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)

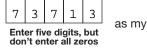
Taxpay	er's name	Social securi	ty numb	ber
PRE	MKUMAR VANKUDOTH	479-87	-3713	3
Spouse	o's name	Spouse's soo	ial secu	urity number
Par	Tax Return Information – Tax Year Ending December 31, 2023 (Enter	er year you a	re aut	thorizina.)
	whole dollars only on lines 1 through 5.	<u>. jeu jeu e</u>		
Note:	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.			
1	Adjusted gross income		1	127,643.
2	Total tax		2	20,771.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	24,735.
4	Amount you want refunded to you		4	3,964.
5	Amount you owe		5	

#### Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Part II

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

×	I authorize	GLOBAL TAXES LLC	to enter or generate my PIN
		ERO firm name	



01/31/2024

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
------	-----------

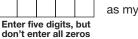
premkumar.v

Spouse's PIN: check one box only

I authorize

to enter or generate my PIN

Date



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 signature >	Date ►	
Practitioner PIN Method Return	is Only—continue below	
Part III Certification and Authentication – Practitioner P	N Method Only	
<b>ERO's EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit s	elf-selected PIN. 2 2 2 4 9 6 6 1 9 8 9 Don't enter all zeros	

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 🕨	
	RO Must Retain This Form — See mit This Form to the IRS Unless		
For Denemicarly Deduction Act Nation	un tex seture instructions	DEV 01/21/24 DDO	Earm 8879 (Bay, 01 2021)

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 01/21/24 PRO

<b>1040</b>		artment of the Treasury—Internal Revenue Servi <b>S. Individual Income Tax</b>		turn	202	3	OMB No. 1545	-0074	IRS Use Only	y−Do not v	/rite or sta	aple in this space.
For the year Jan	. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20	See se	parate	instructions.
Your first name	and m	iddle initial	Last r	name						Your so	cial sec	curity number
PREMKUMA	AR		VAN	KUDOTH	I					479	87	3713
		s first name and middle initial	Last r									l security numbe
Home address	(numbe	er and street). If you have a P.O. box, see	instruc	tions.				A	pt. no.	Preside	ntial Ele	ection Campaigr
<u>410 KEAT</u>	ING	ST						6	301		,	ou, or your
City, town, or p	ost offi	ice. If you have a foreign address, also co	mplete	spaces be	low.	Sta	ite	ZIP co	ode			jointly, want \$3 nd. Checking a
Morrisvi	lle					NC	2	275	60	1 0		not change
Foreign country	/ name			Foreign p	rovince/state/o	count	ty	Foreig	n postal code	your ta:		_
												ou Spouse
Filing Status	; 🗵	Single					Head of he	ouseh	old (HOH)			
Check only		Married filing jointly (even if only or	ne hac	l income)			□ • ··· ·			()		
one box.	L	Married filing separately (MFS)							ing spouse	. ,		
		you checked the MFS box, enter the alifying person is a child but not you										
	- qu	anying person is a child but not you	ii uepi									
Digital		ny time during 2023, did you: (a) rece									_	<b>F</b>
Assets		nange, or otherwise dispose of a digi						et)? (Se	e instructio	ns.)		es 🛛 No
Standard	_	neone can claim: 🗌 You as a de	•		•		a dependent					
Deduction		Spouse itemizes on a separate return	n or yo	ou were a	dual-status	alien	1					
Age/Blindness	s You	: 🗌 Were born before January 2, 1	959	Are bl	lind Spo	ouse	: 🗌 Was bor	n befo	ore January	2, 1959		s blind
Dependents	s (see	instructions):		(2) 5	Social security	,	(3) Relationsh	ip (4	) Check the b	ox if qual	fies for	(see instructions):
If more	<b>(1)</b> F	irst name Last name		number to you				Child tax o	redit	Credit fo	or other dependents	
than four												
dependents, see instructions	s ——											
and check	- 											
here												
Income	1a	Total amount from Form(s) W-2, be			,							146,994.
Attach Form(s)	b	Household employee wages not re								. 1b	-	
W-2 here. Also attach Forms	C L	Tip income not reported on line 1a	•						· · ·	. 10		
W-2G and	d	Medicaid waiver payments not rep Taxable dependent care benefits f						• •		· 10	-	
1099-R if tax was withheld.	e f	Employer-provided adoption bene		-				• •		· 16	-	
If you did not	'n	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	,				<b>1</b> 1					
	z	Add lines 1a through 1h								. 1z	:	146,994.
Attach Sch. B	2a	Tax-exempt interest	2a			bТ	axable interest	t.		. 2b	)	
if required.	3a	Qualified dividends	3a			b C	Ordinary divider	nds .		. 3b	)	
	4a	IRA distributions	4a			bΤ	axable amount	t		. 4b	)	
Standard Deduction for—	5a	Pensions and annuities	5a			bΤ	axable amoun	t		. 5b		
Single or	6a	Social security benefits	6a			bΤ	axable amoun	t		. 6b	•	
Married filing separately,	С	If you elect to use the lump-sum e	lectior	n method,	check here	(see	instructions)		[			
\$13,850 • Married filing	7	Capital gain or (loss). Attach Schee		•	•		-		[	7		
jointly or Qualifying	8	Additional income from Schedule								. 8	_	-19,351.
surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,						• •		. 9	-	127,643.
\$27,700 • Head of	10	Adjustments to income from Sche							· · ·	. 10		100 640
household, \$20,800	11	Subtract line 10 from line 9. This is	•	-	-			• •		. 11	-	127,643.
If you checked	12	Standard deduction or itemized						• •		. 12	-	13,850.
any box under Standard	13 14	Qualified business income deducti			SAD OL FOLM	099	ю-А	• •		. 13		13,850.
Deduction, see instructions.	14 15	Add lines 12 and 13 Subtract line 14 from line 11. If zer			 _∩_ Thie ie v		taxahle incom	 16		· 14		113,850.
	13				0 1115 15 Y	Jui		. 5		. 10	·	, <i>193</i> .

