<ul> <li>Single or Married filing jointly or Qualifying surviving spouse, \$27,700</li> <li>6a Social security benefits . 6a b Taxable amount 6b</li> <li>6a Social security benefits . 6a b Taxable amount</li></ul>	<b>1040</b>		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		turn	202	3	OMB No. 1545	-0074	IRS Use O	nly—Do n	iot wr	te or sta	ple in tł	his space.
SARRIDRI         SETH         B37         B	For the year Jan	. 1–Dec	:. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20	See	sep	arate i	nstruc	ctions.
If joint return, spoule's first name and middle initial     Lat name     Spoule's colaid security number       Home address frumber and streed, if you have a P.O. box, see instructions.     Apt no.     Apt no.       City, town, or post office. If you have a fordign address, also complete spaces below.     State     2P ode       MAR     Single     Check through you have a fordign address, also complete spaces below.     NA     98101       Fording noutry nume     Foreign province/state/curry     Foreign postal cose     your tak or relind.       Filing Status     Single     Interdet filing jointly (even if only one had income) one box.     Qualifying surviving spouse (DSS)       Hyou 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:     Ver     No       Standard     Someone can calle adopendent     Vour spouse as a dependent     Ver     No       Dependentis     Genes instructions.     Ver     No     Standard       Dependentis     Genes instructions.     Ver     No       Apa/Bildness You     Were born before January 2, 1859     Are blind     Spouse instructions.     Interdet instructions.       If more an instructions     Interdet instructions.     Interdet instructions.     Interdet instructions.     Interdet instructions.       Digital     Ana total amount from Form(9) W-2, box 1 (see	Your first name	and m	iddle initial	Last r	name						You	r soc	ial sec	urity r	umber
If joint return, spoule's first name and middle initial     Lat name     Spoule's colaid security number       Home address frumber and streed, if you have a P.O. box, see instructions.     Apt no.     Apt no.       City, town, or post office. If you have a fordign address, also complete spaces below.     State     2P ode       MAR     Single     Check through you have a fordign address, also complete spaces below.     NA     98101       Fording noutry nume     Foreign province/state/curry     Foreign postal cose     your tak or relind.       Filing Status     Single     Interdet filing jointly (even if only one had income) one box.     Qualifying surviving spouse (DSS)       Hyou 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:     Ver     No       Standard     Someone can calle adopendent     Vour spouse as a dependent     Ver     No       Dependentis     Genes instructions.     Ver     No     Standard       Dependentis     Genes instructions.     Ver     No       Apa/Bildness You     Were born before January 2, 1859     Are blind     Spouse instructions.     Interdet instructions.       If more an instructions     Interdet instructions.     Interdet instructions.     Interdet instructions.     Interdet instructions.       Digital     Ana total amount from Form(9) W-2, box 1 (see	SAMRIDHI	_		SET	'H						83	37	35	817	70
1923 TERRY AVE       20.07       Check here if you or you?         Gity, town, or post office. If you have a foreign address, also complete spaces below.       Via       21P code       State       21P code       State       20 of this fund, Waret State       State       20 of this fund, Checking a       State       You in the fund, Checking a         Foreign country name       Foreign province/state/country       Foreign province/state/country       Foreign province/state/country       Image: State State       You in the fund, Checking a         Filing Status       Single       Image: State State       Image: State State State       Image: State State State       You in the fund, Checking a         one box.       Image: State State State       Image: State State State State State       Image: State			s first name and middle initial												
1923 TERRY AVE       20.07       Check here if you or you?         Gity, town, or post office. If you have a foreign address, also complete spaces below.       Via       21P code       State       21P code       State       20 of this fund, Waret State       State       20 of this fund, Checking a       State       You in the fund, Checking a         Foreign country name       Foreign province/state/country       Foreign province/state/country       Foreign province/state/country       Image: State State       You in the fund, Checking a         Filing Status       Single       Image: State State       Image: State State State       Image: State State State       You in the fund, Checking a         one box.       Image: State State State       Image: State State State State State       Image: State															
City, town, or post office, If you have a foreign address, also complete spaces below.       State       2P code       spoce affice, If you have a foreign address, also complete spaces below.       State       2P code       spoce affice, If you have a foreign province/state/county       Foreign control of the fund. Checking a box below will not change box below.       Spoce affice, If you have a foreign province/state/county       Foreign control of the fund. Checking a box below.       Image provide (Schemanne)       Image provide (Schemanne) <t< td=""><td>Home address</td><td>(numbe</td><td>and street). If you have a P.O. box, see</td><td>instruc</td><td>ctions.</td><td></td><td></td><td></td><td>A</td><td>Apt. no.</td><td>Pres</td><td>siden</td><td>tial Ele</td><td>ction</td><td>Campaign</td></t<>	Home address	(numbe	and street). If you have a P.O. box, see	instruc	ctions.				A	Apt. no.	Pres	siden	tial Ele	ction	Campaign
SEATTLE       IVA       9101       to go to this fund. Checking a         Foreign country name       Foreign province/state/country       Foreign postal code       you to core relund.         Filing Status       Single       Itea of household (HOH)       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 persons is a child both out your dependent.       Qualifying surviving spouse (QSS)         Standard       Someoce can chilm:       You is a dependent.       Yee       No         Standard       Someoce can child spose of a digital asset (or a financial interest in a digital asset)? (See instructions)       Yee       No         Standard       Someoce can child spose of a digital asset (or a financial interest in a digital asset)? (See instructions)       Yee       No         Dependents.       Someoce can child spose of a digital asset (or a financial interest in a digital asset)? (See instructions)       Yee       No         Marine finan four       Go to thrive (se instructions):       (P see instructions):       (P see instructions):       Yee       No         Marine finan four       Go to dial dial asset (or a financial interest in a digital asset)? (See instructions):       (P find name financial interest in a digital asset)? (See instructions):       (P find name financial interest in a digital asset)? (See instructions):       (P find namout	<u>1823 TEF</u>	RRY	AVE						2	2007					
SEATURE       IMA       98101       box below will not change         Foreign country name       Foreign province/itate/country       Foreign province/itate/country       You       box below will not change         Filing Status       Single       Image: Country name       Preview postal code       You       box below will not change         Filing Status       Married filing jointly (even if only one had income) one box.       Oualifying surviving spouse. (CSS)       Image: Country name       Image: Country name <td< td=""><td>City, town, or p</td><td>ost offi</td><td>ce. If you have a foreign address, also co</td><td>mplete</td><td>spaces be</td><td>low.</td><td>Sta</td><td>ite</td><td>ZIP o</td><td>ode</td><td></td><td></td><td></td><td></td><td></td></td<>	City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete	spaces be	low.	Sta	ite	ZIP o	ode					
Filing Status       Single       Head of household (HOH)         Filing Status       Married filing jointly (even if only one had income) one box.       Qualifying surviving spouse (QSS)         If you checked the MFS box, enter the name of your spouse. If you checked the MFS box, enter the hald to not your dependent:       Qualifying surviving spouse (QSS)         Digital       At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell.         Assets       Schange 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       Yes       No         Dependents       (See instructions):       (I) First name       Last name       (I) First name	SEATTLE						WZ	4	981	01	· ·				•
Filing Status       Single       Head of household (HOH)         Check only       Married filing jointly (even if only one had income)       Cualifying 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:       Cualifying surviving spouse (QSS)         Digital       Aarry 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 as a dependent:       You spouse as a dependent       Ves       No         Deduction       Spouse:       Were born before January 2, 1959       Are blind       Spouse:       Was born before January 2, 1959       Is blind         Dependents       (see instructions):       (i) Fint name       Last name       number       (i) you       Child tax cell for dependent dependent in a fight asset (in the part dependent in and there have a during a status in the part dependent in a fight asset (in the part dependent in a status in the part dependent in a fight asset (in the part dependent in a status in and there in a status in and the part dependent in a set instructions)       Iii a coli asset (in the part dependent in a set instructions)       Iii a coli asset (in the part dependent in a status in and the part dependent in a status in and there in though the part dependent in thousehol	Foreign country	/ name			Foreign p	rovince/state/	count	ty	Foreig	n postal coo	le your	r tax	_	_	<b>_</b> _
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Click Miny       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 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, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions)       Ves       X no         Standard       Someone can claim:       You spouse as a dependent       Your spouse as a dependent       Yes       X no         Standard       Spouse femizes on a separate return or you were a dual-status allen       Spouse femizes on a separate return or you were a dual-status allen         Age/Blindness       You:       Were born before January 2, 1959       Are blind       Spouse:       Was born before January 2, 1959       Is blind         Dependents       (see instructions):       (i) First name       Lat name       Immediate       I	Filing Status	; 🗵	-					Head of he	ouseh	old (HOH)					
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:         Digital Assetts       At any time during 2023, did you: (a) raceive (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: Comparison of the compar	Check only		, , , , ,	ne hao	d income)						(0.0.0				
qualifying person is a child but not your dependent:         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 interest in a digital asset)? (See instructions).       Image: The term of the term of your services); or (b) sell, the term of you were a dual-status alien         Sector       Someone can claim:       You so a dependent       Your spouse as a dependent       Version a separate return or you were a dual-status alien         Age/Blindness       You:       Were born before January 2, 1959       Are blind       Spouse:       Was born before January 2, 1959       Is blind         Dependents       (see instructions):       (i) First name       Image: Child tax credit       Credit for other dependents, to you       Child tax credit       Credit for other dependents, are intructions).         If more than four dependents, see instructions):       Image: Child tax credit       Image: Child tax credit       Credit for other dependent, to you       Child tax credit       Image: Child tax credit       Credit for other dependent, to you       Child tax credit       Credit for other dependent, to you       Image: Child tax credit       Image: Child tax credit       Credit for other dependent, to you       Child tax credit       Image: Child tax credit       Credit for other dependent, to you       Image: Child tax credit       Image: Child tax credit       Image: Child tax credit	one box.														11
