Form **8879**

(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.

OMB No. 1545-0074

Submission	Identification Number (SID)			
Taxpayer's nan	ne	Social security	y number	
VINOTH	KUMAR RAJA	496-45-	-4183	
Spouse's name		Spouse's soci	ial security numbe	r
ANANDHA	LAKSHMI SUBRAMANIAN	729-78-	-3491	
Part I	Tax Return Information — Tax Year Ending December 31, 2023 (Enter	year you aı	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 Adju	sted gross income			,215.
	ltax		2 24	1,388.
	eral income tax withheld from Form(s) W-2 and Form(s) 1099			,390.
	ount you want refunded to you			3,002.
	ount you owe		5	_,
Part II	Taxpayer Declaration and Signature Authorization (Be sure you get and k ies of perjury, I declare that I have examined a copy of the income tax return (original or amended)			
return (originato send my refor any delay Agent to initiate payment of mauthorization payment, I mousiness day taxes to recepersonal ider	ge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above all or amended) I am now authorizing. I consent to allow my intermediate service provider, transmit eturn to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejecting processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.State an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indication in the financial institution is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requisive confidential information necessary to answer inquiries and resolve issues related to the patification number (PIN) below is my signature for the income tax return (original or amended) I am not withdrawal Consent.	ter, or electro tion of the tra 5. Treasury ar ated in the ta in to debit the the authoriza ests must be processing of syment. I furth	anic return original ansmission, (b) that its designated by preparation so entry to this account of the received no latthe electronic paper acknowledge.	ator (ERO) he reason Financial ftware for ount. This (cancel) a er than 2 ayment of that the
	PIN: check one box only			
	uthorize GLOBAL TAXES LLC to enter or generate n	5 DINI 5	4 1 8 3	as my
_	ERO firm name	Ent	er five digits, but	as my
sig	nature on the income tax return (original or amended) I am now authorizing.			
if y	rill enter my PIN as my signature on the income tax return (original or amended) I am no rou are entering your own PIN and your return is filed using the Practitioner PIN metholow.			
Your signate	ure ▶ Date ▶			
-	PIN: check one box only			
× la	uthorize GLOBAL TAXES LLC to enter or generate n	,	-	as my
oia	ERO firm name		er five digits, but i't enter all zeros	
	nature on the income tax return (original or amended) I am now authorizing.			hav anl ı
if y	rill enter my PIN as my signature on the income tax return (original or amended) I am no rou are entering your own PIN and your return is filed using the Practitioner PIN metho low.			
Spouse's si	gnature ▶ Date ▶			
1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	Practitioner PIN Method Returns Only—continue below			
Part III	Certification and Authentication — Practitioner PIN Method Only			
ERO's EFIN	A/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 2		6 0 8 2 7 er all zeros	7 1
authorized to	the above numeric entry is my PIN, which is my signature for the electronic individual income tax of file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submits of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Indianal Pub. 1345, Handbook for Authorized IRS e-file Providers of Indianal Pub. 1345, Handbook for Authorized IRS e-file Providers of Indianal Pub.	ting this retu	rn in accordance	
ERO's signa	ature ▶ Date ▶			
Li io a signi	ERO Must Retain This Form — See Instructions			

