### **IRS e-file Signature Authorization**

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

ERO must obtain and retain completed Form 8879. ► Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID)

T.....

| Taxpayer's name  | Social security number          |  |  |  |  |  |
|--|---------------------------------|--|--|--|--|--|
| ADITYA CHAVA   | 480-79-6584                     |  |  |  |  |  |
| Spouse's name Spouse's social security n   |                                 |  |  |  |  |  |
| Part I Tax Return Information – Tax Year Ending December 31, 2021 (Enter   | /<br>year you are authorizing.) |  |  |  |  |  |
| Enter whole dollars only on lines 1 through 5.   |                                 |  |  |  |  |  |
| Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.                                     |                                 |  |  |  |  |  |
| <b>1</b> Adjusted gross income   | <b>1</b> 188,259.               |  |  |  |  |  |
| <b>2</b> Total tax   |                                 |  |  |  |  |  |
| 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099  | · · · · <b>3</b> 34,645.        |  |  |  |  |  |
| 4 Amount you want refunded to you  |                                 |  |  |  |  |  |
| 5 Amount you owe   |                                 |  |  |  |  |  |
| Part II Taxpayer Declaration and Signature Authorization (Be sure you get and k                                  | eep a copy of your return)      |  |  |  |  |  |
| Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) | 0,                              |  |  |  |  |  |

my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

#### Taxpayer's PIN: check one box only

X lauthorize GLOBAL TAXES LLC to enter or generate my PIN

| 9          | 6                | 5     | 8 | 4 |  |
|------------|------------------|-------|---|---|--|
| Ent<br>don | er fiv<br>n't er | as my |   |   |  |

ERO firm name signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature

Date

#### Spouse's PIN: check one box only

I authorize

to enter or generate my PIN

as mv Enter five digits, but don't enter all zeros

ERO firm name signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

| Spouse's signature ►  | Date ►  |  |  |  |
|---|---|--|--|--|
| Practitioner PIN Method Returns Only—continue below             |   |  |  |  |
| Part III Certification and Authentication – Practitic           | ner PIN Method Only                             |  |  |  |
| ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five | -digit self-selected PIN. 5 8 7 2 7 8 6 1 9 8 9 |  |  |  |

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

| ERO's signature 🕨                        |   | Date 🕨 |                          |
|--|---|--------|--------------------------|
|  | ERO Must Retain This Form — Se<br>Ibmit This Form to the IRS Unless |        |                          |
| For Denemicarly Deduction Act Nation and | very tex return instructions  |        | Earm 8879 (Bay, 01 2021) |

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

| IF you live in  | THEN use this address to send in your payment                            |  |  |  |  |  |
|---|--|--|--|--|--|--|
| Alabama, Florida, Georgia, Louisiana, Mississippi, North<br>Carolina, South Carolina, Tennessee, Texas  | Internal Revenue Service<br>P.O. Box 1214<br>Charlotte, NC 28201-1214    |  |  |  |  |  |
| Arkansas, Connecticut, Delaware, District of Columbia, Illinois,<br>Indiana, Iowa, Kentucky, Maine, Maryland, Massachusetts,<br>Minnesota, Missouri, New Hampshire, New Jersey, New York,<br>Oklahoma, Rhode Island, Vermont, Virginia, West Virginia,<br>Wisconsin   | Internal Revenue Service<br>P.O. Box 931000<br>Louisville, KY 40293-1000 |  |  |  |  |  |
| Alaska, Arizona, California, Colorado, Hawaii, Idaho, Kansas,<br>Michigan, Montana, Nebraska, Nevada, New Mexico, North<br>Dakota, Ohio, Oregon, Pennsylvania, South Dakota, Utah,<br>Washington, Wyoming   | Internal Revenue Service<br>P.O. Box 802501<br>Cincinnati, OH 45280-2501 |  |  |  |  |  |
| A foreign country, American Samoa, or Puerto Rico (or are<br>excluding income under Internal Revenue Code 933), or use an APO<br>or FPO address, or file Form 2555 or 4563, or are a dual-status alien<br>or nonpermanent resident of Guam or the U.S. Virgin Islands | Internal Revenue Service<br>P.O. Box 1303<br>Charlotte, NC 28201-1303    |  |  |  |  |  |

MAIL FORM 1040-V TO THE INTERNAL REVENUE SERVICE CENTER AT THE ADDRESS LISTED BELOW.

Form 1040-V 2021

▼ Detach Here and Mail With Your Payment and Return ▼

Department of the Treasury Internal Revenue Service

ADITYA

2021

Use this voucher when making a payment with Form 1040.

Do not staple this voucher or your payment to Form 1040.

CHAVA

305 CASSELINO DRIVE

SAN JOSE CA 95136

Make your check or money order payable to the 'United States Treasury.'

► Write your social security number (SSN) on your check or money order.

# Form 1040-V Payment Voucher

Enter the amount of your payment.

1,993.

REV 03/26/22 PRO

1555

INTERNAL REVENUE SERVICE P.O. BOX 802501 CINCINNATI, OH 45280-2501

(99)

| E1040   | · ·           | artment of the Treasury-Internal Revenue Servi<br>S. Individual Income Tax                                    |            | (99)<br><b>urn</b> | 202                        | 21      | OMB No. 154                    | 5-0074  | IRS Us        | se Only | —Do not v      | vrite or staple | in this space.                |
|---|---------------|---|------------|--------------------|----------------------------|---------|--------------------------------|---------|---------------|---------|----------------|-----------------|-------------------------------|
| Filing Status<br>Check only<br>one box.           | lf yo         | Single Married filing jointly<br>ou checked the MFS box, enter the n<br>son is a child but not your dependent | ame of y   | -                  | separately<br>ouse. If you | . ,     | _                              |         |               | ,       |                | , 0             | low(er) (QW)<br>ne qualifying |
| Your first name                                   | and mi        | iddle initial   | Last na    | me                 |                            |         |                                |         |               |         | Your so        | cial securi     | ty number                     |
| ADITYA  |               |   | CHAV       | 7A                 |                            |         |                                |         |               |         | 480-           | 79-658          | 4                             |
| lf joint return, s                                | pouse's       | s first name and middle initial   | Last na    | me                 |                            |         |                                |         |               |         | Spouse         | 's social se    | curity number                 |
|   |               | er and street). If you have a P.O. box, see<br>NO DRIVE   | instructio | ons.               |                            |         |                                | /       | Apt. no.      |         | Check          | here if you,    |                               |
| City, town, or p                                  | oost offi     | ce. If you have a foreign address, also co  | mplete s   | paces be           | low.                       | Sta     | te                             | ZIP c   | ode           |         |                |                 | ntly, want \$3                |
| SAN JOS   | Ε             |   |            |                    |                            | CZ      | Ą                              | 951     | L36           |         | •              | ow will not     | Checking a change             |
| Foreign countr                                    | y name        |   | F          | Foreign pi         | rovince/state              | count   | ty                             | Forei   | gn postal     | code    |                | x or refund     | •                             |
| At any time du                                    | uring 20      | 021, did you receive, sell, exchange,   | , or othe  | erwise di          | spose of ar                | ny fina | ancial interest                | in any  | virtual       | curre   | ncy?           | Ves             | X No                          |
| Standard Deduction                                |               | eone can claim:  You as a de Spouse itemizes on a separate retur  | n or you   | i were a           | dual-status                | s alien |                                |         |               |         |                |                 |                               |
| Age/Blindnes                                      | s You:        | : Were born before January 2, 1   | 957 _      | _ Are bl           | lind <b>S</b> p            | ouse    | : 📋 Was bo                     | orn bef |               |         | -              | ls b            |                               |
| Dependent   |               |   |            | (2) 5              | Social securi              | ty      | (3) Relations                  | hip     |               |         |                | r (see instru   |                               |
| If more   | <b>(1)</b> Fi | irst name Last name   |            | number             |                            |         | to you                         |         | Child tax cre |         | redit          | Credit for ot   | her dependents                |
| than four<br>dependents,                          |               |   |            |                    |                            |         |                                |         |               |         |                |                 |                               |
| see instruction                                   | s —           |   |            |                    |                            |         |                                |         |               |         |                |                 |                               |
| and check<br>here ►                               |               |   |            |                    |                            |         |                                |         |               |         |                |                 |                               |
|   |               | Wenne entrying time at Attack   |            | N 0                |                            |         |                                |         |               |         |                |                 |                               |
| Attach  | 1             | Wages, salaries, tips, etc. Attach F  | 1.1        | VV-2 .             | · · ·                      |         |                                |         |               | ·       | . 1            |                 | 91,787.                       |
| Sch. B if   | 2a            | '   | 2a<br>3a   |                    | 133.                       |         | axable interes                 |         | • •           | •       | . 2k<br>. 3k   |                 | 1 2 2                         |
| required.   | 3a            |   |            |                    | 133.                       |         | ordinary divide<br>axable amou |         |               | ·       | . 31.<br>. 41. |                 | 133.                          |
|   | / 4a<br>5a    |   | 4a<br>5a   |                    |                            |         | axable amou                    |         | • •           | ·       | . 41.<br>. 51: |                 |                               |
| Standard  | 6a            |   | 5a<br>6a   |                    |                            |         | axable amou                    |         | • •           | •       | . 51.<br>. 61. |                 |                               |
| Deduction for—                                    | - 0a<br>- 7   | Capital gain or (loss). Attach Scher  |            | require            |                            |         |                                | n       | • •           | ► [     | . 01.          |                 | 8,699.                        |
| Single or   | 8             | Other income from Schedule 1, lin   |            | required           |                            |         | , CHECK HEIE                   | • •     | • •           |         | . 8            |                 | <u> </u>                      |
| Married filing<br>separately,                     | 9             | Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,   |            | <br>This is vo     |                            |         |                                | • •     | • •           | ·       | . <u>0</u>     |                 | 88,259.                       |
| <ul><li>\$12,550</li><li>Married filing</li></ul> | 10            | Adjustments to income from Sche   |            |                    |                            |         |                                | • •     | • •           |         | 10             |                 | 00,200.                       |
| jointly or  | 11            | Subtract line 10 from line 9. This is   |            |                    |                            |         |                                | • •     |               | •       | ► <u>11</u>    |                 | 88,259.                       |
| Qualifying<br>widow(er),                          | 12a           | Standard deduction or itemized  |            | -                  | •                          |         | 12                             | 2a   .  | 12            | ,55     |                |                 | 00,200.                       |
| \$25,100 "<br>• Head of                           | b             | Charitable contributions if you take  |            | `                  |                            | ,       |                                |         |               | 30      |                |                 |                               |
| household,  | c             |   |            |                    |                            |         |                                |         |               |         |                | c               | 12,850.                       |
| <ul><li>\$18,800</li><li>If you checked</li></ul> | 13            | Qualified business income deducti   |            |                    |                            |         |                                |         |               |         |                |                 |                               |
| any box under<br>Standard                         | 14            |   |            |                    |                            |         |                                |         |               |         |                |                 | 12,850.                       |
| Deduction,  | 15            | Taxable income. Subtract line 14  |            |                    |                            |         |                                |         |               |         |                |                 | 75,409.                       |
| see instructions.                                 | )             |   |            |                    |                            |         |                                |         |               |         |                |                 |                               |