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 interest in a digital asset)? (See instructions.)       Yes       No         Standard Deduction       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) Spouse:       (a) Second ascurity       (b) Relationship       (c) Credit for dependents         than four dependents, see instructions       (a) Total amount from Form(s) W-2, box 1 (see instructions)       1a       201, 387.         If more two? area withhed.       1a       Total amount from Form(s) W-2, box 1 (see instructions)       1a       201, 387.         It was withhed.       1       Total amount from Form(s) W-2, box 1 (see instructions)       1a       201, 387.         It was withhed.       1       Total amount from Form(s) W-2, box 1 (see instructions)       1a       201, 387.         It was withhed.       1       Total amount from Form(s) W-2, (see instructions)       1a       201, 387.         It was withhed.       1       Total amount from Form 8919, line 6<														ne it t	ine
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       You repouse as a dependent       You souce as a dependent         Age/Blinchess You:       Were born before January 2, 1959       Are blind       Spouse:       Was born before January 2, 1959       Is blind         Dependents       (9) Erst name       Last name       (10) Erst name       Last name       (21) Social security       (2) Polationship       (2) Credit for other dependent         informer       (1) First name       Last name       number       (2) Social security       (3) Polationship       (4) Check the box if qualifies for (see instructions):         if more       (1) First name       Last name       number       (2) Social security       (3) Polationship       (4) Check the box if qualifies for (see instructions):         if more       (1) First name       Last name       number       (3) Polationship       (4) Check the box if qualifies for (see instructions):         if more       (1) First name       Last name       number       (3) Polationship       (4) Check the dependent         wee set instructions       1a       Total amount from Form(s) W-2, box 1 (see instructions)       1a       201, 387.         Hore		qu													
Standard Deduction       Someone can claim:       You 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 (see instructions):       (1) First name       (2) Social security       (3) Pelationship       (4) Check the box if qualifies for (see instructions;         (1) First name       Last name       number       (3) Pelationship       (4) Check the box if qualifies to (see instructions;         edpendents, see instructions, and check              if more       Ia       Total amount from Form(s) W-2, box 1 (see instructions)       Ia       201, 387.         Itach Form(s)       b       Household employee wages not reported on Form(s) W-2.       Ia       Ia       201, 387.         Itach Form(s)       d       Medicaid waiver payments not reported on Form(s) W-2.       Ia       Ia       201, 387.         If you did not get a Form Set 10, line 6.        1a       201, 387.       Ia         If you did not get a Form Set 10, line 6.        1a       201, 387.         If required.       2       Tax-exempt interest.       2a       1a       201, 387.         If required.       3a									-			ell,	_		
Deduction       Spouse itemizes on a separate return or you were a dual-status alien         Age/Blindness       You:       Were born before January 2, 1959       Is blind         Dependents       (see instructions):       (a) Palationship       (b) Palationship       (c) Palation       (c) Palationship	Assets								et)? (Se	e instruct	ions.)		∐ Ye	s [	× No
Age/Blindness       You:       Were born before January 2, 1959       Are blind       Spouse:       Was born before January 2, 1959       Is blind         Dependents       (see instructions):       (2) Social security       (3) Relationship       (4) Check the box if qualifies for (see instructions):         If more than four       (1) First name       Last name       (2) Social security       (3) Relationship       (4) Check the box if qualifies for (see instructions):         dependents, see instructions       Image: Social security       (3) Relationship       (4) Check the box if qualifies for (see instructions):         dependents, see instructions       Image: Social security       (3) Relationship       (4) Check the box if qualifies for (see instructions):         and check       Image: Social security       Image: Social security       (3) Relationship       (4) Check the box if qualifies for Credit for other dependents         here       Image: Social security         W26 and 1090-Rif tax       Taxable dependent care benefits from Form 839, Iine 29       Image: Social security benefits       Image: Social security benefits       Image: Social security       Image: Social security benefits       Image: Social security benefits       Image: Social security benefits       Image: Social security benefits		_		•		•		•							
Dependents (see instructions):       (2) Social security number       (3) Relationship       (4) Check the box if qualifies for (see instructions): Child tax credit       Credit for other dependents to you         If more than four dependents, see instructions and check here	Deduction		Spouse itemizes on a separate retur	n or yo	ou were a	dual-status	alien	1							
Child tax credit       Child tax credit       Credit for other dependents         time       Last name       number       to you       Child tax credit       Credit for other dependents         see instructions       Ia       Total amount from Form(s) W-2, box 1 (see instructions)       Ia       201, 387.         Attach Form(s)       Household employee wages not reported on Form(s) W-2, ese instructions)       Ia       201, 387.         Attach Forms       Household employee wages not reported on Form(s) W-2 (see instructions)       Ia       1a         Ve2 Stard 1098-R1 tax       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       Ia       1a         Ve2 Stard 1098-R1 tax       Taxable dependent care benefits from Form 8839, line 29       If       Ia         Ve2 Stard 1098-R1 tax       Wages from Form 8919, line 6       Ia       1a       201, 387.         Ve2 Stard 108       Qualified dividends       3a       787.       Ib       Ia         Ve2 Stard 108-Stard 108-	Age/Blindness	S You:	Were born before January 2, 1	959	Are b	lind <b>Sp</b> o	ouse	: 🗌 Was bor	n befo	ore Januar	y 2, 195	59	🗌 ls	s blind	ł
If more       than four       i       i         dependents, see instructions       i       i       i         and check       i       i       i       i         here       i       i       i       i       i         Attach Form(s)       b       Household employee wages not reported on Form(s) W-2.       ib       ib         Attach Form(s)       b       Household employee wages not reported on Form(s) W-2.       ib       ib         W22 here. Also       d       Medicaid waiver payments not reported on Form(s) W-2.       ib       ib         W23 and       io       ip       inc       ic       ic         W23 and       g       Wages from Form 8919, line 6       ie       ie       ie         W23 and       g       Wages from Form 8919, line 6       in       in       0.         W22, see       i       Nontaxable combat pay election (see instructions)       in       in       0.         W24, see       i       Nontaxable combat pay election (see instructions)       in       in       0.         W22, see       i       Nontaxable combat pay election (see instructions)       in       in       0.         Strandard       a       Qualified dividends	Dependents	s (see	instructions):		(2) \$	Social security	,	(3) Relationsh	<sub>iip</sub> (4	Check the	box if q	lualifi	es for (	see ins	structions):
dependents, see instructions       Image: see instructions       Image: see instructions       Image: see instructions         Income       1a       Total amount from Form(s) W-2, box 1 (see instructions)       Image: see instructions       Image: see instructions       Image: see instructions         Attach Form(s)       b       Household employee wages not reported on Form(s) W-2       Image: see instructions       Image: see instructions       Image: see instructions         V:2 Arer, Also       d       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       Image: see instructions       Image: see instructions       Image: see instructions         W:2 Arer, Also       d       Medicaid waiver payments not reported on Form S839, line 29       Image: see instructions       Image: see instructions       Image: see instructions         was withheld.       f       Employer-provided adoption benefits from Form 8839, line 29       Image: see instructions       Image: see instructions       Image: see instructions         was withheld.       g       Wages from Form 8919, line 6       Image: see instructions	If more	<b>(1)</b> F	irst name Last name			number		to you		Child tax	credit	0	Credit fo	r other	dependents
see instructions       Image: Constructions       Ima											]				
and check       here		s ——									]			<u> </u>	
Income       1a       Total amount from Form(s) W-2, box 1 (see instructions)       1a       201, 387.         Attach Form(s)       b       Household employee wages not reported on Form(s) W-2.       1b       1c         W-2 here. Also attach Forms       d       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1c         W-2 Ga and 1099-R if tax       e       Taxable dependent care benefits from Form 2441, line 26       1d         Wages from Form 8919, line 6       1e       1g       1d         Wages from Form 8919, line 6       1i       1g       1d         W-2, see       i       Nothraxable combat pay election (see instructions)       1h       0.         instructions.       z       Add lines 1a through 1h       1z       201, 387.         Attach Sch. B       2a       Tax-exempt interest       2a       b       Taxable amount       1b         Attach Sch. B       a       Qualified dividends       3a       787.       b       Taxable amount       5b         Standard Deduction form Sange of firguine of (loss), Attach Schedule D if required. If not required, there (see instructions)       7       7       487.         Standard Deduction form Schedule D if required. If not required, there (see instructions)       7       7       487.		. —									]			<u> </u>	
Attach Form(s)       b       Household employee wages not reported on Form(s) W-2.       1b         Attach Form(s)       c       Tip income not reported on line 1a (see instructions)       1c         W-26 and       d       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d         W-26 and       e       Taxable dependent care benefits from Form 2441, line 26       1e         109-R1 ftax       g       Wages from Form 8919, line 6       1e         was withheld, f       Employer-provided adoption benefits from Form 8839, line 29       1f         If you did not get a form       g       Wages from Form 8919, line 6       1g         was withheld, f       Employer-provided adoption benefits from Form 8839, line 29       1h       0.         was witheld       f       Employer provided adoption benefits from Form 839, line 29       1f         if you did not get a form       g       Wages from Form 8919, line 6       1e         w2.see       in Nontaxable combat pay election (see instructions)       1i       1z       201, 387.         Attach Sch. B       2a       Tax-exempt interest       2a       b       Ordinary dividends       3b       787.         Bediductin forf       6a       Social security benefits       6a       b       Taxable amount       6	-	4.	Tabal and a later from From (1) M( 0, b)			-1'					]				207
Attach Form(s)       Tip income not reported on line 1a (see instructions)       1c         W*2 Parer, Also       C       Tip income not reported on Form(s) W-2 (see instructions)       1d         W*2 Ga and       e       Taxable dependent care benefits from Form 2441, line 26       1e         U39-R if tax       e       Taxable dependent care benefits from Form 8839, line 29       1f         If you did not get a Form       g       Wages from Form 8919, line 6       1g         W-2, see       in Nontaxable combat pay election (see instructions)       1h       0.         Instructions.       Ix Add lines 1a through 1h       1z       201, 387.         Z Add lines 1a through 1h       Sa       787.       b       b Taxable amount       3b       787.         Standard Deduction for-       Sa       Sa       787.       b       Taxable amount       5b         Standard Deduction for-       Sa       Sa coial security benefits       Ga       b       Taxable amount       5b         Standard Deduction for-       Sa       Social security benefits       Ga       b       Taxable amount       5b         Standard Deduction for-       Sa       Social security benefits       Ga       b       Taxable amount       5b         Standard Deduction or <t< td=""><td>Income</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>·  </td><td></td><td></td><td>201</td><td>,387.</td></t<>	Income										·			201	,387.