Don't Submit This Form to the IRS Unless Requested To Do So

E1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return



For the year Jan. 1–Dec. 31, 2023, or other tax year beginning			, 2023, ending			, 20	, 20 See sepa			uctions.		
Your first name and middle initial			Last name						Your social security number			
VINOTH E	KUMA	R	RAJA							496 45 4183		
If joint return, spouse's first name and middle initial				ame					Spouse's social security number			
ANANDHALAKSHMI SU				RAMANIAN					729	78 34	91	
		er and street). If you have a P.O. box, see	instruct	ions.			Apt. no.			ntial Election		
2000 ALA	ASKA	N WAY					247		Check here if you, or your			
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete s	spaces below.	Stat	e	ZIP code			if filing jointly		
SEATTLE					WA		98121		-	this fund. C low will not c		
Foreign country	y name			Foreign province/state/o	county	у	Foreign postal			x or refund.	3.	
										You	Spouse	
Filing Status	5 [Single			[Head of h	ousehold (HO	H)				
Check only	_	Married filing jointly (even if only or	ne had	income)								
one box.		Married filing separately (MFS)			[☐ Qualifying	surviving spo	use (0	QSS)			
	If y	you checked the MFS box, enter the	name	of your spouse. If you	u che	cked the HOH	or QSS box,	enter	the ch	ild's name if	f the	
	qu	alifying person is a child but not you	ır depei	ndent:								
Distribut	Λ+ αι	ny time during 2023, did you: (a) rece	nivo (ac	a roward award or	nov/m	ant for propo	rty or convice	a): or (h) coll			
Digital Assets		nange, or otherwise dispose of a digi					-			Yes	⊠ No	
		neone can claim: You as a de					1). (000 1110111	2011011	J.,			
Standard Deduction		Spouse itemizes on a separate return				a dependent						
Deduction	Ш.		ii Oi you		allell							
Age/Blindness	s You	: Were born before January 2, 19	959 [Are blind Spo	ouse:	☐ Was bor	n before Janu	ary 2	, 1959	Is blin	ıd	
Dependent	s (see	instructions):		(2) Social security	,	(3) Relationsh	ip (4) Check	the bo	x if qual	ifies for (see in	-	
If more	(1) F	irst name Last name		number		to you	Child	tax cre	edit	Credit for othe	r dependents	
than four]	
dependents, see instructions	s ——]	
and check	. —										<u> </u>	
here L										<u> </u>]	
Income	1a	Total amount from Form(s) W-2, bo	ox 1 (se	ee instructions)					1a	190	6,343.	
Attach Form(s)	b	b Household employee wages not reported on Form(s) W-2							1b)		
W-2 here. Also	С	Tip income not reported on line 1a	•	•					10	;		
attach Forms W-2G and	d	Medicaid waiver payments not rep		, , , ,	nstrud	ctions)			10	1		
1099-R if tax	е	Taxable dependent care benefits f		•					1e			
was withheld.	f	Employer-provided adoption bene							1f			
If you did not get a Form	g	Wages from Form 8919, line 6 .							19			
W-2, see	h	Other earned income (see instructi	,						1h	1	0.	
instructions.	i	Nontaxable combat pay election (s	see inst	ructions)		<u>li</u>				1.0	C 242	
	<u>z</u>	<u> </u>	 . i						1z		6,343.	
Attach Sch. B if required.	2a	'	2a			axable interest			2b			
equileu.	3a_		3a			rdinary divider			3b			
Standard	4a		4a			axable amount			4b			
Deduction for—	5a		5a			axable amount			5b			
Single or Married filing	6a	,	6a			axable amount	ι		6b	-		
separately, \$13,850	c	If you elect to use the lump-sum election method, check here (see instructions)							- -			
Married filing	7	Capital gain or (loss). Attach Sched						. L	<u> 7</u>	_	5 120	
jointly or Qualifying	8	Add lines 17, 2h, 2h, 4h, 5h, 6h, 7	•						8		5 , 128.	
surviving spouse, \$27,700	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,		•					9		1,215.	
Head of	10	Adjustments to income from Sche							10		1 015	
household, \$20,800	11	Subtract line 10 from line 9. This is	•						11		1,215.	
If you checked	12	Standard deduction or itemized							12		7,700.	
any box under Standard	13	Qualified business income deducti		III OIIII 0990 OF FORM	0995	J-A			13		7,700.	
Deduction, see instructions.	14 15	Add lines 12 and 13 Subtract line 14 from line 11. If zer			 /OU!* * *	 avahla incom			14		3,515.	
	10	Sabtrast mile 14 Horn IIIIE 11. Il 28	J 01 168	,,, onto -u-, iiilo io y	Jui La	andrie iliculii			10	/ I	\cup I \cup \bot \cup \bullet	