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

Form **1040** (2021)

| Form 1040 (2021                      | 1)      |   |                        |                     |                  |                  |             |                       | Page <b>2</b>             |
|--------------------------------------|---------|---|------------------------|---------------------|------------------|------------------|-------------|-----------------------|---------------------------|
|                                      | 16      | Tax (see instructions). Check   | if any from Form       | (s): <b>1</b> 🗌 881 | 4 <b>2</b> 4972  | 3                |             | 16                    | 36,638.                   |
|                                      | 17      | Amount from Schedule 2, lin   | ne3                    |                     |                  |                  |             | 17                    |                           |
|                                      | 18      | Add lines 16 and 17   |                        |                     |                  |                  |             | 18                    | 36,638.                   |
|                                      | 19      | Nonrefundable child tax cree  | dit or credit for c    | ther depender       | nts from Schedul | e8812            |             | 19                    |                           |
|                                      | 20      | Amount from Schedule 3, lin   | ne8                    |                     |                  |                  |             | 20                    |                           |
|                                      | 21      | Add lines 19 and 20   |                        |                     |                  |                  |             | 21                    |                           |
|                                      | 22      | Subtract line 21 from line 18   | . If zero or less,     | enter -0            |                  |                  |             | 22                    | 36,638.                   |
|                                      | 23      | Other taxes, including self-e   | mployment tax,         | from Schedule       | e 2, line 21 .   |                  |             | 23                    | 0.                        |
|                                      | 24      | Add lines 22 and 23. This is  | your <b>total tax</b>  |                     |                  |                  | . 🕨         | 24                    | 36,638.                   |
|                                      | 25      | Federal income tax withheld   | from:                  |                     |                  | 1 1              |             |                       |                           |
|                                      | а       | Form(s) W-2   |                        |                     |                  | <b>25a</b> 34    | ,645.       |                       |                           |
|                                      | b       | Form(s) 1099  |                        |                     |                  | 25b              |             |                       |                           |
|                                      | С       | Other forms (see instructions   | ,                      |                     |                  | 25c              |             |                       |                           |
|                                      | d       | Add lines 25a through 25c   |                        |                     |                  |                  |             | 25d                   | 34,645.                   |
| If you have a                        | 26      | 2021 estimated tax payment  |                        |                     |                  |                  |             | 26                    |                           |
| qualifying child, attach Sch. EIC. [ | 27a     | Earned income credit (EIC)  |                        |                     |                  | 27a              |             |                       |                           |
|                                      |         | Check here if you were k  |                        |                     |                  |                  |             |                       |                           |
|                                      |         | January 2, 2004, and you taxpayers who are at least a                                   |                        |                     |                  |                  |             |                       |                           |
|                                      | b       | Nontaxable combat pay elec  | -                      | 1 1                 |                  |                  |             |                       |                           |
|                                      | c       | Prior year (2019) earned inco   |                        |                     |                  | -                |             |                       |                           |
|                                      | 28      | Refundable child tax credit or  |                        | L                   | Schedule 8812    | 28               |             |                       |                           |
|                                      | 29      | American opportunity credit   |                        |                     |                  | 29               |             |                       |                           |
|                                      | 30      | Recovery rebate credit. See   |                        |                     |                  | 30               |             |                       |                           |
|                                      | 31      | Amount from Schedule 3, lin   |                        |                     |                  | 31               |             |                       |                           |
|                                      | 32      | Add lines 27a and 28 throug   |                        |                     |                  |                  | lits 🕨      | 32                    |                           |
|                                      | 33      | Add lines 25d, 26, and 32. T  |                        | •                   |                  |                  |             | 33                    | 34,645.                   |
| Defended                             | 34      | If line 33 is more than line 24   |                        |                     |                  |                  |             | 34                    | ,                         |
| Refund                               | 35a     |   |                        |                     |                  |                  |             | 35a                   |                           |
| Direct deposit?                      | ►b      | Amount of line 34 you want <b>refunded to you.</b> If Form 8888 is attached, check here |                        |                     |                  |                  |             |                       |                           |
| See instructions.                    | ►d      | Account number X X X  |                        |                     |                  |                  | 0           |                       |                           |
|                                      | 36      | Amount of line 34 you want a  |                        |                     |                  | 36               |             |                       |                           |
| Amount                               | 37      | Amount you owe. Subtract  |                        |                     |                  | see instructions | . 🕨         | 37                    | 1,993.                    |
| You Owe                              | 38      | Estimated tax penalty (see in   |                        |                     |                  | 38               |             |                       | ·                         |
| Third Party                          | Do      | you want to allow another   |                        |                     |                  | ? See            |             |                       |                           |
| Designee                             |         | structions  | •                      |                     |                  |                  | omplete b   | below.                | X No                      |
|                                      |         | signee's  |                        | Phone               |                  |                  | onal identi |                       |                           |
|                                      |         | me 🕨  |                        | no. 🕨               |                  |                  | ber (PIN)   |                       |                           |
| Sign                                 |         | der penalties of perjury, I declare t<br>ief, they are true, correct, and com           |                        |                     |                  |                  |             |                       |                           |
| Here                                 |         | · · ·   |                        | Date                | Your occupation  |                  |             |                       | nt you an Identity        |
|                                      | , 10    | ur signature  |                        | Dale                | Four occupation  |                  |             |                       | N, enter it here          |
| Joint return?                        |         |   |                        |                     | DESIGN VER       | IFICATION ENG    | G (see      | inst.) 🕨              |                           |
| See instructions.                    | Sp      | ouse's signature. If a joint return, <b>t</b>   | ooth must sign.        | Date                | Spouse's occupa  | tion             |             |                       | nt your spouse an         |
| Keep a copy for<br>your records.     | ,       |   |                        |                     |                  |                  |             | ity Prote<br>inst.) 🕨 | ection PIN, enter it here |
| ,                                    |         | (004)000 075  |                        |                     |                  |                  | ,           | iiist.)               |                           |
|                                      |         | one no. (984)999-875<br>eparer's name   | 0<br>Preparer's signat | Email address       | CHAVA.ADIT       | YA1@GMAIL.CO     | PTIN        |                       | Check if:                 |
| Paid                                 |         |   |                        |                     |                  |                  |             | 1902                  |                           |
| Preparer                             |         | PRIYA RAM SAGAR GUPTA TALLAM  |                        | RAM SAGAR           | GUPTA TALLAN     | 1 04/03/2022     | P0208       |                       | Self-employed             |
| Use Only                             |         | m's name ► GLOBAL TAX   |                        |                     | - 07 20041       |                  |             |                       | 678)965-9522              |
|                                      |         | m's address ► 2530 Pebb   |                        | n Cummin            | -                |                  | Firm        | 's EIN ▶              |                           |
| Go to www.irs.ge                     | ov/Forn | n1040 for instructions and the late   | st information.        |                     | BAA              | REV 03/26/22 PRO |             |                       | Form <b>1040</b> (2021)   |

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

Department of the Treasury

Internal Revenue Service

## Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074

|   |   |  |   |                     | <u> </u> |  |  |
|---|---|--|---|---------------------|----------|--|--|
| Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social |   |  |   | ial security number |          |  |  |
| ADITYA CHAVA 480-79-  |   |  |   | 584                 |          |  |  |
| Part I Addition   | onal Income   |  |   |                     |          |  |  |
| 1 Taxable refu  | inds, credits, or offsets of state and local income taxes |  | 1 |                     |          |  |  |

| 1          | Taxable refunds, credits, or offsets of state and local income taxes  | 1    | 0.         |                       |
|------------|---|------|------------|-----------------------|
| <b>2</b> a | Alimony received  |      | <b>2</b> a |                       |
| 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, tru<br>Schedule E  |      | 5          | -12,360.              |
| 6          | Farm income or (loss). Attach Schedule F  |      | 6          |                       |
| 7          | Unemployment compensation   |      | 7          |                       |
| 8          | Other income:   |      |            |                       |
| а          | Net operating loss  | 8a ( | )          |                       |
| b          | Gambling income   | 8b   |            |                       |
| С          | Cancellation of debt  | 8c   |            |                       |
| d          | Foreign earned income exclusion from Form 2555  | 8d ( | )          |                       |
| е          | Taxable Health Savings Account distribution   | 8e   |            |                       |
| f          | Alaska Permanent Fund dividends   | 8f   |            |                       |
| g          | Jury duty pay   | 8g   |            |                       |
| h          | Prizes and awards   | 8h   |            |                       |
| i          | Activity not engaged in for profit income   | 8i   |            |                       |
| j          | Stock options   | 8j   |            |                       |
| k          | Income from the rental of personal property if you engaged in<br>the rental for profit but were not in the business of renting such<br>property | 8k   |            |                       |
|            | property  | OK   | -          |                       |
| •          | instructions)   | 81   |            |                       |
| m          | Section 951(a) inclusion (see instructions)   | 8m   |            |                       |
| n          | Section 951A(a) inclusion (see instructions)  | 8n   |            |                       |
| ο          | Section 461(l) excess business loss adjustment  | 80   |            |                       |
| р          | Taxable distributions from an ABLE account (see instructions).  | 8р   |            |                       |
| 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. Enter here and on Form 10 1040-NR, line 8  |      | 10         | -12,360.              |
| For Pa     | perwork Reduction Act Notice, see your tax return instructions.   |      |            | le 1 (Form 1040) 2021 |

| Par | t II Adjustments to Income   |   |     |  |
|-----|--|---|-----|--|
| 11  | Educator expenses  |   | 11  |  |
| 12  | Certain business expenses of reservists, performing artists, and fee-basic 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  | 3 | 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) $\blacktriangleright$  |   |     |  |
| 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 8k from the rental of personal property engaged in for profit <b>24b</b>                            |   |     |  |
| С   | Nontaxable amount of the value of Olympic and Paralympicmedals and USOC prize money reported on line 81 <b>24c</b>   |   |     |  |
| d   | Reforestation amortization and expenses  |   |     |  |
| е   | Repayment of supplemental unemployment benefits under the<br>Trade Act of 1974   |   |     |  |
| f   | Contributions to section 501(c)(18)(D) pension plans 24f   |   |     |  |
| g   | Contributions by certain chaplains to section 403(b) plans <b>24g</b>  |   |     |  |
| h   | Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) <b>24h</b>                                   |   |     |  |
| 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) <b>24k</b>   |   |     |  |
| z   | Other adjustments. List type and amount ► 24z  |   |     |  |
| 25  | Total other adjustments. Add lines 24a through 24z   |   | 25  |  |
| 26  | Add lines 11 through 23 and 25. These are your <b>adjustments to in</b> here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a               |   | 26  |  |

REV 03/26/22 PRO

## SCHEDULE D

(Form 1040)

## **Capital Gains and Losses**

OMB No. 1545-0074

Attach to Form 1040, 1040-SR, or 1040-NR.
 Go to www.irs.gov/ScheduleD for instructions and the latest information.
 Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

2021 Attachment Sequence No. 12

Name(s) shown on return

Department of the Treasury

Internal Revenue Service (99)

Your social security number

ADITYA CHAVA

480-79-6584

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? 
Yes X No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

#### Part I Short-Term Capital Gains and Losses – Generally Assets Held One Year or Less (see instructions)

| 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>le dollars.   | <b>(d)</b><br>Proceeds<br>(sales price) | eds Cost to<br>rrice) (or other basis) Fo |     | s<br>from<br>Part I,<br>(g) | (h) Gain or (loss)<br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g) |
|---------------|---|---|---|-----|-----------------------------|---|
| 1a            | Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b. |   |   |     |                             |   |
| 1b            | Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked  | 18,643.                                 | 12,881.                                   |     |                             | 5,762.  |
| 2             | Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked  | 16,698.                                 | 15,513.                                   |     |                             | 1,185.  |
| 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 (   | oss) from Forms 4                       | 684, 6781, and 88                         | 324 | 4                           |   |
| 5             | Net short-term gain or (loss) from partnerships, Schedule(s) K-1  |   | 5   |     |                             |   |
| 6             | Short-term capital loss carryover. Enter the amount, if an <b>Worksheet</b> in the instructions   | 6                                       | ( )                                       |     |                             |   |
| 7             | Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise  |   |   |     | 7                           | 6,947.  |

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

| See instructions for how to figure the amounts to enter on the lines below.<br>This form may be easier to complete if you round off cents to whole dollars.<br>(d) (d) (e) (cost (or other basis)<br>(a) (cost (or other basis)<br>(cost (cost |  |             |     |        |    | (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   |             |     | 1,752. |    |   |
| 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   | Net long-term gain or (loss) from partnerships, S corporat   | dule(s) K-1 | 12  |        |    |   |
| 13   | Capital gain distributions. See the instructions   |             | 13  |        |    |   |
| 14   | Long-term capital loss carryover. Enter the amount, if any <b>Worksheet</b> in the instructions  | 14          | ( ) |        |    |   |
| 15   | Net long-term capital gain or (loss). Combine lines 8a<br>on the back  |             | 15  | 1,752. |    |   |

| Part | III Summary   |                  |
|------|---|------------------|
| 16   | Combine lines 7 and 15 and enter the result   | <b>16</b> 8,699. |
|      | • 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?<br>X <b>Yes.</b> Go to line 18.  |                  |
|      | <b>No.</b> 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 are you not filing Form 4952?</li> <li>X Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, 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 Forms 1040 and 1040-SR, line 16.   |                  |
|      | □ No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.  |                  |

REV 03/26/22 PRO

Schedule D (Form 1040) 2021

Department of the Treasury

Internal Revenue Service

## Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

Attachment

► Go to www.irs.gov/Form8949 for instructions and the latest information.