attach Forms W-26 and 1099-R if tax was withheld.       d       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d         1099-R if tax was withheld.       f       Employer-provided adoption benefits from Form 8839, line 29       1f         If you did not get a Form W-2, see       g       Wages from Form 8919, line 6       1g         instructions.       h       Other earned income (see instructions)       1h       0.         W-2, see       i       Nontaxable combat pay election (see instructions)       1i       201, 387.         Add lines 1a through 1h       2a       b       Taxable interest       2b       453.         Add lines 1a through 1h       3a       787.       b       b Taxable interest       2b       453.         Standard       G       Qualified dividends       5a       b       Drdinary dividends       3b       787.         Standard       Fensions and annuities       5a       b       Taxable amount       5b       5b         Standard       Ga ion (loss). Attach Schedule D if required. If not required, check here       7       487.       48       -14, 647.         Standard       Ga ion (loss). Attach Schedule D if required. If not required, check here       7       487.       48       -14, 647.         Standard f				•		.,					•	-			
W-26 and 1099-R if tax was withheld.       Taxable dependent care benefits from Form 2441, line 26       1e         1099-R if tax was withheld.       f       Employer-provided adoption benefits from Form 8839, line 29       1f         If you did not get a Form W-2, see instructions.       g       Wages from Form 8919, line 6       1g         z       Mother earned income (see instructions)       1h       0.         z       Add lines 1a through 1h       1z       201, 387.         z       Add lines 1a through 1h       2a       b       Taxable interest       2b       453.         if required.       3a       Qualified dividends       3a       787.       b       Ordrary dividends       3b       787.         Standard Deduction for- Single or Married filing jointy or Qualifying surving spouse, St27.00       5a       b       Taxable amount       5b       5b         7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       487.         8       Add lines 1z, zb, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       188, 467.         9       Add lines 1z, zb, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       11       188, 467.         9       Standard       0       11       188, 467.       12       13, 850.				•					• •		•				
Insert in tax       imployer-provided adoption benefits from Form 8839, line 29       if         If you did not get a form       Wages from Form 8919, line 6       ig         If you did not get a form       Wages from Form 8919, line 6       in         W-2, see       in       Other earned income (see instructions)       in         instructions.       i       Nontaxable combat pay election (see instructions)       ii         Add lines 1a through 1h       .       .       1i         Attach Sch. B       if required.       a       Qualified dividends       2a         Add lines 1a through 1h       .       .       .       2b       453.         Attach Sch. B       if required.       a       Qualified dividends       .       3a       787.       b       ordinary dividends       .       2b       453.         Standard       Deduction for-       6a       Sa       Sa       .       .       .       b       Taxable amount       .												-			
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 is Nontaxable combat pay election (see instructions) 1i   z Add lines 1 a through 1h 1z   Attach Sch. B 2a Tax-exempt interest 2a   if required. 3a Qualified dividends 3a   Attach Sch. B 2a Tax-exempt interest 2a   a Qualified dividends 3a 787.   b Draxable amount 3b   b Taxable amount 3b   Standard Deduction for-   Single or Married fling separately, \$13.850   Married fling jointly or Qualifying posse, \$22,700 6a   Social security benefits 6a   Social security benefits 6a   Standard Deduction for-   Standard fling separately, \$13.850   G Social security benefits   f Gai la gai or (loss). Attach Schedule D if required. If not required, check here   Standard fling separately, \$13.850   Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your adjusted gross income   9 188, 467.   9 188, 467.   10   Hard of household, \$20,800   11 188, 467.   12 13, 850.   13 Qualified business income deduction from Schedule A)   14 Add lines 12 and 13			•			-									
get a form       h       Other earned income (see instructions)       1h       0.         W-2, see       i       Nontaxable combat pay election (see instructions)       1i       1i         z       Add lines 1 a through 1h       1z       201, 387.         Attach Sch. B       2a       Tax-exempt interest       2a       b       453.         3a       Qualified dividends       3a       787.       b       Ordinary dividends       3b       787.         4a       IRA distributions       4a       595.       b       Taxable amount       4b       0.         Standard Deduction for-       5a       Pensions and annuities       5a       b       Taxable amount       5b         Single or Married filing separately, \$13,850       C       If you elect to use the lump-sum election method, check here (see instructions)       5b         Married filing jointly or 8       Additional income from Schedule D if required. If not required, check here       7       487.         Maried filing jointly or 8       Additional income from Schedule 1, line 10       10       11       188,467.         Standard Deduction or itemized deductions (from Schedule 1, line 26       10       11       188,467.       12       13,850.         Maried filing jointly or 8       Additional income	lf you did not	g										1g			
instructions.       i       Nontaxable combat pay election (see instructions)       1i         z       Add lines 1a through 1h       1z       201, 387.         Attach Sch. B       2a       Tax-exempt interest       2a         a       Qualified dividends       3a       787.         b       Taxable interest       2b         4a       595.       b       Taxable amount         5a       4a       595.       b       Taxable amount         5a       5a       5a       b       Taxable amount       5b         5a       5a       5a       5a       b       Taxable amount       5b         6a       Social security benefits       6a       5a       5a       5a       5a         6a       Social security benefits       6a       5a       5a       5a       5a       5a         6a		h									. [				0.
Attach Sch. B if required.2aTax-exempt interest2abTaxable interest2a3aQualified dividends3a787.bOrdinary dividends3b787.4aIRA distributions4a595.bTaxable amount4b0.5aPensions and annuities5a5abTaxable amount4b0.6aSocial security benefits6abTaxable amount5b6b6aSocial gain or (loss). Attach Schedule D if required. If not required, check here107487.7Additional income from Schedule 1, line 10101011188, 467.8-14, 647.9188, 467.1011188, 467.9Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your adjusted gross income11188, 467.121011188, 467.1213, 850.131413, 850.13Qualified business income deduction from Form 8995 or Form 8995-A131413, 850.	,	i	Nontaxable combat pay election (s	see ins	structions)	)		<b>1</b> i							
and own buildaQualified dividendsaa787.3a787.bOrdinary dividends3b787.4aIRA distributions4a595.bTaxable amount4b5aPensions and annuities5a5abbTaxable amount5b5aSocial security benefits5a6abTaxable amount5b6aSocial security benefits6abTaxable amount5b6aSocial security benefits6abTaxable amount6b7Capital gain or (loss). Attach Schedule D if required. If not required, check here7487.8Additional income from Schedule 1, line 108-14, 647.9Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income9188, 467.1011Subtract line 10 from line 9. This is your adjusted gross income11188, 467.1213, 850.13Qualified business income deduction from Schedule A)1213, 850.14Add lines 12 and 131413, 850.141413, 850.		z	Add lines 1a through 1h	• •		· · ·						1z		201	
4a       IRA distributions       4a       595.       b       Taxable amount       4b       0.         5a       9ensions and annuities       5a       b       Taxable amount       5b       5b         6a       Social security benefits       6a       b       Taxable amount       5b       5b         6a       Social security benefits       6a       b       Taxable amount       5b       5b         6a       Social security benefits       6a       b       Taxable amount       5c       6b         7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       487.         9       Additional income from Schedule 1, line 10       7       487.         9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       188, 467.         9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your adjusted gross income       10       11       188, 467.         820,800       11       Subtract line 10 from line 9. This is your adjusted gross income       11       188, 467.         12       13, 850.       13       Qualified business income deduction from Form 8995 or Form 8995-A       13       14       13, 850.		2a	Tax-exempt interest	2a								2b			
Standard Deduction for-       5a       5a       b       Taxable amount       5b         • Single or Married filing separately, \$13,850       6a       5a       b       Taxable amount       6b         • 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 Qualifying surviving spouse, \$27,700       8       Additional income from Schedule 1, line 10       .       .       .       8       -14, 647.         • Head of household, \$20,800       11       Subtract line 10 from line 9. This is your adjusted gross income       .       .       .       11       188, 467.         • You checked any box under Standard Deduction, .       13       Qualified business income deduction from Form 8995 or Form 8995-A       .       .       .       .       .       13	if required.	3a						-			•	3b			
Deduction for-       Sa       Definitions and annulates	Standard					595.					•				0.
Married filing separately, \$13,850       c       If you elect to use the lump-sum election method, check here (see instructions)       .	Deduction for—										•				
separately, \$13,850       7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       487.         Married filing jointy or Qualifying surviving spouse, \$12, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       8       -14, 647.         9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       188, 467.         9       188, 467.       10         Head of household, \$20,800       11       Subtract line 10 from line 9. This is your adjusted gross income       11       188, 467.         12       13, 850.       13       Qualified business income deduction from Form 8995 or Form 8995-A       13       14       13, 850.	<ul> <li>Single or Married filing</li> </ul>								τ		in l	6b	-		
Married filing jointly or Qualifying surviving spouse, \$27,700       Additional income from Schedule 1, line 10       10       8       -14,647.         Married filing jointly or Qualifying surviving spouse, \$27,700       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       188,467.         Married filing Qualifying surviving spouse, \$27,700       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       188,467.         Married filing Qualifying surviving spouse, \$20,800       Subtract line 10 from line 9. This is your adjusted gross income       10         Head of household, \$20,800       Standard deduction or itemized deductions (from Schedule A)       11       188,467.         Standard deduction or itemized deduction from Form 8995 or Form 8995-A       12       13,850.         Married business income deduction from Form 8995 or Form 8995-A       14       13,850.	separately,		, ,				`	,	• •			7	1		107
Qualifying surving spouse, \$27,7009Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income9188, 467.10Adjustments to income from Schedule 1, line 2610Head of household, \$20,80011Subtract line 10 from line 9. This is your adjusted gross income11188, 467.1213, 850.13Qualified business income deduction from Form 8995 or Form 8995-A131413, 850.	<ul> <li>Married filing</li> </ul>		1 8 ( )		•	•			• •				+	_1 /	
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       188,467.         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								• •		· +		+		
• Head of household, \$20,000       11       Subtract line 10 from line 9. This is your adjusted gross income       11       188,467.         \$20,800       12       Standard deduction or itemized deductions (from Schedule A)       12       13,850.         If you checked any box under Standard Deduction, 14       13       Add lines 12 and 13       14       13,850.					-			••••	• •					100	, 107.
\$20,800       12       Standard deduction or itemized deductions (from Schedule A)       12       13,850.         If you checked any box under Standard Deduction,       13       Qualified business income deduction from Form 8995 or Form 8995-A       13       13         Value       14       Add lines 12 and 13       14       13,850.	<ul> <li>Head of</li> </ul>						ne.				: F		1	188	.467
13Qualified business income deduction from Form 8995 or Form 8995-A13Standard Deduction,1413,850.	\$20,800			-											
Standard         14         Add lines 12 and 13         13,850         14         13,850	any box under							5-A			. [				
		14									.			13	,850.
		15	Subtract line 14 from line 11. If zer	o or le	ess, enter	-0 This is y	our t	taxable incom	ie .	<u> </u>		15			