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

Form **1040** (2023)

Form 1040 (2023	3)							Page <b>2</b>
Tax and	16	Tax (see instructions). Check if any from Form	n(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3 🗌		16	20,710.
Credits	17	Amount from Schedule 2, line 3				[	17	
	18	Add lines 16 and 17				[	18	20,710.
	19	Child tax credit or credit for other depender	nts from Sched	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,	enter -0			[	22	20,710.
	23	Other taxes, including self-employment tax	, from Schedule	e 2, line 21 .		[	23	61.
	24	Add lines 22 and 23. This is your total tax				[	24	20,771.
Payments	25	Federal income tax withheld from:						
	а	Form(s) W-2			<b>25a</b> 24	,735.		
	b	Form(s) 1099			25b	·		
	С	Other forms (see instructions)			25c			
	d	Add lines 25a through 25c					25d	24,735.
15	26	2023 estimated tax payments and amount a					26	,
If you have a L qualifying child,	27	Earned income credit (EIC)			27			
attach Sch. EIC.	28	Additional child tax credit from Schedule 881		-	28			
	29	American opportunity credit from Form 886			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 you			-		32	
	33	Add lines 25d, 26, and 32. These are your t	•	-		· · -	33	24,735.
Defund	34	If line 33 is more than line 24, subtract line 2				· ·	34	3,964.
Refund	35a	Amount of line 34 you want refunded to yo			, .	···	35a	3,964.
Direct deposit?	b	Routing number         0         7         2         0         0         3				Savings	55a	5,501.
See instructions.	b	Account number         5         2         6         7         6         5         8				Savings		
	а 36			d tox				
A		Amount of line 34 you want applied to your			36			
Amount You Owe	37	Subtract line 33 from line 24. This is the <b>am</b> For details on how to pay, go to <i>www.irs.go</i>					07	
rou Owe	00				1 1	· · ·	37	
	38	Estimated tax penalty (see instructions) .			38			
Third Party		you want to allow another person to dis		rn with the IRS?		mplete bel		× No
Designee		signee's	· · · · · Phone			onal identifica		
	nai	0	no.			ber (PIN)	ation	
Sign	Un	der penalties of perjury, I declare that I have examine	ed this return and	accompanying sche	edules and statement	s, and to the	best (	of my knowledge and
Here	bel	ief, they are true, correct, and complete. Declaration	of preparer (othe	r than taxpayer) is b	ased on all informatio	n of which p	repare	er has any knowledge.
пеге	Yo	ur signature	Date	Your occupation		If the IF	אS ser	nt you an Identity
								N, enter it here
Joint return?				SOFTWARE		(see ins	,	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation	tion			t your spouse an ection PIN, enter it here
your records.						(see ins		cuon Fin, enter it here
	Ph	one no. (269)267-4392	Email address	עאזאנאור∩ידיםם	M1998@GMAIL.CC	`		
		eparer's name Preparer's signa		VAINCODUITPRE	Date			Check if:
Paid				דיזגחדחווח סגו			222	Self-employed
Preparer			L PAVAN KUM	IAR DUDIPALLI		P024708		
Use Only		n's name GLOBAL TAXES LLC	TNOUT OF M	T 0001C		Phone Firme la		678)965-9522
		m's address 245 ROONEY CT E BRI	JNSWICK N			Firm's	EIN	88-2145487
Go to www.irs.go	ov/Forn	n1040 for instructions and the latest information.		BAA	REV 01/21/24 PRO			Form <b>1040</b> (2023)

SCHEDULE	1
(Form 1040)	

Department of the Treasury

# Additional Income and Adjustments to Income

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. **01** Internal Revenue Service Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number PREMKUMAR VANKUDOTH 479-87-3713