Form 1040 (202	3)								Page 2	
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌		16	24,388.	
Credits	17	Amount from Schedule 2, lin						17		
	18	Add lines 16 and 17						18	24,388.	
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19		
	20	Amount from Schedule 3, lin	•					20		
	21	•						21		
	22	Subtract line 21 from line 18.	. If zero or less.	enter -0				22	24,388.	
	23	Other taxes, including self-er	mplovment tax.	from Schedule	e 2. line 21			23	0.	
	24	Add lines 22 and 23. This is			•			24	24,388.	
Payments	25	Federal income tax withheld							,	
. ayoo	а	Form(s) W-2				25a 37	,376.			
	b	Form(s) 1099				25b	·			
	c	Other forms (see instructions				25c	14.			
	d	Add lines 25a through 25c	•					25d	37 , 390.	
16	26	2023 estimated tax payment						26	, , , , , , , , , , , , , , , , , , , ,	
If 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	from Form 8863	3. line 8 . .		29				
	30	Reserved for future use .				30		1		
	31	Amount from Schedule 3, lin				31				
	32	Add lines 27, 28, 29, and 31.						32		
	33	Add lines 25d, 26, and 32. The						33	37,390.	
Refund	34	If line 33 is more than line 24	•					34	13,002.	
riciana	35a	Amount of line 34 you want	•			•		35a	13,002.	
Direct deposit?	b	Routing number X X X					Savings		· ·	
See instructions.										
	36	Amount of line 34 you want a				36				
Amount	37	Subtract line 33 from line 24.	••							
You Owe	0,	For details on how to pay, go						37		
	38	Estimated tax penalty (see in	_	-		38				
Third Party Designee		you want to allow another	person to disc	cuss this retur			omplete h	elow	⊠ No	
Designee		signee's		Phone			nal identif		<u></u>	
-		ne		no.			er (PIN)			
Sign Here		der penalties of perjury, I declare the ief, they are true, correct, and compared true, correct, and compared to the ief.								
11616	Yo	ur signature		Date Your occupation			If the IRS sent you an Identity			
								rotection PIN, enter it here ee inst.)		
Joint return? See instructions.				Dete		NESS INTELLIG	MIETHIGE ,			
Keep a copy for your records.		ouse's signature. If a joint return, b	Date Spouse's occupation HOME MAKER			Ident	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)			
	———Ph	one no. (405) 612-5305	 5	Email address		SGIT@GMAIL.CO	M			
		eparer's name	Preparer's signat	l .	4 T140 T111-11101111	Date	PTIN		Check if:	
Paid		'			GAR GUPTA		P02082	2703	Self-employed	
Preparer								(678) 965-9522		
Use Only		m's address 245 ROONE		NSWICK N	J 08816			s EIN	, , , , , , , , , , , , , , , ,	
Go to www irs a		n1040 for instructions and the lates		2.1.2.021 110	PAA	PEV 03/07/24 PPO	1		Form 1040 (2023)	

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023

Attachment
Sequence No. 01

Your social security number

Department of the Treasury Internal Revenue Service

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

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

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

VINC	INOTH KUMAR RAJA & ANANDHALAKSHMI SUBRAMANIAN 496-4									
Par	t I Additional Income									
1	Taxable refunds, credits, or offsets of state and local income taxes			1						
2a	Alimony received		a l							
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	4						
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Att	ach Schedule	E	5	-15,128.					
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								
ı	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	0- /								
	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 . Ente	r here and on	· · ·							
	Combine into i unough i and of this is your additional income. Little	i iloto alla Uli		1						

10

-15,128.

Schedule 1 (Form 1040) 2023 Page **2**

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis governr	nent		
	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		9a	
b	Recipient's SSN			
С	Date of original divorce or separation agreement (see instructions):			
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use	_	22	
23	Archer MSA deduction	🔯	23	
24	Other adjustments:			
а	Jury duty pay (see instructions)			
b	Deductible expenses related to income reported on line 8I from the			
	rental of personal property engaged in for profit			
С	Nontaxable amount of the value of Olympic and Paralympic medals			
	and USOC prize money reported on line 8m			
d	Reforestation amortization and expenses	-		
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974			
f	Contributions to section 501(c)(18)(D) pension plans			
g	Contributions by certain chaplains to section 403(b) plans 24g			
_	Attorney fees and court costs for actions involving certain unlawful			
	discrimination claims (see instructions)			
i	Attorney fees and court costs you paid in connection with an award			
	from the IRS for information you provided that helped the IRS detect			
	tax law violations			
j	Housing deduction from Form 2555			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form			
	1041)			
Z	Other adjustments. List type and amount:			
	24z			
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and			
	Form 1040, 1040-SR, or 1040-NR, line 10	:	26	