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	(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3 🗌		16	35,237.
Credits	17	Amount from Schedule 2, lin	e3					17	
	18	Add lines 16 and 17					🗌	18	35,237.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lin	ie 8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	35,237.
	23	Other taxes, including self-e						23	27.
	24	Add lines 22 and 23. This is						24	35,264.
Payments	25	Federal income tax withheld							
	а	Form(s) W-2				<b>25a</b> 37	,143.		
	b	Form(s) 1099				25b			
	с	Other forms (see instructions	s)			25c	27.		
	d	Add lines 25a through 25c	<i>.</i>				2	25d	37,170.
If you have a	26	2023 estimated tax payment	ts and amount a	pplied from 20	22 return .			26	
qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit from	n Schedule 8812			28			
	29	American opportunity credit	from Form 8863	8, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin				31			
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and ref	undable credits		32	
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	tal payments			[;	33	37,170.
Refund	34	If line 33 is more than line 24						34	1,906.
	35a	Amount of line 34 you want	refunded to you	I. If Form 8888	is attached, che	ck here	. 🗆 🖪	85a	1,906.
Direct deposit?	b	Routing number 0 5 3	0 0 0 2	1 9	c Type: 🛛 🗙	] Checking 🛛 🕄	Savings		
See instructions.	d	Account number 6 6 8	9 1 8 3	0 5 8					
	36	Amount of line 34 you want a	applied to your	2024 estimate	edtax	36			
Amount	37	Subtract line 33 from line 24	. This is the amo	ount you owe.					
You Owe		For details on how to pay, g					;	37	
	38	Estimated tax penalty (see in	nstructions) .			38			
Third Party	Do	you want to allow another	person to disc	uss this retu	rn with the IRS?	See			
Designee	ins	structions				🗌 <b>Yes.</b> Co	omplete belo	ow.	× No
	De nai	signee's		Phone no.			onal identifica oer (PIN)	tion	
0:		der penalties of perjury, I declare tl	nat I have examined		accompanying sche		. ,	neet of	
Sign		ief, they are true, correct, and com							
Here	Yo	ur signature		Date	Your occupation		If the IB	S sent	you an Identity
		ar olghataro		2410			Protecti	on PIN	I, enter it here
Joint return?					PRODUCT M	ANAGER	(see inst	)	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	<b>ooth</b> must sign.	Date	Spouse's occupat	ion			your spouse an
your records.							(see inst		tion PIN, enter it here
	Dh	(010)072060	0	Email addross			M		
		one no. (919) 973-868 eparer's name	∪ Preparer's signat	Email address	SAMKIDDHISE	TH27@GMAIL.CC	PTIN		Check if:
Paid		'	SYAM PRIY.		גיייםנים סגי		P020827		Self-employed
Preparer				A RAM SAU	JAR GUPIA	03/20/2024			
Use Only		m's name GLOBAL TAX	Y CT E BRU	NOWTOV N	J 08816				578)965-9522
Co to united into an				N AJIWANI			Firm's E	IIN	Form <b>1040</b> (2023)
GO TO WWW.IIS.go	wrom	n1040 for instructions and the late	scimornation.		BAA	REV 03/07/24 PRO			Form 1040 (2023)

