Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

OMB No. 1545-0074

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 security number				
KOU	SHIK KALLURI	202-59-6260				
Spouse	's name	Spouse's so	cial secu	urity number		
Par	t I Tax Return Information – Tax Year Ending December 31, 2023 (Enter	year you a	are aut	thorizing.)		
Enter	whole dollars only on lines 1 through 5.	<u> </u>				
Note	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.					
1	Adjusted gross income		1	96,774.		
2	Total tax		2	13,551.		
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	18,872.		
4	Amount you want refunded to you		4	5,321.		
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

X I authorize GLOBAL TAXES LLC to enter or generate my PIN					EBO firm name		E
	X	I authorize	GLOBAL	TAXES	LLC	to enter or generate my PIN	

9	6	2	6	0	
Ent dor	er fiv n't er	/e di iter a	gits, all ze	but	as my

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 signature >						 			
Practitioner	PIN Method Returns Only—continue	belo	ow						
Part III Certification and Authentication	 Practitioner PIN Method Only 								
ERO's EFIN/PIN. Enter your six-digit EFIN followe	d by your five-digit self-selected PIN.	2	2) 6 enter a		2 7	7 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 🕨	
_	ust Retain This Form — See his Form to the IRS Unless		
For Denerwork Reduction Act Nation and your top	roturn instructions	PEV/ 02/16/24 PPO	Form 8879 (Pov. 01 2021)

