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



OMB No. 1545-0074

IRS Use Only-Do not write or staple in this space.

For the year Jar	n. 1–Dec	c. 31, 2023, or other tax year beginning		, 2023, end	ling		, 20		See se	parate ir	nstructions.
Your first name	and m	niddle initial	Last r	name					Your so	cial secu	urity number
CHERISHN	ΔN		PER	IKALA					640	31	6720
If joint return, s	pouse'	s first name and middle initial	Last r	name					Spouse'	s social	security number
									056	59	9039
Home address	(numb	er and street). If you have a P.O. box, see	instruc	tions.			Apt. no.				ction Campaign
925 COB	ALT	DR							Check I	nere if yo	ou, or your
		ice. If you have a foreign address, also co	mplete	spaces below.	State		ZIP code				ointly, want \$3
CELINA					TX		75009		_		nd. Checking a not change
Foreign country	y name			Foreign province/state/o	county		Foreign postal of			x or refur	•
										You	u Spouse
Filing Status	; [Single			I	Head of ho	usehold (HOI	—— H)			
Check only		Married filing jointly (even if only o	ne hac	l income)			,	,			
one box.	×	Married filing separately (MFS)		,		Qualifying s	surviving spo	use (C	QSS)		
0.10 20711		you checked the MFS box, enter the	name	of your spouse. If you			• .	•	,	ild's nar	ne if the
		ualifying person is a child but not you					·				
			. ,								
Digital		ny time during 2023, did you: (a) reco	•				•		. ,	□ v _•	es 🗵 No
Assets		nange, or otherwise dispose of a digi) ? (See Instru	Ctions	S.)	∐ Ye	S 🔼 NO
Standard		neone can claim: You as a de	•			pendent					
Deduction	ш	Spouse itemizes on a separate retur	n or yo	ou were a dual-status	alien						
Age/Blindness	s You	: Were born before January 2, 1	959	Are blind Spo	ouse:	Was borr	n before Janu	ary 2,	1959	☐ Is	blind
Dependent	s (see	instructions):		(2) Social security	(3)	Relationship	(4) Check t	the bo	x if quali	fies for (s	see instructions):
If more	•	First name Last name		number	(*)	to you	Child tax cre		edit	Credit for	r other dependents
than four											
dependents,	_										
see instructions and check	S —										
here]										
Income	1a	Total amount from Form(s) W-2, b	ox 1 (s	ee instructions)					1a	1	151,385.
	b	Household employee wages not re	eporte	d on Form(s) W-2 .					1b	,	
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	a (see i	nstructions)					1c	;	
attach Forms	d	Medicaid waiver payments not rep	orted	on Form(s) W-2 (see in	nstructior	ns)			1d	<u> </u>	
W-2G and 1099-R if tax	е	Taxable dependent care benefits f	rom F	orm 2441, line 26					1e	,	
was withheld.	f	Employer-provided adoption bene	fits fro	m Form 8839, line 29					1f		
If you did not	g	Wages from Form 8919, line 6 .							1g	<u>, </u>	
get a Form W-2, see	h	Other earned income (see instruct	ions)						1h	<u>. </u>	0.
instructions.	i	Nontaxable combat pay election (s	see ins	structions)		. 1i					
	z	Add lines 1a through 1h							1z		151,385.
Attach Sch. B	2a	Tax-exempt interest	2a		b Taxab	le interest			2b	,	
if required.	3a	Qualified dividends	3a		b Ordina	ary dividen	ds		3b	,	
	4a	IRA distributions	4a		b Taxab	le amount			4b	,	
Standard Deduction for—	5a	Pensions and annuities	5a		b Taxab	le amount			5b	,	
Single or	6a	Social security benefits	6a		b Taxab	le amount			6b	,	
Married filing separately,	С	If you elect to use the lump-sum election method, check here (see instructions)]			
\$13,850 Married filing	7	Capital gain or (loss). Attach Sche	dule D	if required. If not requ	uired, che	ck here			7	\perp	
jointly or	8	Additional income from Schedule	1, line	10					8	\perp	-14,658.
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	, and 8	3. This is your total inc	come .				9	\perp	136,727.
\$27,700	10	Adjustments to income from Sche	dule 1	, line 26					10	,	
Head of household,	11	Subtract line 10 from line 9. This is	your	adjusted gross incor	ne .				11	\perp	136,727.
\$20,800 If you checked	12	Standard deduction or itemized	deduc	ctions (from Schedule	A) .				12	:	13,850.
any box under	13	Qualified business income deduct	ion fro	m Form 8995 or Form	8995-A				13	;	
Standard Deduction,	14	Add lines 12 and 13							14	,	13,850.
see instructions.	15	Subtract line 1/1 from line 11. If zer	o or le	ee enter -0- This is v	our taval	hle income	•		15	:	122 877

