Form 8879
(Rev. January 2021)
Department of the Treasurv

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 Ide	entification	Number	(SID))
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lavna	NOr'C	name

Тахрау	er's name	Social security nun	nber
MOH	ІТН КОТА	047-51-503	13
Spouse	o's name	Spouse's social se	curity number
Part	Tax Return Information — Tax Year Ending December 31, 2023 (Ente	r year you are a	uthorizing.)
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	1	76,305.
2	Total tax	2	9,052.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		12,751.
4	Amount you want refunded to you	4	3,699.
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	eck one box only			1 5 0 1 3	
X		GLOBAL TAXES LLC ERO firm name the income tax return (original or amended) I		nerate my PIN	Enter five digits, but don't enter all zeros	ıy
		ny PIN as my signature on the income tax return ntering your own PIN and your return is filed	,		ERO must complete Part	-
Your sig	nature 🕨		Da	ate 🕨	3/29/2024	
Spouse	I authorize signature or I will enter r	ERO firm name the income tax return (original or amended) I my PIN as my signature on the income tax return thering your own PIN and your return is filed	am now authorizing. urn (original or amended)			nly
Spouse	's signature	•	Da	ate 🕨		
		Practitioner PIN Method R	eturns Only—continue	below		
Part II	Certific	ation and Authentication – Practitione	er PIN Method Only			
ERO's I	EFIN/PIN. En	ter your six-digit EFIN followed by your five-d	git self-selected PIN.	2 2 2 4 Don	9 6 0 8 2 7 1	
				Don	un Loroo	

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

ERO's signature 🕨		 Date 🕨	
—	RO Must Retain This F bmit This Form to the I	 See Instructions ss Requested To Do So	
For Department Paduation Act Nation	vour tox roturn instructions	 REV 02/07/24 RRO	Earm 8879 (Pov. 01 2021)

1040	_	Department of the Treasury-Inter U.S. Nonresident Ali	nal Revenu en Inc	e Service Come Tax Ret	urn	2023	OMB No	o. 1545-	0074	IRS Use O or staple		
For the year Jan. 1–Dec. 31, 2023, or other tax year beginning, 2023, ending, 20 _									e separ structio			
							entifyin					
								(s	ee ins	tructions	s)	
MOHITH			KOTA						047-	-51-50	013	
Home address (num	per and street). If you have a P.O. box	, see insti	ructions.							Apt. n	0.
		ITAN AVENUE					1				1	
		ffice. If you have a foreign address, als	so comple	ete spaces below.			State)		ZIP cod		
ROSLINDAL		•	Forsian	ne vince latete leeu	<u></u>		MA	~~ ~~ ~		0213	1	
Foreign country	nam	e	Foreign	province/state/cou	nty		Forei	gn pos	iai co	ue		
Filing												
Filing Status		Single Married filing sepa				surviving spouse				tate	ПТ	rust
Check only	lf	you checked the QSS box, enter the c	child's nar	me if the qualifying	persor	n is a child but no	ot your o	depend	lent:			
one box.												
Digital Assets		ny time during 2023, did you: (a) recei						s); or (b) sell,	exchang		
	othe	erwise dispose of a digital asset (or a f	inancial ir	nterest in a digital a	sset)?	(See instructions	,			· 🗌 Y		X No
Dependents				(2) Dependent's			(4) Check	the bo	x if qualifie	`	,
(see instructions):		(1) First name Last name		identifying number		(3) Relationship to	you	Child ta	ax cred		edit for lepende	
If more than four dependents, see												
instructions and									_			
check here												1.0
Income	1a	Total amount from Form(s) W-2, box	•	,				• •	1a		86,1	.12.
Effectively	b	Household employee wages not rep Tip income not reported on line 1a (s					• •	• •	1b 1c			
Connected With U.S.	c d	Medicaid waiver payments not report					• •	• •	1d			
Trade or	e	Taxable dependent care benefits fro		() (,			1e	-		
Business	f	Employer-provided adoption benefit							1f			
	g	Wages from Form 8919, line 6							1g			
Attach Form(s) W-2,	h	Other earned income (see instruction	ns)						1h			
1042-S,	i	Reserved for future use				. <u>1i</u>						
SSA-1042-S, RRB-1042-S,	j	Reserved for future use			• •			· ·	1j			
and 8288-A	k	Total income exempt by a treaty from			R), iter							
here. Also attach	z	line 1(e) .			• •	. 1k			1z		86,1	12
Form(s)	2a	Tax-exempt interest 2a	1	1		le interest			2b		00/1	
1099-R if tax was	3a	Qualified dividends 3a				ary dividends .			3b			
withheld.	4a	IRA distributions 4a	1			ble amount			4b			
If you did not	5a	Pensions and annuities 5a				ble amount			5b			
get a Form W-2, see	6	Reserved for future use							6			
instructions.	7	Capital gain or (loss). Attach Schedu	•			•			7			
	8	Additional income from Schedule 1 (8			<u>307.</u> 305.
	9	Add lines 1z, 2b, 3b, 4b, 5b, 7, and 8		-					9		10,3	505.
	10	Adjustments to income from Sched		,.			-		10			
	11	Subtract line 10 from line 9. This is y							11		76,3	305.
	12	Itemized deductions (from Schedu										
		deduction (see instructions)							12		13,8	850.
	13a	Qualified business income deduction	n from Fo	rm 8995 or Form 89	995-A	. 13a						
	b	Exemptions for estates and trusts or										
	с	Add lines 13a and 13b							130		1.0	
	14								14			<u>350.</u> 155
	15 Priva	Subtract line 14 from line 11. If zero cy Act, and Paperwork Reduction Act				DIE INCOME .	· ·	•••	15	Form 10	62,4	
i or Disclosure,	inva	oy not, and I aper work neutroll Act		se separate marine						1011110		∎ (2023)

