Form <b>8879</b>
(Rev. January 2021)
Department of the Treasury Internal Revenue Service

## **IRS** e-file Signature Authorization

ERO must obtain and retain completed Form 8879.
 Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID)

. . . .

. .

Faxpayer's name	Social securit	Social security number			
SUMANA DEVIREDDY	362-69-	-9747			
Spouse's name	Spouse's soci	al security number			
SRIHARSHA GUNDA	824-37-	-4774			
Part I Tax Return Information – Tax Year Ending December 31, 2023 (E	nter year you a	re authorizing.)			
Enter whole dollars only on lines 1 through 5.					
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.					
1 Adjusted gross income		<b>1 1 1 1 1 1 1 1 1 1</b>			
<b>2</b> Total tax		2 10,249			
<b>3</b> Federal income tax withheld from Form(s) W-2 and Form(s) 1099		<b>3</b> 16,513			
4 Amount you want refunded to you		4 6,264			
5 Amount you owe		5			

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Under penalties of periury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of

my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpay	er's PIN: che	ck one box only		9 9 7 4 7
X	I authorize	GLOBAL TAXES LLC	to enter or generate my PIN	as my
		ERO firm name		Enter five digits, but don't enter all zeros
	signature on	the income tax return (original or amended	) I am now authorizing.	
		ny PIN as my signature on the income tax return gyour own PIN <b>and</b> your return is file	d using the Practitioner PIN method. The	ERO must complete Part III
Your sig	nature 🕨	sumana devinddy C5F67BB67995405	Date ►3	/20/2024
Spouse	's PIN: checl	k one box only		
×	I authorize	GLOBAL TAXES LLC	to enter or generate my PIN	7 4 7 7 4 as my
		ERO firm name		Enter five digits, but
	signature on	the income tax return (original or amended	) I am now authorizing.	don't enter all zeros
	if you are er	ny PIN as my signature on the income tax rentering your own PIN <b>and</b> your return is file		
	below.	DocuSigned by:		
Spouse'	s signature Þ	sri harsha	J/ Date ►	20/2024
		Practitioner PIN Method	Returns Only—continue below	
Part III	Certific	ation and Authentication — Practitio	ner PIN Method Only	
ERO's E	EFIN/PIN. Ent	ter your six-digit EFIN followed by your five		9 6 0 8 2 7 1
			Don't	t enter all zeros

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

ERO's signature 🕨		Date 🕨	
ERO Must Retain This Fo Don't Submit This Form to the II			
For Paperwork Reduction Act Notice, see your tax return instructions.	BAA	REV 03/04/24 PRO	Form 8879 (Rev. 01-2021)