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

2, 3, 8b, 9, and 10 of Schedule D. Sequence No. 12A Social security number or taxpayer identification number

480-79-6584

| Name(s) shown on return |  |  |
|-------------------------|--|--|
| ADITYA CHAVA            |  |  |

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>(b)</b><br>Date acquired                | (c)<br>Date sold or            | <b>(d)</b><br>Proceeds              | <b>(e)</b><br>Cost or other basis.<br>See the <b>Note</b> below |  |  | <b>(h)</b><br>Gain or (loss).<br>Subtract column (e) |
|---|--|--------------------------------|-------------------------------------|---|--|--|--|
| (Example: 100 sh. XYZ Co.)  |  | in the separate                | (f)<br>Code(s) from<br>instructions | <b>(g)</b><br>Amount of<br>adjustment                           | from column (d) and<br>combine the result<br>with column (g) |  |  |
| MORGAN STANLEY DOMESTIC HOLDINGS, INC   | 01/29/21                                   | 10/15/21                       | 18,643.                             | 12,881.   |  |  | 5,762.   |
|   |  |                                |                                     |   |  |  |  |
|   |  |                                |                                     |   |  |  |  |
|   |  |                                |                                     |   |  |  |  |
|   |  |                                |                                     |   |  |  |  |
|   |  |                                |                                     |   |  |  |  |
|   |  |                                |                                     |   |  |  |  |
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|   |  |                                |                                     |   |  |  |  |
|   |  |                                |                                     |   |  |  |  |
|   |  |                                |                                     |   |  |  |  |
|   |  |                                |                                     |   |  |  |  |
|   |  |                                |                                     |   |  |  |  |
|   |  |                                |                                     |   |  |  |  |
| 2 Totals. Add the amounts in columns<br>negative amounts). Enter each tota<br>Schedule D, line 1b (if Box A above<br>above is checked), or line 3 (if Box C | al here and inc<br>is checked), <b>lir</b> | lude on your<br>1e 2 (if Box B | 18,643.                             | 12,881.   |  |  | 5,762.   |

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

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

| Form 8949 (2021)   | Attachment Sequence No. 12A                           | Page <b>2</b> |
|--|---|---------------|
| Name(s) shown on return. Name and SSN or taxpaver identification no. not required if shown on other side | Social security number or taxpayer identification num | ber           |

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

480-79-6584

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

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

**Note:** You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

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

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

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

| <b>1</b><br>(a)<br>Description of property<br>(Example: 100 sh. XYZ Co.)   | <b>(b)</b><br>Date acquired<br>(Mo., day, yr.) | <b>(c)</b><br>Date sold or<br>disposed of<br>(Mo., day, yr.) | <b>(d)</b><br>Proceeds<br>(sales price)<br>(see instructions) | (e)<br>Cost or other basis.<br>See the Note below<br>and see <i>Column (e)</i><br>in the separate<br>instructions | If you enter an<br>enter a c | f any, to gain or loss.<br>amount in column (g),<br>ode in column (f).<br>parate instructions.<br>(g)<br>Amount of<br>adjustment | (h)<br>Gain or (loss).<br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g) |
|--|--|--|---|---|------------------------------|--|---|
| MORGAN STANLEY DOMESTIC HOLDINGS, INC  | 09/15/20                                       | 10/15/21   | 8,800.  | 7,048.  |                              |  | 1,752.  |
|  |  |  |   |   |                              |  |   |
|  |  |  |   |   |                              |  |   |
|  |  |  |   |   |                              |  |   |
|  |  |  |   |   |                              |  |   |
|  |  |  |   |   |                              |  |   |
|  |  |  |   |   |                              |  |   |
|  |  |  |   |   |                              |  |   |
|  |  |  |   |   |                              |  |   |
|  |  |  |   |   |                              |  |   |
|  |  |  |   |   |                              |  |   |
|  |  |  |   |   |                              |  |   |
|  |  |  |   |   |                              |  |   |
|  |  |  |   |   |                              |  |   |
| 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) ▶ |  | 8,800.   | 7,048.  |   |                              | 1,752.   |   |

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

| Form   | 8949 |
|--------|------|
| i onni |      |

Department of the Treasury

Internal Revenue Service

## Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

► Go to www.irs.gov/Form8949 for instructions and the latest information.

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

2021 Attachment Sequence No. 12A

|                          | Name(s) shown on return | Social security number or taxpayer identification number |
|--------------------------|-------------------------|--|
| ADITYA CHAVA 480-79-6584 | ADITYA CHAVA            | 480-79-6584  |

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.

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

X (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>(b)</b><br>Date acquired                | (c)<br>Date sold or            | <b>(d)</b><br>Proceeds              | <b>(e)</b><br>Cost or other basis.<br>See the <b>Note</b> below |                                     |                                       | <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           | (f)<br>Code(s) from<br>instructions | <b>(g)</b><br>Amount of<br>adjustment | from column (d) and<br>combine the result<br>with column (g) |
| MORGAN STANLEY DOMESTIC HOLDINGS, INC   | 07/30/21                                   | 10/18/21                       | 16,698.                             | 15,513.   |                                     |                                       | 1,185.   |
|   |  |                                |                                     |   |                                     |                                       |  |
|   |  |                                |                                     |   |                                     |                                       |  |
|   |  |                                |                                     |   |                                     |                                       |  |
|   |  |                                |                                     |   |                                     |                                       |  |
|   |  |                                |                                     |   |                                     |                                       |  |
|   |  |                                |                                     |   |                                     |                                       |  |
|   |  |                                |                                     |   |                                     |                                       |  |
|   |  |                                |                                     |   |                                     |                                       |  |
|   |  |                                |                                     |   |                                     |                                       |  |
|   |  |                                |                                     |   |                                     |                                       |  |
|   |  |                                |                                     |   |                                     |                                       |  |
|   |  |                                |                                     |   |                                     |                                       |  |
|   |  |                                |                                     |   |                                     |                                       |  |
| 2 Totals. Add the amounts in columns<br>negative amounts). Enter each tota<br>Schedule D, line 1b (if Box A above<br>above is checked), or line 3 (if Box C | al here and inc<br>is checked), <b>lir</b> | lude on your<br>1e 2 (if Box B | 16,698.                             | 15,513.   |                                     |                                       | 1,185.   |

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.)

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

20 Attachment Sequence No. 13

| Department of the Treasury<br>Internal Revenue Service (99) |
|---|
| Name(s) shown on return                                     |