Form 1040-NR (2	2023)					Page 2
Tax and	16	Tax (see instructions). Check if any from Form(s): 1	2 3		16	9,052.
Credits	17	Amount from Schedule 2 (Form 1040), line 3			17	0.
	18	Add lines 16 and 17		[18	9,052.
	19	Child tax credit or credit for other dependents from Schedule 8812 (Form 10	40)	[19	
	20	Amount from Schedule 3 (Form 1040), line 8		[20	
	21	Add lines 19 and 20		[21	
	22	Subtract line 21 from line 18. If zero or less, enter -0			22	9,052.
	23a	Tax on income not effectively connected with a U.S. trade or business from				
		Schedule NEC (Form 1040-NR), line 15	23a			
	b	Other taxes, including self-employment tax, from Schedule 2 (Form 1040),				
		line 21	23b			
	С	Transportation tax (see instructions)	23c			
	d	Add lines 23a through 23c			23d	
	24	Add lines 22 and 23d. This is your total tax	<u></u>		24	9,052.
Payments	25	Federal income tax withheld from:				
	а	Form(s) W-2	25a 12	2,751.		
	b	Form(s) 1099	25b			
	С	Other forms (see instructions)	25c			
	d	Add lines 25a through 25c			25d	12,751.
	е	Form(s) 8805			25e	
	f	Form(s) 8288-A			25f	
	g	Form(s) 1042-S			25g	
	26	2023 estimated tax payments and amount applied from 2022 return			26	
	27	Reserved for future use	27			
	28	Additional child tax credit from Schedule 8812 (Form 1040)	28			
	29	Credit for amount paid with Form 1040-C	29			
	30	Reserved for future use	30			
	31	Amount from Schedule 3 (Form 1040), line 15	31			
	32	Add lines 28, 29, and 31. These are your total other payments and refundation			32	
	33	Add lines 25d, 25e, 25f, 25g, 26, and 32. These are your total payments .			33	12,751.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount	•		34	3,699.
	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, chee		· 🗆 🛛	35a	3,699.
Direct deposit?	b		Checking	Savings		
See instructions.	d	Account number 4 6 6 0 1 3 4 8 3 8 9 2				
	е	If you want your refund check mailed to an address outside the United Stat	es not shown on	page 1,		
		enter it here.	1			
	36	Amount of line 34 you want applied to your 2024 estimated tax	36			
Amount	37	Subtract line 33 from line 24. This is the amount you owe .				
You Owe		For details on how to pay, go to www.irs.gov/Payments or see instructions .		· · ·	37	
	38	Estimated tax penalty (see instructions)	38			
Third		ou want to allow another person to discuss this return with the IRS? See instru		es. Comple		v. 🛛 No
Party Designee	Desig			nal identific	ation	
Designee	name		numbe	、 ,		
		penalties of perjury, I declare that I have examined this return and accompanying schedu they are true, correct, and complete. Declaration of preparer (other than taxpayer) is bas				
Sign		signature Date Your occupation			•	t you an Identity
Here	Tour					N, enter it here
nere		SOFTWARE		(see ii	nst.)	
	Phon	e no. Email address				
Paid	Prepa	arer's name Preparer's signature	Date	PTIN	C	heck if:
Preparer	SYAN	1 PRIYA RAM SAGAR GUPTA SYAM PRIYA RAM SAGAR GUPTA	03/28/2024	P02082	703 [Self-employed
-	Firm's	s name GLOBAL TAXES LLC		Phone no	. (678)965-9522
Use Only	Firm's	saddress 245 ROONEY CT E BRUNSWICK NJ 08816		Firm's EIN		
Go to www.irs.g	gov/Fo	rm1040NR for instructions and the latest information. BAA	REV 03/07/24 PR	С	Forn	n 1040-NR (2023)