<b>1040</b>	artment of the Treasury—Internal Revenue Servi S. Individual Income Tax	turn	202	3	OMB No. 1545	-0074	IRS Use Or	ily—Do not	write or st	aple in this space.		
For the year Jan	. 1–Dec	e. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20	See separate instructions.		
Your first name	and m		Last r							Your social security number		
SUMANA			DEV	IREDDY	,							9747
	pouse's	s first name and middle initial	Last r									I security number
SRIHARSH			GUN							-		4774
		er and street). If you have a P.O. box, see						A	Apt. no.			ection Campaign
1076 OAF									1			/ou, or your
-		ce. If you have a foreign address, also co	mplete	spaces be	low.	Sta	te	ZIP c	ode	spous	e if filing	jointly, want \$3
MOUNT JU			1			TN		371		1 0		nd. Checking a
Foreign country		L		Foreign pr	rovince/state/			-	n postal cod		ax or refu	not change und.
				<b>5</b> P			5		,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	∏ Y	
Filing Status		Single					Head of h	ouseh	old (HOH)			
•		Married filing jointly (even if only o	ne hac	l income)				ousen				
Check only one box.		Married filing separately (MFS)	ie nae	i inconic,			Qualifying	surviv	ina spouse	- (OSS)		
one box.	lf v	you checked the MFS box, enter the	name	of your si	nouse If voi	ı che			• •	. ,	hild's na	me if the
		alifying person is a child but not you			pouco. Il you							
Digital		ny time during 2023, did you: (a) rece						-				
Assets		ange, or otherwise dispose of a digi					-	et)? (Se	e instructi	ons.)	<b>∐</b> Y	es 🛛 No
Standard	_	eone can claim: 🗌 You as a de	•		•		a dependent					
Deduction		Spouse itemizes on a separate retur	n or yo	ou were a	dual-status	alien	l					
Age/Blindness	S You:	Were born before January 2, 1	959	Are bl	ind <b>Spc</b>	ouse	: 🗌 Was bor	n befo	ore January	2, 1959	<u> </u>	s blind
Dependents	s (see	instructions):		(2) S	Social security	,	(3) Relationsh	ip (4	-	-	1	(see instructions):
If more	<b>(1)</b> F	irst name Last name		number to you				Child tax	credit	Credit fo	or other dependents	
than four												
dependents, see instructions	s ——											
and check												
here												
Income	1a	Total amount from Form(s) W-2, be	•		,						а	122,894.
Attach Form(s)	b	Household employee wages not re	•		.,						b	
W-2 here. Also	С	Tip income not reported on line 1a	•								c	
attach Forms W-2G and	d	Medicaid waiver payments not rep				nstru	ictions)	• •		. 1	d	
1099-R if tax	е	Taxable dependent care benefits f		,						. 1	e	
was withheld.	f	Employer-provided adoption bene								. 1	f	
lf you did not get a Form	g	Wages from Form 8919, line 6 .								. 1	g	
W-2, see	h	Other earned income (see instructions)								. 1	h	0.
instructions.	i	Nontaxable combat pay election (s	see ins	structions)								100 004
	Z	Add lines 1a through 1h	···		· · · ·	• •					z	122,894.
Attach Sch. B	2a		2a				axable interest				b	17.
if required.	<u>3a</u>		3a				ordinary divide				b	
Standard	4a		4a				axable amoun				b	
Deduction for-	5a		5a				axable amoun				b	
<ul> <li>Single or Married filing</li> </ul>	6a		6a				axable amoun	t		. 6	b	
separately,	С	If you elect to use the lump-sum e										
\$13,850 • Married filing	7	Capital gain or (loss). Attach Schee									7	
jointly or Qualifying	8	Additional income from Schedule									8	-6,117.
surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,									9	116,794.
\$27,700 • Head of	10	Adjustments to income from Sche									0	
household, \$20,800	11	Subtract line 10 from line 9. This is	-					• •			1	116,794.
• If you checked	12	Standard deduction or itemized									2	27,700.
any box under Standard	13	Qualified business income deducti	on fro	m Form 8	995 or Form	899	5-A				3	
Deduction, see instructions.	14		· ·								4	27,700.
	15	Subtract line 14 from line 11. If zer	o or le	ss, enter ·	-0 This is y	our	taxable incom	ie .		.   1	5	89,094.

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

Form **1040** (2023)