| ADITYX CHAVA         [480-79-6584           Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2. Ine 40.         A           A Did you make any payments in 2021 that would require you to file form(s) 10997 See instructions   | Name(s)   | snown on return          |  |                           |                      |          |            |          |            |              |               |          |            | y number    |  |
|---|---|--------------------------|--|---------------------------|----------------------|----------|------------|----------|------------|--------------|---------------|----------|------------|-------------|--|
| Schedule C. See instructions. Hyou are an individual, report farm rental income or loss from FOrm 4835 on page 2, line 40.           A Dd you make any payments in 2021 that would require you to file Form(s) 10997  | ADIT  | YA CHAVA                 |  |                           |                      |          |            |          |            |              | 48            | 30-79    | -6584      | 4           |  |
| A Dd you make any payments in 2021 that would require you to file Form(s) 10997 See instructions  | Part  | Income or Loss           | s From R   | ental Real Estate a       | nd Roy               | yaltie   | s Note     | : If you | are in th  | e business c | of rent       | ing pers | onal pr    | operty, use |  |
| B If "Yes," did you or will you file required Form(s) 1099?       Image: Control of the control of t |   | Schedule C. See          | instruction  | s. If you are an individu | ual, repo            | ort farr | m rental i | ncome    | or loss fi | rom Form 48  | <b>335</b> or | n page 2 | 2, line 40 | D.          |  |
| B If "Yes," did you or will you file required Form(s) 1099?       Image: Control of the control of t | A Did   | you make any payme       | nts in 202   | 1 that would require      | you to               | file F   | orm(s) 1   | 099? S   | See instr  | ructions .   |               |          | Ο Υ        | ′es 🔀 No    |  |
| fa       Physical address of each property (street, city, state, ZIP code)         A       54-20/4-7D/1, AIKXA GURUNANAK COLONY VIJAYAWADA, ANDHRA PRADESH IN 52008         B       C         C       C         C       C       C         D       Type of Property<br>(from list below)       2       For each rental real estate property listed<br>abree, report are, Direct fite QU block of<br>abree, report are, Direct fite QU block of<br>a dualified joint venture. See instructions.       Fair Rental<br>Days       Personal Use<br>Days       Qu/V         Type of Property:       2       Sec instructions.       A       3.5       0   | B If "  | Yes," did you or will yo | ou file req  | uired Form(s) 1099?       | ·                    |          |            |          |            |              |               |          | Υ          | ′es 🗌 No    |  |
| A       54-20/4-7D/1, AIKYA GURUNANAK COLONY VIJAYAWADA, ANDHRA PRADESH IN 520008         B       C       Fair Rental back, report the number of lar rental and gualified joint venture. See instructions.       Fair Rental Days       Personal Use Days       QuV         A       3       Fair Rental back, report the number of lar rental and gualified joint venture. See instructions.       A       365       0       0         C  |   | Physical address of e    | each pror  | perty (street, city, sta  | te. ZIP              | , code   | e)         |          |            |              |               |          |            |             |  |
| B       Fair Rental       Personal Use power point is below. (report is the number of fair mental and personal use days. Check the QW box only fay on mental the requirements for mental and the requirements.       Fair Rental       Personal Use Days       QJV         A       3       a       a       3.5       0  | Α   |                          |  |                           |                      |          |            |          |            |              |               |          |            |             |  |
| Type of Property<br>(from list below)         2         For each rental real estate property listed<br>above, report the number of heir rental and<br>particular differential and<br>qualified joint venture. See instructions.         Fair Rental<br>B         Personal Use<br>Days         OJV           A         3   | В   |                          |  |                           | -                    |          |            |          |            |              |               |          |            |             |  |
| Type of Property<br>(from list below)         2         For each rental real estate property listed<br>above, report the number of heir rental and<br>particular differential and<br>qualified joint venture. See instructions.         Fair Rental<br>B         Personal Use<br>Days         OJV           A         3   | С   |                          |  |                           |                      |          |            |          |            |              |               |          |            |             |  |
| (from list below)         above, report the number of fair rotal and personal use days. Check the QW box only A 365 0         Days         Days         Cov           A         3         gradination of fair rotal and personal use days. Check the QW box only A 365 0         A 365 0         □           C         gradination of the cover only on the cover only  | 1b  | Type of Property         | 2 For  | each rental real esta     | te pror              | oertv l  | isted      |          | Fair       | Rental       | Per           | sonal    | Use        | 0.11/       |  |
| A       3       If you meet the requirements to file as a qualified joint venture. See instructions.       A       365       0       0         C  |   |                          | om list below) above, report the number of fair rental and |                           |                      |          |            |          | C          | Days         |               | Days     |            | QJV         |  |
| B         qualified joint venture. See instructions.         B         Image: C          Image: C <th i<="" td=""><td>Α</td><td>3</td><td>per</td><td>sonal use days. Chec</td><td>ck the (</td><td>JJV b</td><td>ox only</td><td>Α</td><td></td><td>365</td><td></td><td></td><td>0</td><td></td></th>  | <td>Α</td> <td>3</td> <td>per</td> <td>sonal use days. Chec</td> <td>ck the (</td> <td>JJV b</td> <td>ox only</td> <td>Α</td> <td></td> <td>365</td> <td></td> <td></td> <td>0</td> <td></td> | Α                        | 3  | per                       | sonal use days. Chec | ck the ( | JJV b      | ox only  | Α          |              | 365           |          |            | 0           |  |
| C         C         C         □           Type of Property:         1 Single Family Residence         3 Vacation/Short-Term Rental         5 Land         7 Self-Rental           2 Multi-Family Residence         4 Commercial         6 Royatiles         8 Other (describe)           Income:         Properties:         A         B         C           3 Rents received         .         .         4         740.           4 Royatiles received         .         .         4         740.           5 Adventising         .         .         6         300.           6 Auto and travel (see instructions)         .         6         300.           7 Cleaning and maintenance         .         .         7         750.           8 Commissions         8         .         .         .         .           10 Legal and other professional fees         .         .         .         .         .           11 Anagement fees         .         .         .         .         .         .           13 Other interest,         .         .         .         .         .         .         .           14 Appendix         .         .         .         .         <   |   |                          | qua  | alified joint venture. S  | ee inst              | ructio   | ns.        |          |            |              |               |          | -          |             |  |
| Type of Property:           1 Single Family Residence         3 Vacation/Short-Term Rental         5 Land         7 Self-Rental           2 Multi-Family Residence         4 Commercial         6 Royatiles         8 Other (describe)           1arconnex:         Properties:         A         B         C           3 Rents received         3         740.         A         B         C           3 Rents received         3         740.         A         B         C           6 Auto and travel (see instructions)         5         120.         6         300.         7           7 Cleaning and maintenance         7         750.         6         300.         7         10           10 Legal and other professional fees         10         11         1,150.         12         14         1,200.         15         3,780.         16         17         13         14         4,200.         15         3,780.         16         17         12         10         12         10         12         10         12         10         12         10         10         11         1,100.         12         10         10         10         10         10         10         10         10  | С   |                          |  |                           |                      |          | ŀ          |          |            |              |               |          |            |             |  |
| Single Family Residence       3 Vacation/Short-Term Rental       6 Royattes       8 Other (describe)         2 Multi-Family Residence       4 Commercial       6 Royattes       8 Other (describe)         Income:       Properties       A       B       C         3 Rents received       3       740.       B       C         4 Royatties received       4       4  |   | of Property:             |  |                           |                      |          |            |          |            |              |               |          |            |             |  |
| 2 Multi-Family Residence       4 Commercial       6 Royatties       8 Other (describe)         Income:       Properties:       A       B       C         3 Rents received       4       B       C         4 Royatties received       4       B       C         5 Advertising       5       120.       F         6 Auto and travel (see instructions)       6       300.       F         7 Cleaning and maintenance       7       750.       C         9 Insurance       9       I       I       I         10 Legal and other professional fees       11       1,150.       I         11 Management fees       11       1,150.       I       I         13 Other interest.       14       4,200.       I       I       I         13 Other interest.       16       17       2,800.       I <thi< th="">       I       I       I       &lt;</thi<>   |   |                          | 3 Va   | cation/Short-Term B       | ental                | 5 I a    | nd         |          | 7 Self-    | Rental       |               |          |            |             |  |
| Income:       Properties:       A       B       C         3       Rents received  |   | -                        |  |                           |                      |          |            |          |            |              | `             |          |            |             |  |
| 3       Rents received       3       740.         4       Royatties received       4       4         Expenses:       5       120.       6         5       Advertising       5       120.       6         6       Auto and travel (see instructions)       6       300.       6         7       750.       8       6       300.       7         9       Insurance       7       750.       8       6         9       Insurance       9       10       11       1,150.       10         11       Management fees       10       11       1,150.       11  |   | -                        |  |                           |                      |          |            | -        |            |              |               |          |            | C           |  |
| 4       Royatties received  | 3   | Rents received           |  |                           |                      | 3        |            |          | 740        |              |               |          |            | •           |  |
| Expenses:       5       120.         6       Autor and travel (see instructions)       5       120.         7       750.       7         8       7       750.         9       10       10         10       10       10         11       Management fees       10         12       Mortgage interest paid to banks, etc. (see instructions)       12         13       Other interest.       13         14       Repairs.       14       4,200.         15       3,780.       16       11         14       Repairs.       16       11         15       3,780.       16       11         18       0       10       11         19       0ther (list) ▶       19       10         20       13,100.       20       13,100.         21       -12,360.       12       12         22       12,360.       12       13         23a       740.       23a       740.         23a       740.       23a       740.         23a       740.       23a       740.         23a       740.       23a  |   |                          |  |                           |                      | -        |            |          | / 10.      |              |               |          |            |             |  |
| 5       Advertising   |   |                          |  |                           | •                    | -        |            |          |            |              |               |          |            |             |  |
| 6       Auto and travel (see instructions)       6       300.         7       Cleaning and maintenance       7       750.         8       Commissions       8       9         9       Insurance       9       9         10       11       1,150.       12         11       Management fees       11       1,150.       12         12       13       14       4,200.       15         30       Other interest       15       3,780.       16         17       Z,800.       16       17       2,800.         18       19       20       13,100.       12         20       13,100.       21       12       13         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       22       13,100.         22       12,360.       23a       740.       23a         23a       Total of all amounts reported on line 3 for all royalty properties       23a       740.         23a       Total of all amounts reported on line 12 for all properties       23a       740.         23a       Total of all amounts reported on line 12 for all properties       23a       23a   | -   |                          |  |                           |                      | 5        |            |          | 120        |              |               |          |            |             |  |
| 7       Cleaning and maintenance       7       750.         8       0       0         9       0       0         10       10       0         11       1.150.       0         12       0       11       1.150.         13       0       0       0         14       4,200.       0       0         15       3,780.       0       0         16       7       2,800.       0       0         17       2,800.       0       0       0         18       0       0       0       0       0         19       0       0       0       0       0       0         11       1.2,360.       0       0       0       0       0         19       0 <td></td> <td></td> <td></td> <td></td> <td></td> <td>-</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>   |   |                          |  |                           |                      | -        |            |          |            |              |               |          |            |             |  |
| 8       Commissions       8       9         9       10       10         10       Legal and other professional fees       10         11       1, 150       11         12       11       1, 150         13       12       11         14       4, 200       12         15       3, 780       14         16       17       2, 800         17       2, 800       16         18       Depreciation expense or depletion       18         19       10       12         20       13, 100       12         21       -12, 360       12         22       13, 100       14         20       13, 100       14         21       -12, 360       14         22       13, 100       14         23       Total expenses. Add lines 5 through 19       20         24       22       13, 100         25       Deductible rental real estate loss after limitation, if any, on Form 6188       22         24       12, 360       12         25       12, 360       12         26       12, 360       10  |   |                          |  |                           |                      | -        |            |          |            |              |               |          |            |             |  |
| 9       Insurance       9       1         10       Legal and other professional fees       10       1         11       Management fees       11       1,150.       11         12       11       1,150.       11       1,150.       11         13       0ther interest paid to banks, etc. (see instructions)       12       13       14       4,200.       15         15       Supplies       15       3,780.       16       16       17       17       2,800.       16       16       17       17       2,800.       18       19       10       10       10       10       11       1,100.       10       1  |   |                          |  |                           |                      |          |            |          | 730.       |              |               |          |            |             |  |
| 10       Legal and other professional fees       1       1       1,150.         11       1,150.       1       1,150.       1         12       Mortgage interest paid to banks, etc. (see instructions)       12       1       1         13       Hepairs.       14       4,200.       1       1       1         14       Repairs.       14       4,200.       1<  |   |                          |  |                           |                      | -        |            |          |            |              |               |          |            |             |  |
| 11Management fees111,150.12Mortgage interest paid to banks, etc. (see instructions)111,150.13Other interest.131414Repairs.144,200.15Supplies153,780.16Taxes1617172,800.1819Other (list) $\blacktriangleright$ 1920Total expenses. Add lines 5 through 191921Subtract line 20 from line 3 (rents) and/or 4 (royalties). If<br>result is a (loss), see instructions to find out if you must<br>file Form 6198192212,360.2123aTotal of all amounts reported on line 3 for all rental properties23a23aTotal of all amounts reported on line 4 for all royalty properties23a23aTotal of all amounts reported on line 12 for all properties23a24Losses. Add positive amounts shown on line 21. Do not include any losses2425Losses. Add royalty bisses from line 2 or and properties23a24Losses. Add royalty bisses from line 2 on ont apply to you, also enter this amount on<br>Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2.2626-12, 360.26-12, 360.   |   |                          |  |                           |                      |          |            |          |            |              |               |          |            |             |  |
| 12       Mortgage interest paid to banks, etc. (see instructions)         13       Other interest.         14       Repairs.         15       Supplies         16       14         17       14         18       15         19       Other interest.         10       Taxes         11       14         12       14         14       4,200.         15       3,780.         16       17         17       2,800.         18       19         20       13,100.         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         19       Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)         10       Total of all amounts reported on line 4 for all royalty properties         10       Total of all amounts reported on line 16 for all properties         10       Total of all amounts reported on line 21 for all properties         11       23a         12       12,360.         11       23a         10       fotal of all amounts reported on line 18 for all properties         10 <td></td> <td></td> <td></td> <td></td> <td></td> <td>-</td> <td></td> <td>1</td> <td>150</td> <td></td> <td></td> <td></td> <td></td> <td></td>  |   |                          |  |                           |                      | -        |            | 1        | 150        |              |               |          |            |             |  |
| 13       Other interest.       13       14       Repairs.       14       Repairs.       15       Supplies       16       17       17       2,800.       16       17       2,800.       18       19       10       10       11       17       2,800.       18       19       10       10       11       19       10       10       11       10       10       11       10       10       11       10       10       11       10       11  |   | -                        |  |                           |                      |          |            | ⊥,       | 150.       |              |               |          |            |             |  |
| 14       Repairs.       14       4,200.         15       Supplies       15       3,780.         16       Taxes       16       17         17       Utilities       17       2,800.         18       Depreciation expense or depletion       18       19         20       Total expenses. Add lines 5 through 19       19       10         20       Total expenses. Add lines 5 through 19       20       13,100.         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       -12,360.         22       Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)       22       12,360.         23a       Total of all amounts reported on line 3 for all rental properties       23a       740.         23a       Total of all amounts reported on line 12 for all properties       23a       740.         24       Losses. Add royalty losses from line 21 for all properties       23d       23d         24       Losses. Add royalty losses from line 21. Do not include any losses       22       12,360)         25       Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here       25       12,360)      <   |   |                          |  |                           | ,                    |          |            |          |            |              |               |          |            |             |  |
| 15       Supplies       15       3,780.         16       Taxes       16       17         17       Utilities       16       17         18       Depreciation expense or depletion       18       19         20       Total expenses. Add lines 5 through 19       19       20         21       Subtract line 20 from line 3 (rents) and/or 4 (royatties). If result is a (loss), see instructions to find out if you must file Form 6198       21       -12,360.         22       Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)       23a       740.         23a       Total of all amounts reported on line 3 for all rental properties       23a       740.         23a       Total of all amounts reported on line 12 for all properties       23a       740.         23b  |   |                          |  |                           |                      | -        |            | 1        | 200        |              |               |          |            |             |  |
| 16       Taxes       17       2,800         17       Utilities       17       2,800         18       Depreciation expense or depletion       18         19       Other (list) ▶       19         20       Total expenses. Add lines 5 through 19       19         21       Subtract line 20 from line 3 (rents) and/or 4 (royatlies). If result is a (loss), see instructions to find out if you must file Form 6198       19         22       Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)       21       -12,360.         23a       Total of all amounts reported on line 3 for all rental properties       23a       740.         24       Total of all amounts reported on line 12 for all properties       23a       740.         24       Total of all amounts reported on line 12 for all properties       23a       740.         25       Losses. Add royalty losses from line 21. Do not include any losses       23c       13,100.         24       Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here .       24         26       Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, 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 .  |   |                          |  |                           |                      |          |            |          |            |              |               |          |            |             |  |
| 17       Utilities  |   |                          |  |                           |                      | -        |            | , د      | 780.       |              |               |          |            |             |  |
| 18       Depreciation expense or depletion       18       19         19       Other (list) ▶       19       20         20       Total expenses. Add lines 5 through 19       19       20         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       13,100.       21         22       Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)       22       12,360.       23a         23a       Total of all amounts reported on line 3 for all rental properties       23b       740.         23b       C       23d       740.         24       Total of all amounts reported on line 12 for all properties       23c       24         23d       Total of all amounts reported on line 20 for all properties       23d       23d         e       Total of all amounts reported on line 20 for all properties       23e       13,100.         24       Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here       25 (12,360.)         25       Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, 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.       26   |   |                          |  |                           |                      | -        |            | 2        | 000        |              |               |          |            |             |  |
| 19       Other (list) ▶       19       19         20       Total expenses. Add lines 5 through 19       20       13,100.         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   |   |                          |  |                           |                      |          |            | Ζ,       | 800.       |              |               |          |            |             |  |
| 20       Total expenses. Add lines 5 through 19       20       13,100.         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       -12,360.         22       Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)       21       -12,360.         23a       Total of all amounts reported on line 3 for all rental properties       23a       740.         23a       Total of all amounts reported on line 12 for all properties       23a       740.         23b       23c       23d       23d         c       Total of all amounts reported on line 12 for all properties       23a       13,100.         24       Income. Add positive amounts shown on line 21. Do not include any losses       23d       13,100.         24       Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here .       24         25       Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, 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 .       26       -12,360.   |   |                          | e or depie   |                           | •                    | -        |            |          |            |              |               |          |            |             |  |
| 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       1       -12,360.         22       Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)       21       -12,360.         23a       Total of all amounts reported on line 3 for all rental properties       23a       740.         b       Total of all amounts reported on line 4 for all royalty properties       23a       740.         c       Total of all amounts reported on line 12 for all properties       23a       23a         c       Total of all amounts reported on line 12 for all properties       23a       23a         c       Total of all amounts reported on line 12 for all properties       23a       23a       24a         c       Total of all amounts reported on line 20 for all properties       23a       13,100.       24a         25       Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here       25       12,360.       25         26       Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, 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.       26       -12,360.  |   |                          |  |                           |                      | -        |            | 1 2      | 100        |              |               |          |            |             |  |
| result is a (loss), see instructions to find out if you must<br>file Form 6198  |   |                          |  | -                         |                      | 20       |            | 13,      | 100.       |              |               |          |            |             |  |
| file Form 6198       1 -12,360.         22       Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)       22         23a       Total of all amounts reported on line 3 for all rental properties       23a       740.         23a       Total of all amounts reported on line 4 for all royalty properties       23b       23c         c       Total of all amounts reported on line 12 for all properties       23c       23d         d       Total of all amounts reported on line 12 for all properties       23c       23d         c       Total of all amounts reported on line 12 for all properties       23c       23d         c       Total of all amounts reported on line 12 for all properties       23c       23d         d       Total of all amounts reported on line 20 for all properties       23d       23d         e       Total of all amounts reported on line 20 for all properties       23d       23d         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 ( 12,360. )         26       Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 104   |   |                          |  | , , , ,                   | ,                    |          |            |          |            |              |               |          |            |             |  |
| 22       Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)       22       (12,360.)()()()())()()         23a       Total of all amounts reported on line 3 for all rental properties       23a       740.         b       Total of all amounts reported on line 4 for all royalty properties       23b       23b         c       Total of all amounts reported on line 12 for all properties       23c       23d         d       Total of all amounts reported on line 18 for all properties       23d       23d         e       Total of all amounts reported on line 20 for all properties       23d       23d         24       Income. Add positive amounts shown on line 21. Do not include any losses       23e       13,100.         25       Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here .       25       12,360.)         26       Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, 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 .       26       -12,360.  |   |                          | Instructio   | ns to find out if you     | must                 | 21       |            | _12      | 360        |              |               |          |            |             |  |
| on Form 8582 (see instructions)       22       (12,360.)(()       )(()       )()         23a       Total of all amounts reported on line 3 for all rental properties       23a       740.         b       Total of all amounts reported on line 4 for all royalty properties       23b       23b         c       Total of all amounts reported on line 12 for all properties       23c       23d         d       Total of all amounts reported on line 18 for all properties       23d       23d         e       Total of all amounts reported on line 20 for all properties       23e       13,100.         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       12,360.)         26       Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, 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.       26       -12,360.   |   |                          | · · ·  |                           | •                    | 21       |            | -12,     | 300.       |              |               |          |            |             |  |
| 23a       Total of all amounts reported on line 3 for all rental properties       23a       740.         b       Total of all amounts reported on line 4 for all royalty properties       23b       23b         c       Total of all amounts reported on line 12 for all properties       23c       23d         d       Total of all amounts reported on line 12 for all properties       23d       23d         e       Total of all amounts reported on line 20 for all properties       23d       23d         e       Total of all amounts reported on line 20 for all properties       23e       13,100.         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         26       Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, 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 .       26       -12,360.  | 22  |                          |  |                           |                      | 22       | (          | 10 5     |            | (            |               |          |            | ,           |  |
| b       Total of all amounts reported on line 4 for all royalty properties       23b         c       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         e       Total of all amounts reported on line 20 for all properties       23d         24       Income. Add positive amounts shown on line 21. Do not include any losses       23e       13,100.         25       Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here .       25       25 ( 12,360. )         26       Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, 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 .       26       -12,360.   | 020   |                          |  |                           |                      |          | (          | 12,3     |            | (            | 7             | 10       |            | /           |  |
| c       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         e       Total of all amounts reported on line 20 for all properties       23d         24       Income. Add positive amounts shown on line 21. Do not include any losses       23e       13,100.         25       Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here .       25       25 (       12,360. )         26       Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, 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 .       26       -12,360.  |   |                          |  |                           |                      |          | • •        | • •      |            |              | /             | 40.      |            |             |  |
| d       Total of all amounts reported on line 18 for all properties       23d         e       Total of all amounts reported on line 20 for all properties       23e       13,100.         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         26       Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, 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.       26       -12,360.   |   |                          |  |                           |                      |          |            |          |            |              |               | _        |            |             |  |
| <ul> <li>e Total of all amounts reported on line 20 for all properties</li></ul>  |   |                          |  |                           |                      |          |            |          |            |              |               |          |            |             |  |
| <ul> <li>Income. Add positive amounts shown on line 21. Do not include any losses</li></ul>   |   |                          | -  |                           |                      |          |            |          |            | 1            | 2 1           | 00       |            |             |  |
| <ul> <li>Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here .</li> <li>Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, 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 .</li> <li>12,360.</li> <li>-12,360.</li> </ul>  |   |                          |  |                           |                      |          |            |          |            | L            | _, т          |          |            |             |  |
| 26       Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, 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.       26       -12,360.  |   |                          |  |                           |                      |          | ,          |          |            | · · · ·      | ```           |          |            | 12 360      |  |
| here. If Parts II, III, 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 . 26 -12,360.   |   |                          |  |                           |                      |          |            |          |            |              |               | 23 (     |            | 12,500.)    |  |
| Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 . 26 -12,360.  |   |                          |  |                           | -                    |          |            |          |            |              |               |          |            |             |  |
|   |   |                          |  |                           |                      |          |            |          |            |              | on            | 26       |            | -12 360     |  |
|   |   |                          |  |                           |                      |          |            |          | 41         |              | . 0.          |          |            |             |  |