	DULE 1 1040)	A	Iditional Inc	come and A	djustments	to I	ncom	e	0	MB No. 1545-0074
Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.gov/Form1040 for instructions and the latest information.							Δ	20 23		
	Revenue Service				ictions and the lat	est into	rmation.		S	Sequence No. 01
		orm 1040, 104	40-SR, or 1040-N	R						ecurity numb
	ТН КОТА							047-5	51-50	13
Par	t Additio	onal Inco	me							
I	Taxable refur	nds, credits	, or offsets of st	ate and local inc	ome taxes .				1	
a	Alimony rece	ived							2a	
b	Date of origin	nal divorce o	or separation ag	reement (see ins	structions):					
;	Business inc	ome or (los	s). Attach Sched	lule C					3	
				97					4	
5	Rental real es	state, royalt	ies, partnership	s, S corporations	s, trusts, etc. At	tach S	Schedule	θΕ.	5	-9,80
;				F					6	
	Unemployme	ent compen	sation						7	
;	Other income									
а	Net operating	gloss				8a	()	
b						8b				
С	Cancellation	of debt .				8c				
d	Foreign earne	ed income	exclusion from F	orm 2555		8d	()	
е	Income from	Form 8853				8e				
f	Income from	Form 8889				8f				
g	Alaska Perma	anent Fund	dividends			8g				
h	Jury duty pay	y				8h				
i						8i				
j	Activity not e	ngaged in f	or profit income			8j				
k	Stock option:	s				8k				
L	Income from	the rental o	f personal prope	erty if you engage	ed in the rental					
	for profit but	were not in	the business of	renting such pro	perty	81				
m	Olympic and	d Paralym	bic medals an	d USOC prize	money (see					
	instructions)					8m				
n	Section 951(a	a) inclusion	(see instructions	s)		8n				
ο	Section 951A	(a) inclusio	ו (see instructio	ns)		80				
р	Section 461(I) excess bu	siness loss adju	istment		8p				
q	Taxable distr	ibutions fro	m an ABLE acco	ount (see instruc ⁻	tions)	8 q				
r	Scholarship a	and fellows	nip grants not re	ported on Form	W-2	8r				
s	Nontaxable a	amount of	Medicaid waive	r payments incl	uded on Form					
						8s	()	
	Pension or a	nnuitv from	a nonqualifed (deferred comper	nsation plan or					
t	i ension or a					1	1			
t	a nongovernr	mental sect				8t				
t u	a nongovernr Wages earne	mental sect d while inca	arcerated			8t 8u				

9 9 10 Combine lines 1 through 7 and 9. This is your additional income. Enter here and on Form 10 -9,807.