SCHEDULE	1
(Form 1040)	

Department of the Treasury

## Additional Income and Adjustments to Income

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

OMB No. 1545-0074 20 23

Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form1040 for instructions and the latest information.		Attachment Sequence No. <b>01</b>
Name(s) shown on Fo	rm 1040, 1040-SR, or 1040-NR	Your soc	ial security number
SAMRIDHI SETH		837-35	-8170
		-	

Par	t Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta	ach Schedule E .	5	-14,647.
6	Farm income or (loss). Attach Schedule F.		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a (	)	
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d (	)	
е	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	8j		
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	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
Ο	Section 951A(a) inclusion (see instructions)	80		
р	Section 461(I) excess business loss adjustment	8р		
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		
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 <b>additional income</b> . Enter			1 1 - 1 - 1
	1040, 1040-SR, or 1040-NR, line 8		10	-14,647.
For Pa	perwork Reduction Act Notice, see your tax return instructions.		Schedule	e 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 government		
	officials. Attach Form 2106	12	
13	Health savings account deduction. Attach Form 8889	13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903	14	
15	Deductible part of self-employment tax. Attach Schedule SE	15	
16	Self-employed SEP, SIMPLE, and qualified plans	16	
17	Self-employed health insurance deduction	17	
18	Penalty on early withdrawal of savings	18	
19a	Alimony paid	19a	
b	Recipient's SSN		
С	Date of original divorce or separation agreement (see instructions):		
20	IRA deduction	20	
21	Student loan interest deduction	21	
22	Reserved for future use	22	
23	Archer MSA deduction	23	
24	Other adjustments:		
а	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    24d		
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		
h	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:		
05	Tatal athen adjustments. Add lines 04a through 04a	05	
25 06	Total other adjustments. Add lines 24a through 24z	25	
26	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10	06	
		26	
	<b>BAA</b> REV 03/07/24 PRO	Schedule	1 (Form 1040) 2023

SCHE	DULE	2
(Form	1040	)

Department of the Treasury

## **Additional Taxes**

OMB No. 1545-0074

20

Attachment

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

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

Internal Revenue Service Sequence No. 02 Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number SAMRIDHI SETH 837-35-8170 Part I Tax 1 Alternative minimum tax. Attach Form 6251 . . . . . 1 . 2 2 Excess advance premium tax credit repayment. Attach Form 8962 . . . . . . . . 3 Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17 . . 3 Part II **Other Taxes** 4 Self-employment tax. Attach Schedule SE . . . . . . . . . 4 5 Social security and Medicare tax on unreported tip income. Attach Form 4137 5 . . . . . . . . . . . . . . . . . . Uncollected social security and Medicare tax on wages. Attach 6 6 Form 8919 7 Total additional social security and Medicare tax. Add lines 5 and 6 7

		-	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required.		
	If not required, check here $\ldots$	8	0.
9	Household employment taxes. Attach Schedule H	9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required	10	
11	Additional Medicare Tax. Attach Form 8959	11	27.
12	Net investment income tax. Attach Form 8960	12	
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12	13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares	14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000	15	
16	Recapture of low-income housing credit. Attach Form 8611	16	
	(cc	ontinu	ued on page 2)

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

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	17c			
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d			
е	Additional tax on Archer MSA distributions. Attach Form 8853 .	17e			
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f			
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g			
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h			
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17i			
j	Section 72(m)(5) excess benefits tax	17j			
k	Golden parachute payments	17k			
I	Tax on accumulation distribution of trusts	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			
ο	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	170			
р	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p			
q	Any interest from Form 8621, line 24	17q			
z	Any other taxes. List type and amount:				
		17z			
18	Total additional taxes. Add lines 17a through 17z		18		
19	Reserved for future use		19		
20	Section 965 net tax liability installment from Form 965-A	20			
21	Add lines 4, 7 through 16, and 18. These are your <b>total other taxe</b> on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b .		21	27	•
	BAA	REV 03/07/24 PRO	Schedu	ule 2 (Form 1040) 203	23

#### 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.

Attachment Sequence No. **12** 

20

Name(s) shown on return

Department of the Treasury

Internal Revenue Service

Your social security number 837-35-8170

SAMRIDHI SETH

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? 
Yes X 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)

	instructions for how to figure the amounts to enter on the below.	<b>(d)</b> Proceeds	(e) Cost	<b>(g)</b> Adjustments to gain or loss fron	(h) Gain or (loss) Subtract column (e) from column (d) and
	form may be easier to complete if you round off cents to dollars.	(sales price)	(or other basis)	Form(s) 8949, Part line 2, 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.				
1b	Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked	21,652.	21,180.	15	. 487.
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 <b>Box C</b> checked				
4	Short-term gain from Form 6252 and short-term gain or (I	oss) from Forms 4	684, 6781, and 88	324 <b>4</b>	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1			usts from	
6	Short-term capital loss carryover. Enter the amount, if an <b>Worksheet</b> in the instructions		•	-	( )
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise				487.