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2021

| Form    | 8889                |
|---------|---------------------|
| Depar   | tment of the Treasu |
| Interna | al Revenue Service  |

ADITYA CHAVA

## Health Savings Accounts (HSAs)

OMB No. 1545-0074

Attachment

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

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

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

ſy

| r instructions and t | Sequence No. 52   |          |
|----------------------|---|----------|
|                      | Social security number of HSA<br>beneficiary. If both spouses<br>have HSAs, see instructions ► 480. | -79-6584 |

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

| Part |   |       |               |
|------|---|-------|---------------|
|      | and both you and your spouse each have separate HSAs, complete a separate Part I for  | each  | spouse.       |
| 1    | Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2021. See instructions  | 🗙 Sel | f-only Family |
| 2    | HSA contributions you made for 2021 (or those made on your behalf), including those made from January 1, 2022, through April 15, 2022, that were for 2021. <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 2021 and, on the first day of <b>every</b> month during 2021, you were, or were considered, an eligible individual with the <b>same</b> coverage, enter \$3,600 (\$7,200 for family coverage). <b>All others,</b> see the instructions for the amount to enter | 3     | 3,600.        |
| 4    | Enter the amount you and your employer contributed to your Archer MSAs for 2021 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2021, 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     | 3,600.        |
| 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 2021, see the instructions for the amount to enter  | 6     | 3,600.        |
| 7    | If you were age 55 or older at the end of 2021, married, and you or your spouse had family coverage under an HDHP at any time during 2021, enter your additional contribution amount. See instructions  | 7     | 0.            |
| 8    | Add lines 6 and 7   | 8     | 3,600.        |
| 9    | Employer contributions made to your HSAs for 20219750.  |       |               |
| 10   | Qualified HSA funding distributions   |       |               |
| 11   | Add lines 9 and 10  | 11    | 750.          |
| 12   | Subtract line 11 from line 8. If zero or less, enter -0   | 12    | 2,850.        |
| 13   | <b>HSA deduction.</b> Enter the <b>smaller</b> 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.   |       | · · ·         |
| 14a  | Total distributions you received in 2021 from all HSAs (see instructions)   | 14a   | 291.          |
| 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    | Subtract line 14b from line 14a   | 14c   | 291.          |
| 15   | Qualified medical expenses paid using HSA distributions (see instructions)  | 15    | 291.          |
| 16   | Taxable HSA distributions.       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 8e.   | 16    | 0.            |
| 17a  | If any of the distributions included on line 16 meet any of the <b>Exceptions to the Additional 20% Tax</b> (see instructions), check here  |       |               |
|      | 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 |   |       |               |
|      | completing this part. If you are filing jointly and both you and your spouse each have sep complete a separate Part III for each spouse.  |       | HSAs,         |
| 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 8z, and enter "HSA" and the amount on the dotted line  | 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.

#### TAXABLE YEAR FORM **California e-file Signature Authorization for Individuals** 2021 8879

| Your name  | Your SSN or | ITIN                       |  |  |  |  |  |
|--|-------------|----------------------------|--|--|--|--|--|
| ADITYA CHAVA   | 480-79-     | 480-79-6584                |  |  |  |  |  |
| Spouse's/RDP's name  | Spouse's/RD | Spouse's/RDP's SSN or ITIN |  |  |  |  |  |
|  |             |                            |  |  |  |  |  |
| Part I Tax Return Information (whole dollars only)         |             |                            |  |  |  |  |  |
| 1 California adjusted gross income (AGI). See instructions |             | 189,009.                   |  |  |  |  |  |
| 2 Amount You Owe. See instructions                         |             |                            |  |  |  |  |  |
| 3 Refund or No Amount Due. See instructions                |             | 1,283.                     |  |  |  |  |  |
|  |             |                            |  |  |  |  |  |

#### Part II Taxpayer Declaration and Signature Authorization (Be sure you obtain and keep a copy of your return.)

Under penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2021, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider, including my name, address, and social security number (SSN) or individual tax identification number (ITIN), and the amounts shown in Part I above agree with the information and amounts shown on the corresponding lines of my electronic income tax return. If applicable, I authorize an electronic funds withdrawal of the amount on line 2 and/or the estimated tax payments as shown on my return and on form FTB 8455, California e-file Payment Record for Individuals, or a comparable form. If applicable, I declare that direct deposit refund amount on line 3 agrees with the direct deposit authorization stated on my return. If I have filed a joint return, this is an irrevocable appointment of the other spouse/registered domestic partner (RDP) as an agent to authorize an electronic funds withdrawal or direct deposit. I authorize my ERO, transmitter, or intermediate service provider to transmit my complete return to the Franchise Tax Board (FTB). If the processing of my return or refund is delayed, I authorize the FTB to disclose to my ERO, intermediate service provider, and/or transmitter the reason(s) for the delay or the date when the refund was sent. If I am filing a balance due return, I understand that if the FTB does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I acknowledge that I have read and consent to the Electronic Funds Withdrawal Consent included on the copy of my electronic income tax return. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

| Taxpayer's PIN: check one box only |                 |
|------------------------------------|-----------------|
| X Lauthorize GLOBAL TAXES LLC      | to enter my PIN |
| ERO firm name                      |                 |

as my signature on my 2021 e-filed California individual income tax return.

I will enter my PIN as my signature on my 2021 e-filed California individual income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

| You | r signature 🕨  | _ Date |     | •                                 |                         |
|-----|--|--------|-----|-----------------------------------|-------------------------|
| Spo | use's/RDP's PIN: check one box only  |        |     |                                   |                         |
|     | I authorize  |        |     | to enter my PIN                   |                         |
|     | ERO firm name  |        |     |                                   | Do not enter all zeros  |
|     | as my signature on my 2021 e-filed California individual income tax return.  |        |     |                                   |                         |
|     | I will enter my PIN as my signature on my 2021 e-filed California individual income tax and your return is filed using the Practitioner PIN method. The ERO must complete Part III b |        | . C | Check this box <b>only</b> if you | are entering your own P |
| Sno | use's/RDP's signature  |        |     | Date                              |                         |

| Practitioner PIN Method Returns Only continue below   |   |   |        |      |       |        |   |        |   |   |   |  |
|---|---|---|--------|------|-------|--------|---|--------|---|---|---|--|
| Part III Certification and Authentication — Practitioner PIN Method Only  |   |   |        |      |       |        |   |        |   |   |   |  |
| ERO's Electronic Filer Identification Number (EFIN)/PIN.<br>Enter your six-digit EFIN followed by your five-digit self-selected PIN.  | 5 | 8 | 7      | 2    | 7     | 8      | 6 | 1      | 9 | 8 | 9 |  |
| I certify that the above numeric entry is my PIN, which is my signature for the 2021 Califor confirm that I am submitting this return in accordance with the requirements of the Practice-file Providers. |   |   | dual i | ncom | e tax | returi |   | the ta |   |   |   |  |

| ERO's signature | <br>Date | 04/03/2022 |
|-----------------|----------|------------|
| -               |          |            |

5

6 Do not enter all zeros

540

# 2021 California Resident Income Tax Return

|                     |                     |   | APE   | ATTACH FEDERAL RETURN                               |
|---------------------|---------------------|---|---|---|
| 48(<br>AD           |                     | 79-6584 CHAV<br>YA CHAVA  |   | 21  |
| 305<br>SA1          |                     | CASSELINO DRIVE<br>JOSE CA  | 95136   |   |
| 01-                 | -26                 | 5-1996  |   |   |
|                     |                     |   |   |   |
|                     |                     |   |   |   |
| Principal Residence | ۲                   | If not, enter below your principal/p  | as your principal/physical residence address at<br>hysical residence address at the time of filing. | the time of filing, check this box $\odot$ $\times$ |
| ipal F              | $oldsymbol{igstar}$ | Street address (number and street) (If fo   | preign address, see instructions.)  | Apt. no/ste. no.                                    |
| Princ               | 0                   | City  |   | State ZIP code                                      |
|                     | ۲                   |   |   |   |
|                     |                     | If your California filing status is d   | ifferent from your federal filing status, check th  | e box here  |
| sn                  | 1                   | × Single  | 4 Head of household (with   | qualifying person). See instructions.               |
| Filing Status       | 2                   | Married/RDP filing jointly.   | See inst. <b>5</b> Qualifying widow(er). Er   | nter year spouse/RDP died.                          |
| Filinç              |                     |   | See instructions.   |   |
|                     | 3                   | Married/RDP filing separat  | ا<br>ely. Enter spouse's/RDP's SSN or ITIN above ar   | nd full name here                                   |
|                     |                     |   |   |   |
|                     | 6                   |   | Ir spouse/RDP) as a dependent, check the box  |   |
| Exemptions          |                     | <b>Personal:</b> If you checked box 1, 3<br>box 2 or 5, enter 2 in the box. If y<br><b>Blind:</b> If you (or your spouse/RDF<br>if both are visually impaired, enter<br><b>Senior:</b> If you (or your spouse/RDF | r 2   | Whole dollars only                                  |
|                     |                     |   | 175 3101214   | REV 03/29/22 PRO FORM 540 2021 Side 1               |