1       Taxable refunds, credits, or offsets of state and local income taxes       1         2a       Date of original divorce or separation agreement (see instructions):       2a         3       Business income or (loss). Attach Schedule C       3         4       Other gains or (losse). Attach Schedule C       3         5       Rental real estate, royalites, partnerships, S corporations, trusts, etc. Attach Schedule E       6         6       Farm income or (loss). Attach Schedule F       6         7       Unemployment compensation       8a         0       Other income:       8a         a Net operating loss       8a       7         6       Groreign earned income exclusion from Form 2555       8d         7       Bae       8a       8a         9       Ataska Permanent Fund dividends       8a       8a         9       Total other inclusion (see instructions)       8a       8a         1       Income from Form 8889       8a       8a       8a         1       Income from Form 8889       8a       8a       8a       8a         1       Income from Form 8889       8a	Par	t I Additional Income		
2a       Alimony received       2a         b       Date of original divorce or separation agreement (see instructions):       3         3       Business income or (loss), Attach Schedule C       3         4	1	Taxable refunds, credits, or offsets of state and local income taxes	. 1	
b       Date of original divorce or separation agreement (see instructions):       3         3       Business income or (loss). Attach Schedule C       3         4	2a			
3       Business income or (loss). Attach Schedule C       3         4       Other gains or (losse). Attach Form 4797       4         5       Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E       5       -19,657.         6       Farm income or (loss). Attach Schedule F       5       -19,657.       6         7       Unemployment compensation       8a (       )         8       Net operating loss       8a (       )         9       Gambling       8a (       )         6       6       7         7       Other income:       8a (       )         8       Net operating loss       8a (       )         6       Gambling       8a (       )         7       Other from Form 8853       8e (       )         9       Income from Form 8889       8g (       )         1       Activity not engaged in for profit income       8i (       )         1       Income from the rental of personal property if you engaged in the rental al for profit but were not in the business of renting such property	b			
4       Other gains or (losses). Attach Form 4797       4         5       Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E       5       -19,657.         6       Timicome or (loss). Attach Schedule F       6       7         7       Unemployment compensation       7         8       Other income:       8a (       7         9       Total other income or (loss). Attach Schedule F       7         7       Unemployment compensation       8a (       7         8       Other income:       8a (       7         9       Total other income or (loss). Attach Schedule F       7         7       Total other income. Add lines 8a through 8z       8a (       7         9       306.       8a (       7	3	Business income or (loss). Attach Schedule C	. 3	
5       Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E       5       -19, 657.         6       Farm income or (loss). Attach Schedule F       7         8       Other income:       8a (       7         9       Gambling       8a (       7         9       Total other income or (loss). Attach Schedule F       8a (       7         6       Other income:       8a (       7         7       8b       6       8         7       8b       6       8         6       Cancellation of debt       8a (       7         7       8b       8a (       7         8       Gambling       8a (       7         9       Total other income Resclusion from Form 2555       8d (       7         9       Activity not engaged in for profit income       8d (       7         8       1       Income from Torm 8889       8d (       8d         1       Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property       8d       8d         1       Income from 10 (lusion (see instructions)       8d       8d       8d         1       Income from 10 Alusion (see ins				
6       Farm income or (loss). Attach Schedule F.       6         7       Unemployment compensation       7         8       Other income:       a Net operating loss       7         a       Net operating loss       8a (       7         b       Gambling       8a (       7         c       Cancellation of debt       8c       8d (         c       Cancellation of debt       8c       8d (         c       Cancellation of debt       8c       8d (         f       Income from Form 8853       8e       306.         g       Alaska Permanent Fund dividends       8g       306.         h       Jury duty pay       8h       8i       8d         i       Prizes and awards       8i       8d       8d         i       Income from Ther Bagaed in for profit income       8i       8d       8d         i       Income from the rental of personal property if you engaged in the rental for profit but were not in the buisness of renting such property       8d       8d       8d         m       Olympic and Paralympic medals and USOC prize money (see instructions)       8n       8a       8d       8d       8d       8d       8d       8d       8d       8d       8d	5			-19,657.
7       Unemployment compensation       7         8       Other income:       8a (         9       Total other income seclusion from Form 2555       8a (         0       Bab       8c         0       Cancellation of debt       8c         1       Cancellation of debt       8d (         2       Cancellation of debt       8d (         3       Cancellation of debt       8d (         4       Foreign earned income exclusion from Form 2555       8d (         9       Alaska Permanent Fund dividends       8d         1       Income from Form 8889       8f       306.         8g       8d       8d       8d         1       Income from the rental for profit income       8i       8d         1       Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property       8d       8d         1       Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property       8d       8d         1       Income from A261(a) inclusion (see instructions)       8d       8d       8d         2       Section 951A(a) inclusion (see instructions)       8d       8d       8d <t< th=""><th>6</th><th></th><th></th><th></th></t<>	6			
8       Other income:       Ba       Image: Sample of the system of th				
