| <b>1040</b>                                | )-        | NR Department of the Treasury-Inter<br>U.S. Nonresident Al  | nal Revenu<br>ien Inc       | ue Service<br>come Tax Re                | eturn             | 2023                                   | OMB N            | lo. 154       | 5-0074        | or stap                                    | )nly—Do no<br>le in this spa | ace.    |
|--|-----------|---|-----------------------------|--|-------------------|--|------------------|---------------|---------------|--|------------------------------|---------|
| For the year Jan                           | ı. 1-     | Dec. 31, 2023, or other tax year beginn   | ning                        | , , ,                                    | 2023, er          | nding                                  |                  | , 2           | 20            |  | e separat<br>structions      |         |
| Your first name                            |           |   | 1                           | Last name You                            |                   |  |                  |               | Your ic       | our identifying number<br>ee instructions) |                              |         |
| VIPUL                                      |           |   | NAIK                        |  |                   |  |                  |               | . 444-        | -69-0                                      | ,<br>109                     |         |
|  | 'nun      | ber and street). If you have a P.O. box   |                             | ructions.                                |                   |  |                  |               |               | 05 0                                       | Apt. no.                     |         |
| 20427 SPE                                  | •         |   | .,                          |  |                   |  |                  |               |               |  | , .p.:                       |         |
|  |           | office. If you have a foreign address, al   | so comple                   | ete spaces below.                        |                   |  | Stat             | e             |               | ZIP co                                     | de                           |         |
| IRVINE                                     |           |   |                             |  |                   |  | CA               |               |               | 9261                                       | 8                            |         |
| Foreign country                            | nar       | ne  | Foreign                     | province/state/co                        | ounty             |  | Fore             | eign p        | ostal co      | de   |                              |         |
|  |           |   |                             |  |                   |  |                  |               |               |  |                              |         |
| Filing<br>Status<br>Check only<br>one box. |           | Single Married filing separation of the Separation of the Married filing separation of the Separation | child's na                  | me if the qualifyin                      | g persor          |  | ot your          | depe          | Es<br>ndent:  | state                                      | 🗌 Tru                        | ıst     |
| Digital Assets                             | At<br>otł | any time during 2023, did you: (a) recei<br>erwise dispose of a digital asset (or a f   | ive (as a r<br>financial ir | eward, award, or<br>nterest in a digital | paymen<br>asset)? | t for property or<br>(See instructions | service<br>s.) . | es); or       | (b) sell,<br> | exchan                                     |                              | No      |
| Dependents                                 |           |   |                             |  |                   |  | (                | <b>4)</b> Che | ck the bo     | x if qualif                                | es for (see                  | inst.): |
| (see instructions):                        |           | (1) First name Last name  |                             | (2) Dependent's<br>identifying numb      |                   | (3) Relationship to                    | VOU              | Child         | I tax crec    | 11T I -                                    | redit for otl<br>dependent   |         |
|  |           |   |                             | idoninying itamo                         |                   |  | you              |               |               |  |                              |         |
| If more than four                          |           |   |                             |  |                   |  |                  |               | $\square$     |  |                              |         |
| dependents, see instructions and           |           |   |                             |  |                   |  |                  |               |               |  |                              |         |
| check here                                 |           |   |                             |  |                   |  |                  |               |               |  |                              |         |
| Income                                     | 1a        | Total amount from Form(s) W-2, box  | < 1 (see in                 | structions)                              |                   |  |                  |               | 1a            |  | 43,83                        | 34.     |
| Effectively                                | b         | Household employee wages not rep  | orted on                    | Form(s) W-2                              |                   |  |                  |               | 1b            |  |                              |         |
| Connected                                  | С         | Tip income not reported on line 1a (  | see instru                  | ictions)                                 |                   |  |                  |               | 1c            |  |                              |         |
| With U.S.                                  | d         | Medicaid waiver payments not repo   |                             |  |                   |  |                  |               | 1d            |  |                              |         |
| Trade or                                   |           |   |                             |  |                   | 1e                                     | _                |               |               |  |                              |         |
| Business                                   | f         | Employer-provided adoption benefit  |                             |  |                   |  | • •              |               | 1f            | -  |                              |         |
| Attach                                     | g         | Wages from Form 8919, line 6  |                             |  |                   |  |                  |               |               |  |                              |         |
| Form(s) W-2,                               | h<br>i    | Other earned income (see instruction<br>Reserved for future use   |                             |  |                   |  |                  |               | 1h            |  |                              |         |
| 1042-S,<br>SSA-1042-S,                     | i         | Reserved for future use   |                             |  |                   |  |                  |               | 1j            |  |                              |         |
| RRB-1042-S,<br>and 8288-A                  | ,<br>k    | Total income exempt by a treaty from  | m Schedu                    | ıle OI (Form 1040-                       | NR), iter         |  |                  |               | - ''          |  |                              |         |
| here. Also<br>attach                       | z         | line 1(e)   |                             |  |                   |  |                  |               | 1z            |  | 43,83                        | ×Д      |
| Form(s)                                    | 2a        | Tax-exempt interest 2a  |                             |  |                   | ble interest                           |                  |               |               |  | 40,00                        |         |
| 1099-R if tax was                          | -a<br>3a  | Qualified dividends 3a  |                             |  |                   | ary dividends .                        |                  |               |               |  |                              | 1.      |
| withheld.                                  | 4a        | IRA distributions 4a  |                             |  |                   | ole amount                             |                  |               |               |  |                              |         |
| lf you did not                             | 5a        | Pensions and annuities 5a   | a 🛛                         |  | <b>b</b> Taxab    | ole amount                             |                  |               | 5b            |  |                              |         |
| get a Form<br>W-2, see                     | 6         | Reserved for future use   |                             |  |                   |  |                  |               | 6             |  |                              |         |
| instructions.                              | 7         | Capital gain or (loss). Attach Schedu   | •                           |  |                   |  |                  |               |               |  | 31                           | 11.     |
|  | 8         | Additional income from Schedule 1   |                             |  |                   |  |                  |               |               |  | -6,06                        |         |
|  | 9         | Add lines 1z, 2b, 3b, 4b, 5b, 7, and 8  |                             | -  |                   |  |                  |               |               |  | 38,08                        | 33.     |
|  | 10        | Adjustments to income from Sched  | •                           | ,.                                       |                   | ,                                      | -                |               |               |  |                              |         |
|  | 11        | Subtract line 10 from line 9. This is y   |                             |  |                   |  |                  |               |               |  | 38,08                        | 33.     |
|  | 12        | Itemized deductions (from Schedu deduction (see instructions)   |                             |  |                   |  |                  |               |               |  | 13,85                        | 50.     |
|  | 13a       | Qualified business income deduction   | n from Fo                   | orm 8995 or Form                         | 8995-A            | . <b>13a</b>                           |                  |               |               |  |                              |         |
|  | b         | Exemptions for estates and trusts of  | nly (see in                 | nstructions)                             |                   | . <b>13b</b>                           |                  |               |               |  |                              |         |
|  | С         | Add lines 13a and 13b   |                             |  |                   |  |                  |               | 130           |  |                              |         |
|  | 14        |   |                             |  |                   |  |                  |               |               |  | 13,85                        |         |
|  | 15        | Subtract line 14 from line 11. If zero  |                             |  | our taxa          | DIE INCOME .                           |                  |               | 15            |  | 24,23                        |         |

