1040	-	IR Department of the Treasury-Inter U.S. Nonresident Ali	nal Rever en In	nue Service COME Tax F	Return	2023	OMB No.	1545-0074		Dnly—Do not write le in this space.	
For the year Jan	. 1–C	Dec. 31, 2023, or other tax year beginn	ing		, 2023, e	ending		, 20		e separate structions.	
Your first name and middle initial				ame				Your i	four identifying number see instructions)		
ASHISH			KUMA	R				201	-37-2	943	
Home address (numl	per and street). If you have a P.O. box	, see ins	structions.						Apt. no.	
305 RIVER	SID	E AVE									
City, town, or po	ost o	ffice. If you have a foreign address, als	so comp	lete spaces belo	w.		State		ZIP co	de	
MEDFORD							MA		0215	5	
Foreign country	nam	e	Foreig	n province/state/	county		Foreig	n postal co	ode		
Filing		Single X Married filing sepa	rately (N	MFS)	Qualifying	g surviving spous	e (QSS)	E	state	Trust	
	If you checked the QSS box, enter the child's name if the qualifying person is a child but not your depen							pendent:			
Check only one box.									_		
Digital Assets		ny time during 2023, did you: (a) recei									
	othe	erwise dispose of a digital asset (or a f	nanciai	Interest in a digit	al asset)	? (See Instruction:					
Dependents				(2) Depender	nt's		(4) (Check the b		ies for (see inst.):	
(see instructions):		(1) First name Last name		identifying nur		(3) Relationship to	you C	hild tax cre		redit for other dependents	
If more than four dependents, see											
instructions and											
check here											
Income	1a	Total amount from Form(s) W-2, box	1 (see i	nstructions) .				. 18	a 📃	104,540.	
Effectively	b	Household employee wages not rep							<u>ז</u>		
Connected	С										
With U.S.	d	Medicaid waiver payments not report							-		
Trade or							. 10				
Business	f	Wages from Form 8919, line 6						. 11 . 19			
Attach	g h	-									
Form(s) W-2, 1042-S,	h Other earned income (see instructions) .										
SSA-1042-S,	j	Reserved for future use							i		
RRB-1042-S, and 8288-A	k	k Total income exempt by a treaty from Schedule OI (Form 1040-NR), item L,									
here. Also		line 1(e)				. 1k					
attach Form(s)	z	Add lines 1a through 1h	· ·					. 12	z	104,540.	
1099-R if	2a	Tax-exempt interest 2a	-			able interest				52.	
tax was	3a	Qualified dividends 3a		106.		nary dividends .				108.	
withheld.	4a 5 a	IRA distributions 4a Pensions and annuities 5a	-			able amount					
lf you did not get a Form	5a 6	Pensions and annuities 5a Reserved for future use	_	1		able amount					
W-2, see instructions.	7	Capital gain or (loss). Attach Schedu								-1,500.	
instructions.	8	Additional income from Schedule 1 (•							-11,063.	
	9	Add lines 1z, 2b, 3b, 4b, 5b, 7, and 8								92,137.	
	10	Adjustments to income from Sched		-							
		income	•••					. 10)		
	11	Subtract line 10 from line 9. This is y							1	92,137.	
-	12	Itemized deductions (from Schedu								10 050	
		deduction (see instructions)				1 1	/india Ti		2	13,850.	
	13a ⊾	Qualified business income deduction						<u> </u>			
	b c	Exemptions for estates and trusts or Add lines 13a and 13b		,				. 13	c	1.	
	14									13,851.	
	15	Subtract line 14 from line 11. If zero								78,286.	
		cy Act, and Paperwork Reduction Act								040-NR (2023)	