b       Gambling       Bb         c       Cancellation of debt       Bc         d       Foreign earned income exclusion from Form 2555       Bd         d       Foreign earned income exclusion from Form 2555       Bd         f       Income from Form 8853       Be         f       Income from Form 8869       Bf         g       Alaska Permanent Fund dividends       Bf         j       Activity not engaged in for profit income       Bi         j       Activity not engaged in for profit income       Bi         j       Activity not engaged in for profit income       Bi         j       Activity not engaged in for profit income       Bi         j       Activity not engaged in for profit income       Bi         j       Activity not engaged in for profit income       Bi         j       Activity not engaged in for profit income       Bi         j       Moreinal State       Bi         j       Stock options       Bi       Bi         j       Moreinal State       Bi       Bi         j       Stock options       Bi       Bi         j       Section 951(a) inclusion (see instructions)       Bi       Bi         j       Scholarship and fel	8	Other income:		
c       Cancellation of debt       8c         d       Foreign earned income exclusion from Form 2555       8d (         e       Income from Form 8853       8e         f       1ncome from Form 8859       8f         g       Alaska Permanent Fund dividends       8g         h       Jury duty pay       8h         i       Prizes and awards       8i         j       Activity not engaged in for profit income       8i         i       Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property       8k         l       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       8k         m       Olympic and Paralympic medals and USOC prize money (see instructions)       8n         n       Section 951(a) inclusion (see instructions)       8n         o       Section 951(a) inclusion (see instructions)       8a         g       Taxable distributions from an ABLE account (see instructions)       8a         g       Taxable distributions from a nonqualifed deferred compensation plan or a nongovernmental section 457 plan       8t         g       Total other income. Add lines 8a through 8z       8z         g       Total other income. Add line	а	Net operating loss	)	
d       Foreign earned income exclusion from Form 2555       8d (         e       Income from Form 8883       86         f       Income from Form 8889       8f         g       Alaska Permanent Fund dividends       8f         h       Jury duty pay       8f         i       Prizes and awards       8i         j       Activity not engaged in for profit income       8i         j       Activity not engaged in for profit income       8i         j       Activity not engaged in for profit income       8i         j       Activity not engaged in for profit income       8i         j       Comme from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property       8i         m       Olympic and Paralympic medals and USOC prize money (see instructions)       8m         n       Section 951A(a) inclusion (see instructions)       8n         s       Section 951A(a) inclusion (see instructions)       8a         g       Taxable distributions from an ABLE account (see instructions)       8a         r       Scholarship and fellowship grants not reported on Form W-2       8r         s       Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d       8a         y <td< th=""><th>b</th><th>Gambling</th><th></th><th></th></td<>	b	Gambling		
e       Income from Form 8853       8e         f       Income from Form 8889       8f         g       Alaska Permanent Fund dividends       8g         h       Jury duty pay       8h         i       Prizes and awards       8i         j       Activity not engaged in for profit income       8i         j       Activity not engaged in for profit income       8i         j       Activity not engaged in for profit income       8i         k       Stock options       8k         l       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       8k         m       Olympic and Paralympic medals and USOC prize money (see instructions)       8m         n       Section 951(a) inclusion (see instructions)       8n         o       Section 951(a) inclusion (see instructions)       8n         f       Taxable distributions from an ABLE account (see instructions)       8g         r       Scholarship and fellowship grants not reported on Form W-2       8r         s       Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d       8s (         u       Wages earned while incarcerated       8u       8z         g       Total other income. Add l	С	Cancellation of debt		
f       Income from Form 8889       889       306.         g       Alaska Permanent Fund dividends       8         h       Jury duty pay       306.         i       Prizes and awards       8i         i       Prizes and awards       8i         j       Activity not engaged in for profit income       8i         j       Activity not engaged in for profit income       8i         j       Activity not engaged in for profit income       8i         j       Cock options       8i         i       Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property       8i         m       Olympic and Paralympic medals and USOC prize money (see instructions)       8i         m       Section 951(a) inclusion (see instructions)       8n         o       Section 951A(a) inclusion (see instructions)       8n         g       Scholarship and fellowship grants not reported on Form W-2       8r         r       Scholarship and fellowship grants not reported on Form W-2       8r         s       Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d       8u         u       Wages earned while incarcerated       8u         d       Total other income. Add lines	d	Foreign earned income exclusion from Form 2555	)	
f       Income from Form 8889       889       306.         g       Alaska Permanent Fund dividends       8         h       Jury duty pay       306.         i       Prizes and awards       8i         i       Prizes and awards       8i         j       Activity not engaged in for profit income       8i         j       Activity not engaged in for profit income       8i         j       Activity not engaged in for profit income       8i         j       Cock options       8i         i       Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property       8i         m       Olympic and Paralympic medals and USOC prize money (see instructions)       8i         m       Section 951(a) inclusion (see instructions)       8n         o       Section 951A(a) inclusion (see instructions)       8n         g       Scholarship and fellowship grants not reported on Form W-2       8r         r       Scholarship and fellowship grants not reported on Form W-2       8r         s       Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d       8u         u       Wages earned while incarcerated       8u         d       Total other income. Add lines	е	Income from Form 8853		