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

Your first name and middle initial Last name Your social security number KOTSRIK KALLURT 202 [59] [5260 High return, spouls's first name and middle initial KALLURT 202 [59] [5260 Corp, tow, op posture's first name and middle initial Last name Spouls's food security number 202 [157] AVE NP Corp, tow, op posture's first name and middle initial Presidential Election Campaign Corp, tow, op post fork it, you have a foreign address, also complete space below. State 29 Lob BELLEVUE Foreign province/state/county Foreign province/state/county Presidential Election Campaign Filing Status Single Isingle Isingle individual indidual individual individual individual individual	For the year Jar	. 1-Dec	. 31, 2023, or other tax year beginning		, 2023, enc	ling		, 20		See ser	oarate inst	ructions.
KOLSHIK KALLURI 202 59 6.260 If port feature, spouse's first name and middle initial Last name Spouse's social security numbe Home address (number and street). If you have a Dreb, box, see instructions. Apt. no. Precidential Election Campaign CM, Kaw, or post office. If you have a foreign address, also complete space below. State 2IP code Stoces I filing jority, want 33 BETLEVEV NA 98.004 Check here if you, or your The office if you have a foreign address, also complete space below. State 2IP code Stoces I filing jority, want 33 BETLEVEV NA 98.004 Prerigin province/state/county Pereign province/state/county Pereign province/state/county Pereign province/state/county Pereign space idea I you checked the HOF how, enter the name of your spouse. Hyou checked the HOF how, enter the name of your spouse as a dependent Outlifying surviving spouse (QSS) I you checked the HOF how, enter the name of your spouse as a dependent Digital At any time during 2023, dd you, (a) receive (as a reward, award, or payment for propenty or service); or (b) seail, assets Spouse Elemizes on a separate return or you were a dual-status alien Age/Blindness You: Were born before January 2, 1959 Are blind Spouse Cold to ofer dadie dependent Die	Vour first name	and m		Lastr								
If joint return, spouse's first nume and middle initial Last nume Spouse's social security number Home address (number and streed). If you have a P.O. box, see instructions. Apt. no. Presidential Election Campaign 3229 LISTIT AVE NP Color (No. Work of the Streed). If you have a P.O. box, see instructions. YA Presidential Election Campaign 3210 LISTIT AVE NP Color (No. Work of the Streed). If you have a freegn address, also complete spaces below. State 2P code theorem in the Streed in												-
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BELEVUE INA 980.94 box below will not change Foreign country name Foreign province/state/county Foreign patalacob you tax or refutnd. Filing Status Married filing jointly (even if only one had income) Qualifying surviving spouse (QSS) You to core filing If you checked the MFS box, enter the name of your spouse. If you checked the MFS box, enter the name of your spouse. If you checked the HFO 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, award, or payment for property or services); or (b) sell. Assets Sensence can claim: You a sedependent Deduction Spouse itemizes on a separate return or you were a dual-status allen Age/Bindness You: Were how before January 2, 1959 Are bind Dependents (i) First name Last name (g) Statistionship (G) Child tax credit or dire dependent If more (1) First name Last name number (g) Falsitonship (how dire direche direch				mplete	spaces below.	Stat	te	ZIP code				
Foreign country name Foreign province/state/country Foreign postal code your tax or refund. Filing Status Single Interied filing jointly (even if only one had income) Interied filing separately (MFS) Coulifying surviving spouse (QSS) If you checked the MFS box, enter the name of your spouse. If you checked the MCH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:	BELLEVUI	C				WA	1	98004				•
Filing Status Single Head of household (HOH) Check only Married filing jointly (even if only one had income) Classifying 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 geron is a child but not your dependent: Digital Digital Assets Any time during separately (by cur (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.) Yes Yes Digital Soneone can claim: You sa dependent You spouse as a dependent Yes Yes Age/Blindness You: Were born before January 2, 1959 Are blind Spouse timeries on a separater return or you were a claus-status alien Age/Blindness You: Were born before January 2, 1959 Are blind Check the box if qualifies for (sen instructions) If nore In a trane (f) First name (g) Fielationally (f) Child tax credit dependent trane dependent trane (g) Fielationally (f) Child tax credit dependent care benefits from Form (839, UR 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2,	Foreign countr	/ name			Foreign province/state/	count	У	Foreign po	stal code			•
Check only one box. Married filing jointly (even if only one had income) [] Married filing separately (MFS) Qualifying surviving spouse (QSS) Digital Assets 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 lasset)? (See instructions.) Yes Yes Standard Deduction Someone can claim: You as a dependent: Your spouse as a dependent Yes No Age/Blindness You: Were born before January 2, 1959 Its blind Dependents Dependents (i) First name Last name (i) Social security number (i) Relationship (i) Check the box it qualifies for (see instructions) If more dependents, see instructions (i) First name Last name (ii) Social security number (iii) Relationship (ii) Check the box it qualifies of (see instructions) If more dependents, see instructions (iii) First name Last name (iii) Social security (iii) Relationship (iii) Check the box it qualifies for (see instructions) If more dependents, see instructions (i) (iii) Social security (iii) Social security (iii) Social security (iii) Social security V3 tare, Aso instructions 1a Total amount from Form(s) W-2, box 1 (see in											You	Spouse
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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:	Check only			ne had	l income)		_					