SCHEDULE E (Form 1040)

Name(s) shown on return

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

Your social security number

Department of the Treasury Internal Revenue Service

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

Attachment Sequence No. 13

OMB No. 1545-0074

VINC	OTH KUMAR RAJA	A & ANANDHALAKSHMI SUBRAMA	NIAN					496-4	5-4183	
Part	Income or	Loss From Rental Real Estate ar	nd Roy	/alties						
	Note: If you ar	re in the business of renting personal prope or loss from Form 4835 on page 2, line 40.	rty, use	Schedul	C . See	e instru	ctions. If you a	are an indi	vidual, rep	ort farm
		ayments in 2023 that would require you								
В		will you file required Form(s) 1099? .							. ∐ Ye	es 🗌 No
1a	Physical address	of each property (street, city, state, ZI	P code	:)						
Α	H NO.3, PAARI	. VALLAL STREET MUTHAMIL NA	AGAR,	PAMI	MAL,	CHEN	NAI, TAM	IL NADU	J IN	600075
В										
С										
1b	Type of Property	2 For each rental real estate prope	erty liste	ed		Fa	ir Rental	Persor	nal Use	0.11/
	(from list below)	above, report the number of fair					Days	Da	ıys	QJV
Α	3	personal use days. Check the Q			Α		325		0	
В		if you meet the requirements to qualified joint venture. See instru			В					
С		qualified joint venture. See instit	uctions		С					
Гуре	of Property:									
1	Single Family Resid	dence 3 Vacation/Short-Term Ren	ntal	5 Land	k	7	Self-Rental			
2	Multi-Family Reside	ence 4 Commercial		6 Roya	alties	8	Other (desc	ribe)		
							Properti			
naan	201				Α		В	E5.		С
ncon 3			3			80.	В			
4		1	4		,	00.				
	nses:		+ - +							
5 5			5							
6		ee instructions)	6							
7		ntenance	7		8	90.				
8			8			-				
9			9							
10		rofessional fees	10							
11			11		1,6	550.				
12		paid to banks, etc. (see instructions)	12							
13			13							
14			14		3,8	50.				
15			15		4,4	10.				
16			16							
17	Utilities		17		1,6	550.				
18	Depreciation expe	ense or depletion	18		3,4	58.				
19	Other (list)		19							
20	Total expenses. A	dd lines 5 through 19	20		15,9	08.				
21	Subtract line 20 fr	om line 3 (rents) and/or 4 (royalties). If								
		see instructions to find out if you must								
			21		-15 , 1	28.				
22		real estate loss after limitation, if any,								
	•	e instructions)	22		15,12		()	(
23a		ts reported on line 3 for all rental prope				23a		780.		
b		ts reported on line 4 for all royalty prop				23b				
C		its reported on line 12 for all properties				23c		150		
d		its reported on line 18 for all properties				23d		458.		
e		ts reported on line 20 for all properties				23e	1.5	908.		
24	•	itive amounts shown on line 21. Do no		•				. 24	/	15 100
25	•	ty losses from line 21 and rental real estat							(15,128.
26		estate and royalty income or (loss). I, and IV, and line 40 on page 2 do no								
		1, and 1v, and line 40 on page 2 do no 1040), line 5. Otherwise, include this a						. 26		-15 , 128.
		, ,					pago 2	- 20	ı	,

Form **8888**

(Rev. November 2022)

Department of the Treasury Internal Revenue Service

Allocation of Refund (Including Savings Bond Purchases)

Go to www.irs.gov/Form8888 for the latest information.

Attach to your income tax return.