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

| Form 1040-NR (2                      | 2023)     |   | Pa                         | age <b>2</b> |
|--------------------------------------|-----------|---|----------------------------|--------------|
| Tax and                              | 16        | Tax (see instructions). Check if any from Form(s):         1         8814         2         4972         3  | <b>16</b> 2,68             | 7.           |
| Credits                              | 17        | Amount from Schedule 2 (Form 1040), line 3  | 17                         | 0.           |
|                                      | 18        | Add lines 16 and 17   | <b>18</b> 2,68             | 7.           |
|                                      | 19        | Child tax credit or credit for other dependents from Schedule 8812 (Form 1040)  | 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  | <b>22</b> 2,68             | 7.           |
|                                      | 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),  |                            |              |
|                                      |           | line 21   | -                          |              |
|                                      | С         | Transportation tax (see instructions)   | _                          |              |
|                                      | d         | Add lines 23a through 23c   | 23d                        |              |
|                                      | 24        | Add lines 22 and 23d. This is your total tax  | <b>24</b> 2,68             | 7.           |
| Payments                             | 25        | Federal income tax withheld from:   |                            |              |
|                                      | a         | Form(s) W-2   | -                          |              |
|                                      | b         | Form(s) 1099  | -                          |              |
|                                      | c         | Other forms (see instructions)  |                            |              |
|                                      | d         | Add lines 25a through 25c   | <b>25d</b> 7,29            | 3.           |
|                                      | 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   | -                          |              |
|                                      | 30        | Reserved for future use   | -                          |              |
|                                      | 31        | Amount from Schedule 3 (Form 1040), line 15   |                            |              |
|                                      | 32        | Add lines 28, 29, and 31. These are your <b>total other payments and refundable credits</b>   | 32                         |              |
| <u> </u>                             | 33        | Add lines 25d, 25e, 25f, 25g, 26, and 32. These are your <b>total payments</b>  | <b>33</b> 7,29             |              |
| Refund                               | 34<br>05- | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>  | <b>34</b> 4,60             |              |
| Diverse also a sito                  | 35a       | Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here $$<br>Routing number $\begin{vmatrix} 0 & 1 & 1 & 0 & 0 & 0 & 1 & 3 & 8 \end{vmatrix}$ <b>c</b> Type: $\square$ Checking $\square$ Savings   | <b>35a</b> 4,60            | 16.          |
| Direct deposit?<br>See instructions. | b         | Routing number         0         1         0         0         1         3         8         c Type:         Checking         Savings           Account number         4         6         6         0         5         8         6         2         9         2         6         Image: Comparison of the com |                            |              |
|                                      | d         |   |                            |              |
|                                      | е         | If you want your refund check mailed to an address outside the United States not shown on page 1, enter it here.  |                            |              |
|                                      | 26        | enter it here   |                            |              |
| American                             | 36<br>37  | Subtract line 33 from line 24. This is the <b>amount you owe</b> .  |                            |              |
| Amount<br>You Owe                    | 57        | For details on how to pay, go to www.irs.gov/Payments or see instructions   | 37                         |              |
| fou Owe                              | 38        | Estimated tax penalty (see instructions)  | 51                         |              |
| Third                                |           | u want to allow another person to discuss this return with the IRS? See instructions.   | olete below. X No          |              |
| Party                                | Desig     |   |                            |              |
| Designee                             | name      |   | lication                   |              |
|                                      |           | penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the  | he best of my knowledge a  | and          |
|                                      |           | they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which  |                            |              |
| Sign                                 | Your      | signature Date Your occupation If th  | e IRS sent you an Ident    | tity         |
| Here                                 |           |   | tection PIN, enter it here | e            |
| -                                    |           | SUPPLY CHAIN ANALYST (see   | e inst.)                   |              |
|                                      | Phon      |   |                            |              |
| Paid                                 | Prepa     | rer's name Preparer's signature Date PTIN   | Check if:                  |              |
| Preparer                             | SYAN      | 1 PRIYA RAM SAGAR GUPTA   SYAM PRIYA RAM SAGAR GUPTA   04/01/2024   P0208.  | 2703 Self-emplo            | yed          |
| Use Only                             | Firm's    | s name GLOBAL TAXES LLC Phone r   | no. (678)965-952           | 22           |
|                                      | Firm's    | address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's E   |                            |              |
| Go to www.irs.g                      | gov/Foi   | m1040NR for instructions and the latest information. BAA REV 03/07/24 PRO   | Form <b>1040-NR</b> (2     | 2023)        |