⁻ orm 1040-NR (2023)			Page 2
Fax and	16	Tax (see instructions). Check if any from Form(s): 1	16	12,522.
Credits	17	Amount from Schedule 2 (Form 1040), line 3	. 17	0.
	18	Add lines 16 and 17		12,522.
	19	Child tax credit or credit for other dependents from Schedule 8812 (Form 1040)	. 19	
	20	Amount from Schedule 3 (Form 1040), line 8		
	21	Add lines 19 and 20		
	22	Subtract line 21 from line 18. If zero or less, enter -0		12,522.
	23a	Tax on income not effectively connected with a U.S. trade or business from		,
		Schedule NEC (Form 1040-NR), line 15		
	b	Other taxes, including self-employment tax, from Schedule 2 (Form 1040),		
	-		0.	
	с	Transportation tax (see instructions)		
	d	Add lines 23a through 23c	. 23 d	0.
	24	Add lines 22 and 23d. This is your total tax		12,522.
ayments	25	Federal income tax withheld from:		12,022.
ayments	a	Form(s) W-2	4	
	b	Form(s) 1099		
	c	Other forms (see instructions) 25c	_	
	d	Add lines 25a through 25c	. 25d	17,184.
		Form(s) 8805		
	e f	Form(s) 8288-A		
	f			
	g	Form(s) 1042-S		
	26	2023 estimated tax payments and amount applied from 2022 return	. 26	
	27	Reserved for future use 27 Additional billing 2010 (Faund 10.0010)	_	
	28	Additional child tax credit from Schedule 8812 (Form 1040) 28	_	
	29 00	Credit for amount paid with Form 1040-C	_	
	30	Beserved for future use 30 Average for future 0.4 (5 - 0.4 - 0		
	31	Amount from Schedule 3 (Form 1040), line 15		
	32 22	Add lines 28, 29, and 31. These are your total other payments and refundable credits		17 104
	33	Add lines 25d, 25e, 25f, 25g, 26, and 32. These are your total payments		17,184.
efund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid .		4,662.
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here Routing number 2 3 1 3 7 2 6 9 1 c Type: Checking Saving		4,662.
ect deposit? e instructions.	b		gs	
	a	Account number 9 5 3 4 0 5 2 6 7 1		
	е	If you want your refund check mailed to an address outside the United States not shown on page		
		enter it here.		
	36	Amount of line 34 you want applied to your 2024 estimated tax 36		
mount	37	Subtract line 33 from line 24. This is the amount you owe .		
ou Owe		For details on how to pay, go to <i>www.irs.gov/Payments</i> or see instructions	. 37	
	38	Estimated tax penalty (see instructions)		
nird	Do yo	u want to allow another person to discuss this return with the IRS? See instructions.	mplete be	elow. 🛛 No
arty	Desig			ו
esignee	name	no number (PIN	/	
		penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of wh		
ign				, ,
-	Yours	J		sent you an Identity PIN, enter it here
ere			see inst.)	
	Phone			
		rer's name Preparer's signature Date PTIN		Check if:
aid	•		082703	
reparer				
•		ne no. 🤉 (🤅	578)965-9522	
se Only				84-3171965

SCHEDULE	1
(Form 1040)	

Department of the Treasury

Additional Income and Adjustments to Income

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 ഹ

Attachment

Internal nevenue Service	•		Sequence No. UI
Name(s) shown on Fo	rm 1040, 1040-SR, or 1040-NR	Your soc	ial security number
ASHISH KUMAR		201-37	-2943

Part I Additional Income 1 1 2a 2a **b** Date of original divorce or separation agreement (see instructions): 3 3 4 4 -14,763. 5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 5 6 Farm income or (loss). Attach Schedule F. 6 7 7 8 Other income: Net operating loss 8a а 8b b Cancellation of debt 8c С d Foreign earned income exclusion from Form 2555 8d Income from Form 8853 8e е Income from Form 8889 3,700. f 8f Alaska Permanent Fund dividends g 8g 8h h i Prizes and awards 8i i 8i 8k Т 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 Section 951(a) inclusion (see instructions) 8n n Section 951A(a) inclusion (see instructions) 0 80 Section 461(I) excess business loss adjustment 8p р Taxable distributions from an ABLE account (see instructions) . . . 8q α Scholarship and fellowship grants not reported on Form W-2 . . . 8r r Nontaxable amount of Medicaid waiver payments included on Form S 8s Pension or annuity from a nongualifed deferred compensation plan or t a nongovernmental section 457 plan 8t **u** Wages earned while incarcerated 8u Other income. List type and amount: z 8z 9 9 3,700. 10 Combine lines 1 through 7 and 9. This is your additional income. Enter here and on Form 10 -11,063.

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

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)		
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 adjustments to income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10	06	
		26	
	BAA REV 03/07/24 PRO	Schedule	1 (Form 1040) 2023

SCHE	DULE	2
(Form	1040)	