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

lines	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to	<b>(d)</b> Proceeds (sales price)	<b>(e)</b> Cost (or other basis)	(g) Adjustmen to gain or loss Form(s) 8949, I	from	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result
who	e dollars.	(sales price)		line 2, colum		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					
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 from Forms 4684, 6781, and 8824		• •	• •	11	
12	Net long-term gain or (loss) from partnerships, S corporat				12	
13	Capital gain distributions. See the instructions				13	
14	Long-term capital loss carryover. Enter the amount, if any <b>Worksheet</b> in the instructions				14	( )
15	Net long-term capital gain or (loss). Combine lines 8a on the back				15	

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

Part	III Summary	
16	Combine lines 7 and 15 and enter the result	<b>16</b> 487.
	• 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?	
	No. Skip lines 18 through 21, and go to line 22.	
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 smaller of:	
	<ul> <li>The loss on line 16; or</li> <li>(\$3,000), or if married filing separately, (\$1,500)</li> </ul>	21 ()
	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 03/07/24 PRO

Schedule D (Form 1040) 2023

8949

## Sales and Other Dispositions of Capital Assets

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D. Go to www.irs.gov/Form8949 for instructions and the latest information.



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

Social security number or taxpayer identification number

SAMRIDHI SETH

	<b>,</b>		 
837-	-35-8	170	

Before you check Box A, B, or C 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.

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see Part I instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-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 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A. B. or C below. Check only one box. If more than one box applies for your short-term transactions. complete a separate Form 8949, page 1, for each applicable box. If you have more short-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.

X (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

(C) Short-term transactions not reported to you on Form 1099-B

<b>1</b> (a) Description of property	(b) (c) Date sold or		<b>(d)</b> Proceeds	<b>(e)</b> Cost or other basis See the <b>Note</b> below	If you enter an enter a c	f any, to gain or loss amount in column (g), ode in column (f). arate instructions.	Gain or (loss) Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	<b>(f)</b> Code(s) from instructions	<b>(g)</b> Amount of adjustment	from column (d) and combine the result with column (g).	
ROBINHOOD SECURITIES LLC	01/01/23	12/31/23	21,652.	21,180.	W	15.	487.	
2 Totals. Add the amounts in colum negative amounts). Enter each to Schedule D, line 1b (if Box A abov above is checked), or line 3 (if Box	21,652.	21,180.		15.	487.			

Note: If you checked Box A 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.

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

	DULE E	Supplemental Income and Loss						OMB No. 1545-0074			
(Form	1040)	(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)							2023		
	ent of the Treasury Revenue Service				1040-SR, 1040-NR, or 1041. r instructions and the latest information.					Attachment Sequence No. 13	
	shown on return								/our soci	al security	
SAMR	IDHI SETH								837-3	5-8170	
Part		or Lo	ss From Rental Real Estate an	nd Ro	yalties			I			
	Note: If yo	ou are in	the business of renting personal proper oss from <b>Form 4835</b> on page 2, line 40.	rty, use	Schedule	C. See	instru	ctions. If you are	e an indi	vidual, rep	ort farm
Α			nents in 2023 that would require you	to file	Form(s) 1	0992.5	See ing	structions			s X No
			you file required Form(s) 1099?								
1a			each property (street, city, state, ZII								
			, BARC ANUSHAKTINAGAR MU		,			NT 400004			
 	A-J PAILI.	PUIRA	, BARC ANOSHARIINAGAR MO	ЛМВАТ	L, MAHAR	ASHI.	RA I	N 400094			
	Type of Prope	rty 2	For each rental real estate prope	ortv liet	ted		Fa	ir Rental	Persor	al Hse	
10	(from list below		above, report the number of fair				10	Days	Da		QJV
Α	3		personal use days. Check the Q			Α		365		0	
В			if you meet the requirements to qualified joint venture. See instru			В					
С					<b>.</b>	С					
	of Property:										
	Single Family R			ntal	5 Land			Self-Rental			
2	Multi-Family Re	sidence	e 4 Commercial		6 Roya	lties	8	Other (descril	oe)		
								Propertie	s:		
Incom	ne:					Α		В			С
3				3		6	95.				
		ived.	<u></u>	4							
Exper				_							
5			· · · · · · · · · · · · · ·	5							
6		-	nstructions)	6		0 7	06				
7 8	-		nance	8		Ζ, Ι	86.				
9				9							
10			ssional fees	10							
11				11		2,6	30.				
12			d to banks, etc. (see instructions)	12		,					
13	Other interest			13							
14	Repairs			14		2,8	51.				
15				15		2,1	74.				
16				16							
17				17			12.				
18		•	e or depletion	18 19		2,3	89.				
19 20	Other (list)	bhΔ a	lines 5 through 19	20		15,3	12				
21	•		line 3 (rents) and/or 4 (royalties). If	20		10,0	72.				
21			instructions to find out if you must								
				21	-	-14 <b>,</b> 6	47.				
22	Deductible rer	ital real	estate loss after limitation, if any,								
	on Form 8582	(see in	structions)	22	(	14,64	7.)	(	)	(	)
23a			eported on line 3 for all rental prope				23a		695.		
b			eported on line 4 for all royalty prop				23b				
C							23c		200		
d											
е 24	eTotal of all amounts reported on line 20 for all properties23e15, 342.4Income. Add positive amounts shown on line 21. Do not include any losses24										
24 25			sses from line 21 and rental real estat				 nter to	tal losses here	24 25	(	14,647.)
26			ate and royalty income or (loss).								
			nd IV, and line 40 on page 2 do no								
			10), line 5. Otherwise, include this a						26		-14,647.

Schedule E (Form 1040) 2023

-14,647.