| SCHEDULE    | 1 |
|-------------|---|
| (Form 1040) |   |

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Department of the Treasury

## Additional Income and Adjustments to Income

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

way/Farm 1040 far instructions and the late

OMB No. 1545-0074

-6,063.

| Internal Revenue Service | Go to www.irs.gov/Form1040 for instructions and the latest information. |         |  |  |  |  |  |
|--------------------------|---|---------|--|--|--|--|--|
| Name(s) shown on Fo      | orm 1040, 1040-SR, or 1040-NR   | Your so |  |  |  |  |  |
| TTT DIT NIN TIZ          |   |         |  |  |  |  |  |

|                            | Attachment<br>Sequence No. <b>01</b> |  |  |  |  |  |  |  |  |
|----------------------------|--------------------------------------|--|--|--|--|--|--|--|--|
| our social security number |                                      |  |  |  |  |  |  |  |  |
| 11-69                      | _0109                                |  |  |  |  |  |  |  |  |

#### VIPUL NAIK 444-69-0109 Part Additional Income 1 2a **b** Date of original divorce or separation agreement (see instructions): 3 4 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 5 Farm income or (loss). Attach Schedule F. 6 7 Unemployment compensation . . . . . . . . . . . . . . Other income: 8a Gambling . . . . . . . . . . . . . . . . . 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 . . . . . . . 8f f Alaska Permanent Fund dividends 8q g 8h i Prizes and awards 8i i 8i 8k L 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 p Section 461(I) excess business loss adjustment 8p **q** Taxable distributions from an ABLE account (see instructions) . . . 8q Scholarship and fellowship grants not reported on Form W-2 . . . 8r r Nontaxable amount of Medicaid waiver payments included on Form S 8s t Pension or annuity from a nongualifed deferred compensation plan or a nongovernmental section 457 plan 8t Wages earned while incarcerated 8u u . . . . . . . . . . . . .

| z  | Other income. List type and amount:   |    |         |
|----|---|----|---------|
|    | 8z  |    |         |
| 9  | Total other income. Add lines 8a through 8z   | 9  |         |
| 10 | Combine lines 1 through 7 and 9. This is your additional income. Enter here and on Form |    |         |
|    | 1040, 1040-SR, or 1040-NR, line 8   | 10 | -6,063. |
|    |   |    |         |

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<br>06 | Total other adjustments. Add lines 24a through 24z  | 25       |                    |
| 26       | Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10 | 06       |                    |
|          |   | 26       |                    |
|          | <b>BAA</b> REV 03/07/24 PRO   | Schedule | 1 (Form 1040) 2023 |

### 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

Attach to Form 1040-NR.