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

Schedule 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 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)	4
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	- 1
g	Contributions by certain chaplains to section 403(b) plans	-
n	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	
i	Housing deduction from Form 2555	-
	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	-
n	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 on	
	Form 1040, 1040-SR, or 1040-NR, line 10	26
	BAA REV 03/07/24 PRO	Schedule 1 (Form 1040) 2023

Tax on Income Not Effectively Connected With a U.S. Trade or Business

OMB No. 1545-0074

Sequence No. 7B

23

20

Attachment

Attach to Form 1040-NR.

Go to www.irs.gov/Form1040NR for instructions and the latest information.

Name shown on Form 1040-NR

SCHEDULE NEC

Department of the Treasury

Internal Revenue Service

MOHITH KOTA

(Form 1040-NR)

Your identifying number

047-51-5013

Enter amount of income under the appropriate rate of tax. See instructions.

Nature of Income					(a) 10%	(b) 15%	(c) 30%	(d) Other		(specify)
					(a) 10%	(b) 15%	(c) 30%		%	%
1	Dividends and divide	end equivalents:								
а	Dividends paid by U.	S. corporations		1a						
b	Dividends paid by fo	reign corporations		1b						
С	Dividend equivalent p	ayments received with respect to section 871(m) trar	nsactions	1c						
2	Interest:									
а	Mortgage			2a						
b	Paid by foreign corpo	orations		2b						
с	Other			2c						
3	Industrial royalties (p	atents, trademarks, etc.)		3						
4		copyright royalties	t t	4						
5	Other royalties (copy	rights, recording, publishing, etc.)		5						
6		e and natural resources royalties	t t	6						
7	Pensions and annuiti	ies		7						
8		fits	r	8						
9		e 18 below	t t	9						
10	Gambling-Resident	ts of Canada only. Enter net income in column (c).								
а	Winnings									
b				10c						
11	Gambling-Resident	ts of countries other than Canada.	[11						
12	Other (specify):									
				12						
13		12 in columns (a) through (d)		13						
14	Multiply line 13 by r	ate of tax at top of each column		14						
15	Tax on income not e	ffectively connected with a U.S. trade or business.						NR, line 23a	15	
		Capital Gains and	Losses F	rom	Sales or Excha	inges of Proper	ty			
losses f exchang	nly the capital gains and from property sales or ges that are from sources he United States and not	16 (a) Kind of property and description (if necessary, attach statement of descriptive details not shown below)	(b) Date acqu mm/dd/yyy		(c) Date sold mm/dd/yyyy	(d) Sales price	(e) Cost or other basis	(f) LOSS If (e) is more tha subtract (d) fro	an (d),	(g) GAIN If (d) is more than (e), subtract (e) from (d).
effective	ely connected with a U.S. s. Do not include a gain									
or loss (on disposing of a U.S. real									
	y interest; report these nd losses on Schedule D									
(Form 1	040).									
	property sales or ges that are effectively									
connect	ted with a U.S. business	17 Add columns (f) and (g) of line 16 .					17	()	
	edule D (Form 1040), 797, or both.	18 Capital gain. Combine columns (f) and (g)						r -0-	18	
For Pa	perwork Reduction A	ct Notice, see the Instructions for Form 1040-NR.			BAA REV 0	03/07/24 PRO		Schedu	le NEC	(Form 1040-NB) 2023

SCHEDULE OI (Form 1040-NR)

Other Information

Attach to Form 1040-NR.

Go to www.irs.gov/Form1040NR for instructions and the latest information.

	OMB No. 1545-0074				
	2023 Attachment Sequence No. 7C				
Your identifying number					

Department of the Treasury Internal Revenue Service					
Name shown on Form 1040	-NR				