h       Jury duty pay       h       Bh         i       Prizes and awards       Bi       Bi         j       Activity not engaged in for profit income       Bi       Bi         j       Activity not engaged in for profit income       Bi       Bi         j       Activity not engaged in for profit income       Bi       Bi         j       Activity not engaged in for profit income       Bi       Bi         k       Stock options       Bi       Bi         i       Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property       Bi         m       Olympic and Paralympic medals and USOC prize money (see instructions)       Bi         n       Section 951(a) inclusion (see instructions)       Bn         o       Section 951(a) inclusion (see instructions)       Bo         g       Taxable distributions from an ABLE account (see instructions)       Ba         g       Taxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d       Ba         g       Total other income. List type and amount:       Bz         g       Total other income. Add lines 8a through 8z       Ba         g       Total other income. Add lines 8a through 8z       Ba         g <th>f</th> <th></th> <th>06.</th> <th></th>	f		06.	
i       Prizes and awards       8i         j       Activity not engaged in for profit income       8j         j       Activity not engaged in for profit income       8j         k       Stock options       8k         l       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       8k         m       Olympic and Paralympic medals and USOC prize money (see instructions)       8m         n       Section 951(a) inclusion (see instructions)       8n         o       Section 951A(a) inclusion (see instructions)       8n         g       Taxable distributions from an ABLE account (see instructions)       8n         r       Scholarship and fellowship grants not reported on Form W-2       8r         s       Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d       8s (         u       Wages earned while incarcerated       8u         z       Other income. List type and amount:       8z         g       Total other income. Add lines 8a through 8z       9         10       Combine lines 1 through 7 and 9. This is your additional income. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8       -19, 351.	g	Alaska Permanent Fund dividends		
<ul> <li>j Activity not engaged in for profit income</li> <li>k Stock options</li> <li>l 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</li> <li>m Olympic and Paralympic medals and USOC prize money (see instructions)</li> <li>n Section 951(a) inclusion (see instructions)</li> <li>o Section 951(a) inclusion (see instructions)</li> <li>p Section 461(l) excess business loss adjustment</li> <li>g Taxable distributions from an ABLE account (see instructions)</li> <li>r Scholarship and fellowship grants not reported on Form 1040, line 1a or 1d</li> <li>w Wages earned while incarcerated</li> <li>u Wages earned while incarcerated</li> <li>c Other income. List type and amount:</li> <li>g Total other income. Add lines 8a through 8z</li> <li>t Combine lines 1 through 7 and 9. This is your additional income. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8</li> <li>c -19, 351.</li> </ul>	h	Jury duty pay		
k       Stock options       8k         I       Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property       8l         m       Olympic and Paralympic medals and USOC prize money (see instructions)       8n         n       Section 951(a) inclusion (see instructions)       8n         o       Section 951(a) inclusion (see instructions)       8n         p       Section 461(l) excess business loss adjustment       8g         q       Taxable distributions from an ABLE account (see instructions)       8q         r       Scholarship and fellowship grants not reported on Form W-2       8r         s       Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d       8u         u       Wages earned while incarcerated       8u         z       Other income. List type and amount:       8z         m       Total other income. Add lines 8a through 8z       9       306.         10       Combine lines 1 through 7 and 9. This is your additional income. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8       10       -19, 351.	i	Prizes and awards		
I       Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property       81         m       Olympic and Paralympic medals and USOC prize money (see instructions)       81         n       Section 951(a) inclusion (see instructions)       8n         o       Section 951A(a) inclusion (see instructions)       8n         p       Section 951A(a) inclusion (see instructions)       8n         g       Taxable distributions from an ABLE account (see instructions)       8g         r       Scholarship and fellowship grants not reported on Form W-2       8r         s       Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d       8s (         u       Wages earned while incarcerated       8u         z       Other income. List type and amount:       8z         9       Total other income. Add lines 8a through 8z       9       306.         10       Combine lines 1 through 7 and 9. This is your additional income. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8       -19, 351.	j	Activity not engaged in for profit income		
for profit but were not in the business of renting such property       8         m Olympic and Paralympic medals and USOC prize money (see instructions)       8         n Section 951(a) inclusion (see instructions)       8         o Section 951A(a) inclusion (see instructions)       8         p Section 461(l) excess business loss adjustment       80         g Taxable distributions from an ABLE account (see instructions)       8         r Scholarship and fellowship grants not reported on Form 1040, line 1a or 1d       8         t Pension or annuity from a nonqualifed deferred compensation plan or a nongovernmental section 457 plan       8         u Wages earned while incarcerated       8         z Other income. List type and amount:       8         9 Total other income. Add lines 8a through 8z       9         10 Combine lines 1 through 7 and 9. This is your additional income. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8       9	k	Stock options		
m       Olympic and Paralympic medals and USOC prize money (see instructions)       m       m         n       Section 951(a) inclusion (see instructions)       8n       8n         o       Section 951A(a) inclusion (see instructions)       8o       8n         p       Section 951A(a) inclusion (see instructions)       8o       8p         q       Taxable distributions from an ABLE account (see instructions)       8q       8q         r       Scholarship and fellowship grants not reported on Form W-2       8r       8s (         s       Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d       8s (       9         t       Pension or annuity from a nonqualifed deferred compensation plan or a nongovernmental section 457 plan       8t       8u       8z         g       Total other income. List type and amount:       8z       9       306.         10       Combine lines 1 through 7 and 9. This is your additional income. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8       -19, 351.	I			