| Υοι             | ır na    | me:           | CHAV                           | VA            |                             |             | Your                                 | SSN or IT    | IN:      | 480-7            | 9-6584      | 4      |                                    |         |              |        |                  |
|-----------------|----------|---------------|--------------------------------|---------------|-----------------------------|-------------|--------------------------------------|--------------|----------|------------------|-------------|--------|------------------------------------|---------|--------------|--------|------------------|
|                 | 10       | Depen         | dents:                         |               | ot include y<br>Dependent 1 |             | r your spou                          |              | Depend   | ant 2            |             |        |                                    | Depende | unt 3        |        |                  |
|                 |          | First         | t Name                         | ۲             | Dependent                   | I           |                                      |              | Deheun   | ciii 2           |             |        |                                    | Depende | int 5        |        |                  |
| S               |          | Last          | Name                           | ۲             |                             |             |                                      |              |          |                  |             |        |                                    |         |              |        |                  |
| Exemptions      |          |               | I. See<br>ructions.            | •             |                             |             |                                      | _            |          |                  |             |        |                                    |         |              |        |                  |
| Exen            |          | Dep           | endent's<br>tionship           |               |                             |             |                                      |              |          |                  |             |        |                                    |         |              |        |                  |
|                 | _        | to yo         | ou .                           | 0             |                             |             |                                      |              |          |                  |             |        |                                    |         |              |        |                  |
|                 |          |               |                                |               |                             |             | · · · · · · · ·                      |              |          |                  |             |        | 400 = (                            |         |              | 1      | 20               |
|                 | 11       | Exen          | nption a                       | amou          | nt: Add line                | 37 throug   | h line 10. Tr                        | ansfer this  | s amour  | nt to lin        | e 32        |        | • 1                                | 1\$     |              | 1      | 29               |
|                 | 12       | State<br>Form | e wages<br>n(s) W-3            | from<br>2, bo | n your feder<br>x 16        | al          |                                      | • 12         |          |                  | 1925        | 537    | . 00                               |         |              |        |                  |
| Taxable Income  | 13       |               |                                |               |                             |             | om federal                           |              |          |                  |             |        | • 13                               |         |              | 188259 | .00              |
|                 | 14       | Calif         | ornia ac                       | ljustr        | nents – sub                 | otractions. | Enter the a                          | mount froi   | n Sche   | dule CA          | (540),      |        |                                    |         |              | 0      | .00              |
|                 | 15       | Subt          | Pall I, IIIe 27, Column B • 14 |               |                             |             |                                      |              |          |                  |             |        |                                    |         |              | 188259 | .00              |
|                 | 16       | Calif         | ornia ac                       | ljustr        | nents – add                 | ditions. En | ter the amo                          | unt from S   | chedul   | e CA (5          | 40),        |        |                                    |         |              | 750    |                  |
| able II         | 17       |               |                                |               |                             |             |                                      |              |          |                  |             |        |                                    |         |              | 189009 |                  |
| Таха            | 17<br>18 | Enter         | (                              |               | -                           |             | nbine line 1<br>deductions           |              |          |                  |             |        | ``                                 |         |              | 107007 | _ ∎ <u>[00</u> ] |
|                 | 10       |               | er of                          | You           | r California                | standard    | deduction s                          | hown belo    | w for y  | our filir        | ıg status:  |        |                                    | •       |              |        |                  |
|                 |          |               |                                |               | -                           |             | filing separa<br>ly, Head of I       | -            |          |                  |             |        |                                    |         |              | 4000   |                  |
|                 | 19       | Subt          | ract line                      |               |                             | •           | ely or the bo><br>our <b>taxable</b> |              | checked  | d, <b>STOP</b> . | See instruc | ctions | • 18                               |         |              | 4803   |                  |
|                 |          | If les        | s than a                       | zero,         | enter -0                    |             |                                      |              |          |                  |             | (      | • 19                               |         |              | 184206 | <b>.</b> 00      |
|                 |          |               |                                |               |                             |             | Fax Table                            | ×            | Tax R    | ate Sch          | edule       |        |                                    |         |              |        |                  |
|                 | 31       | Tax.          | Check t                        | he bo         | ox if from:                 |             | -TB 3800                             | •            | ]        |                  |             |        | • 31                               |         |              | 14133  | .00              |
|                 | 32       |               |                                |               |                             | amount f    | rom line 11                          | •            | deral A  | GI is mo         | ore than    |        | •                                  |         |              | 129    | .00              |
| Тах             | 22       |               |                                |               |                             |             |                                      |              |          |                  |             |        | <ul> <li>32</li> <li>32</li> </ul> |         |              | 14004  |                  |
|                 | 33       |               |                                |               |                             |             | nan zero, en                         |              |          |                  |             |        | 0                                  |         |              | 11001  |                  |
|                 | 34       |               |                                |               | ons. Check                  |             |                                      |              | ule G-1  |                  |             | 570A   | _                                  |         |              | 14004  | . <u>00</u>      |
|                 | 35       | Add           | line 33                        | and I         | ine 34                      |             |                                      |              |          |                  |             | (      | • 35                               |         |              | 14004  | .00              |
| dits            | 40       | Nonr          | efunda                         | ble C         | hild and De                 | pendent C   | are Expense                          | es Credit. S | See inst | ruction          | S           |        | • 40                               |         |              |        | .00              |
| al Crei         | 43       | Enter         | r credit                       | name          | e                           |             |                                      | co           | de 🕳 🗌   |                  | and amo     | unt    | • 43                               |         |              |        | . 00             |
| Special Credits | 44       | Ente          | r credit                       | nam           | e                           |             |                                      | 00           | de •     |                  | and amo     | unt    | • 44                               |         |              |        | . 00             |
| 0               |          |               |                                |               |                             |             |                                      |              |          |                  |             |        |                                    |         |              |        |                  |
|                 |          | Side 2        | Porm                           | 540           | 2021                        |             | 175                                  | 3            | 3102     | 214              |             |        |                                    |         | REV 03/29/22 | 2 PRO  |                  |

| You                  | ır nar   | ne: CHAVA Your SSN or ITIN: 480-79-6584  |              |
|----------------------|----------|--|--------------|
| S                    | 45       | To claim more than two credits. See instructions. Attach Schedule P (540)  | . 00         |
| Credit               | 46       | Nonrefundable Renter's Credit. See instructions  | . 00         |
| Special Credits      | 47       | Add line 40 through line 46. These are your total credits  | . 00         |
| Sp                   | 48       | Subtract line 47 from line 35. If less than zero, enter -0   | . 00         |
|                      | 64       |  | . 00         |
|                      | 61<br>62 | Alternative Minimum Tax. Attach Schedule P (540)   |              |
| laxes                | 62       |  |              |
| Other Taxes          | 63       | Other taxes and credit recapture. See instructions   | <b>.</b> 00  |
| 0                    | 64       | Excess Advance Premium Assistance Subsidy (APAS) repayment. See instructions • 64  | <u>00</u>    |
|                      | 65       | Add line 48, line 61, line 62, line 63, and line 64. This is your total tax  | . 00         |
|                      | 71       | California income tax withheld. See instructions   | . 00         |
|                      | 72       | 2021 CA estimated tax and other payments. See instructions   | . 00         |
|                      | 73       | Withholding (Form 592-B and/or 593). See instructions  | . 00         |
| Payments             | 74       | Excess SDI (or VPDI) withheld. See instructions  | . 00         |
| Payn                 | 75       | Earned Income Tax Credit (EITC)  | . 00         |
|                      | 76       | Young Child Tax Credit (YCTC). See instructions  | . 00         |
|                      | 77<br>78 | Net Premium Assistance Subsidy (PAS). See instructions       77         Add line 71 through line 77. These are your total payments.       78         See instructions       78 | • 00<br>• 00 |
| Гах                  | 91       | Use Tax. Do not leave blank. See instructions  |              |
| Use Tax              |          | If line 91 is zero, check if: X No use tax is owed. You paid your use tax obligation directly to CDTFA.  |              |
| ISR<br>Penaltv       | 92       | If you and your household had full-year health care coverage, check the box.<br>See instructions. Medicare Part A or C coverage is qualifying health care coverage             |              |
| <u>م</u>             |          | Individual Shared Responsibility (ISR) Penalty. See instructions • 92 • 00   |              |
| Overpaid Tax/Tax Due | 93       | Payments balance. If line 78 is more than line 91, subtract line 91 from line 78   | . 00         |
| Tax/Tê               | 94<br>95 | <b>Use Tax balance.</b> If line 91 is more than line 78, subtract line 78 from line 91   | . 00         |
| paid 7               |          | subtract line 92 from line 93  | . 00         |
| Over                 | 96       | Individual Shared Responsibility Penalty Balance. If line 92 is more than line 93, then subtract line 93 from line 92  | . 00         |

| Υοι                  | ır naı | ne:   | CHAVA                                     | Your SSN or ITIN:            | 480-79-6584     |       | •      |     |    |
|----------------------|--------|-------|---|------------------------------|-----------------|-------|--------|-----|----|
| Due                  | 97     | Over  | rpaid tax. If line 95 is more than line ( | 65, subtract line 65 from    | line 95         | • 97  | 1283   | ].  | 00 |
| ку/Тау               | 98     | Amo   | ount of line 97 you want applied to yo    | ur <b>2022</b> estimated tax |                 | • 98  | 0      | ].  | 00 |
| aid Ta               | 99     | Over  | paid tax available this year. Subtract    | • 99                         | 1283            | ].    | 00     |     |    |
| Overpaid Tax/Tax Due | 100    | Tax ( | due. If line 95 is less than line 65, sul | otract line 95 from line 6   | 5               | • 100 |        | ].  | 00 |
|                      |        |       |   |                              |                 |       | Amount |     |    |
|                      |        | Calif | ornia Seniors Special Fund. See instr     | uctions                      |                 | • 400 |        | ].  | 00 |
|                      |        | Alzhe | eimer's Disease and Related Dementi       | a Voluntary Tax Contribu     | tion Fund       | • 401 |        | ].  | 00 |
|                      |        | Rare  | and Endangered Species Preservation       | n Voluntary Tax Contrib      | ution Program   | • 403 |        | ].  | 00 |
|                      |        | Calif | ornia Breast Cancer Research Volunt       | ary Tax Contribution Fun     | d               | • 405 |        | ].  | 00 |
|                      |        | Calif | ornia Firefighters' Memorial Voluntar     | / Tax Contribution Fund .    |                 | • 406 |        | ].  | 00 |
|                      |        | Emei  | rgency Food for Families Voluntary Ta     | ax Contribution Fund         |                 | • 407 |        | ].  | 00 |
|                      |        | Calif | ornia Peace Officer Memorial Founda       | tion Voluntary Tax Contr     | ibution Fund    | • 408 |        | ].  | 00 |
|                      |        | Calif | ornia Sea Otter Voluntary Tax Contrib     | ution Fund                   |                 | • 410 |        | ].  | 00 |
|                      |        | Calif | ornia Cancer Research Voluntary Tax       | Contribution Fund            |                 | • 413 |        | ].  | 00 |
| suc                  |        | Scho  | ool Supplies for Homeless Children V      | oluntary Tax Contributior    | n Fund          | • 422 |        | ] . | 00 |
| Contributions        |        | State | e Parks Protection Fund/Parks Pass F      | urchase                      |                 | • 423 |        | ] . | 00 |
| Cont                 |        | Prote | ect Our Coast and Oceans Voluntary        | Fax Contribution Fund        |                 | • 424 |        | ].  | 00 |
|                      |        | Кеер  | Arts in Schools Voluntary Tax Contr       | bution Fund                  |                 | • 425 |        | ].  | 00 |
|                      |        | Prev  | ention of Animal Homelessness and         | Cruelty Voluntary Tax Co     | ntribution Fund | • 431 |        | ].  | 00 |
|                      |        | Calif | ornia Senior Citizen Advocacy Volunt      | ary Tax Contribution Fun     | d               | • 438 |        | ].  | 00 |
|                      |        | Nativ | ve California Wildlife Rehabilitation Vo  | oluntary Tax Contribution    | 1 Fund          | • 439 |        | ].  | 00 |
|                      |        | Rape  | e Kit Backlog Voluntary Tax Contribut     | on Fund                      |                 | • 440 |        | ].  | 00 |
|                      |        | Scho  | ools Not Prisons Voluntary Tax Contri     | bution Fund                  |                 | • 443 |        | ].  | 00 |
|                      |        | Suici | ide Prevention Voluntary Tax Contrib      | ution Fund                   |                 | • 444 |        | ].  | 00 |
|                      |        | Ment  | tal Health Crisis Prevention Voluntary    | Tax Contribution Fund.       |                 | • 445 |        | ] . | 00 |
|                      |        | Calif | ornia Community and Neighborhood          | Tree Voluntary Tax Contr     | ribution Fund   | • 446 |        | ].  | 00 |
|                      | 110    | Add   | code 400 through code 446. This is        | our total contribution .     | ·····           | • 110 |        | ]   | 00 |