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

Name shown on Form 1040-NR

2023 Attachment Sequence No. 7B

Your identifying number

444-69-0109

VIPUL NAIK

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

| Nature of Income               |  |                          | <b>(a)</b> 10% | <b>(b)</b> 15%                     | (c) 30%             | (d) Other (specify)     |  |  |
|--------------------------------|--|--------------------------|----------------|------------------------------------|---------------------|-------------------------|--|--|
|                                |  | (a) 10%                  | (b) 15%        | <b>(C)</b> 30%                     | %                   | %                       |  |  |
| 1                              | Dividends and dividend equivalents:  |                          |                |                                    |                     |                         |  |  |
| а                              | Dividends paid by U.S. corporations  |                          | 1a             |                                    |                     |                         |  |  |
| b                              | Dividends paid by foreign corporations   |                          | 1b             |                                    |                     |                         |  |  |
| С                              | Dividend equivalent payments received with respect to section 871(m) trans                             |                          | 1c             |                                    |                     |                         |  |  |
| 2                              | Interest:  |                          |                |                                    |                     |                         |  |  |
| а                              | Mortgage   |                          | 2a             |                                    |                     |                         |  |  |
| b                              | Paid by foreign corporations   |                          | 2b             |                                    |                     |                         |  |  |
| с                              | Other  |                          | 2c             |                                    |                     |                         |  |  |
| 3                              | Industrial royalties (patents, trademarks, etc.)   |                          | 3              |                                    |                     |                         |  |  |
| 4                              | Motion picture or TV copyright royalties   |                          | 4              |                                    |                     |                         |  |  |
| 5                              | Other royalties (copyrights, recording, publishing, etc.)  |                          | 5              |                                    |                     |                         |  |  |
| 6                              | Real property income and natural resources royalties   |                          | 6              |                                    |                     |                         |  |  |
| 7                              | Pensions and annuities   |                          | 7              |                                    |                     |                         |  |  |
| 8                              | Social security benefits   |                          | 8              |                                    |                     |                         |  |  |
| 9                              | Capital gain from line 18 below  |                          | 9              |                                    |                     |                         |  |  |
| 10                             | Gambling—Residents of Canada only. Enter net income in column (c). If zero or less, enter -0           |                          |                |                                    |                     |                         |  |  |
| а                              | Winnings   |                          |                |                                    |                     |                         |  |  |
| b                              | Losses   |                          | 10c            |                                    |                     |                         |  |  |
| 11                             | Gambling—Residents of countries other than Canada.<br>Note: Enter winnings only. Losses aren't allowed |                          | 11             |                                    |                     |                         |  |  |
| 12                             | Other (specify):   |                          |                |                                    |                     |                         |  |  |
|                                |  |                          | 12             |                                    |                     |                         |  |  |
| 13                             | Add lines 1a through 12 in columns (a) through (d)   |                          | 13             |                                    |                     |                         |  |  |
| 14                             | Multiply line 13 by rate of tax at top of each column  |                          | 14             |                                    |                     |                         |  |  |
| 15                             | Tax on income not effectively connected with a U.S. trade or business. A                               |                          |                |                                    |                     |                         | -NR, line 23a <b>15</b>  |  |
|                                | Capital Gains and Lo   | osses F                  | rom            | Sales or Excha                     | inges of Proper     | y                       |  |  |
| losses t<br>exchan<br>within t | (if necessary, attach statement of descriptive details not shown below)                                | ) Date acqu<br>mm/dd/yyy | uired<br>yy    | <b>(c)</b> Date sold<br>mm/dd/yyyy | (d) Sales price     | (e) Cost or other basis | (f) LOSS<br>If (e) is more than (d),<br>subtract (d) from (e). | (g) GAIN<br>If (d) is more than (e),<br>subtract (e) from (d). |
|                                | ely connected with a U.S.<br>ss. Do not include a gain   |                          |                |                                    |                     |                         |  |  |
| or loss                        | on disposing of a U.S. real vinterest; report these  |                          |                |                                    |                     |                         |  |  |
| gains a                        | nd losses on Schedule D  |                          |                |                                    |                     |                         |  |  |
| (Form 1                        |  |                          |                |                                    |                     |                         |  |  |
| exchan                         | property sales or ges that are effectively   |                          |                |                                    |                     |                         | <u> </u>   |  |
|                                |  |                          |                |                                    |                     |                         | N /  |  |
|                                | <b>18 Capital gain.</b> Combine columns (f) and (g) c  | of line 17               | '. Ente        | er the net gain here               | e and on line 9 abo | ove. If a loss, ente    | er-0 <b>18</b>   |  |

### SCHEDULE OI (Form 1040-NR)

Department of the Treasury Internal Revenue Service

## **Other Information**

Attach to Form 1040-NR.