DocuSign Envelope ID: EA359C01-A728-44D1-BB74-00282EB310B0

Form 1040 (202	3)								Page <b>2</b>
Tax and	16	Tax (see instructions). Check	if any from Form	n(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3 🗌		16	10,249.
Credits	17	Amount from Schedule 2, lin					[	17	
	18	Add lines 16 and 17							10,249.
	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	10,249.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21		[	23	0.
	24	Add lines 22 and 23. This is						24	10,249.
Payments	25	Federal income tax withheld							<b>i</b>
i aj meme	а	Form(s) W-2				<b>25a</b> 16	,513.		
	b	Form(s) 1099				25b	·		
	c	Other forms (see instructions				25c			
	d	Add lines 25a through 25c	,					25d	16,513.
	26	2023 estimated tax payment					-	26	
f you have a qualifying child,	27	Earned income credit (EIC)		••		27			
attach Sch. EIC.	28	Additional child tax credit from				28			
	29	American opportunity credit				29			
	30	Reserved for future use .		-		30			
	31	Amount from Schedule 3, lin				31			
	32	Add lines 27, 28, 29, and 31						32	
	33	Add lines 25d, 26, and 32. T	,	-	-		-	33	16,513.
Refund	34	If line 33 is more than line 24	-					34	6,264.
Refund	35a	Amount of line 34 you want				•		35a	6,264.
Direct deposit?	b							554	
See instructions		Routing number         0         5         1         0         0         0         1         7         c Type:         Checking         Savings           Account number         4         3         5         0         3         2         3         6         5         2         Image: Checking         Savings							
	36	Amount of line 34 you want a				36			
A		·				30			
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g						37	
	38					1 1	· · ·	31	
Think Dave		Estimated tax penalty (see in	,			38			
Third Party Designee		you want to allow another	•		rn with the IRS?	·	mnlata hal		× No
Designee		signee's		Phone			onal identifica		
	nar			no.			ber (PIN)	1000	
Sign	Un	der penalties of perjury, I declare th	nat I have examine	d this return and	accompanying sche	dules and statement	s, and to the	best c	of my knowledge and
Here	bel	ief, they are true, correct, and com	plete. Declaration	of preparer (othe	r than taxpayer) is ba	sed on all informatio	on of which p	repare	r has any knowledge.
	Yo	ur signature		Date	Your occupation				nt you an Identity
							Protect (see ins		N, enter it here
Joint return? See instructions.					SOFTWARE E		`	,	
Keep a copy for	Op.	ouse's signature. If a joint return, <b>t</b>	ooth must sign.	Date	Spouse's occupati	on			nt your spouse an ection PIN, enter it here
your records.				CUSTOMER SUPPORT				(see inst.)	
,		one no. (703)732-905	2	Email address	•	EDDY@GMAIL.CC	M		
	Ph		2	1	00111111.01.01.11		PTIN		Chaoli ifi
		parer's name	Preparer's signat	ture		Date	1 1 11 1	I	Check if:
	Pre	parer's name			GAR GUPTA			03	
Paid Preparer	Pre SYA	parer's name M PRIYA RAM SAGAR GUPTA	SYAM PRIY		GAR GUPTA	03/19/2024	P020827		Self-employed
	Pre SYA Firi	parer's name M PRIYA RAM SAGAR GUPTA n's name GLOBAL TA:	SYAM PRIY	A RAM SAC			P020827	no. (	

## Additional Income and Adjustments to Income

(Form 1040) Department of the Treasury Internal Revenue Service

**SCHEDULE 1** 

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

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

OMB No. 1545-0074

Name(s) shown on Form 1040, 1040-SR, or 1040-NR	Your social security number
SUMANA DEVIREDDY & SRIHARSHA GUNDA	362-69-9747
Part I Additional Income	

Fai				
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	-6,117.
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta		5	
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		
0	Section 951A(a) inclusion (see instructions)	80		
р	Section 461(I) excess business loss adjustment	8p		
q	Taxable distributions from an ABLE account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
S	Nontaxable amount of Medicaid waiver payments included on Form			
	1040, line 1a or 1d	8s (	)	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
Z	Other income. List type and amount:			
		8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. This is your additional income. Enter			c
	1040, 1040-SR, or 1040-NR, line 8		10	-6,117.
For Pa	perwork Reduction Act Notice, see your tax return instructions.		Schedule	e 1 (Form 1040) 2023

Schedule 1 (Form 1040) 2023

Par	t II Adjustments to Income		
11	Educator expenses	11	
12	Certain business expenses of reservists, performing artists, and fee-basis governmen	t	
	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		
21	Student loan interest deduction	21	
22	Reserved for future use	22	
23	Archer MSA deduction	23	
24	Other adjustments:		
а	Jury duty pay (see instructions)		
b	Deductible expenses related to income reported on line 8I from the		
	rental of personal property engaged in for profit		
С	Nontaxable amount of the value of Olympic and Paralympic medals		
	and USOC prize money reported on line 8m	_	
d	Reforestation amortization and expenses	_	
е	Repayment of supplemental unemployment benefits under the Trade		
	Act of 1974	_	
f	Contributions to section 501(c)(18)(D) pension plans	_	
g	Contributions by certain chaplains to section 403(b) plans 24g	_	
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: 24z		
25		25	
25 26	Total other adjustments. Add lines 24a through 24z		
20	Form 1040, 1040-SR, or 1040-NR, line 10		
		_	le 1 (Form 1040) 2023
	BAA REV 03/04/24 PRO	Scheut	lie I (F0111 1040) 2023