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| You                       | r nan          | ne:   | CHAVA   |         |                |       | Your SSN or I                | TIN: 48       | 30-79-      | 658     | 34             | _                               |                 |            |                 |                          |                |
|---------------------------|----------------|---|---|---------|----------------|-------|------------------------------|---------------|-------------|---------|----------------|---------------------------------|-----------------|------------|-----------------|--------------------------|----------------|
| Amount<br>You Owe         | 111            | Mail  | UNT YOU OWE. If<br>to: FRANCHISE<br>Online – Go to ftb.   | TAX     | BOARD, PO      | BO    | X 942867, SACI               |               |             |         |                |                                 | e instru        | ctions.    | Do n            | ot send cash.            | . 00           |
| t and<br>ties             | 112<br>113     | <ul> <li>2 Interest, late return penalties, and late payment penalties</li></ul>  |   |         |                |       |                              |               |             |         |                |                                 |                 |            |                 |                          | . 00           |
| Interest and<br>Penalties |                | Check the box:    FTB 5805 attached    FTB 5805F attached   |   |         |                |       |                              |               |             |         |                |                                 |                 |            |                 | . 00                     |                |
| <u> </u>                  |                | Tota  | amount due. See   | instr   | uctions. Encl  | lose  | e, but <b>do not</b> sta     | ple, any pa   | ayment      |         |                | 114                             |                 |            |                 |                          | . 00           |
|                           | 115            | REF   | JND OR NO AMO   | UNT C   | DUE. Subtrac   | ct th | ne sum of line 1             | 10, line 11   | 2 and line  | 9 113   | from line 9    | 9. See i                        | nstructio       | ons.       |                 |                          |                |
|                           |                | Mail  | to: FRANCHISE T   | AX B(   | DARD, PO BO    | OX    | 942840, SACRA                | MENTO C       | A 94240-(   | 0001    |                | 115                             |                 |            |                 | 1283                     | - 00           |
| Refund and Direct Deposit |                | Fill in the information to authorize direct deposit of your refund into one or two accounts. <b>Do not</b> attach a void<br>See instructions. <b>Have you verified the routing and account numbers?</b> Use whole dollars only.<br>All or the following amount of my refund (line 115) is authorized for direct deposit into the account shown be   |   |         |                |       |                              |               |             |         |                |                                 |                 | k or:      | a deposit slip. |                          |                |
| Direc                     |                | Type     Routing number     Checking     Account number     1   |   |         |                |       |                              |               |             |         | • 116          | <b>16</b> Direct deposit amount |                 |            |                 |                          |                |
| and                       |                | 053000196         X         Checking         C |   |         |                |       |                              |               |             |         | 1283 _00       |                                 |                 |            |                 |                          |                |
| efunc                     |                | The   | ne remaining amount of my refund (line 115) is authorized for direct deposit into the account shown below |         |                |       |                              |               |             |         |                |                                 |                 |            |                 |                          |                |
| č                         |                | Type     Routing number   |   |         |                |       |                              |               |             |         |                |                                 |                 | Divert     | مام م           |                          |                |
|                           |                |   |   |         | Checking       |       |                              | Jer           |             |         |                |                                 | • 117           | Direct     | depo            | osit amount              | . 00           |
|                           |                |   |   |         | Savings        |       |                              |               |             |         |                |                                 |                 |            |                 |                          |                |
| Our p                     | orivacy        | notice  | See the instructior<br>e can be found in ann  | ual tax | booklets or on | nline | e. Go to <b>ftb.ca.gov</b> / | privacy to le | arn about c | our pri | ivacy policy s | tatement,                       | or go to t      | ftb.ca.g   | ov/for          | r <b>ms</b> and search f | or <b>1131</b> |
| Unde                      | er pena        | alties o  | 1 EN-SP, Franchise Ta<br>of perjury, I declare 1<br>nd complete.  |         | 5              |       |                              | •             | 5           |         |                |                                 |                 |            |                 |                          | elief, it      |
| Your                      | signat         | ure   | •   |         |                |       | Dat                          | e             |             | s       | pouse's/RDF    | 's signatu                      | ure (if a jo    | pint tax r | eturn           | , both must sign         | 1)             |
|                           |                |   | <u></u>   |         |                |       |                              |               |             |         |                |                                 |                 |            |                 |                          |                |
|                           |                |   | Your email add  | dress.  | Enter only one | e en  | nail address.                |               |             |         |                |                                 |                 | Ē          |                 |                          | r              |
|                           | gn             |   |   |         |                |       |                              |               |             |         |                |                                 |                 |            | :99             | 98750                    |                |
| He                        | ere            |   |   |         |                |       | preparer is base             |               |             | of whi  | ch preparer    | has any                         | knowled         | lge)       |                 |                          |                |
|                           | unlaw<br>rge a | ful   |   |         |                |       | JAIL GUEII                   |               |             |         |                |                                 |                 |            |                 | PTIN                     |                |
|                           | use's/         |   |   |         |                |       |                              |               |             |         |                |                                 | Г               | P020827    | 03              |                          |                |
| sign                      | ature.         |   | Firm's address  |         |                |       |                              |               |             |         |                |                                 |                 | L          | Firm's FEIN     |                          |                |
| Joint<br>retur            | t tax<br>'n?   |   | 2530 PEBBLE CREEK LN CUMMING GA 30041   |         |                |       |                              |               |             |         |                |                                 | Г               | 3010171    | 96              |                          |                |
| (See<br>instr             | e<br>uctior    | Do you want to allow another person to discuss this tax return with us? See instructions  |   |         |                |       |                              |               |             |         | Yes            |                                 | × <sub>No</sub> |            |                 |                          |                |
|                           |                |   | Print Third Party I   |         |                | 501   | . 15 0100000 0110            |               |             |         |                |                                 |                 | _ Telepho  |                 |                          |                |
|                           |                |   |   | 3.      | -              |       |                              |               |             |         |                |                                 |                 |            |                 |                          |                |
|                           |                |   | L   |         |                |       |                              |               |             |         |                |                                 | ]               | L          |                 |                          |                |

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CA (540)

## **2021 California Adjustments — Residents**

Important: Attach this schedule behind Form 540, Side 5 as a supporting California schedule.

| Na | me(s) as shown on tax return   |                     |  |         |                                    | SSN                 | or ITIN                                |
|----|--|---------------------|--|---------|------------------------------------|---------------------|--|
| A  | DITYA CHAVA  |                     |  |         |                                    | 48                  | 80796584                               |
| Se | art I Income Adjustment Schedule<br>ction A – Income from federal Form 1040 or 1040-SR | A                   | Federal Amounts<br>(taxable amounts from your<br>federal tax return) |         | B Subtractions<br>See instructions |                     | <b>C</b> Additions<br>See instructions |
| 1  | Wages, salaries, tips, etc. See instructions before making an entry in column B or C1  | ullet               | 191,787.   | ۲       |                                    | ۲                   | 750.                                   |
| 2  | Taxable interest. a • 2b   | $\odot$             |  | $\odot$ |                                    | $oldsymbol{igodol}$ |  |
| 3  | Ordinary dividends.<br>See instructions. a   | $   \mathbf{O} $    | 133.   | ۲       |                                    | ۲                   |  |
| 4  | IRA distributions.<br>See instructions. a • 4b   | $   \mathbf{O} $    |  | ۲       |                                    | ۲                   |  |
| 5  | Pensions and<br>annuities. See<br>instructions. <b>a</b> • 5 <b>b</b>                  | ۲                   |  | ۲       |                                    | ۲                   |  |
| 6  | Social security benefits. <b>a</b> • 6b  | $   \mathbf{O} $    |  | ۲       |                                    |                     |  |
|    | Capital gain or (loss). See instructions   | $oldsymbol{igstar}$ | 8,699.   | ۲       |                                    | $oldsymbol{O}$      |  |
|    |  | (Foi                | rm 1040)   |         |                                    |                     |  |
| 1  | Taxable refunds, credits, or offsets of state and local income taxes <b>1</b>          | ullet               | 0.   | ۲       | 0.                                 |                     |  |
| 2a | Alimony received. See instructions   | ullet               |  |         |                                    | ۲                   |  |
| 3  | Business income or (loss). See instructions <b>3</b>                                   | ullet               |  | ۲       |                                    | ۲                   |  |
| 4  | Other gains or (losses)  | $\odot$             |  |         |                                    | ullet               |  |
| 5  | Rental real estate, royalties, partnerships,<br>S corporations, trusts, etc            | $   \mathbf{O} $    | -12,360.   | ۲       |                                    | ۲                   |  |
| 6  | Farm income or (loss)6   | ullet               |  | ۲       |                                    | ullet               |  |
|    | Unemployment compensation7   | ۲                   |  | ۲       |                                    |                     |  |
| 8  | Other income:<br>a Federal net operating loss8a  | ullet               |  |         |                                    | ۲                   |  |
|    | <b>b</b> Gambling income 8b  | ullet               |  | ۲       |                                    |                     |  |
|    | ${\bf c}$ Cancellation of debt 8 ${\bf c}$   | $oldsymbol{igstar}$ |  |         |                                    | ullet               |  |
|    | d Foreign earned income exclusion from federal Form 2555 8d                            | ullet               |  |         |                                    | $oldsymbol{igodol}$ |  |
|    | e Taxable Health Savings Account distribution 8e                                       | $   \mathbf{O} $    |  | $\odot$ |                                    |                     |  |
|    | f Alaska Permanent Fund dividends  | ullet               |  |         |                                    |                     |  |
|    | g Jury duty pay8g  | $   \mathbf{O} $    |  |         |                                    |                     |  |
|    | h Prizes and awards8h  | $   \mathbf{O} $    |  |         |                                    |                     |  |

REV 03/29/22 PRO

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| Sec | tion B – Additional Income<br>Continued   | A                | Federal Amounts<br>(taxable amounts from your<br>federal tax return) |                  | B | Subtractions<br>See instructions | <b>C</b> Additions<br>See instructions |
|-----|---|------------------|--|------------------|---|----------------------------------|--|
|     | i Activity not engaged in for profit income 8i  | $   \mathbf{O} $ |  |                  |   |                                  |  |
|     | j Stock options   |                  |  |                  |   |                                  |  |
|     | <ul> <li>k Income from the rental of personal property<br/>if you engaged in the rental for profit but were<br/>not in the business of renting such property 8k</li> </ul>  | •                |  |                  |   |                                  | <br>                                   |
|     | I Olympic and Paralympic medals and USOC prize money  | $   \mathbf{O} $ |  |                  |   |                                  |  |
|     | <b>m</b> IRC Section 951(a) inclusion 8 <b>m</b>  | ۲                |  | ۲                |   |                                  |  |
|     | <b>n</b> IRC Section 951A(a) inclusion8 <b>n</b>  | ۲                |  | ۲                |   |                                  |  |
|     | o IRC Section 461(I) excess business loss adjustment 80   | ۲                |  |                  |   |                                  | ۲                                      |
|     | ${\bf p}$ Taxable distributions from an ABLE account ${\bf 8p}$   |                  |  |                  |   |                                  |  |
|     | <b>z</b> Other income. List type and amount.  |                  |  |                  |   |                                  |  |
|     | • 8z  | ۲                |  | ۲                |   |                                  | ۲                                      |
| 9   | a Total other income. Add lines 8a through 8z. 9a   | ۲                |  | ۲                |   |                                  | •                                      |
|     | <b>b1</b> Disaster loss deduction from form FTB 3805V . <b>9b1</b>  |                  |  | ۲                |   |                                  |  |
|     | <b>b2</b> NOL deduction from form FTB 3805V 9b2   |                  |  | ۲                |   |                                  |  |
|     | <b>b3</b> NOL from form FTB 3805Z, 3807, or 3809 <b>9b3</b>   |                  |  | $   \mathbf{O} $ |   |                                  |  |
|     | b4 Student loan discharged due to closure of a for-profit school  |                  |  |                  |   |                                  |  |
| 10  | Total. Combine Section A, line 1 through line 7, and Section B, line 1 through line 7, line 9a, and line 9b4 in column A (as applicable). Add Section A, line 1 through line 7, and Section B, line 1 through line 7, line 9a and line 9b1 through line 9b4 in column B and column C (as applicable). See instructions. | •                | 188,259.   |                  |   | 0                                | • 750.                                 |
|     | <b>ction C – Adjustments to Income</b><br>m federal Schedule 1 (Form 1040)  |                  |  |                  |   |                                  |  |
|     | Educator expenses   | ۲                |  |                  |   |                                  |  |
| 12  | Certain business expenses of reservists, performing artists, and fee-basis government officials <b>12</b>   | ۲                |  | ۲                |   |                                  | ۲                                      |
| 13  | Health savings account deduction  | $   \mathbf{O} $ |  | ۲                |   |                                  |  |
| 14  | Moving expenses. Attach form FTB 3913.<br>See instructions  | $   \mathbf{O} $ |  |                  |   |                                  | •                                      |
| 15  | Deductible part of self-employment tax.<br>See instructions   | ۲                |  | ۲                |   |                                  |  |
| 16  | Self-employed SEP, SIMPLE, and qualified plans16  |                  |  |                  |   |                                  |  |
| 17  | Self-employed health insurance deduction.<br>See instructions   | ۲                |  |                  |   |                                  |  |