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

Answer all questions.

| OMB No. 1545-0074                    |
|--------------------------------------|
| 2023                                 |
| Attachment<br>Sequence No. <b>7C</b> |

| Name sl | lame shown on Form 1040-NR Your identifying number                  |                               |                      |  |  |              |                 |  |
|---------|---|-------------------------------|----------------------|--|--|--------------|-----------------|--|
| VIPU    | UL NAIK   |                               |                      |  | 444-69-02                              | 109          |                 |  |
| Α       | Of what country or countries v                                      | vere you a citizen or nationa | al during the tax ye | ar? INDIA  |  |              |                 |  |
| В       | In what country did you claim                                       |                               |                      | ar? United States  |  |              |                 |  |
| С       | Have you ever applied to be a                                       | green card holder (lawful p   | ermanent resident    | ) of the United States? .  |  | Yes          | 🛛 No            |  |
| D       | Were you ever:  |                               |                      |  |  |              |                 |  |
| 1.      | A U.S. citizen?   |                               |                      |  |  |              |                 |  |
| 2.      | A green card holder (lawful pe                                      |                               |                      |  |  |              | 🗙 No            |  |
|         | If you answer "Yes" to (1) or (2                                    |                               |                      |  |  |              |                 |  |
| Е       | If you had a visa on the last of immigration status on the last of  |                               |                      | ou didn't have a visa, en  | -                                      |              |                 |  |
| F       | Have you ever changed your w<br>If you answered "Yes," indicat      |                               | ,                    | ation status?  |  | Yes          | 🗙 No            |  |
| G       | List all dates you entered and                                      |                               | •                    |  |  |              |                 |  |
|         | Note: If you're a resident of C                                     |                               |                      |  |  |              |                 |  |
|         | check the box for Canada or   | -                             |                      |  | Mexico                                 |              |                 |  |
|         | Date entered United States  | Date departed United State    | es                   | Date entered United State  |  | arted United | d States        |  |
|         | mm/dd/yy  | mm/dd/yy                      |                      | mm/dd/yy   | r                                      | nm/dd/yy     |                 |  |
|         |   |                               |                      |  |  |              |                 |  |
|         |   |                               |                      |  |  |              |                 |  |
|         |   |                               | -                    |  |  |              |                 |  |
| н       | Give number of days (including                                      | vacation nonworkdays and      |                      | vere present in the United   | States during:                         |              |                 |  |
|         |   | , 2022,                       |                      |  | -                                      |              |                 |  |
| I       | Did you file a U.S. income tax                                      | return for any prior vear? .  |                      |  | ······································ | X Yes        | 🗌 No            |  |
|         | If "Yes," give the latest year ar                                   |                               |                      |  |  |              |                 |  |
| J       | Are you filing a return for a true                                  | <br>st?                       |                      |  |  | 🗌 Yes        | 🔀 No            |  |
|         | If "Yes," did the trust have a l                                    | J.S. or foreign owner unde    | r the grantor trust  | rules, make a distribution   | n or loan to a                         |              |                 |  |
|         | U.S. person, or receive a cont                                      |                               |                      |  |  | Ves          | 🗌 No            |  |
| Κ       | Did you receive total compens                                       |                               |                      |  |  | Ves 🗌        | 🛛 No            |  |
| _       | If "Yes," did you use an alterna                                    |                               |                      | •  |  |              | 🗌 No            |  |
| L       | Income Exempt From Tax—If complete (1) through (3) below            | . See Pub. 901 for more inf   | ormation on tax tre  | eaties.  | -                                      | -            | -               |  |
| 1.      | Enter the name of the country,<br>amount of exempt income in the    |                               |                      |  | claimed the tre                        | aty benefi   | t, and the      |  |
|         | (a) Cou   | ntry                          | (b) Tax treaty artic | (b) Tax treaty article (c) Number of months claimed in prior tax years |  |              | empt<br>ax year |  |
|         |   |                               |                      |  |  |              |                 |  |
|         |   |                               |                      |  |  |              |                 |  |
|         |   |                               |                      |  |  |              |                 |  |
|         |   |                               |                      |  |  |              |                 |  |
|         |   |                               |                      |  |  |              |                 |  |
|         | (e) Total. Enter this amount o                                      | n Form 1040-NR line 14 D      | o not enter it anyw  | here else on line 1  |  |              |                 |  |
| 2.      | Were you subject to tax in a fo                                     |                               | •                    |  | L                                      | Yes          | No              |  |
|         | Are you claiming treaty benefit                                     |                               |                      |  |  | ☐ Yes        | ⊠ No            |  |
| 0.      | If "Yes," attach a copy of the C                                    |                               |                      |  |  |              |                 |  |
| м       | Check the applicable box if:  |                               |                      |  |  |              |                 |  |
|         | This is the first year you are m<br>with a U.S. trade or business u |                               |                      | operty located in the Unit   |  | fectively c  | onnected        |  |
| 2.      | You have made an election in  |                               |                      |  |  | cated in th  | ے<br>United     |  |
|         | States as effectively connected                                     |                               |                      |  |  |              |                 |  |

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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.