	EDULE C n 1040)			Profit or Los (Sole P	ropriet	torship)		OMB No. 1545-0074
	nent of the Treasury Revenue Service					041; partnerships must generally fil actions and the latest information		Attachment Sequence No. 09
	of proprietor						Social se	curity number (SSN)
SUMA	ANA DEVIRED						362-6	9-9747
4	Principal busines	ss or professio	on, incl	uding product or service (se	e instru	uctions)		ode from instructions
	RIDE SHARE		-				4	8 5 3 0 0
0	Business name.	If no separate	busin	ess name, leave blank.			D Employ	er ID number (EIN) (see inst
	RIDE SHARE		-					
Ξ				room no.) 1076 OAF				
	City, town or po					F, TN 37122		
=	Accounting met			h (2) 🗌 Accrual (3	6) [] (	Other (specify)		
G						2023? If "No," see instructions for		_
4	•	•		•				
_	•					n(s) 1099? See instructions		
Dovi			e requi	red Form(s) 1099?				🗌 Yes 🛄 N
Part								
1						this income was reported to you o		5 110
•		-			hecked	1		5,110
2	Returns and allo				• •		. 2	F 110
3	Subtract line 2 fr						. 3	5,110
4	0		,					F 110
5						· · · · · · · · · · · · ·		5,110
6		-		•		refund (see instructions)		E 110
7 Part	Gross Income.	Add lines 5 ar	10.6	es for business use of yo		<u> </u>	. 7	5,110
	-					-	40	
8	Advertising		8		18	Office expense (see instructions)		
9	Car and truck	•	9	11 227	19	Pension and profit-sharing plans	. 19	
10	(see instructions		9 10	11,227.	20	Rent or lease (see instructions):	+ 000	
10	Commissions ar		-		a L	Vehicles, machinery, and equipmer		
11	Contract labor (see	,	11 12		b	Other business property		
12 13	Depletion Depreciation and		12		21	Repairs and maintenance		
10		iction (not			22	Supplies (not included in Part III)		
	included in Pa	, (	10		23	Taxes and licenses	. 23	
	,		13		24	Travel and meals:	04-	
14	Employee benet	1 0			a		-	
45	(other than on lir	,	14		b	Deductible meals (see instructions	·	
15	Insurance (other		15		25	Utilities		
16	Interest (see inst		16a		26	Wages (less employment credits) Other expenses (from line 48).		
a h	Mortgage (paid to Other		16b		27a	, , ,		
b	Legal and profess				b	Energy efficient commercial bldg	' I I	
17 28	0 1		17	husines use of home Ada	l lines (	deduction (attach Form 7205). 3 through 27b		11,227
28 29								-6,117
		. ,						0,11/
30	unless using the	simplified me	thod.	Nome. Do not report these See instructions. r the total square footage of		nses elsewhere. Attach Form 882 Ir home:	3	
						. Use the Simplified	-	
						ine 30	. 30	
31	Net profit or (lo					· · · · · · ·		
	<ul> <li>If a profit, enter</li> </ul>	er on both <b>Sch</b>	edule	<b>1 (Form 1040), line 3,</b> and cutions.) Estates and trusts,		· · · · ·	31	-6,117
	• If a loss, you <b>n</b>					-	·I	·
32		0		t describes your investment	in this	activity. See instructions.		
	<ul> <li>If you checked</li> </ul>	l 32a, enter the u checked the	e loss	on both Schedule 1 (Form <sup>-</sup>	1040), I		32a ⊠ 32b □	All investment is at risk Some investment is no
			et atta	ch <b>Form 6198</b> . Your loss ma	av ha li	, mited		at risk.