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| Sec | tion C – Adjustments to Income<br>Continued  | A                | Federal Amounts<br>(taxable amounts from your<br>federal tax return) |                  | B Subtractions<br>See instructions |                  | <b>C</b> Additions<br>See instructions |
|-----|--|------------------|--|------------------|------------------------------------|------------------|--|
| 18  | Penalty on early withdrawal of savings   | ۲                |  |                  |                                    |                  |  |
| 9   | a Alimony paid   |                  |  |                  |                                    | ۲                |  |
|     | <b>b</b> Recipient's: SSN •  |                  |  |                  |                                    |                  |  |
|     | Last Name 🖲  |                  |  |                  |                                    |                  |  |
| )   | IRA deduction  | $   \mathbf{O} $ |  |                  |                                    |                  |  |
|     | Student loan interest deduction  | $   \mathbf{O} $ |  |                  |                                    | ۲                |  |
| ,   | Reserved for future use  |                  |  |                  |                                    |                  |  |
| ;   | Archer MSA deduction   |                  |  |                  |                                    |                  |  |
| ŀ   | Other adjustments:<br>a Jury duty pay  |                  |  |                  |                                    |                  |  |
|     | <ul> <li>b Deductible expenses related to income reported<br/>on line 8k from the rental of personal property</li> </ul>   |                  |  |                  |                                    | •                |  |
|     | c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money   |                  |  | •                |                                    |                  |  |
|     | d Reforestation amortization and expenses24d   |                  |  |                  |                                    |                  |  |
|     | e Repayment of supplemental unemployment benefits under the Trade Act of 1974  |                  |  |                  |                                    |                  |  |
|     | f Contributions to IRC Section 501(c)(18)(D) pension plans   |                  |  |                  |                                    |                  |  |
|     | g Contributions by certain chaplains to<br>IRC Section 403(b) plans  |                  |  | •                |                                    |                  |  |
|     | h Attorney fees and court costs for actions involving certain unlawful discrimination claims   | -                |  |                  |                                    |                  |  |
|     | i Attorney fees and court costs you paid in connection<br>with an award from the IRS for information you provided<br>that helped the IRS detect tax law violations | •                |  | ۲                |                                    |                  |  |
|     | j Housing deduction from federal Form 2555 <b>24</b> j   |                  |  |                  |                                    |                  |  |
|     | k Excess deductions of IRC Section 67(e) expenses<br>from federal Schedule K-1 (Form 1041)   |                  |  |                  |                                    |                  |  |
|     | z Other adjustments. List type and amount.   |                  |  |                  |                                    |                  |  |
|     | ·  |                  |  | $   \mathbf{O} $ |                                    | $   \mathbf{O} $ |  |
|     | Total other adjustments. Add lines 24a through 24z   |                  |  | ۲                |                                    | ۲                |  |
| 6   | Add line 11 through line 23 and line 25 in columns A, B, and C. See instructions   |                  |  |                  |                                    |                  |  |
| 7   | Total. Subtract line 26 from line 10 in columns A, B, and C. See instructions27  |                  | 188,259.   |                  | 0                                  |                  | 75                                     |

REV 03/29/22 PRO

#### Part II Adjustments to Federal Itemized Deductions

| Che | ck the box if you did NOT itemize for federal but will iter   | nize | for Ca | alifornia •   |                  |                                    |       |                               |
|-----|---|------|--------|---|------------------|------------------------------------|-------|-------------------------------|
|     |   |      | A      | Federal Amounts<br>(from federal Schedule A<br>(Form 1040)) |                  | B Subtractions<br>See instructions | C     | Additions<br>See instructions |
| Me  | dical and Dental Expenses See instructions.   |      |        | (   |                  |                                    |       |                               |
| 1   | Medical and dental expenses •   | 1    |        |   |                  |                                    |       |                               |
| 2   | Enter amount from<br>federal Form 1040<br>or 1040-SR, line 11 		 188,259.   | 2    |        |   |                  |                                    |       |                               |
| 3   | Multiply line 2<br>by 7.5% (0.075) • 14,119.  |      |        |   |                  |                                    |       |                               |
| 4   | Subtract line 3 from line 1.<br>If line 3 is more than line 1, enter 0  | .4   | ۲      |   |                  |                                    | ۲     | 0.                            |
|     | es You Paid<br>a State and local income tax or general sales taxes.   | .5a  | ۲      | 15,287.   | ۲                | 15,287.                            |       |                               |
|     | <b>b</b> State and local real estate taxes  | .5b  | ۲      |   |                  |                                    |       |                               |
|     | <b>c</b> State and local personal property taxes  | .5c  | ۲      |   |                  |                                    |       |                               |
|     | <b>d</b> Add line 5a through line 5c  | .5d  | ullet  | 15,287.   |                  |                                    |       |                               |
|     | e Enter the smaller of line 5d or \$10,000 (\$5,000 if<br>married filing separately) in column A.<br>Enter the amount from line 5a, column B<br>in line 5e, column B.<br>Enter the difference from line 5d and line 5e, | _    |        | 10,000  |                  | 15 207                             |       | F 207                         |
|     | column A in line 5e, column C   |      |        | 10,000.   |                  | 15,287.                            |       | 5,287.                        |
| 6   | Other taxes. List type 🔍  | 6    | ullet  |   | ullet            |                                    | ullet |                               |
| 7   | Add line 5e and line 6  | .7   |        | 10,000.   | $   \mathbf{O} $ | 15,287.                            | ullet | 5,287.                        |
|     | <ul> <li>rest You Paid</li> <li>a Home mortgage interest and points reported to<br/>you on federal Form 1098</li> </ul>   | .8a  |        |   |                  |                                    | ۲     |                               |
|     | <b>b</b> Home mortgage interest not reported to you on federal Form 1098  | .8b  | ۲      |   |                  |                                    | ۲     |                               |
|     | c Points not reported to you on federal Form 1098.  | .8c  | ۲      |   |                  |                                    | ۲     |                               |
|     | <b>d</b> Mortgage insurance premiums  | .8d  | ۲      |   | ۲                |                                    |       |                               |
|     | e Add line 8a through line 8d   | .8e  | ۲      |   | •                |                                    | ۲     |                               |
| 9   | Investment interest   | .9   | ullet  |   | ۲                |                                    | ۲     |                               |
| 10  | Add line 8e and line 9  | 10   | ۲      |   | ۲                |                                    | ۲     |                               |



| Pa  | rt II Adjustments to Federal Itemized Deductions<br>Continued   | A                | Federal Amounts<br>(from federal Schedule A<br>(Form 1040)) |                         | B Subtractions<br>See instructions |                 | <b>C</b> Additions<br>See instructions |
|-----|---|------------------|---|-------------------------|------------------------------------|-----------------|--|
| Gif | ts to Charity   |                  |   |                         |                                    | Τ               |  |
|     |   | $   \mathbf{O} $ | 300.  |                         |                                    | •               |  |
| 12  | Other than by cash or check   | ullet            |   | ۲                       |                                    | ۲               |  |
| 13  | Carryover from prior year   | $   \mathbf{O} $ |   | ۲                       |                                    | ۲               |  |
|     | Add line 11 through line 1314   | ۲                | 300.  | ۲                       |                                    | ۲               |  |
|     | casualty and Theft Losses<br>Casualty or theft loss(es) (other than net qualified disaster<br>losses). Attach federal Form 4684. See instructions15   |                  |   | ۲                       |                                    | ۲               |  |
| Oth | er Itemized Deductions  |                  |   |                         |                                    |                 |  |
|     | Other—from list in federal instructions <b>16</b>   | ullet            |   | ۲                       |                                    | ۲               |  |
| 17  | Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C <b>17</b>   | $   \mathbf{O} $ | 10,300.   |                         | 15,287.                            | $\odot$         | 5,287.                                 |
| _   | Total. Combine line 17 column A less column B plus co   | lumn             | C   |                         |                                    | 918             | 300.                                   |
| Job | Expenses and Certain Miscellaneous Deductions   |                  |   |                         |                                    |                 |  |
| 19  | Unreimbursed employee expenses - job travel, union du Attach federal Form 2106 if required. See instructions  | es, jo           | bb education, etc.  | 9 19 _                  |                                    |                 |  |
| 20  | Tax preparation fees  |                  |   | 20                      |                                    |                 |  |
|     | Other expenses - investment, safe deposit   |                  |   |                         |                                    |                 |  |
| 21  | box, etc. List type •   |                  |   | 21_                     | 0.                                 |                 |  |
| 22  | Add line 19 through line 21   |                  |   | 22                      | 0.                                 |                 |  |
|     | Enter amount from federal Form 1040<br>or 1040-SR, line 11  |                  |   |                         |                                    |                 |  |
| 24  | Multiply line 23 by 2% (0.02). If less than zero, enter 0.  |                  |   | 24_                     | 3,765.                             |                 |  |
| 25  | Subtract line 24 from line 22. If line 24 is more than line   | 22,              | enter 0   |                         |                                    | 25              | 0.                                     |
| 26  | Total Itemized Deductions. Add line 18 and line 25  |                  |   |                         |                                    | ) 26            | 300.                                   |
| 27  | Other adjustments. See instructions. Specify.   |                  |   |                         |                                    | 27              |  |
| 28  | Combine line 26 and line 27   |                  |   |                         |                                    | 28              | 300.                                   |
| 29  | Is your federal AGI (Form 540, line 13) more than the<br>Single or married/RDP filing separately<br>Head of household<br>Married/RDP filing jointly or qualifying widow(er)<br>No. Transfer the amount on line 28 to line 29. |                  | · · · · · · · · · · · · · · · · · · ·                       | \$212<br>\$318<br>\$424 | 2,288<br>3,437<br>4,581            |                 | 200                                    |
|     | Yes. Complete the Itemized Deductions Worksheet in th   | e ins            | tructions for Schedule CA                                   | 4 (540)                 | , line 29                          | · 29            | 300.                                   |
| 30  | Enter the larger of the amount on line 29 or your stand<br>Single or married/RDP filing separately. See instru<br>Married/RDP filing jointly, head of household, or o   | ctior            | ıs<br>ying widow(er)  | \$9                     | 9,606                              |                 | 1 000                                  |
|     | Transfer the amount on line 30 to Form 540, line 18   |                  |   |                         |                                    | <sup>,</sup> 30 | 4,803.                                 |
| _   |   |                  |   |                         | REV 03/29/22 PRO                   | )               |  |
|     | 175   |                  | 7735214   |                         | Schedule CA                        | (540)           | 2021 Side 5                            |

# California Wage, IRA and Pension Adjustments Attach to return (after all other FTB forms)

2021

Social Security No.

480-79-6584

Т

Name as Shown on Return ADITYA CHAVA

#### Line 1 – Wages, Salaries, Tips, Etc.

|          |  | <b>(B)</b><br>Subtractions | <b>(C)</b><br>Additions |
|----------|--|----------------------------|-------------------------|
| 1        | Excess reimbursements from Form 2106 included in wage  |                            |                         |
| 2        | income   |                            |                         |
| 2        | Sick pay received under the Federal Insurance Contributions  |                            |                         |
| •        | Act and Railroad Retirement Act  |                            |                         |
| 4        | Income exempted by U.S. tax treaties (unless specifically  |                            |                         |
|          | exempt for state purposes also)  |                            |                         |
| 5        | Exclusion for compensation from exercising a California  |                            |                         |
| ~        | Qualified Stock Option (CQSO).   |                            |                         |
| 6<br>7   | Ridesharing fringe benefit differences   |                            | 750.                    |
| 8        | Paid Family Leave Insurance (PFL) benefits   |                            | /50.                    |
| 9        | Employer-provided adoption benefits income exclusions.   |                            |                         |
| 10       | In-Home Supportive Services (IHSS) supplementary payment   |                            |                         |
| 11       | Native American income (Form 3504)   |                            |                         |
| 12       |  |                            |                         |
| a        | as smallest of amount spent or fair rental value   |                            |                         |
| b        | Enter the amount spent on qual. housing expenses   |                            |                         |
| 13<br>14 | Excess moving reimbursements   |                            |                         |
| 14       | Employer-provided dependent care assistance exclusion  |                            |                         |
| 16       | Other (itemize):   |                            |                         |
| а        |  |                            |                         |
| b        |  |                            |                         |
| C        |  |                            |                         |
| d        |  |                            |                         |
|          | Total adjustments to wages, salaries, tips, etc. Enter here and on Schedule CA (540/540NR), line 1 |                            | 750.                    |

#### Line 4 – IRA, Pensions, and Annuities

| IRA'                       | S   | <b>(B)</b><br>Subtractions | <b>(C)</b><br>Additions |
|----------------------------|---|----------------------------|-------------------------|
| 1<br>a<br>b<br>c           | Other (itemize):  |                            |                         |
| d<br>Pens                  | Total adjustments to IRA distributions. Enter here and on         Schedule CA (540/540NR), line 4         sions and Annuities | (B)<br>Subtractions        | (C)<br>Additions        |
| 1<br>2<br>a<br>b<br>c<br>d | Form 1099-R, Railroad Retirement Benefits   |                            |                         |
|                            | Total adjustments to pensions and annuities. Enter here and on Schedule CA (540/540NR), line 5                                |                            |                         |