Additional Taxes

OMB No. 1545-0074

(Form 1040)		Auuluonai Takes			
Attach to Form 1040, 1040-SR, or 1040-NR.				ZUZ3	
	Internal Revenue Service Go to www.irs.gov/Form1040 for instructions and the latest information.				
	. ,	rm 1040, 1040-SR, or 1040-NR		cial security number	
1	ISH KUMAR		201-37	7-2943	
Pa	rt Tax				_
1	Alternative r	ninimum tax. Attach Form 6251		1	
2	Excess adva	ance premium tax credit repayment. Attach Form 8962		2	
3	Add lines 1	and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17	7	3	
Par	t II Other	Taxes			
4	Self-employ	ment tax. Attach Schedule SE		4	
5	Social secu Attach Form	rity and Medicare tax on unreported tip income.			
6	Uncollected Form 8919	social security and Medicare tax on wages. Attach 6			
7	Total addition	onal social security and Medicare tax. Add lines 5 and 6		7	_
8	Additional ta	ax on IRAs or other tax-favored accounts. Attach Form 5329 if requ	uired.		
	If not require	ed, check here		8 0.	
9	Household e	employment taxes. Attach Schedule H		9	
10	Repayment	of first-time homebuyer credit. Attach Form 5405 if required		10	
11	Additional M	ledicare Tax. Attach Form 8959		11	
12	Net investm	ent income tax. Attach Form 8960		12	
13		social security and Medicare or RRTA tax on tips or group-ter		13	
14	Interest on	tax due on installment income from the sale of certain residentia	al lots	14	

	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		
	(00)	ontini	ued on page 2,

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

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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			
0	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 total other taxe on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b.		21	0	•
	BAA	REV 03/07/24 PRO	Schedu	ule 2 (Form 1040) 202	23

SCHEDULE NEC (Form 1040-NR)

Department of the Treasury

Internal Revenue Service

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

OMB No. 1545-0074

23

Attach to Form 1040-NR.

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

Name shown on Form 1040-NR

Attachment Sequence No. 7B Your identifying number

2

ASHISH	KUMAR

201-37-2943

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

Nature of Income		(a) 10%	(b) 15%	(c) 30%	(d) Other (specify)					
			Nature of income			(a) 10%	(b) 15%	(c) 30%	%	%
1	Dividends and divide	nd eq	uivalents:							
а	Dividends paid by U.	S. cor	porations		1a					
b	Dividends paid by fo	reign d	corporations		1b					
с			nts received with respect to section 871(m)		1c					
2	Interest:									
а	Mortgage				2a					
b			18		2b					
c					2c					
3				3						
4				-						
5			, recording, publishing, etc.)		5					
6		-	natural resources royalties		6					
7					7					
8					8					
9	-				9					
10										
а	Winnings									
b					10c					
11	Gambling – Resident	s of co	Duntries other than Canada.		11					
12										
12					12					
13			columns (a) through (d)		13					
14	•		tax at top of each column		14					
15			ely connected with a U.S. trade or busine			brough (d) of line 1	 1. Entor the total here	and on Form 1040	NR. line 23a 15	
15	Tax on income not e	necuv	Capital Gains a							
Enter o	nly the canital gains and	16	•				, .		(0) 000	(-) 040
Enter only the capital gains and losses from property sales or exchanges that are from sources within the United States and not		10	(a) Kind of property and description (if necessary, attach statement of descriptive details not shown below)	(b) Date acq mm/dd/yy		(c) Date sold mm/dd/yyyy	(d) Sales price	(e) Cost or other basis	(f) LOSS If (e) is more than (d), subtract (d) from (e).	(g) GAIN If (d) is more than (e), subtract (e) from (d).
effectiv	vely connected with a U.S. ss. Do not include a gain									
or loss	on disposing of a U.S. real									
property interest; report these gains and losses on Schedule D										
(Form 1	1040).									
	property sales or ges that are effectively									
connec	ted with a U.S. business	17	Add columns (f) and (g) of line 16					17	()	
	edule D (Form 1040), 1797, or both.	18	Capital gain. Combine columns (f) and	d (g) of line 17	7. Ente	r the net gain her	e and on line 9 ab	ove. If a loss, enter		
	•		()			0		•		1

SCHEDULE OI (Form 1040-NR)

Other Information

OMB No. 1545-0074

Attach to Form 1040-NR.