REV 03/04/24 PRO

Schedu	le C (Form 1040) 2023			Page <b>2</b>
Part	III Cost of Goods Sold (see instructions)			
33	Method(s) used to value closing inventory: <b>a</b> Cost <b>b</b> Lower of cost or market <b>c</b> Other (atta	ach ex	planation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventor If "Yes," attach explanation	ry?	. 🗌 Yes	🗌 No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35		
36	Purchases less cost of items withdrawn for personal use	36		
37	Cost of labor. Do not include any amounts paid to yourself	37		
38	Materials and supplies	38		
39	Other costs	39		
40	Add lines 35 through 39	40		
41	Inventory at end of year	41		
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42		
Part		trucl		
43 44	When did you place your vehicle in service for business purposes? (month/day/year) <u>12/01/2022</u> Of the total number of miles you drove your vehicle during 2023, enter the number of miles you used your	vehicl	e for:	
а	Business 17,140 b Commuting (see instructions) c C	Other		7,956
45	Was your vehicle available for personal use during off-duty hours?		🗙 Yes	🗌 No
46	Do you (or your spouse) have another vehicle available for personal use?		🗌 Yes	🗙 No
47a	Do you have evidence to support your deduction?		🗌 Yes	🗙 No
ە Part	If "Yes," is the evidence written?	 27b.	🗌 Yes	No No
		,		
48	Total other expenses. Enter here and on line 27a	48		

Form	8889
Depar	tment of the Treasury

## Health Savings Accounts (HSAs)

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

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

OMB No. 1545-0074

Internal	Revenue Service			S	equence No. 52	
Name(s	If both spou		If both spouses ha	y number of HSA beneficiary. as have HSAs, see instructions.		
SUMANA DEVIREDDY 362-69-9747						
Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.						
Part I HSA Contributions and Deduction. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.						
1	Check the bo	x to indicate your coverage under a high-deductible health plan (HDHP)	during 2023.			
	See instructio			× Se	lf-only 🗌 Family	
2	unextended d	tions you made for 2023 (or those made on your behalf), including those lue date of your tax return that were for 2023. <b>Do not</b> include employer of through a cafeteria plan, or rollovers. See instructions	ontributions,	2	0.	
3	were, or were	nder age 55 at the end of 2023 and, on the first day of <b>every</b> month durin e considered, an eligible individual with the <b>same</b> coverage, enter \$3,850 ge). <b>All others</b> , see the instructions for the amount to enter	(\$7,750 for	3	3,850.	
4	lines 1 and 2.	bunt you and your employer contributed to your Archer MSAs for 2023 from If you or your spouse had family coverage under an HDHP at any time durin mount contributed to your spouse's Archer MSAs	g 2023, also	4	0.	
5	Subtract line 4	4 from line 3. If zero or less, enter -0	[	5	3,850.	
6		ount from line 5. But if you and your spouse each have separate HSAs an er an HDHP at any time during 2023, see the instructions for the amount to a		6	3,850.	
7		ge 55 or older at the end of 2023, married, and you or your spouse had fam IP at any time during 2023, enter your additional contribution amount. See ir		7	0.	
8	Add lines 6 ar	nd 7	[	8	3,850.	
9	Employer con	tributions made to your HSAs for 2023 9	1,100.			
10	Qualified HSA	funding distributions				
11		nd 10	-	11	1,100.	
12		11 from line 8. If zero or less, enter -0	-	12	2,750.	
13		on. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), F		13	0.	
Dout	Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.					
Paru	Part II HSA Distributions. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.					
14a	·	ions you received in 2023 from all HSAs (see instructions)		14a		
b	Distributions contributions	included on line 14a that you rolled over to another HSA. Also include (and the earnings on those excess contributions) included on line 14	any excess a that were			
		the due date of your return. See instructions	-	14b		
C		14b from line 14a		14c		
15		ical expenses paid using HSA distributions (see instructions)	· · · ·	15		
16	amount in the	distributions. Subtract line 15 from line 14c. If zero or less, enter -0 Also total on Schedule 1 (Form 1040), Part I, line 8f		16		
17a		listributions included on line 16 meet any of the <b>Exceptions to the Additic</b> uctions), check here				
b	are subject to	<b>1% tax</b> (see instructions). Enter 20% (0.20) of the distributions included or to the additional 20% tax. Also, include this amount in the total on Scher line 17c	ule 2 (Form	17b		
Part III Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.						
18	Last-month ru	le		18		
19		funding distribution	-	19		
20		Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part	· -	20		
21		<b>x.</b> Multiply line 20 by 10% (0.10). Include this amount in the total on Scher line 17d		21		

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

BAA REV 03/04/24 PRO