Form 1040 (2023	3)								Page Z
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌		16	22,890.
Credits	17	Amount from Schedule 2, lin	e3					17	
	18	Add lines 16 and 17						18	22,890.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lin	e8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	22,890.
	23	Other taxes, including self-en						23	321.
	24	Add lines 22 and 23. This is	your total tax					24	23,211.
Payments	25	Federal income tax withheld	from:						
	а	Form(s) W-2				25a 2	5 , 260.		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions	s)			25c	0.		
	d	Add lines 25a through 25c						25d	26,260.
If you have a	26	2023 estimated tax payment	s and amount a	pplied from 20)22 return			26	·
qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit from				28			
	29	American opportunity credit	from Form 8863	3. line 8		29			
	30	Reserved for future use .		-		30			
	31	Amount from Schedule 3, lin				31			
	32	Add lines 27, 28, 29, and 31.						32	
	33	Add lines 25d, 26, and 32. T	,	-	-			33	26,260.
Refund	34	If line 33 is more than line 24						34	3,049.
riciana	35a	Amount of line 34 you want i	•					35a	3,049.
Direct deposit?	b	Routing number 0 7 1				Checking	Savings	000	,
See instructions.	d	Account number 7 5 3					ourgo		
	36	Amount of line 34 you want a			ed tax	36			
Amount	37	Subtract line 33 from line 24	••						
You Owe	31	For details on how to pay, go						37	
	38	Estimated tax penalty (see in	structions) .			38			
Third Party	Do	you want to allow another				See		,	
Designee	ins	structions				. Yes. C	omplete	below.	⋉ No
		signee's me		Phone no.			sonal iden ber (PIN)	tification	
0:		der penalties of perjury, I declare th	at I have examine		accompanying scho		. ,	the best	of my knowledge and
Sign		lief, they are true, correct, and com							
Here	Υo	ur signature		Date	Your occupation		If th	ne IRS se	nt you an Identity
		Tour signature			Pate Four occupation			tection P	IN, enter it here
Joint return?				IT			(see	see inst.)	
See instructions. Keep a copy for your records.		Spouse's signature. If a joint return, both must sign.		Date Spouse's occupation			lde	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)	
		one no. (309) 868-789	1	Email address	777 MODE 0 2 0 0	CMATT COM		•• /	
		one no. (309) 868-7893 eparer's name	Preparer's signat		VAMSEE93@C	Date	PTIN		Check if:
Paid		·			מעט כניסשא			2772	Self-employed
Preparer		SYAM PRIYA RAM SAGAR GUPTA SYAM PRIYA RAM SAGAR GUPTA 04/10/2024 P020							
Use Only		m's name GLOBAL TAX		MOMTOW N	T 00016				(678) 965-9522
	FIR	m's address 245 ROONEY	L CI E BKU	MOMICK N	7 00010		Firr	n's EIN	84-3171965

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023

Attachment

Department of the Treasury Internal Revenue Service

CHERISHMA PERIKALA

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

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

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

•		Sequence No. 01
	Your soc	ial security number
	640-31	-6720

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Att	ach Schedule E .	5	-14,658.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a ()	
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()	
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
ı	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m	_	
n	Section 951(a) inclusion (see instructions)	8n	_	
0	Section 951A(a) inclusion (see instructions)	80		
р	Section 461(I) excess business loss adjustment	8p		
q	Taxable distributions from an ABLE account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
S	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s (
t	Pension or annuity from a nonqualifed deferred compensation plan or	03 (4	
٠	a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
z	Other income. List type and amount:	- Gu		
_	Cuter moome. List type and amount.	8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. This is your additional income . Ente			
-	1040, 1040-SR, or 1040-NR, line 8			-14,658.