2023

	ent of the Treasury Go Revenue Service	to www.irs.gov/Form1040N Ans	IR for instructions and swer all questions.	the latest information.		Attachment Sequence N	
Name sl	hown on Form 1040-NR				Your identifyi		
ASHI	SH KUMAR				201-37-	2943	
Α	Of what country or countries	were you a citizen or nation	al during the tax year?	INDIA			
В	In what country did you clair	n residence for tax purpose	es during the tax year?	India			
С	Have you ever applied to be	a green card holder (lawful j	permanent resident) of	the United States? .		Yes	🛛 No
D	Were you ever:						
	A U.S. citizen?	· · · · · · · · · · ·					🔀 No 🔀 No
Ζ.	If you answer "Yes" to (1) or	,					
Е	If you had a visa on the last immigration status on the last	day of the tax year, enter	your visa type. If you		-		
F	Have you ever changed your						🛛 No
	If you answered "Yes," indica	ate the date and nature of th	ie change:				
G	List all dates you entered and	d left the United States durin	ng 2023. See instruction	ns.			
	Note: If you're a resident of						
	check the box for Canada o						
	Date entered United States mm/dd/yy	Date departed United Stat mm/dd/yy	tes Da	te entered United States mm/dd/yy	Date de	parted Unite mm/dd/yy	d States
		inini/dd/yy		min/dd/yy			
н	Give number of days (includin	g vacation, nonworkdays, an	d partial days) you were	present in the United S	tates during	:	
	2021	, 2022	, and 202	23 365	·	(—)	_
I	Did you file a U.S. income ta: If "Yes," give the latest year a	and form number you filed:	104	ONR		-	∐ No
J	Are you filing a return for a tr If "Yes," did the trust have a U.S. person, or receive a cor	U.S. or foreign owner under	er the grantor trust rule	es, make a distribution	or loan to a	a	🛛 No
к	Did you receive total comper					_	
N	If "Yes," did you use an alter		• •				
L	Income Exempt From Tax- complete (1) through (3) belo	If you are claiming exempt	tion from income tax u	under a U.S. income t			
1.	Enter the name of the country amount of exempt income in				claimed the	treaty benefi	it, and the
	(a) Co	puntry	(b) Tax treaty article	(c) Number of months claimed in prior tax year		Amount of exe e in current ta	
							_
	(e) Total. Enter this amount	on Form 1040-NR line 1k [) On not enter it anvwher	e else on line 1			
2.	Were you subject to tax in a					Yes	No
	Are you claiming treaty bene						⊠ No
	If "Yes," attach a copy of the		•				
М	Check the applicable box if:						

1. This is the first year you are making an election to treat income from real property located in the United States as effectively connected

2. You have made an election in a previous year that has not been revoked, to treat income from real property located in the United States as effectively connected with a U.S. trade or business under section 871(d). See instructions

BAA

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

REV 03/07/24 PRO Schedule OI (Form 1040-NR) 2023

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

Internal Revenue Service Name(s) shown on return

Department of the Treasury

Your social security number 201-37-2943

ASHISH KUMAR

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)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to		(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustment to gain or loss Form(s) 8949, F	from	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result
	e dollars.	(calco prico)		line 2, columr		with 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 Box A checked	867,204.	997 , 717.	87,6	44.	-42,869.
2	Totals for all transactions reported on Form(s) 8949 with Box B checked					
3	Totals for all transactions reported on Form(s) 8949 with Box C checked					
4	Short-term gain from Form 6252 and short-term gain or (I	oss) from Forms 4	684, 6781, and 88		4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1			usts from	5	
6	Short-term capital loss carryover. Enter the amount, if an Worksheet in the instructions	y, from line 8 of y	our Capital Loss	Carryover	6	()
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise	e any long-	7	-42,869.		

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

See instructions for how to figure the amounts to enter on the lines below.		(d) Proceeds	(e) Cost	(g) Adjustmen to gain or loss		(h) Gain or (loss) Subtract column (e) from column (d) and
This form may be easier to complete if you round off cents to whole dollars.		(sales price)	(or other basis)	Form(s) 8949, Part II, line 2, column (g)		combine the result 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 Box D checked	5,128.	6,836.	2	298.	-1,410.
9	Totals for all transactions reported on Form(s) 8949 with Box E checked	2,281.	2,990.			-709.
10	Totals for all transactions reported on Form(s) 8949 with Box F checked.					
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824						
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1						
13 Capital gain distributions. See the instructions						
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions						()
15	Net long-term capital gain or (loss). Combine lines 8a on the back .	15	-2,119.			

Part	III Summary			
16	Combine lines 7 and 15 and enter the result	16	_	44,988.
	• If line 16 is a gain , 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 loss , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.			
	• If line 16 is zero , 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 both gains?			
	 ☐ No. Skip lines 18 through 21, and go to line 22. 			
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet	18		
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet	19		
20	 Are lines 18 and 19 both zero or blank and you are not filing Form 4952? 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. 			
	□ 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:			
	The loss on line 16; or (\$3,000), or if married filing separately, (\$1,500)	21	(1,500.)
	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

Form **8949**

Department of the Treasury

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.



Internal Revenue Service Go Name(s) shown on return

Social security number or taxpayer identification number

SHISH	KUMAR	

201-	-37-	-2943
201	57	2775

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.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see 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

1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below	enter a code in column (f). See the separate instructions.		If you enter an amount in column (g), enter a code in column (f).		, (h) 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.	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).		
WEBULL FINANCIAL LLC	01/01/23	12/31/23	437.	540.			-103.		
ROBINHOOD SECURITIES LLC	01/01/23	12/31/23	866,767.	997,177.	W	87,644.	-42,766.		
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box C	al here and inc is checked), lir	lude on your ne 2 (if Box B	867,204.	997,717.		87,644.	-42,869.		