Instructions)       Image: Section 951(a) inclusion (see instructions)       Image: Section 461(l) excess business loss adjustment       Image: Se				
n       Section 951(a) inclusion (see instructions)       8n         o       Section 951A(a) inclusion (see instructions)       8o         p       Section 461(l) excess business loss adjustment       8p         q       Taxable distributions from an ABLE account (see instructions)       8q         r       Scholarship and fellowship grants not reported on Form W-2       8r         s       Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d       8s (         t       Pension or annuity from a nonqualifed deferred compensation plan or a nongovernmental section 457 plan       8t         u       Wages earned while incarcerated       8u       8z         9       Total other income. Add lines 8a through 8z       9       306.         10       Combine lines 1 through 7 and 9. This is your additional income. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8       10       -19, 351.	m			
o       Section 951A(a) inclusion (see instructions)       80         p       Section 461(l) excess business loss adjustment       80         q       Taxable distributions from an ABLE account (see instructions)       8q         r       Scholarship and fellowship grants not reported on Form W-2       8r         s       Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d       8s (         t       Pension or annuity from a nonqualifed deferred compensation plan or a nongovernmental section 457 plan       8t         z       Other income. List type and amount:       8u       8u         9       Total other income. Add lines 8a through 8z       9       306.         10       Combine lines 1 through 7 and 9. This is your additional income. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8       9       -19, 351.				
p       Section 461(l) excess business loss adjustment       8p         q       Taxable distributions from an ABLE account (see instructions)       8q         r       Scholarship and fellowship grants not reported on Form W-2       8r         s       Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d       8s (         t       Pension or annuity from a nonqualifed deferred compensation plan or a nongovernmental section 457 plan       8t         u       Wages earned while incarcerated       8u       8z         9       Total other income. Add lines 8a through 8z       9       306.         10       Combine lines 1 through 7 and 9. This is your additional income. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8       -19,351.	n			
qTaxable distributions from an ABLE account (see instructions)8qrScholarship and fellowship grants not reported on Form W-28rsNontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d8rtPension or annuity from a nonqualifed deferred compensation plan or a nongovernmental section 457 plan8tuWages earned while incarcerated8uyOther income. List type and amount:8zgTotal other income. Add lines 8a through 8z9306.10Combine lines 1 through 7 and 9. This is your additional income. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 810-19,351.	0			
r       Scholarship and fellowship grants not reported on Form W-2       8r       8r         s       Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d       8s       9         t       Pension or annuity from a nonqualifed deferred compensation plan or a nongovernmental section 457 plan       8t       8t         u       Wages earned while incarcerated       8u       8t       8u       8t         o       Other income. List type and amount:       8z       9       306.         10       Combine lines 1 through 7 and 9. This is your additional income. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8       10       -19,351.	р			
s       Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d       8s       ()         t       Pension or annuity from a nonqualifed deferred compensation plan or a nongovernmental section 457 plan       8t       8t         u       Wages earned while incarcerated       8u       8u       8u         o       Other income. List type and amount:       8z       9       306.         10       Combine lines 1 through 7 and 9. This is your additional income. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8       9       306.	q			
1040, line 1a or 1d       10 <th>r</th> <th></th> <th></th> <th></th>	r			
t       Pension or annuity from a nonqualifed deferred compensation plan or a nongovernmental section 457 plan       8t       8t         u       Wages earned while incarcerated       8u       8u       8u         z       Other income. List type and amount:       8z       9       306.         9       Total other income. Add lines 8a through 8z       9       306.         10       Combine lines 1 through 7 and 9. This is your additional income. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8       9       306.	S			
a nongovernmental section 457 plan       8t         u       Wages earned while incarcerated       8u         z       Other income. List type and amount:       8z         9       Total other income. Add lines 8a through 8z       9         10       Combine lines 1 through 7 and 9. This is your additional income. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8       9       306.			)	
u       Wages earned while incarcerated       8u         z       Other income. List type and amount:       8z         9       Total other income. Add lines 8a through 8z       9         10       Combine lines 1 through 7 and 9. This is your additional income. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8       9         10       -19,351.	t			
z       Other income. List type and amount:       8z       9         9       Total other income. Add lines 8a through 8z		•		
9         Total other income. Add lines 8a through 8z.         9         306.           10         Combine lines 1 through 7 and 9. This is your additional income. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8         9         306.	u			
9Total other income. Add lines 8a through 8z	z	Other income. List type and amount:		
10         Combine lines 1 through 7 and 9. This is your additional income. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8         10         -19,351.	_			
1040, 1040-SR, or 1040-NR, line 8				306.
	10	Combine lines 1 through 7 and 9. This is your <b>additional income</b> . Enter here and on Fo	rm	10 050