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

Par	Adjustments to Income				
11	Educator expenses			11	
12	Certain business expenses of reservists, performing artists, and fee	e-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)	24a		_	
b	Deductible expenses related to income reported on line 8l from the				
	rental of personal property engaged in for profit	24b		-	
С	Nontaxable amount of the value of Olympic and Paralympic medals				
	and USOC prize money reported on line 8m	24c		-	
d	Reforestation amortization and expenses	24d			
е	Repayment of supplemental unemployment benefits under the Trade				
_	Act of 1974	24e		-	
f	Contributions to section 501(c)(18)(D) pension plans	24f		-	
g	Contributions by certain chaplains to section 403(b) plans	24g		-	
h	Attorney fees and court costs for actions involving certain unlawful	041			
_	discrimination claims (see instructions)	24h		-	
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	04:			
	Housing deduction from Form 2555	24i 24j		-	
J	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	24 j		-	
k	1041)	24k			
_		24K		-	
Z	Other adjustments. List type and amount:	24z			
25	Total other adjustments. Add lines 24a through 24z			25	
25 26	Add lines 11 through 23 and 25. These are your adjustments to income			23	
_0	Form 1040, 1040-SR, or 1040-NR, line 10	. LIIIGI		26	
	BAA		07/24 PRO		le 1 (Form 1040) 2023
	BAA	INEV U3/	ULIZA ENO	uu	

SCHEDULE 2 (Form 1040)

Department of the Treasury Internal Revenue Service

Additional Taxes

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

2023
Attachment Sequence No. 02

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

Your social security number

<u></u>	KISHINI LEKIKILII	<u>, </u>	
Pa	tl Tax		
1	Alternative minimum tax. Attach Form 6251	1	
2	Excess advance 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.	3	
Par	t II Other Taxes		
4	Self-employment tax. Attach Schedule SE	4	
5	Social security and Medicare tax on unreported tip income. Attach Form 4137		
6	Uncollected social security and Medicare tax on wages. Attach Form 8919		
7	Total additional social security and Medicare tax. Add lines 5 and 6	7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required.		
	If not required, check here	8	
9	Household employment taxes. Attach Schedule H	9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required	10	
11	Additional Medicare Tax. Attach Form 8959	11	321.
12	Net investment income tax. Attach Form 8960	12	
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12	13	
14	Interest on tax due on installment income from the sale of certain residential lots 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	16	
	(co	ontinu	ed on page 2)

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

Part II Other Taxes (continued)

7	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	476		
_	see instructions	17b	-	
	Additional tax on HSA distributions. Attach Form 8889	17c		
a	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		
ı	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	17 0		
p	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		
8	Total additional taxes. Add lines 17a through 17z		18	
9	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	321.

SCHEDULE E (Form 1040)

Supplemental Income and Loss

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

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

Attachment Sequence No. 13

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

Name(s) shown on return Your social security number CHERISHMA PERIKALA 640-31-6720 Part I Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40. Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions . 1a Physical address of each property (street, city, state, ZIP code) MIYAPUR HYDERABAD TELANGANA IN 500048 Α В C 1b Type of Property **Fair Rental Personal Use** For each rental real estate property listed QJV (from list below) above, report the number of fair rental and **Davs Davs** personal use days. Check the QJV box only Α Α 365 0 if you meet the requirements to file as a В В qualified joint venture. See instructions. С C Type of Property: 3 Vacation/Short-Term Rental 1 Single Family Residence 5 Land 7 Self-Rental 8 Other (describe) 2 Multi-Family Residence 4 Commercial 6 Royalties **Properties:** Α В C Income: 622. 3 Rents received . 3 4 4 Royalties received . **Expenses:** 5 5 Advertising 6 Auto and travel (see instructions) 6 7 Cleaning and maintenance . . . 7 2,114. 8 Commissions 8 9 9 Insurance . . . 10 10 Legal and other professional fees 11 Management fees 11 2,245. 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 13 14 14 3,656. Repairs 2,521. 15 Supplies 15 16 16 Taxes 17 Utilities 17 2,001. 18 2,743. 18 Depreciation expense or depletion Other (list) 19 19 20 20 15,280. Total expenses. Add lines 5 through 19 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 -14,658. 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) 22 14,658.) 622. Total of all amounts reported on line 3 for all rental properties 23a Total of all amounts reported on line 4 for all royalty properties 23b Total of all amounts reported on line 12 for all properties 23c 2,743. 23d Total of all amounts reported on line 18 for all properties 23e 15,280. Total of all amounts reported on line 20 for all properties 24 Income. Add positive amounts shown on line 21. Do not include any losses 24 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 25 14,658. Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result 26

-14**,**658.

26

here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2

8959 Form

Department of the Treasury Internal Revenue Service

Additional Medicare Tax

If any line does not apply to you, leave it blank. See separate instructions. Attach to Form 1040, 1040-SR, 1040-NR, or 1040-SS.