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

Form 8949 (2023)	Attachment Sequence No. 12A	Page 2

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side ASHISH KUMAR

Social security number or taxpayer identification number 201-37-2943

Before you check Box D, E, or F 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.

Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-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 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-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.

(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)

[] (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

(F) Long-term transactions not reported to you on Form 1099-B

1 (a) Description of property	(b) (c) Date sold or	(c)(d)(e)If you enter an amount in a enter a code in colurDate sold or disposed of (Mo., day, yr.)Proceeds (sales price) (see instructions)See the Note below and see Column (e) in the separate instructions.If you enter an amount in a enter a code in colur 	Proceeds	(d) Cost or other basis roceeds See the Note below See the separation		ode in column (f).	nn (g), (h)). Gain or (loss) ons. Subtract column (e	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)		(g) Amount of adjustment	from column (d) and combine the result with column (g).				
ROBINHOOD SECURITIES LLC	01/01/23	12/31/23	5,128.	6,836.	W	298.	-1,410.	
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box I	I here and incl is checked), lir	lude on your ne 9 (if Box E	5,128.	6,836.		298.	-1,410.	

Note: If you checked Box D 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.

Form 8949 (2023)	Attachment Sequence No. 12A	Page 2

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side ASHISH KUMAR

Social security number or taxpayer identification number 201-37-2943

Before you check Box D, E, or F 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.

Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-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 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-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.

(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)

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

(F) Long-term transactions not reported to you on Form 1099-B

1 (a) Description of property			(c) (d) Cost or other basis Date sold or Proceeds See the Note below See the sepa	(d) Cost or other basis enter a code in column (f). ceeds See the Note below See the separate instructions.		amount in column (g), ode in column (f).	(h) 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.	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).
ROBINHOOD CRYPTO LLC	01/01/23	12/31/23	2,281.	2,990.			-709.
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box I	I here and inc is checked), lir	lude on your ne 9 (if Box E	2,281.	2,990.			-709.

Note: If you checked Box D 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.

SCHEDULE	Ε
(Form 1040)	

Supplemental Income and Loss

OMB No. 1545-0074

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

Department of the Treasury Interna

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

2023
Attachment Sequence No. 13

nternal	Revenue Service		Go to www.irs.gov/ScheduleE fo	or instru	actions an	nd the la	itest in	formation.		Sequenc	e No. 13
ame(s)	shown on return								Your socia	al security n	umber
ASHI	SH KUMAR								201-3	7-2943	
Part	I Income o	or Los	s From Rental Real Estate ar	nd Ro	yalties						
	Note: If you	are in t	he business of renting personal prope	erty, use	Schedule	e C . See	e instru	ctions. If you	are an indiv	/idual, repc	ort farm
			s from Form 4835 on page 2, line 40.		F ()						
			ents in 2023 that would require you								
B li			ou file required Form(s) 1099?				• •			. 🗌 Yes	s 🗌 No
1a	Physical addre	ss of e	ach property (street, city, state, Zl	IP code	e)						
Α	2271, TYPE 2	2 DMW	COLONY PATIALA, PUNJAB	IN 1	47003						
В	,										
С											
1b	Type of Propert	ype of Property 2 For each rental real estate property listed Fair Rental Person					Person	al Use			
	(from list below)					Days			QJV		
Α	3	_	personal use days. Check the Q			Α		365		0	
B		_	if you meet the requirements to			B		000			
С		_	qualified joint venture. See instru	uctions	6.	C					
	of Property:					Ū					
	Single Family Res	sidence	e 3 Vacation/Short-Term Rer	ntal	5 Land	4	7	Self-Rental			
	Multi-Family Resi			ilai	6 Roya				ribe)		
2	Walti Falliny Floor					arries	0				
								Propert	ies:		
icom	e:					Α		В			C
3				3		5	85.				
4	Royalties receive	ed.		4							
xper	ses:										
5	Advertising .			5							
6	Auto and travel	(see in:	structions)	6							
7	Cleaning and ma	aintena	ance	7		2,0	11.				
8	Commissions			8							
9	Insurance			9							
10	Legal and other	profes	sional fees	10							
11	-	-		11		2,4	15.				
12	•		to banks, etc. (see instructions)	12							
13		•	· · · · · · · · · · · · · · · · · · ·	13							
14				14		3,4	52.				
15				15			85.				
16				16		_,					
17				17		2.4	15.				
18			or depletion	18			70.				
19			•	10			,				
20	· · · ·	Add lii	nes 5 through 19	20		15,3	4.8				
			ne 3 (rents) and/or 4 (royalties). If	-		10,0	-0.				
21			structions to find out if you must								
				21		-14,7	63				
22			estate loss after limitation, if any,			1 1 / /	00.				
22	on Form 8582 (s	see ins	tructions)	22	(–	·14,76		()	()
23a			ported on line 3 for all rental prop				23a		585.		
b			ported on line 4 for all royalty prop				23b				
С			ported on line 12 for all properties				23c]		
d	Total of all amou	unts re	ported on line 18 for all properties	s			23d	4	2,270.		
е	Total of all amou	unts re	ported on line 20 for all properties				23e	15	5,348.		
24	Income. Add po	ositive	amounts shown on line 21. Do no	t inclu	de any lo	sses			. 24		
25			ses from line 21 and rental real esta		-		nter to	tal losses he	re 25	(1	4,763.)
26			te and royalty income or (loss).								
			d IV, and line 40 on page 2 do no								

Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 For Paperwork Reduction Act Notice, see the separate instructions.

26

-14,763.

Form **532** Department of the Treasury

Additional Taxes on Qualified Plans (Including IRAs) and Other Tax-Favored Accounts Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

2023
Attachment Sequence No. 29
ur social security number

OMB No. 1545-0074

Internal	Revenue Service	Go to www.irs.gov/Form5329 for ins	structions and the latest information.	Se	equence No. 29
Name	of individual subject to addit	ional tax. If married filing jointly, see instructions.		Your soc	ial security number
ASH	ISH KUMAR			201-37-2943	
		Home address (number and street), or P.O. box	if mail is not delivered to your home		Apt. no.
Fill in Your Address Only if You Are Filing This Form by Itself and Not With Your Tax Return		City, town or post office, state, and ZIP code. If below. See instructions.	you have a foreign address, also complete the spaces	return, c	an amended check here
		Foreign country name	Foreign province/state/county	Foreign p	ostal code
Sche	dule 2 (Form 1040), lin	Lonal 10% tax on the full amount of the e 8, without filing Form 5329. See instru	e early distributions, you may be able to rouctions.	əport thi	is tax directly on
Par	disaster distril endowment co have to compl	pution) before you reached age 591/2 pontract (unless you are reporting this ta	te this part if you took a taxable distribution from a qualified retirement plan (includi ax directly on Schedule 2 (Form 1040)—se y for an exception to the additional tax on	ng an Il e above	RA) or modified e). You may also
1	Early distributions in	cludible in income (see instructions). Fo	or Roth IRA distributions, see instructions.	1	
2	•	cluded on line 1 that are not subject to	· · · · · · · · · · · · · · · · · · ·		
-			าร:	2	
3	•			3	
4			unt on Schedule 2 (Form 1040), line 8	4	
		amount on line 3 was a distribut amount on line 4 instead of 10%. See in	tion from a SIMPLE IRA, you may have to nstructions.		
Par	if you included	an amount in income, on Schedule 1	Education Accounts and ABLE Accounts (Form 1040), line 8z, from a Coverdell ed dule 1 (Form 1040), line 8q, from an ABLE a	lucation	
5	Distributions include	ed in income from a Coverdell ESA, a Q	TP, or an ABLE account	5	
6	Distributions include	ed on line 5 that are not subject to the ad	dditional tax (see instructions)	6	
7	•			7	
8			unt on Schedule 2 (Form 1040), line 8	8	
Part			aditional IRAs. Complete this part if you		ted more to your
			an amount on line 17 of your 2022 Form 532		
9	Enter vour excess co	ntributions from line 16 of your 2022 Forn	n 5329. See instructions. If zero, go to line 15	9	

9	Enter your excess contributions from line 16 of your 2022 Form 5329. See instruction	9		
10	If your traditional IRA contributions for 2023 are less than your maximum			
	allowable contribution, see instructions. Otherwise, enter -0	10		
11	2023 traditional IRA distributions included in income (see instructions)			
12	2023 distributions of prior year excess contributions (see instructions)	12		
13	Add lines 10, 11, and 12		13	
14	Prior year excess contributions. Subtract line 13 from line 9. If zero or less, enter	14		
15	Excess contributions for 2023 (see instructions)	15		
16	Total excess contributions. Add lines 14 and 15		16	
17	Additional tax. Enter 6% (0.06) of the smaller of line 16 or the value of your traditio			
	31, 2023 (including 2023 contributions made in 2024). Include this amount on Schedule	e 2 (Form 1040), line 8	17	