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

Schedule 1 (Form 1040) 2023

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis govern	ment		
	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			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	Jury duty pay (see instructions)			
b	Deductible expenses related to income reported on line 8I from the			
	rental of personal property engaged in for profit			
с	Nontaxable amount of the value of Olympic and Paralympic medals			
	and USOC prize money reported on line 8m.			
d	Reforestation amortization and expenses			
е	Repayment of supplemental unemployment benefits under the Trade			
	Act of 1974			
f	Contributions to section 501(c)(18)(D) pension plans			
g	Contributions by certain chaplains to section 403(b) plans 24g			
ĥ	Attorney fees and court costs for actions involving certain unlawful			
	discrimination claims (see instructions)			
i	Attorney fees and court costs you paid in connection with an award			
	from the IRS for information you provided that helped the IRS detect			
	tax law violations			
j	Housing deduction from Form 2555			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form			
	1041)			
z	Other adjustments. List type and amount:			
	24z			
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income. Enter here a	nd on		
	Form 1040, 1040-SR, or 1040-NR, line 10		26	
	<b>BAA</b> REV 01/21/24 PRO		Schedule 1 (F	orm 1040) 202

SCHE	DULE	2
(Form	1040)	

12

13

14

15

16

Department of the Treasury

## **Additional Taxes**

OMB No. 1545-0074

ഹ

12

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

Internal Revenue Service Go to www.irs.gov/Form1040 for instructions and the latest information.				Sequence No. 02
Name		ocial security number		
PRE	479-8	-87-3713		
Pa	rt I Tax			
1	[	1		
2	Excess adv	ance 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 1	7	3
Pa	rt II Other	Taxes		
4	Self-employ	ment tax. Attach Schedule SE	[	4
5		arity and Medicare tax on unreported tip income.		
6	Uncollected Form 8919			
7	Total addition		7	
8	Additional ta	uired.		
	If not requir	. 🗆 🛛	8	
9	Household	[	9	
10	Repayment		10	
11	Additional N		11	

Uncollected social security and Medicare or RRTA tax on tips or group-term life 

Interest on tax due on installment income from the sale of certain residential lots 

Interest on the deferred tax on gain from certain installment sales with a sales price

Recapture of low-income housing credit. Attach Form 8611 . . . . . . . . . . . . .

For Paperwork Reduction Act Notice, see your tax return instructions.	
TO FADE WORK NEULUIN ACLINULCE. SEE YOU LAA TELUIN INSULUCIONS.	
Tor raperwork neutron Act Notice, see your tax return instructions.	

(continued on page 2)

12

13

14

15

16

Schedule 2 (Form 1040) 2023

Par	t 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	<b>17c</b> 61.		
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	171		
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	61.
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 <b>total other taxe</b> on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b	es. Enter here and	21	61.
	BAA	REV 01/21/24 PRO	Schedu	ule 2 (Form 1040) 2023