Go to www.irs.gov/Form8959 for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment Sequence No. 71

Name(s) shown on return

CHERISHMA PERIKALA

Your social security number
640-31-6720

Part	Additional Medicare Tax on Medicare Wages				
1	Medicare wages and tips from Form W-2, box 5. If you have more than one				
	Form W-2, enter the total of the amounts from box 5	1	160,695.		
2	Unreported tips from Form 4137, line 6	2			
3	Wages from Form 8919, line 6	3			
4	Add lines 1 through 3	4	160,695.		
5	Enter the following amount for your filing status:				
	Married filing jointly				
	Married filing separately				
_	Single, Head of household, or Qualifying surviving spouse \$200,000	5	125,000.		
6	Subtract line 5 from line 4. If zero or less, enter -0			6	35,695.
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Part II		•	7	321.
Part	Additional Medicare Tax on Self-Employment Income				
8	Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you				
	had a loss, enter -0	8			
9	Enter the following amount for your filing status:				
	Married filing jointly				
	Married filing separately				
	Single, Head of household, or Qualifying surviving spouse \$200,000	9			
10	Enter the amount from line 4	10			
11	Subtract line 10 from line 9. If zero or less, enter -0	11			
12	Subtract line 11 from line 8. If zero or less, enter -0			12	
13	Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0				
Part	go to Part III	Con	nnoncation	13	
	Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14	COI	iipeiisatioii		
14	(see instructions)	14			
15	Enter the following amount for your filing status:				
	Married filing jointly				
	Married filing separately				
	Single, Head of household, or Qualifying surviving spouse \$200,000	15			
16	Subtract line 15 from line 14. If zero or less, enter -0			16	
17	Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line				
••	Enter here and go to Part IV			17	
Part	V Total Additional Medicare Tax				
18	Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), lir	ne 11	(Form 1040-SS		
	filers, see instructions), and go to Part V		`	18	321.
Part	Withholding Reconciliation				
19	Medicare tax withheld from Form W-2, box 6. If you have more than one Form				
	W-2, enter the total of the amounts from box 6	19	2,330.		
20	Enter the amount from line 1	20	160,695.		
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax	24	0 000		
00	withholding on Medicare wages	21	2,330.		
22	Subtract line 21 from line 19. If zero or less, enter -0 This is your Addition on Medicare were			20	_
00	withholding on Medicare wages			22	0.
23	Additional Medicare Tax withholding on railroad retirement (RRTA) compensation 14 (see instructions)			23	
04				23	
24	Total Additional Medicare Tax withholding. Add lines 22 and 23. Also included federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (
	see instructions)			24	0

BAA

Form **8960**

Net Investment Income Tax— Individuals, Estates, and Trusts

Department of the Treasury Internal Revenue Service Attach to your tax return.

Go to www.irs.gov/Form8960 for instructions and the latest information.

2023
Attachment
Sequence No. 72

OMB No. 1545-2227

Name(s) shown on your tax return Your social security number or EIN CHERISHMA PERIKALA 640-31-6720 Part I Investment Income ☐ Section 6013(g) election (see instructions) ☐ Section 6013(h) election (see instructions) ☐ Regulations section 1.1411-10(g) election (see instructions) 1 2 2 3 3 Rental real estate, royalties, partnerships, S corporations, trusts, trades or 4a -14,658.Adjustment for net income or loss derived in the ordinary course of a nonsection 1411 trade or business (see instructions) 4b 4c -14,658.Net gain or loss from disposition of property (see instructions) 5a 5a Net gain or loss from disposition of property that is not subject to net 5b Adjustment from disposition of partnership interest or S corporation stock (see 5d 6 Adjustments to investment income for certain CFCs and PFICs (see instructions) 6 7 7 Other modifications to investment income (see instructions) Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7. 8 -14,658 Part II Investment Expenses Allocable to Investment Income and Modifications 9a Investment interest expenses (see instructions) State, local, and foreign income tax (see instructions) 9b Miscellaneous investment expenses (see instructions) . . 9c 9d 10 10 Total deductions and modifications. Add lines 9d and 10 11 11 Part III Tax Computation Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, complete lines 13-17. 12 12 0. Individuals: Modified adjusted gross income (see instructions) 13 136,727. 125,000. 14 15 Subtract line 14 from line 13. If zero or less, enter -0- 15 11,727. 16 16 0. Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). Enter here and include 17 17 0. **Estates and Trusts:** Deductions for distributions of net investment income and charitable 18b Undistributed net investment income. Subtract line 18b from line 18a (see 18c 19a Highest tax bracket for estates and trusts for the year (see instructions) . . . 19b 19c 20 20 Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.038). Enter here and 21 include on your tax return (see instructions) 21

BAA