MOI	HITH KOTA			047-51-50									
Α	Of what country or countries were you a citizen or national during the tax year? INDIA												
в	In what country did you claim residence for tax purposes during the tax year? United States												
С	Have you ever applied to be a green card holder (lawful p	permanent resident) of	the United States? .		🗌 Yes	🛛 No							
D	Were you ever:												
1	. A U.S. citizen?				🗌 Yes	🗙 No							
2	. A green card holder (lawful permanent resident) of the Ur	nited States?			Ves	🗙 No							
	If you answer "Yes" to (1) or (2), see Pub. 519, chapter 4,												
Е	If you had a visa on the last day of the tax year, enter y immigration status on the last day of the tax year. F1		didn't have a visa, ente	•									
F	Have you ever changed your visa type (nonimmigrant sta If you answered "Yes," indicate the date and nature of the	tus) or U.S. immigratio	on status?		🗌 Yes	🗙 No							
G	List all dates you entered and left the United States durin	g 2023. See instructio	ns.										
		Note: If you're a resident of Canada or Mexico AND commute to work in the United States at frequent intervals,											
	check the box for Canada or Mexico and skip to item h	<u> </u>	🗌 Canada	Mexico									
	Date entered United States mm/dd/yy Date departed United State mm/dd/yy	es Da	ate entered United States mm/dd/yy	Date depa n	rted United nm/dd/yy	d States							
н	Give number of days (including vacation, nonworkdays, and												
	2021, 2022	, and 20	23 365	· · ·									
I	Did you file a U.S. income tax return for any prior year? . If "Yes," give the latest year and form number you filed:				X Yes	🗌 No							
J	Are you filing a return for a trust?	r the grantor trust rule	es, make a distribution	 or loan to a	☐ Yes	🛛 No							
к	Did you receive total compensation of \$250,000 or more					X No							
	If "Yes," did you use an alternative method to determine				Yes	No							
L	Income Exempt From Tax—If you are claiming exemption complete (1) through (3) below. See Pub. 901 for more in	ion from income tax	under a U.S. income ta		a foreign	country,							
1. Enter the name of the country, the applicable tax treaty article, the number of months in prior years you claimed the t amount of exempt income in the columns below. Attach Form 8833 if required. See instructions.													
	(a) Country	(b) Tax treaty article	(c) Number of months claimed in prior tax year										
	(e) Total. Enter this amount on Form 1040-NR, line 1k. D) Do not enter it anywhei	re else on line 1										
2	. Were you subject to tax in a foreign country on any of the	-			Yes	No							
3	. Are you claiming treaty benefits pursuant to a Competent	e you claiming treaty benefits pursuant to a Competent Authority determination?											
м	If "Yes," attach a copy of the Competent Authority determination letter to your return. Check the applicable box if:												
	 This is the first year you are making an election to treat in with a U.S. trade or business under section 871(d). See in 				ectively c	onnected							
2	You have made an election in a previous year that has States as effectively connected with a U.S. trade or busin	not been revoked, to	treat income from rea		ated in th	e United							

For Paperwork Reduction Act Notice, see the Instructions for Form 1040-NR.