(Form 1040)		(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)								20 <b>23</b>					
Department of the Treasury Internal Revenue Service		Attach to Form 1040, 1040-SR, 1040-NR, or 1041. Go to <i>www.irs.gov/ScheduleE</i> for instructions and the latest information.							Attachment 13						
Name(s) shown on return					rinsur		u the la					ial security number			
PREMKUMAR VANKUDOTH												37-3713			
Part				From Bon	tal Real Estate ar	d Ro	valties					, 07	5715		
	Note: If yo rental inco	ou are	e in th r loss	e business of from <b>Form 4</b>	renting personal prope <b>835</b> on page 2, line 40.	rty, use	Schedule								
					nat would require you ed Form(s) 1099? .					structions .			_		No No
1a	Physical addr	ess o	of ea	ch property	(street, city, state, ZI	P code	e)								
Α	18-152 KA	RALN	MARI	KS COLONY	BHUPALPALLY '	TELAN	NGANA I	N 50	6169						
В															
С															
1b	Type of Prope (from list belov		2	above, repo	ntal real estate prope ort the number of fair	rental	and		Fa	ir Rental Days	Per	sona Day	al Use /s	QJV	
Α	3				e days. Check the Q			Α		365			0		
В					the requirements to nt venture. See instru			В						Ľ	
С				quaimed joi		JULIONE	5.	С							]
Туре	of Property:														
	Single Family R				tion/Short-Term Rer	ntal	5 Land			Self-Rental					
2	Multi-Family Re	sider	nce	4 Com	mercial		6 Roya	lties	8	Other (desc	ribe) _				
										Propert					
Incom	ne:							Α		B				С	
3	Rents received	s.				3		5	80.						
4	Royalties recei	ived				4									
Exper															
5	Advertising .					5									
6	Auto and trave	el (see	e ins	tructions)		6									
7						7		1,8	56.						
8	Commissions					8									
9						9									
10	-					10									
11	-					11		1,2	35.						
12		-			c. (see instructions)	12									
13	Other interest					13		5,875.							
14 15						14									
15 16	Supplies Taxes	• •	• •			15 16		5,2	40.						
17		• •	• •			17		6,0	25						
18						18		0,0	25.						
19	Other (list)	-		-		19									
20	· · ·				19	20		20,2	37.						
21					nd/or 4 (royalties). If										
				( /	find out if you must										
	file Form 6198	Ś.,				21	-	-19,6	57.						
22					ter limitation, if any,	22	(	19,65	57.)	(		)(			)
23a		nounts reported on line 3 for all rental properties <b>23a</b> 580.						/							
b		all amounts reported on line 4 for all royalty properties													
c		of all amounts reported on line 12 for all properties													
d		otal of all amounts reported on line 18 for all properties													
е	Total of all amounts reported on line 20 for all properties						7.								
24					wn on line 21. <b>Do no</b>		de any los	sses				24			
25					1 and rental real estat		-		nter to	tal losses he	re 💈	25 (	1	L9,65	57.)

**Supplemental Income and Loss** 

SCHEDULE E

Т

26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 . -19,657. NPA For Paperwork Reduction Act Notice, see the separate instructions.

-19,657. 26

Schedule E (Form 1040) 2023

OMB No. 1545-0074

8 Form Department of the Treasury

Internal Revenue Service

# Health Savings Accounts (HSAs)

OMB No. 1545-0074

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

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

	Sequence No. <b>52</b>					
security number of HSA beneficiary.						
spouses hav	e HSAs, see instructions.					
170 07	2712					

2

				number of HSA beneficiary. have HSAs, see instructions.			
PREN	479-87						
Befor	re you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Cor	ntracts, if	requi	red.			
Part	<b>HSA Contributions and Deduction.</b> See the instructions before completing this and both you and your spouse each have separate HSAs, complete a separate F						
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) durin See instructions		× Se	lf-only 🗌 Family			
2	HSA contributions you made for 2023 (or those made on your behalf), including those made unextended due date of your tax return that were for 2023. <b>Do not</b> include employer contributions through a cafeteria plan, or rollovers. See instructions	outions,	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 20 were, or were considered, an eligible individual with the <b>same</b> coverage, enter \$3,850 (\$7 family coverage). <b>All others</b> , see the instructions for the amount to enter	,750 for	3	3,850.			
4	Enter the amount you and your employer contributed to your Archer MSAs for 2023 from Form lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 20 include any amount contributed to your spouse's Archer MSAs	23, also	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 have 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 counder an HDHP at any time during 2023, enter your additional contribution amount. See instruct		7	0.			
8	Add lines 6 and 7		8	3,850.			
9		2,033.					
10	Qualified HSA funding distributions   10						
11	Add lines 9 and 10		11	2,033.			
12	Subtract line 11 from line 8. If zero or less, enter -0	+	12	1,817.			
13	<b>HSA deduction.</b> Enter the <b>smaller</b> of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II	, line 13	13	0.			
Part	<b>Caution:</b> If line 2 is more than line 13, you may have to pay an additional tax. See instructions.		ratal				
Fart	<b>HSA Distributions.</b> If you are filing jointly and both you and your spouse each has a separate Part II for each spouse.	ave sepa	rate r	15AS, complete			
14a	Total distributions you received in 2023 from all HSAs (see instructions)		14a	306.			
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						
	withdrawn by the due date of your return. See instructions	1	14b				
С	Subtract line 14b from line 14a	14c	306.				
15	Qualified medical expenses paid using HSA distributions (see instructions)		15				
16	<b>Taxable HSA distributions.</b> Subtract line 15 from line 14c. If zero or less, enter -0 Also, incluamount in the total on Schedule 1 (Form 1040), Part I, line 8f		16	306.			
17a	If any of the distributions included on line 16 meet any of the <b>Exceptions to the Additional Tax</b> (see instructions), check here	🗆					
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 1040), Part II, line 17c	2 (Form	17b	61.			
Part III Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.							
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	•	20				
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 1040), Part II, line 17d	2 (Form	21				

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