OMB No. 1545-0074

For calendar year

20 23

Attachment

Sequence No. 56

Name(s) shown on return Your social security number VINOTH KUMAR RAJA & ANANDHALAKSHMI SUBRAMANIAN 496-45-4183 **Direct Deposit** Part I Complete this part if you want us to directly deposit a portion of your refund to one or more accounts. Amount to be deposited in first account (see instructions) . 10,000. Routing number 325070760 c Checking X Savings Account number 5612037400 Amount to be deposited in second account 2,000. 2a 2a Routing number c X Checking b 125000024 Savings Account number 138133640403 Amount to be deposited in third account 3a 3a 1,002. Routing number c X Checking Savings b 125008547 Account number 2612084232 **U.S. Series I Savings Bond Purchases** Part II Complete this part if you want to buy paper bonds with a portion of your refund. If a name is entered on line 5c or 6c below, co-ownership will be assumed unless the beneficiary box is checked. See instructions for more details. Amount to be used for bond purchases for yourself (and your spouse, if filing jointly). 4 Amount to be used to buy bonds for yourself, your spouse, or someone else Enter the owner's name (First then Last) for the bond registration If you would like to add a co-owner or beneficiary, enter the name here (First then Last). If beneficiary, also check here. C Amount to be used to buy bonds for yourself, your spouse, or someone else Enter the owner's name (First then Last) for the bond registration If you would like to add a co-owner or beneficiary, enter the name here (First then Last). If beneficiary, also check here. Part III **Paper Check** Complete this part if you want a portion of your refund to be sent to you as a check. Amount to be refunded by check 7 0. Part IV **Total Allocation of Refund** Add lines 1a, 2a, 3a, 4, 5a, 6a, and 7. The total must equal the refund amount shown on your tax 13,002. 8

BAA

8959 Form

Name(s) shown on return

Department of the Treasury Internal Revenue Service

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

2023

Attachment

Attachment Sequence No. 71 Your social security number

VIN	OTH KUMAR RAJA & ANANDHALAKSHMI SUBRAMANIAN	496-45	5-4183	
Par	Additional Medicare Tax on Medicare Wages			
1	Medicare wages and tips from Form W-2, box 5. If you have more than one			
		,632.		
2	Unreported tips from Form 4137, line 6			
3	Wages from Form 8919, line 6			
4		,632.		
5	Enter the following amount for your filing status:			
	Married filing jointly			
	Married filing separately	000		
_		,000.		0
6	Subtract line 5 from line 4. If zero or less, enter -0		6	0.
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and		7	0.
Part	Part II	• •	/	0.
8	Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you			
0	had a loss, enter -0			
9	Enter the following amount for your filing status:	-		
•	Married filing jointly			
	Married filing separately			
	Single, Head of household, or Qualifying surviving spouse \$200,000 9			
10	Enter the amount from line 4	$\neg \neg$		
11	Subtract line 10 from line 9. If zero or less, enter -0	$\neg \neg$		
12	Subtract line 11 from line 8. If zero or less, enter -0		12	
13	Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter her	re and		
	go to Part III		13	
Part	Additional Medicare Tax on Railroad Retirement Tax Act (RRTA) Compensation	on		
14	Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14			
	(see instructions)			
15	Enter the following amount for your filing status:			
	Married filing jointly			
	Married filing separately			
	Single, Head of household, or Qualifying surviving spouse \$200,000		10	
16	Subtract line 15 from line 14. If zero or less, enter -0		16	
17	Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (0		47	
Part	Enter here and go to Part IV		17	
18	Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 11 (Form 1040)	10.00		
10	filers, see instructions), and go to Part V		18	0.
Part	Withholding Reconciliation		10	0.
19	Medicare tax withheld from Form W-2, box 6. If you have more than one Form			
		,938.		
20		,632.		
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax			
		,924.		
22	Subtract line 21 from line 19. If zero or less, enter -0 This is your Additional Medicard			
	withholding on Medicare wages		22	14.
23	Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2			
	14 (see instructions)	[23	
24	Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this amoun			
	federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (Form 1040-SS	filers,		
	see instructions)		24	1 /

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