BAA

	CHEDULE E Supplemental Income and Loss					OMB No	o. 1545-0074							
(Form	rm 1040) (From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)					20	23							
	artment of the Treasury Attach to Form 1040, 1040-SR, 1040-NR, or 1041. nal Revenue Service Go to www.irs.gov/ScheduleE for instructions and the latest information.					Attachm	nent ce No. 13							
Name(s)	ame(s) shown on return Your social													
MOHI	ТН КОТА											047-5	1-5013	
Part	Part I Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.													
Α	Did you make an						to file	Form(s) 1	0002 9	Soo ins	tructions			
	f "Yes," did you													
1a	Physical addr												· _ · •	
								,						
	2-1-326/H	/1,D	UBBAW	IADA ME	[PALLY	JAGITYA	AL DI	ISTRICI	, TEL	ANGAI	NA IN 505	325		
B C														
 1b	Type of Prope	rt (0 50	r aaab ran	tol rool oo	tata propo	ut lint	had		Ба	ir Rental	Dereer	al Use	
a	(from list below					tate prope ber of fair i				га	Days		iai Use	QJV
Α	3		per	rsonal use	days. Ch	eck the Qu	JV box only		Α		365		0	
В						ements to f			В					
С			qua	alified join	t venture.	See instru	ctions	5.	С					
Туре	of Property:							•					•	
1	Single Family R	esider	nce	3 Vacat	ion/Short-	-Term Rent	tal	5 Land		-	Self-Rental			
2	Multi-Family Re	siden	се	4 Comn	nercial			6 Roya	lties	8	Other (descr	ribe)		
											Properti			
Incom	ie:								Α		B			С
3	Rents received	±					3		6	38.				
4	Royalties recei	ived .					4							
Exper														
5	Advertising .						5							
6	Auto and trave						6							
7	Cleaning and r						7		1,9	80.				
8	Commissions						8							
9	Insurance						9							
10	Legal and othe	-					10		0 1	20				
11 12	Management f Mortgage inter						11 12		∠,⊥	30.				
13	Other interest						13							
14	Repairs						14		2.7	15.				
15	Supplies						15		2,0					
16	Taxes						16							
17	Utilities						17		1,6	10.				
18	Depreciation e	xpens	se or de	epletion .			18							
19	Other (list)						19							
20	Total expenses	s. Add	d lines 5	5 through	19		20		10,4	45.				
21	Subtract line 2 result is a (loss file Form 6198	s), see	e instruc	ctions to f	ind out if	you must	21		-9,8	07.				
22	Deductible ren on Form 8582	ital rea	al estat	e loss afte	er limitatio	on, if any,	22	(-9,80		()	()
23a	Total of all amounts reported on line 3 for all rental properties							23a		638.				
b	Total of all am									23b				
С	Total of all amounts reported on line 12 for all properties													
d	Total of all amounts reported on line 18 for all properties													
e	Total of all amounts reported on line 20 for all properties						23e	10	,445.					
24										• •	· · · ·	. 24	/	0 0 0 7 `
25 00									(9,807.)				
26	Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on													
	Schedule 1 (Fo											. 26		-9,807.

Form	8889
Depar	tment of the Treasu

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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

interna			5	
			ave HS	f HSA beneficiary. As, see instructions.
	re you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance (
Part		this part. If y	ou ar	e filing jointly
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) d			
	See instructions	r	× Se	If-only 🗌 Family
2	HSA contributions you made for 2023 (or those made on your behalf), including those m unextended due date of your tax return that were for 2023. Do not include employer co contributions through a cafeteria plan, or rollovers. See instructions	ntributions,	2	0.
3	If you were under age 55 at the end of 2023 and, on the first day of every month during were, or were considered, an eligible individual with the same coverage, enter \$3,850 family coverage). All others , see the instructions for the amount to enter	(\$7,750 for	3	3,850.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2023 from lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during include any amount contributed to your spouse's Archer MSAs	2023, also	4	0.
5	Subtract line 4 from line 3. If zero or less, enter -0	+	5	3,850.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and coverage under an HDHP at any time during 2023, see the instructions for the amount to en	had family	6	3,850.
7	If you were age 55 or older at the end of 2023, married, and you or your spouse had famil under an HDHP at any time during 2023, enter your additional contribution amount. See ins		7	0.
8	Add lines 6 and 7	[8	3,850.
9	Employer contributions made to your HSAs for 2023	275.		
10	Qualified HSA funding distributions			
11	Add lines 9 and 10	+	11	275.
12	Subtract line 11 from line 8. If zero or less, enter -0		12	3,575.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Pa		13	0.
Part	Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructional tax is a set of the s	I	ratal	
rait	HSA Distributions. If you are filing jointly and both you and your spouse each a separate Part II for each spouse.	n nave sepa	rate r	13AS, Complete
14a	Total distributions you received in 2023 from all HSAs (see instructions)		14a	
b	Distributions included on line 14a that you rolled over to another HSA. Also include a	t		
	contributions (and the earnings on those excess contributions) included on line 14a			
	withdrawn by the due date of your return. See instructions		14b	
С	Subtract line 14b from line 14a		14c	
15	Qualified medical expenses paid using HSA distributions (see instructions)		15	
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0 Also,amount in the total on Schedule 1 (Form 1040), Part I, line 8f		16	
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Addition Tax (see instructions), check here	🗆		
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on are subject to the additional 20% tax. Also, include this amount in the total on Schedu 1040), Part II, line 17c	ule 2 (Form	17b	
Part		the instruction		
18	Last-month rule		18	
19	Qualified HSA funding distribution	[19	
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I,	20		
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schede			
	1040), Part II, line 17d		21	

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