Form **5329** 

# Additional Taxes on Qualified Plans (Including IRAs) and Other Tax-Favored Accounts

OMB No. 1545-0074 20 23

	ment of the Treasury	Go to www.irs.gov/Form5329 for in			Att Se	achment quence No. <b>29</b>
Name	of individual subject to addition	nal tax. If married filing jointly, see instructions.				al security number
	RIDHI SETH					5-8170
		Home address (number and street), or P.O. box	if mail is not delivered to	our home		Apt. no.
		,	,			
Fill ir	n Your Address Only	City, town or post office, state, and ZIP code. If	vou have a foreign addres	s. also complete the spaces		
	u Are Filing This	below. See instructions.	,	-,	If the factor	an amended
Form						
with	Your Tax Return	Foreign country name	Foreign province/state/	county	Foreign po	neck here
		Toreign country name	1 of eight province/state/	county	rororginpt	
If you		100/ tax on the full amount of the	and distributions	vou mou ha abla ta r	an art thi	a tax directly or
		nal 10% tax on the full amount of the 8, without filing Form 5329. See instru		you may be able to re	eport this	s tax directly or
Par		x on Early Distributions. Complet		ok a tavable distributio	n (other	than a qualifier
I GI		ution) before you reached age 591/2				
		ntract (unless you are reporting this ta				
		te this part to indicate that you qualify				
		distributions. See instructions.			carry are	
1	Early distributions inc	ludible in income (see instructions). Fo	vr Doth IDA dictributio		1	
2	-	luded on line 1 that are not subject to			-	
2	-	-			2	
2		exception number from the instruction			3	
3	-	ditional tax. Subtract line 2 from line 1			4	
4		10% (0.10) of line 3. Include this amount			4	
		of the amount on line 3 was a distribut mount on line 4 instead of 10%. See in		RA, you may have to		
Par		x on Certain Distributions From		to and APIE Acco	unto Ca	malata thia nar
r ai		an amount in income, on Schedule 1				• •
		ied tuition program (QTP), or on Schedule				savings account
5		I in income from a Coverdell ESA, a Q			5	
6		I on line 5 that are not subject to the a			6	
7		ditional tax. Subtract line 6 from line 5	7			
8	-	10% (0.10) of line 7. Include this amo			8	
Part		x on Excess Contributions to Tra		•	-	ad more to you
I al t		for 2023 than is allowable or you had a				
9		tributions from line 16 of your 2022 Form				
					3	
10		A contributions for 2023 are less th n, see instructions. Otherwise, enter -0		10		
11		listributions included in income (see in		11	-	
12		prior year excess contributions (see in			-	
13					13	
14		Itributions. Subtract line 13 from line 9			14	
15	•	for 2023 (see instructions)			15	
16		Itions. Add lines 14 and 15			16	
17		6% (0.06) of the <b>smaller</b> of line 16 <b>or</b> th				
17		23 contributions made in 2024). Include th			17	
Part		x on Excess Contributions to Ro				oro to vour Poth
r ar c		an is allowable or you had an amount			buteu m	
18		tributions from line 24 of your 2022 Form			18	0
19	•	ributions for 2023 are less than your r			10	0.
19	5	ructions. Otherwise, enter -0		19		
20		m your Roth IRAs (see instructions)		20		
20 21					21	
22		ntributions. Subtract line 21 from line 1			21	
22	•	for 2023 (see instructions)			22	6,040.
23 24		Itions. Add lines 22 and 23			23	6,040.
24 25		6% (0.06) of the <b>smaller</b> of line 24 <b>or</b> th				0,040.
20		contributions made in 2024). Include this			25	0.

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

Form 53	329 (2023	3)						Page <b>2</b>
Part				tributions to Coverdell ESAs. C nan is allowable or you had an amoun				
26	Enter	the excess c	contributions from line 32 o	f your 2022 Form 5329. See instruction	s. If zero, g	o to line 31	26	
27				SAs for 2023 were less than the uctions. Otherwise, enter -0	27			
28				As (see instructions)	28			
29			-		-		29	
30				ne 29 from line 26. If zero or less, ente			30	
31		•		ions)			31	
32				nd 31			32	
33				er of line 32 or the value of your Coverd				
00			( )	in 2024). Include this amount on Schedu			33	
Part	VI ,	Additional	Tax on Excess Contr	ibutions to Archer MSAs. Comple	te this part	if you or you	ur emp	oloyer contributed
		more to you	r Archer MSAs for 2023 th	nan is allowable or you had an amount	t on line 41	of your 2022	2 Form	ı 5329.
34	Enter	the excess c	contributions from line 40 c	of your 2022 Form 5329. See instruction	ns. If zero, g	jo to line 39	34	
35	If the	contribution	ns to your Archer MSAs f	or 2023 are less than the maximum				
	allowa	able contribu	ution, see instructions. Ot	herwise, enter -0	35			
36	2023	distributions	from your Archer MSAs	from Form 8853, line 8	36			
37	Add li	nes 35 and 3	36				37	
38	Prior	year excess	contributions. Subtract lin	ne 37 from line 34. If zero or less, ente	er-0		38	
39	Exces	ss contributio	ons for 2023 (see instruct	ions)			39	
40	Total	excess cont	ributions. Add lines 38 an	nd 39			40	
41	Addit	ional tax. E	Enter 6% (0.06) of the <b>s</b>	maller of line 40 or the value of y	our Archer	· MSAs on		
			. ,	butions made in 2024). Include this a				
	(Form	1040), line 8	8				41	
Part V	VII .	Additional	Tax on Excess Con	tributions to Health Savings Ac	counts (	HSAs). Cor	nplete	this part if you,
				nployer contributed more to your HS	SAs for 202	23 than is al	lowab	le or you had an
		amount on li	ne 49 of your 2022 Form	5329.				
42	Enter	the excess of	contributions from line 48	of your 2022 Form 5329. If zero, go to	o line 47		42	
43	lf the	contributio	ons to your HSAs for 2	2023 are less than the maximum				
	allowa	able contribu	ution, see instructions. Ot	herwise, enter -0	43			
44			•	rm 8889, line 16 .......	44			
45	Add l	nes 43 and 4	44				45	
46	Prior	year excess	contributions. Subtract lin	ne 45 from line 42. If zero or less, ente	er-0		46	
47	Exces	ss contribution	ons for 2023 (see instruct	ions)			47	
48	Total	excess cont	ributions. Add lines 46 an	nd 47			48	
49	Addit	ional tax. Er	nter 6% (0.06) of the <b>sma</b>	aller of line 48 or the value of your H	SAs on De	cember 31,		
				2024). Include this amount on Schedule			49	
Part V				ibutions to an ABLE Account. C	omplete th	is part if con	tributi	ons to your ABLE
			2023 were more than is a					
50			ons for 2023 (see instruct	,			50	
51			( )	maller of line 50 or the value of yo				
				n Schedule 2 (Form 1040), line 8			51	
Part				nulation in Qualified Retirement			<b>As).</b> C	complete this part
				quired distribution from your qualified			50	
52			•				52 53	
53								
<ul> <li>54 Subtract line 53 from line 52. If zero or less, enter -0</li></ul>							54	
55					-	ne 10% tax		
				ne qualified retirement plan, check this 040), line 8 or Form 1041, Schedule G			55	
								t of my knowledge and
		nly if You	belief, it is true, correct, and com	clare that I have examined this form, including according plete. Declaration of preparer (other than taxpayer) is	s based on all i	nformation of whi	ch prepa	arer has any knowledge.
		nis Form I Not With						
	Tax Re		Your signature			Date		
		Print/Type prep		Preparer's signature	Date			PTIN
Paid			· · · ·	_		Check self-emp		
Prep		Firm's name		1	1	Firm's EIN		
Use	Unly	Firm's address	3			Phone no.		

Form 5329 (2023)