Part	N Additional Tax on Excess Contributions to Roth IRAs. Complete this part if you contribution	uted n	nore to your Roth
	IRAs for 2023 than is allowable or you had an amount on line 25 of your 2022 Form 5329.		
18	Enter your excess contributions from line 24 of your 2022 Form 5329. See instructions. If zero, go to line 23	18	
19	If your Roth IRA contributions for 2023 are less than your maximum allowable contribution, see instructions. Otherwise, enter -0		
20	2023 distributions from your Roth IRAs (see instructions)		
21	Add lines 19 and 20	21	
22	Prior year excess contributions. Subtract line 21 from line 18. If zero or less, enter -0	22	
23	Excess contributions for 2023 (see instructions)	23	
24	Total excess contributions. Add lines 22 and 23	24	
25	Additional tax. Enter 6% (0.06) of the smaller of line 24 or the value of your Roth IRAs on December 31, 2023 (including 2023 contributions made in 2024). Include this amount on Schedule 2 (Form 1040), line 8	25	
Ear Dr	ivery Act and Depertury Reduction Act Nation, and your tax return instructions		Earm 5329 (2022)

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

Form 53	329 (2023	3)						Page 2
Part				tributions to Coverdell ESAs. C than is allowable or you had an amoun				
26				of your 2022 Form 5329. See instruction			26	
27	If the	contributio	ons to your Coverdell I	ESAs for 2023 were less than the				
	maxir	num allowab	ole contribution, see inst	ructions. Otherwise, enter -0	27			
28	2023	distributions	from your Coverdell ES	As (see instructions)	28			
29	Add I	nes 27 and 2	28				29	
30	Prior	year excess	contributions. Subtract	ine 29 from line 26. If zero or less, ente	er-0		30	
31	Exces	ss contributio	ons for 2023 (see instruc	tions)			31	
32	Total	excess cont	ributions. Add lines 30 a	nd 31			32	
33	Addit	ional tax. En	ter 6% (0.06) of the small	er of line 32 or the value of your Coverd	ell ESAs on	December		
	31, 20	23 (including	2023 contributions made	in 2024). Include this amount on Schedu	le 2 (Form [·]	1040), line 8	33	
Part	VI ,	Additional	Tax on Excess Cont	ributions to Archer MSAs. Comple	ete this part	if you or yo	ur emp	ployer contributed
		more to your	r Archer MSAs for 2023 t	han is allowable or you had an amoun	t on line 41	of your 2022	2 Form	า 5329.
34	Enter	the excess c	contributions from line 40	of your 2022 Form 5329. See instruction	ns. If zero, g	o to line 39	34	
35	If the	contribution	is to your Archer MSAs	for 2023 are less than the maximum				
	allowa	able contribu	ution, see instructions. O	therwise, enter -0	35			
36	2023	distributions	from your Archer MSAs	from Form 8853, line 8	36			
37	Add I	nes 35 and 3	36				37	
38	Prior	year excess	contributions. Subtract I	ine 37 from line 34. If zero or less, ente	er-0		38	
39	Exces	ss contribution	ons for 2023 (see instruc	tions)			39	
40	Total	excess cont	ributions. Add lines 38 a	nd 39			40	
41	Addit	ional tax. E	Enter 6% (0.06) of the	smaller of line 40 or the value of y	our Archer	MSAs on		
	Dece	mber 31, 20	23 (including 2023 contr	ibutions made in 2024). Include this a	mount on S	Schedule 2		
	(Form	1040), line 8	8				41	
Part V	VII .	Additional	Tax on Excess Cor	ntributions to Health Savings Ac	counts (HSAs). Col	mplete	e this part if you,
				mployer contributed more to your HS	SAs for 202	23 than is a	llowab	le or you had an
		amount on li	ne 49 of your 2022 Form	1 5329.				
42	Enter	the excess of	contributions from line 4	8 of your 2022 Form 5329. If zero, go t	o line 47		42	0.
43	lf the	contributio	ons to your HSAs for	2023 are less than the maximum				
	allowa	able contribu	ution, see instructions. O	therwise, enter -0	43			
44	2023	distributions	s from your HSAs from F	orm 8889, line 16	44			
45	Add I	nes 43 and 4	44				45	
46	Prior	year excess	contributions. Subtract	ine 45 from line 42. If zero or less, ente	er-0		46	
47	Exces	ss contributio	ons for 2023 (see instruc	tions)			47	3,700.
48	Total	excess cont	ributions. Add lines 46 a	nd 47			48	3,700.
49	Addit	ional tax. Er	nter 6% (0.06) of the sm	aller of line 48 or the value of your H	SAs on De	cember 31,		
	2023	(including 20	23 contributions made in	2024). Include this amount on Schedule	e 2 (Form 10	040), line 8	49	0.
Part \	/	Additional	Tax on Excess Cont	ributions to an ABLE Account. C	omplete th	is part if cor	ntributi	ons to your ABLE
		account for 2	2023 were more than is a	allowable.				
50	Exces	ss contributio	ons for 2023 (see instruc	tions)			50	
51				smaller of line 50 or the value of yo				
				on Schedule 2 (Form 1040), line 8			51	
Part				mulation in Qualified Retirement			As). (Complete this part
		if you did no	t receive the minimum re	equired distribution from your qualified	retirement	plan.		
52	Minim	num required	d distribution for 2023 (se	e instructions)			52	
53	Amou	int actually d	distributed to you in 2023	B (see instructions)			53	
54	Subtr	act line 53 fr	rom line 52. If zero or les	s, enter -0-			54	
55	Addit	ional tax. S	ee instructions for how t	to calculate the additional tax. If you q	ualify for th	ne 10% tax		
	rate c	n excess ac	cumulations in at least o	ne qualified retirement plan, check this	s box. 🗌			
	Incluc	le this amou		1040), line 8 or Form 1041, Schedule G			55	
Sign H	Here O	nly if You	Under penalties of perjury, I de	clare that I have examined this form, including acc nplete. Declaration of preparer (other than taxpayer) i	ompanying atta	achments, and to	the bes	st of my knowledge and
Are Fi	iling Tł	nis Form	boner, it is true, correct, and cor		s paseu un all l	mormation of WI	ion hieb	arei nas any knowleuge.
by Itself and Not With								
Your	Tax Re	turn	Your signature			Date		
Paid		Print/Type prep	parer's name	Preparer's signature	Date	Check		PTIN
Prep						self-em	ployed	
Use		Firm's name				Firm's EIN		
0.00	Jiny	Y Firm's address Phone no.						