20Attachment Sequence No. 12

Internal Revenue Service Name(s) shown on return

Department of the Treasury

Your social security number 444-69-0109

VIPUL NAIK

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? × No Yes

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)

| lines<br>This | instructions for how to figure the amounts to enter on the below.<br>form may be easier to complete if you round off cents to e dollars.  | <b>(d)</b><br>Proceeds<br>(sales price) | <b>(e)</b><br>Cost<br>(or other basis) | (g)<br>Adjustments<br>to gain or loss from<br>Form(s) 8949, Part I,<br>line 2, column (g) |    | (h) Gain or (loss)<br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g) |
|---------------|---|---|--|---|----|---|
|               | 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. |   |  |   | 37 | with column (g)   |
| 1b            | Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked  | 3,311.                                  | 3,000.                                 |   |    | 311.  |
| 2             | Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked  |   |  |   |    |   |
| 3             | Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked  |   |  |   |    |   |
| 4             | Short-term gain from Form 6252 and short-term gain or (I  | oss) from Forms 4                       | 684, 6781, and 88                      | 324   | 4  |   |
| 5             | 5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1   |   |  |   |    |   |
| 6             |   |   |  |   |    | ( )   |
| 7             | 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back  |   |  |   |    | 311.  |

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

| lines<br>This  | instructions for how to figure the amounts to enter on the<br>below.<br>form may be easier to complete if you round off cents to<br>e dollars.   | (d) (e) Adjustments<br>Proceeds Cost to gain or loss fr |          |     | from<br>Part II, | (h) Gain or (loss)<br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g) |
|--|--|---|----------|-----|------------------|---|
| 8a   | Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b. |   |          |     |                  |   |
| 8b   | Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked   |   |          |     |                  |   |
| 9  | Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked   |   |          |     |                  |   |
| 10   | Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked.  |   |          |     |                  |   |
| 11   | Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824   |   | 11       |     |                  |   |
| 12<br>13   | Net long-term gain or (loss) from partnerships, S corporat<br>Capital gain distributions. See the instructions   |   | 12<br>13 |     |                  |   |
|  | Long-term capital loss carryover. Enter the amount, if any   |   | 13       |     |                  |   |
| 14   | Worksheet in the instructions  | -   | 14       | ( ) |                  |   |
| 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III on the back . |  |   |          |     |                  |   |

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

| Part | III Summary  |                             |
|------|--|-----------------------------|
| 16   | Combine lines 7 and 15 and enter the result  | <b>16</b> 311.              |
|      | • If line 16 is a <b>gain</b> , enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.  |                             |
|      | • If line 16 is a <b>loss</b> , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.   |                             |
|      | • If line 16 is <b>zero</b> , skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.   |                             |
| 17   | Are lines 15 and 16 <b>both</b> gains?   |                             |
|      | No. Skip lines 18 through 21, and go to line 22.   |                             |
| 18   | If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet   | 18                          |
| 19   | If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet   | 19                          |
| 20   | <ul> <li>Are lines 18 and 19 both zero or blank and you are not filing Form 4952?</li> <li>Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below.</li> </ul> |                             |
|      | □ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.   |                             |
| 21   | If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:  |                             |
|      | The loss on line 16; or     (\$3,000), or if married filing separately, (\$1,500)  | 21 (                        |
|      | Note: When figuring which amount is smaller, treat both amounts as positive numbers.   |                             |
| 22   | Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?  |                             |
|      | Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16.   |                             |
|      | □ No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.   |                             |
|      | BAA REV 03/07/24 PRO   | Schedule D (Form 1040) 2023 |

Form **8949** 

# Sales and Other Dispositions of Capital Assets

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.



Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form8949 for instructions and the latest information.

Social security number or taxpayer identification number

Name(s) shown on return VIPUL NAIK

| -           |  |
|-------------|--|
| 444-69-0109 |  |

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

| <b>1</b><br>(a)<br>Description of property  | (b)<br>Date acquired                         | <b>(c)</b><br>Date sold or     | <b>(d)</b><br>Proceeds              | <b>(e)</b><br>Cost or other basis<br>See the <b>Note</b> below | See the separate instruction |  | <b>(h)</b><br>Gain or (loss)<br>Subtract column (e)           |
|---|--|--------------------------------|-------------------------------------|--|------------------------------|--|---|
| (Example: 100 sh. XYZ Co.)  | (Mo., day, yr.)                              | disposed of<br>(Mo., day, yr.) | (sales price)<br>(see instructions) | and see Column (e)<br>in the separate<br>instructions.         |                              |  | from column (d) and<br>combine the result<br>with column (g). |
| ROBINHOOD SECURITIES LLC  | 01/01/23                                     | 12/31/23                       | 3,311.                              | 3,000.   |                              |  | 311.  |
|   |  |                                |                                     |  |                              |  |   |
|   |  |                                |                                     |  |                              |  |   |
|   |  |                                |                                     |  |                              |  |   |
|   |  |                                |                                     |  |                              |  |   |
|   |  |                                |                                     |  |                              |  |   |
|   |  |                                |                                     |  |                              |  |   |
|   |  |                                |                                     |  |                              |  |   |
|   |  |                                |                                     |  |                              |  |   |
|   |  |                                |                                     |  |                              |  |   |
|   |  |                                |                                     |  |                              |  |   |
|   |  |                                |                                     |  |                              |  |   |
|   |  |                                |                                     |  |                              |  |   |
|   |  |                                |                                     |  |                              |  |   |
| 2 Totals. Add the amounts in column<br>negative amounts). Enter each to<br>Schedule D, line 1b (if Box A abov<br>above is checked), or line 3 (if Box | al here and inc<br>e is checked), <b>lir</b> | lude on your<br>ne 2 (if Box B | 3,311.                              | 3,000.   |                              |  | 311.  |