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Digital Assets At any time during 2023, did you: (a) receive (as a reward, 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.) ↓ Yes Xo Standard Deduction Someone can claim: \over us as dependent \over you sea dependent \over you sea dependent Age/Blindness You: Were born before January 2, 1959 \over Are blind Spouse: \over Ass born before January 2, 1959 \over born before January 2, 1959 \ove						u che	ecked the HOH	l or QSS b	pox, ente	er the chi	ld's name	if the
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W-2, see n Other earned income (see instructions) 1 n 0. instructions. i Nontaxable combat pay election (see instructions) 1i i i a Add lines 1a through 1h 1a 96,754. i 2b 20. Attach Sch. B a Qualified dividends i i b Taxable interest 2b 20. Attach Sch. B a Qualified dividends i i b Taxable interest i b 2b 20. tandard eduction for-single or deuted filing separately, \$13,850 fa is 3a b b Taxable amount is 5b 6b 6b c fb fb fb fb	•	-							· ·			0
z Add lines 1a through 1h 1z 96,754. Attach Sch. B 2a Tax-exempt interest 2b 20. if required. 3a Qualified dividends 3a b 7 3b tandard eduction for- 5a Social security benefits 5a b Taxable amount 4b 5b Single or Married filing separately, \$13,850 c If you elect to use the lump-sum election method, check here (see instructions) 5b 6b 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 7 827,700 Head of household, \$20,800 11 Subtract line 10 from line 9. This is your adjusted gross income 9 96,774. 12 13,850. 12 Standard deduction or itemized deductions (from Schedule A) 12 13,850. 827,700 Head of household, \$20,800 11 Subtract line 10 from line 9. This is your adjusted gross income 11 96,774. 12 13,850. 13 Qualified dusiness income deduction from Schedule A) 12 13,850. 13 Qualified dusiness income deduction from Form 8995 or Form 8995-A 13 13 14	W-2, see	-	,	,			· · · ·			. <u>1h</u>	-	υ.
Attach Sch. B 2a Tax-exempt interest 2a b Taxable interest 2b 20. if required. 3a Qualified dividends 3a b Ordinary dividends 3b tandard eduction for- 5a IRA distributions 4a b Taxable amount 4b Single or 5a Pensions and annuities 5a b Taxable amount 5b Married filing separately, \$13,850 c If you elect to use the lump-sum election method, check here (see instructions) c 6b Varied filing jointly or Qualifying surviving spouse, \$27,700 Additional income from Schedule 1, line 10 c c 7 827,700 Head of household, \$20,800 11 Subtract line 10 from line 9. This is your adjusted gross income 10 11 9 9 9 6,774. 12 Standard deduction or itemized deductions (from Schedule A) 11 9 12 13,850. 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 14 13,850.	instructions.			see ins	structions)		11			a_		26 754
and both both both both both both both both			-	 0.	· · · · · ·	 ьт	· · · ·	•••	• •			
tandard eduction for- Single or Married filing separately, \$13,850 tandard Pensions and annuities tandard 4a tandard b tandard b </td <td>Attach Sch. B if required.</td> <td></td> <td>20.</td>	Attach Sch. B if required.											20.
tandard eduction for- 5a Pensions and annuities									• •			
Ga Social security benefits 6a b Taxable amount 6b Single or Married filing separately, \$13,850 c If you elect to use the lump-sum election method, check here (see instructions) c 6b 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here c 7 8 Additional income from Schedule 1, line 10 c 7 9 96,7774. 8 9 96,7774. 9 96,7774. 10 11 96,7774. 12 13,850. 11 96,7774. 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 14 Add lines 12 and 13 14 13,850.	Standard								• •			
Married filing separately, \$13,850 c If you elect to use the lump-sum election method, check here (see instructions) .	Deduction for –											
7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 Married filing jointly or Qualifying surviving spouse, Surviving spouse, surviving spouse, \$27,700 8 Additional income from Schedule 1, line 10 8 9 96,7774. 10 Adjustments to income from Schedule 1, line 26 10 11 96,7774. 12 Subtract line 10 from line 9. This is your adjusted gross income 11 96,7774. 12 13,850. 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 14 Add lines 12 and 13 14	Married filing				method check here				 Г			
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 income99 <td>separately, \$13,850</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td> [</td> <td>7</td> <td></td> <td></td>	separately, \$13,850								[7		
Qualifying surviving spouse, \$27,7009Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income996, 774.10Adjustments to income from Schedule 1, line 261010Adjustments to income from Schedule 1, line 261011Subtract line 10 from line 9. This is your adjusted gross income11\$20,80012Standard deduction or itemized deductions (from Schedule A)1213Qualified business income deduction from Form 8995 or Form 8995-A1314Add lines 12 and 131413,850.	Married filing		· · · · · ·		• •	-						
10Adjustments to income from Schedule 1, line 2610Head of household, \$20,800Subtract line 10 from line 9. This is your adjusted gross income1196,774.Subtract line 10 from line 9. This is your adjusted gross income1196,774.Standard deduction or itemized deductions (from Schedule A)1213,850.Qualified business income deduction from Form 8995 or Form 8995-A1314Add lines 12 and 131413,850.	Qualifying											96,774.
Head of household,11Subtract line 10 from line 9. This is your adjusted gross income1196,774.\$20,80012Standard deduction or itemized deductions (from Schedule A)1213,850.If you checked any box under Standard13Qualified business income deduction from Form 8995 or Form 8995-A13IdAdd lines 12 and 131413,850.	\$27,700											•
\$20,800 12 Standard deduction or itemized deductions (from Schedule A) 12 13,850. If you checked any box under Standard 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 13 Id Add lines 12 and 13 13 14 13,850.	Head of household.		-								-	96,774.
13Qualified business income deduction from Form 8995 or Form 8995-A13Standard14Add lines 12 and 131413,850.	\$20,800											
Standard Image: Production, and the second sec	any box under						5-A					
	Standard Deduction,										-	13,850.
	see instructions.	15	Subtract line 14 from line 11. If zer	ro or le	ess, enter -0 This is y	our t	axable incom	е		. 15		