Form **5329** (2023)

Form **8889** Department of the Treasury Internal Revenue Service

Health Savings Accounts (HSAs)

OMB No. 1545-0074

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

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

	Attachment Sequence No. 52
ity num	ber of HSA beneficiary.
ses hav	e HSAs, see instructions

Name(s)				f HSA beneficiary. As, see instructions.			
ASHI	SH KUMAR	201-37·					
Befor	e you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance (Contracts, if	requ	ired.			
Part	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 box to indicate your coverage under a high-deductible health plan (HDHP) d See instructions		× Se	lf-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	ade by the 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		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	7,550.					
10	Qualified HSA funding distributions 10						
11	Add lines 9 and 10	-	11	7,550.			
12	Subtract line 11 from line 8. If zero or less, enter -0	-	12	0.			
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Pa Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instruction		13	0.			
Part			rate F	ISAs complete			
	a separate Part II for each spouse.	Thave bepa	uto i				
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						
	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	ıle 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 Scheder 1040), Part II, line 17d		21				

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

BAA REV 03/07/24 PRO

Form 8995

Qualified Business Income Deduction Simplified Computation

Attach to your tax return.

Department of the Treasury Internal Revenue Service

information.

OMB No. 1545-2294 2023 Attachment Sequence No. 55

Go to www.irs.gov/Form8995 for instructions and the latest i
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Name(s) shown on return ASHISH KUMAR

Your taxpayer identification number

201-37-2943

Note. You can claim the qualified business income deduction only if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.

Use this form if your taxable income, before your qualified business income deduction, is at or below \$182,100 (\$364,200 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name (b) Taxpayer identification number			(c) Qualified business income or (loss)		
i						
· ·						
ii						
iii						
iv						
v						
2	Total gualified business income or (loss). Combine lines 1i through 1v,					
	column (c)	2				
3	Qualified business net (loss) carryforward from the prior year	3 ()				
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4				
5	Qualified business income component. Multiply line 4 by 20% (0.20)		5			
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss)					
	(see instructions)	6 3.				
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7 ()				
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero					
	or less, enter -0	8 3.				
9	REIT and PTP component. Multiply line 8 by 20% (0.20) . .		9	1.		
10	Qualified business income deduction before the income limitation. Add lines 5 and		10	1.		
11	Taxable income before qualified business income deduction (see instructions)	11 78,287.				
12	Enter your net capital gain, if any, increased by any qualified dividends					
	(see instructions)	12 106.				
13	· · · · · · · · · · · · · · · · · · ·	13 78,181.		15 606		
14	Income limitation. Multiply line 13 by 20% (0.20)		14	15,636.		
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also the applicable line of your return (see instructions)		15	1		
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than		16	$\frac{1.}{(0.)}$		
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 a		10	0.)		
17	zero, enter -0		17	(0.)		
For Priv		Form 8995 (2023)				