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

| 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 Internal Revenue Service

#### Attach to Form 1040, 1040-SR, 1040-NR, or 1041. Go to *www.irs.gov/ScheduleE* for instructions and the latest information.

| ) | 2023                                 |
|---|--------------------------------------|
|   | Attachment<br>Sequence No. <b>13</b> |

al Revenue Service

|       | ) shown on return  |                          |                     |          |          |                            |                      | al security |           |  |
|-------|--|--------------------------|---------------------|----------|----------|----------------------------|----------------------|-------------|-----------|--|
|       | JL NAIK  |                          |                     |          |          |                            | 444-6                | 9-0109      | 9         |  |
| Part  | Income or Loss From Rental Real Estate an<br>Note: If you are in the business of renting personal proper<br>rental income or loss from Form 4835 on page 2, line 40. | <b>d Ro</b> y<br>ty, use | yalties<br>Schedule | C. See   | instruc  | tions. If you              | are an indi          | vidual, rep | oort farm |  |
|       | Did you make any payments in 2023 that would require you   |                          |                     |          |          |                            |                      |             |           |  |
| B     | f "Yes," did you or will you file required Form(s) 1099? .   |                          |                     |          |          |                            |                      | . 🗌 Y       | es 🗌 No   |  |
| 1a    | Physical address of each property (street, city, state, ZIF  |                          |                     |          |          |                            |                      |             |           |  |
| Α     | #14, RAGHAVENDRA COLONY BENGERI HUBBALI  | LI IN                    | 1 58002             | 3        |          |                            |                      |             |           |  |
| В     |  |                          |                     |          |          |                            |                      |             |           |  |
| С     |  |                          |                     |          |          |                            |                      |             |           |  |
| 1b    | Type of Property (from list below) 2 For each rental real estate properative above, report the number of fair  |                          |                     |          |          |                            | Personal Use<br>Days |             | QJV       |  |
| Α     | personal use days. Check the Q   |                          |                     | Α        |          | 365                        |                      | 0           |           |  |
| В     | if you meet the requirements to f  |                          |                     | B        |          |                            |                      |             |           |  |
|       | qualified joint venture. See instru  | ictions                  | s                   | C        |          |                            |                      |             |           |  |
| -     | of Property:   |                          |                     | •        |          |                            |                      |             |           |  |
| 1     | Single Family Residence3 Vacation/Short-Term RenMulti-Family Residence4 Commercial   | tal                      | 5 Land<br>6 Roya    |          | -        | Self-Rental<br>Other (desc | ribe)                |             |           |  |
|       |  |                          |                     |          |          | Propert                    | ies:                 |             |           |  |
| Incon | ne:  |                          |                     | Α        |          | В                          |                      |             | С         |  |
| 3     | Rents received   | 3                        |                     | 5        | 78.      |                            |                      |             |           |  |
| 4     | Royalties received   | 4                        |                     |          |          |                            |                      |             |           |  |
| Exper | ISES:  |                          |                     |          |          |                            |                      |             |           |  |
| 5     | Advertising  | 5                        |                     |          |          |                            |                      |             |           |  |
| 6     | Auto and travel (see instructions)   | 6                        |                     |          |          |                            |                      |             |           |  |
| 7     | Cleaning and maintenance   | 7                        |                     | 8        | 75.      |                            |                      |             |           |  |
| 8     |  | 8                        |                     |          |          |                            |                      |             |           |  |
| 9     | Insurance  | 9                        |                     |          |          |                            |                      |             |           |  |
| 10    | Legal and other professional fees  | 10                       |                     |          |          |                            |                      |             |           |  |
| 11    | Management fees  | 11                       |                     | 1,0      | 12.      |                            |                      |             |           |  |
| 12    | Mortgage interest paid to banks, etc. (see instructions)   | 12                       |                     | _, .     |          |                            |                      |             |           |  |
| 13    | Other interest   | 13                       |                     |          |          |                            |                      |             |           |  |
| 14    | Repairs  | 14                       |                     | 2,3      | 32.      |                            |                      |             |           |  |
| 15    | Supplies   | 15                       |                     | 1,4      |          |                            |                      |             |           |  |
| 16    |  | 16                       |                     | _, _,    |          |                            |                      |             |           |  |
| 17    |  | 17                       |                     | 1,0      | 01.      |                            |                      |             |           |  |
| 18    | Depreciation expense or depletion  | 18                       |                     |          |          |                            |                      |             |           |  |
| 19    |  | 19                       |                     |          |          |                            |                      |             |           |  |
| 20    | Total expenses. Add lines 5 through 19   | 20                       |                     | 6,6      | 41.      |                            |                      |             |           |  |
| 21    | Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must   |                          |                     |          |          |                            |                      |             |           |  |
|       | file Form 6198   | 21                       |                     | -6,0     | 63.      |                            |                      |             |           |  |
| 22    | Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions)  | 22                       | (                   | -6,06    |          |                            | )                    | (           | )         |  |
| 23a   | Total of all amounts reported on line 3 for all rental prope   |                          |                     |          | 23a      |                            | 578.                 |             |           |  |
| b     | Total of all amounts reported on line 4 for all royalty prop   |                          |                     |          | 23b      |                            |                      |             |           |  |
| С     | Total of all amounts reported on line 12 for all properties  |                          |                     |          | 23c      |                            |                      |             |           |  |
| d     | Total of all amounts reported on line 18 for all properties  |                          |                     |          | 23d      |                            |                      |             |           |  |
| е     | Total of all amounts reported on line 20 for all properties  |                          |                     |          | 23e      | (                          | 6 <b>,</b> 641.      |             |           |  |
| 24    | Income. Add positive amounts shown on line 21. Do not  |                          | -                   |          |          |                            | . 24                 |             |           |  |
| 25    | Losses. Add royalty losses from line 21 and rental real estate   | e losse                  | es from lin         | e 22. Er | nter tot | al losses he               | re <b>25</b>         | (           | 6,063.)   |  |
| 26    | Total rental real estate and royalty income or (loss).<br>here. If Parts II, III, and IV, and line 40 on page 2 do no  |                          |                     |          |          |                            |                      |             |           |  |