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

Form **1040** (2023)

Form 1040 (2023	3)						Page 2
Tax and	16	Tax (see instructions). Check if any from Form	n(s): 1 🗌 881	4 2 4972	3 🗌	16	6 13,551.
Credits	17	Amount from Schedule 2, line 3				17	7
	18	Add lines 16 and 17				18	B 13,551.
	19	Child tax credit or credit for other depender	ts from Sched	ule 8812		19	9
	20	Amount from Schedule 3, line 8				20	D
	21	Add lines 19 and 20				2 *	1
	22	Subtract line 21 from line 18. If zero or less,	enter -0			22	2 13,551.
	23	Other taxes, including self-employment tax,	from Schedule	e 2, line 21 .		23	3 0.
	24	Add lines 22 and 23. This is your total tax				24	1 3,551.
Payments	25	Federal income tax withheld from:					
-	а	Form(s) W-2			25a 18	,872.	
	b	Form(s) 1099			25b		
	с	Other forms (see instructions)			25c		
	d	Add lines 25a through 25c				25	d 18,872.
If you have a	26	2023 estimated tax payments and amount a	applied from 20)22 return		20	6
qualifying child,	27	Earned income credit (EIC)			27		
attach Sch. EIC.	28	Additional child tax credit from Schedule 8812	2		28		
	29	American opportunity credit from Form 886	3, 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 you	r total other pa	ayments and ref	undable credits	32	2
	33	Add lines 25d, 26, and 32. These are your to	otal payments	·		33	3 18,872.
Refund	34	If line 33 is more than line 24, subtract line 2	24 from line 33.	This is the amou	nt you overpaid	34	5,321.
	35a	Amount of line 34 you want refunded to yo	u . If Form 8888	3 is attached, che	ck here	. 🗌 35	a 5,321.
Direct deposit?	b	Routing number 0 2 1 0 0 0 3] Checking 🛛 S	Savings	
See instructions.	d	Account number 4 8 3 0 9 1 5	5 7 9 9	9 8 8			
	36	Amount of line 34 you want applied to your	2024 estimate	edtax	36		
Amount	37	Subtract line 33 from line 24. This is the am	ount you owe				
You Owe		For details on how to pay, go to www.irs.go	v/Payments or	see instructions		37	7
	38	Estimated tax penalty (see instructions) .			38		
Third Party	Do	you want to allow another person to dis	cuss this retu	rn with the IRS?	See		
Designee	ins	tructions			🗌 Yes. Co	mplete belov	v. 🗙 No
		signee's	Phone			nal identificatio	on
<u>.</u>	na	der penalties of perjury, I declare that I have examine	no.			er (PIN)	ot of my knowledge and
Sign		ief, they are true, correct, and complete. Declaration					
Here	Yo	ur signature	Date	Your occupation		If the IBS	sent you an Identity
	10		Duic				n PIN, enter it here
Joint return?				SOFTWARE 1	ENGINEER	(see inst.)	
See instructions.	Sp	ouse's signature. If a joint return, both must sign.	Date	Spouse's occupat	ion		sent your spouse an
Keep a copy for your records.						Identity Pi (see inst.)	rotection PIN, enter it here
,						,	
		one no. $(716)400-6415$	Email address	KALLURIKOUS	HIK18@GMAIL.CO		Check if:
Paid		parer's name Preparer's signa		011DE3	Date	PTIN	
Preparer		PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA	KAM SAGAR	GUPTA TALLAM	02/24/2024	P0208270	
Use Only		n's name GLOBAL TAXES LLC		T 00016		Phone no	
		n's address 245 ROONEY CT E BRU	JNSWICK N			Firm's EIN	
Go to www.irs.go	ov/Forn	1040 for instructions and the latest information.		BAA	REV 02/16/24 PRO		Form 1040 (2023)

88 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. 52
	ber of HSA beneficiary. HSAs, see instructions
~ - ~	~ ~ ~ ~

20

Name(s		ial security numb		SA beneficiary. see instructions.
KOUS	SHIK KALLURI	202-59-6		
Befor	re you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Co	ntracts, if re	quire	d.
Part	HSA Contributions and Deduction. See the instructions before completing thi and both you and your spouse each have separate HSAs, complete a separate			
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) durin See instructions		Self-c	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. Do not include employer contributions through a cafeteria plan, or rollovers. See instructions	ibutions,	2	0.
3	If you were under age 55 at the end of 2023 and, on the first day of every month during 2 were, or were considered, an eligible individual with the same coverage, enter \$3,850 (\$5 family coverage). All others , 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 Fo 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	023, also		0.
5	Subtract line 4 from line 3. If zero or less, enter -0	5	5	3,850.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and has 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 of under an HDHP at any time during 2023, enter your additional contribution amount. See instru-		,	0.
8	Add lines 6 and 7	8	3	3,850.
9	Employer contributions made to your HSAs for 2023	292.		
10	Qualified HSA funding distributions			
11	Add lines 9 and 10			292.
12	Subtract line 11 from line 8. If zero or less, enter -0			3,558.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part		3	0.
Part	Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions			<u> </u>
Part	HSA Distributions. If you are filing jointly and both you and your spouse each has a separate Part II for each spouse.	lave separat	е нъ	AS, Complete
14a	Total distributions you received in 2023 from all HSAs (see instructions)	14	la	21.
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 th	nat were		
	withdrawn by the due date of your return. See instructions		b	
С	Subtract line 14b from line 14a		lc	21.
15	Qualified medical expenses paid using HSA distributions (see instructions)		5	21.
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0 Also, included amount in the total on Schedule 1 (Form 1040), Part I, line 8f.	1	6	0.
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional Tax (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 1040), Part II, line 17c	2 (Form	^z h	
Part				ore
	completing this part. If you are filing jointly and both you and your spouse each complete a separate Part III for each spouse.			
18	Last-month rule	1	8	
19	Qualified HSA funding distribution		9	
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, lin		0	
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule			
	1040), Part II, line 17d	2	1	

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

Form 8889 (2023)