## **Nondeductible IRAs**

OMB No. 1545-0074

Form UUUU					2023
	nent of the Treasury Revenue Service	Attach to 2023 Form 1040, 1040 Go to <i>www.irs.gov/Form8606</i> for instruction		Attachment Sequence No. <b>48</b>	
	f married, file a sepa	rate form for each spouse required to file 2023 Form 8606. See instr	uctions.		al security number 5–8170
SAMA	IDHI SEIH	Home address (number and street, or P.O. box if mail is not deliver	ed to your home)	1037-3	Apt. no.
	Your Address		ed to your nome)		Арт. по.
	f You Are This Form by	City, town or post office, state, and ZIP code. If you have a foreign	address, also complete the spaces bel	ow (see instru	uctions).
	and Not With				
	Tax Return	Foreign country name Foreign p	rovince/state/county	Foreign po	stal code
Part	Nonder	uctible Contributions to Traditional IRAs and	Distributions From Tradit	tional Tr	aditional SED
T all a		ditional SIMPLE IRAs		ionai, m	
	Complete	this part only if one or more of the following apply.			
	• You ma	de nondeductible contributions to a traditional IRA fo	r 2023.		
		k distributions from a traditional, traditional SEP, or the			
		itions to a traditional IRA in 2023 or an earlier year. Fo nan certain qualified disaster distribution repayments			
		e distribution to fund an HSA, conversion, recharacte			
		nverted part, but not all, of your traditional, traditional			
		MPLE IRAs in 2023 and you made nondeductible cor			
1	•	ndeductible contributions to traditional IRAs for 202			
•	-	, 2024, through April 15, 2024. See instructions .			
2 3	,	I basis in traditional IRAs. See instructions         I 2		<u>2</u> <u>3</u>	
0		au tales a distribution from			
			er the amount from line 3 on line not complete the rest of Part I.	e 14.	
		, or make a Roth, Roth SEP,	•		
		LE IRA CONVERSION?			
4		ntributions included on line 1 that were made from Jan		_	
5 6	Subtract line 4	from line 3 of <b>all</b> your traditional, traditional SEP, and traditiona			
0		outstanding rollovers. Subtract certain repayments			
		Form(s) 8915-F (see instructions)			
7	Enter your dist	ributions from traditional, traditional SEP, and tradition	onal SIMPLE IRAs in 2023. <b>Do</b>	not	
		rs (other than repayments of qualified disaster distri			
	•	structions)); qualified charitable distributions; a one- o a Roth, Roth SEP, or Roth SIMPLE IRA; c			
		ions of traditional IRA contributions (see instructions)			
8		mount you converted from traditional, traditional SE			
	Roth, Roth SE	P, or Roth SIMPLE IRAs in 2023. Also, enter this amo	unt on line 16		
9		and 8			
10		by line 9. Enter the result as a decimal rounded to esult is 1.000 or more, enter "1.000"			
11	-	by line 10. This is the nontaxable portion of the a			
	converted to F	Roth, Roth SEP, or Roth SIMPLE IRAs. Also, enter t	his amount		
12		by line 10. This is the nontaxable portion of your c t convert to a Roth, Roth SEP, or Roth SIMPLE IRA			
13	-	ad 12. This is the nontaxable portion of all your distrib		13	
14		3 from line 3. This is <b>your total basis in traditional II</b>		_	
15a		2 from line 7	-		a
b		unt on line 15a attributable to qualified disaster distr			
	•	structions). Also, enter this amount on 2023 Form(s)			
с	,	nt. Subtract line 15b from line 15a. If more than zero			
U		40-SR, <b>or</b> 1040-NR, line 4b			5

Note: You may be subject to an additional 10% tax on the amount on line 15c if you were under age  $59 \ensuremath{\frac{1}{2}}$  at the time of the distribution. See instructions.

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

Form 8	606 (2023)							Page
Part			onversions From Tradi MPLE IRAs	tional, Traditional SEP, o	r Tradition	al SIMPLE IR	As to Rot	h, Roth SEP, or
			e this part if you converted P, or Roth SIMPLE IRA in 2	part or all of your traditional 023.	, traditional S	SEP, and tradition	onal SIMPL	E IRAs to a Roth,
16	from tr	raditiona	al, traditional SEP, and tra	t from line 8. Otherwise, ent aditional SIMPLE IRAs to R	oth, Roth SE	EP, or Roth SIN	/IPLE	3
17				nt from line 11. Otherwise, e				
18	<b>Taxable amount.</b> Subtract line 17 from line 16. If more than zero, also include this amount on 2023 Form 1040, 1040-SR, or 1040-NR, line 4b							
Part				SEP, or Roth SIMPLE IF				ł
	d 8:	istributio 915-F (s	on does not include a rollo	a distribution from a Roth, Rover (other than a repayment of charitable distribution, one-tainstructions).	of a qualified	disaster distrib	ution from	2023 Form(s)
19	includi	ng any o	qualified first-time homebu	ns from Roth, Roth SEP, a lyer distributions, and any qu	alified disast	ter distributions	from	
	2023 Form(s) 8915-F (see instructions)							595.
20	by the	total of	all your prior qualified first	s (see instructions). <b>Do not</b> e -time homebuyer distribution	IS		20	)
21	Subtract line 20 from line 19. If zero or less, enter -0							595.
22	Enter your basis in Roth, Roth SEP, and Roth SIMPLE IRA contributions (see instructions). If line 21 is							E 040
00	zero, <b>stop here</b>							6,040.
23				instructions)				0.
24				raditional, traditional SEP, a to a Roth, Roth SEP, or Roth				
25a				ss, enter -0- and skip lines 2				
b				e to qualified disaster distrib				
	8915-F	<sup>=</sup> (see in	structions). Also, enter this	s amount on 2023 Form(s) 8			(see	
		/					· · 25k	0
С				l line 25a. If more than zero, a				c
if You This I and N	Here On J Are Fili Form by Not With	Form 1040, 1040-SR, or 1040-NR, line 4b				the best of my reparer has an		
Tax H	Return		Your signature			Date		
Paid Pren	arer	Print/Ty	pe preparer's name	Preparer's signature		Date	Check i self-employed	
	Only	Firm's n	ame				Firm's EIN	
026	Uniy	Firm's address Phone r						

REV 03/07/24 PRO

Form **8606** (2023)

Form **8959** 

Department of the Treasury

Internal Revenue Service

Name(s) shown on return

SAMRIDHI SETH

## **Additional Medicare Tax**

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

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

OMB No. 1545-0074

Your social security number 837-35-8170

Part	Additional Medicare Tax on Medicare Wages				
1	Medicare wages and tips from Form W-2, box 5. If you have more than one				
	Form W-2, enter the total of the amounts from box 5	1	202,967.		
2	Unreported tips from Form 4137, line 6	2			
3	Wages from Form 8919, line 6	3			
4	Add lines 1 through 3	4	202,967.		
5	Enter the following amount for your filing status:				
•	Married filing jointly				
	Married filing separately				
	Single, Head of household, or Qualifying surviving spouse \$200,000	5	200,000.		
6	Subtract line 5 from line 4. If zero or less, enter -0			6	2,967.
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009).				2,007.
'	Part II			7	27.
Part	Additional Medicare Tax on Self-Employment Income			-	<u> </u>
8	Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you				
0	had a loss, enter -0	8			
9	Enter the following amount for your filing status:	0			
3	Married filing jointly				
	Married filing separately				
	Single, Head of household, or Qualifying surviving spouse \$200,000	9			
10	Enter the amount from line 4	10		-	
11	Subtract line 10 from line 9. If zero or less, enter -0	11		-	
12	Subtract line 10 from line 8. If zero or less, enter -0			12	
				12	
13	Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0			13	
Part	go to Part III			13	
		001			
14	Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 (see instructions)	14			
15	Enter the following amount for your filing status:	14		-	
15	Married filing jointly				
	Married filing separately				
	Single, Head of household, or Qualifying surviving spouse \$200,000	15			
16	Subtract line 15 from line 14. If zero or less, enter -0			16	
16				10	
17	Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply lin Enter here and go to Part IV			17	
Part	V Total Additional Medicare Tax	• •		17	
18	Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), lin	no 11	(Form 1040 SS		
10	filers, see instructions), and go to Part V			18	07
Part	Withholding Reconciliation	• •		10	27.
19	Medicare tax withheld from Form W-2, box 6. If you have more than one Form				
19	W-2, enter the total of the amounts from box $6$	19	2,970.		
20	Enter the amount from line 1	20	202,967.		
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax		202, 507.		
21	withholding on Medicare wages	21	2,943.		
22	Subtract line 21 from line 19. If zero or less, enter -0 This is your Add				
22	withholding on Medicare wages			22	27.
23	Additional Medicare Tax withholding on railroad retirement (RRTA) compensation				۷۱۰
20	14 (see instructions)			23	
24	Total Additional Medicare Tax withholding. Add lines 22 and 23. Also inclu				
24	federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c				
	see instructions)	•		24	27.
For Pa	annuark Reduction Act Nation and your toy your instructions				Form <b>8959</b> (2023)
	berwork Reduction Act Notice, see your tax return instructions. BAA		REV 03/07/24 PRO		