Schedule E (Form 1040) 2023

-6,063.

26

Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2

Form **88889** Department of the Treasury Internal Revenue Service

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

# 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.

| ition.  | Attachment<br>Sequence No. <b>52</b>               |
|---------|--|
|         | ber of HSA beneficiary.<br>HSAs, see instructions. |
| 444-69- | 0109   |

2

| VIPU  | JL NAIK 444-69   | -01(       | ) 9              |
|-------|--|------------|------------------|
| Befor | re you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if   | requ       | ired.            |
| Part  | <b>HSA Contributions and Deduction.</b> See the instructions before completing this part. If y and both you and your spouse each have separate HSAs, complete a separate Part I for  |            |                  |
| 1     | Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2023. See instructions   | X Se       | lf-only 🗌 Family |
| 2     | HSA contributions you made for 2023 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2023. <b>Do not</b> include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions                        | 2          | 0.               |
| 3     | If you were under age 55 at the end of 2023 and, on the first day of <b>every</b> month during 2023, you were, or were considered, an eligible individual with the <b>same</b> coverage, enter \$3,850 (\$7,750 for family coverage). <b>All others</b> , see the instructions for the amount to enter | 3          | 3,850.           |
| 4     | Enter the amount you and your employer contributed to your Archer MSAs for 2023 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2023, also include any amount contributed to your spouse's Archer MSAs                                       | 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 had family coverage under an HDHP at any time during 2023, see the instructions for the amount to enter   | 6          | 3,850.           |
| 7     | If you were age 55 or older at the end of 2023, married, and you or your spouse had family coverage under an HDHP at any time during 2023, enter your additional contribution amount. See instructions .   | 7          | 0.               |
| 8     | Add lines 6 and 7  | 8          | 3,850.           |
| 9     | Employer contributions made to your HSAs for 2023 9 313.   |            | ,                |
| 10    | Qualified HSA funding distributions  |            |                  |
| 11    | Add lines 9 and 10   | 11         | 313.             |
| 12    | Subtract line 11 from line 8. If zero or less, enter -0  | 12         | 3,537.           |
| 13    | HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13   | 13         | 0.               |
| _     | Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.  |            |                  |
| Part  | a separate Part II for each spouse.  | rate       | HSAs, 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 any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions   | 14b        |                  |
| с     |  | 140<br>14c |                  |
| 15    | Qualified medical expenses paid using HSA distributions (see instructions)   | 15         |                  |
| 16    | <b>Taxable HSA distributions.</b> Subtract line 15 from line 14c. If zero or less, enter -0 Also, include this 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 <b>Exceptions to the Additional 20%</b><br><b>Tax</b> (see instructions), check here   |            |                  |
| b     | Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c   | 17b        |                  |
| Part  |  |            |                  |
| 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, line 8f .  | 20         |                  |
| 21    | Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d  | 21         |                  |

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