b>Do not</b> include employer cor	ntributions,		
	contributions through a cafeteria plan, or rollovers. See instructions	H	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 were, or were considered, an eligible individual with the <b>same</b> coverage, enter \$3,850 (family coverage). <b>All others</b> , see the instructions for the amount to enter	\$7,750 for	3	3,850.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2023 from F lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during include any amount contributed to your spouse's Archer MSAs	2023, also	4	0.
5	Subtract line 4 from line 3. If zero or less, enter -0	H	5	3,850.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and	H		3,030.
•	coverage under an HDHP at any time during 2023, see the instructions for the amount to en		6	3,850.
7	If you were age 55 or older at the end of 2023, married, and you or your spouse had family under an HDHP at any time during 2023, enter your additional contribution amount. See inst		7	0.
8	Add lines 6 and 7		8	3,850.
9	Employer contributions made to your HSAs for 2023 9	600.		
10	Qualified HSA funding distributions			
11	Add lines 9 and 10		11	600.
12	Subtract line 11 from line 8. If zero or less, enter -0		12	3,250.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Particular terms of the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Particular terms of the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Particular terms of the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Particular terms of the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Particular terms of the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Particular terms of terms		13	0.
	Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instruction			
Part	<b>II HSA Distributions.</b> If you are filing jointly and both you and your spouse each a separate Part II for each spouse.	have sepa	rate F	ISAs, 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 a contributions (and the earnings on those excess contributions) included on line 14a			
	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)	E CONTRACTOR	15	
16	Taxable HSA distributions.       Subtract line 15 from line 14c. If zero or less, enter -0 Also, in amount in the total on Schedule 1 (Form 1040), Part I, line 8f		16	
<b>1</b> 7a	If any of the distributions included on line 16 meet any of the <b>Exceptions to the Additiona</b> <b>Tax</b> (see instructions), check here			
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on li are subject to the additional 20% tax. Also, include this amount in the total on Schedu 1040), Part II, line 17c	le 2 (Form	17b	
Part	III Income and Additional Tax for Failure To Maintain HDHP Coverage. See t completing this part. If you are filing jointly and both you and your spouse eac complete a separate Part III for each spouse.	he instruction In have sepa		
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 Schedu			
	1040), Part II, line 17d		21	

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

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