Internal Revenue Service

IRS e-file Signature Authorization

OMB No. 1545-0074

Social coourity number

ERO must obtain and retain completed Form 887	9.
► Go to www.irs.gov/Form8879 for the latest informa	tion.

Submission Identification Number (SID)

Taxpayer's name

талрау		Social Securit	ynunio	
SUN	DEEP REDDY BOREDDY	048-21-	-7774	
Spouse	's name	Spouse's soci	ial secu	rity number
KAV	YA VUMMADI	983-91-	-7881	L
Par	Tax Return Information – Tax Year Ending December 31, 2022 (Enter	year you ai	re aut	horizing.)
Enter	whole dollars only on lines 1 through 5.			
Note:	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.			
1	Adjusted gross income		1	113,244.
2	Total tax		2	10,446.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	13,886.
4	Amount you want refunded to you		4	3,440.
5	Amount you owe		5	
Part	II Taxpayer Declaration and Signature Authorization (Be sure you get and k	eep a copy	y of y	our return)

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

	rauthonzo		ERO firm name		Er
X	Lauthoriza	GLOBAL TAXE	SILC	to enter or generate my PIN	

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1 7

8

Enter five digits, but don't enter all zeros

8 1

as mv

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 🕨

Spouse's PIN: check one box only

 I authorize
 GLOBAL TAXES LLC
 to enter or generate my PIN

 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 🕨	Da	te 🕨	•								
Practitioner PIN Method Returns Only—continue below											
Part III Certification and Authentication –	 Practitioner PIN Method Only 										
ERO's EFIN/PIN. Enter your six-digit EFIN followed	by your five-digit self-selected PIN.	2	2			6 nter a	 _	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 ►							
	Don't S	ERO Must Retain This For Submit This Form to the IRS	m — See Instructions 5 Unless Requested To Do So						
					0070 /=	04 000 W			

Date

Married filing separately, \$12,950 c If you elect to use the lump-sum election method, check here (see instructions) 	1040		artment of the Treasury—Internal Revenue Service S. Individual Income Tax		irn d	202	2	OMB No. 1545	-0074	IRS Use	only-	-Do not w	vrite or staple	in this space.
SUNDEEP REDDY 0.48-21-77.4 Hjoht terun, spoudé's first name and middle initial Last name Spoudé's social security number ARVYA VDMADI 983-91-7881 Home address (number and steed), if you have a DO, box, see instructions. Apt. no. Presidential Election Campaign spouse filing jointly, wants 3 60 DYTS RESEDED BLIVD 360 Check there if you, or your spouse filing jointly, wants 3 60 State 210 code top spouse spouse filing jointly, wants 3 60 top spouse secondary spouse filing jointly, wants 3 60 top spouse secondary spouse filing jointly, wants 3 60 top spouse spouse filing jointly, wants 3 60 top	Check only	lf yo	u checked the MFS box, enter the na	ame of yo				_			. –	spor	use (QSS)	0
If joint return, spouse's first name and middle initial Last name Spouse's social security number 98 3-91-7881 More address (number and street). If you have a P.O. box, see instructions. Apt. no. 36 00 95 75 RESEDA BLVD BLVD 36 00 CRU, town, or post office. If you have a foreign address, also complete spaces below. State 21P code Providential Bection Campaign Foreign province/stati/county Foreign postal code You or your Foreign country name Foreign province/stati/county Foreign province/stati/county Foreign postal code You is possation of the province/stati/county Digital Asset to exchange, eight or otherwise dispose of a digital asset (or a financial interest in a dispondent Develocition You is possation Deduction Spouse itemizes on a separate return or you were a dual-status allen Age.Plindness You is possation Age/Blindness You is possation accurity (a) pleationship (a) pleationship (b) Ochicit as code or dispondent If more add obeck here	Your first name	and mi	ddle initial	Last nam	ne							Your social security number		
KAVYA VUMNADI 983-91-7881 Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Precidential Election Campaign 360 City, tow, or post office. If you have a foreign address, also complete spaces below. State 21P code spoces if filing joinity, want 38 NORTHERIDGE Foreign country name Foreign province/state/country 913.24 by out as or inflund. Digital Assets At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell. You Spouse Standard Someone can callem: (-) you as a dependent You as a dependent You Spouse Dependents (see instructions): (l) First same (a) Spouse: (b) sell. Immutors If more In orther damary 2, 1958 Is blind Spouse: (b) sell. Spouse: (b) sell. If more If a total amount from Form(s) W-2, box 1 (see instructions) (a) Spouse: (b) sell. Spouse: (b) sell. If more 1a Total amount from Form(s) W-2, box 1 (see instructions) 1a Total amount from Form(s) W-2, box 1 (see instructions) 1a If could and total dependents. 50 1a Total amount from Form(s) W-2, box 1 (see instructions) 1a If a total amount from Form(s) W-2, box 1 (see instructions) 1a Total amount from Form(s) W-2, box 1 (see instru	SUNDEEP	redi	РХ	BOREI	DDY							048-	21-777	4
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9575 RESEDA BLVD 360 Orheck here if you or your City, tow, or pool office. If you have a foreign address, also complete spaces below. State 2/2/e could be used if the ing output, want 3 at o pot to the fund. NORT INELDES CA 91324 you a source if the ing output, want 3 at o pot to the fund. You Source if the ing output, want 3 at o pot to the fund. You Source if the ing output, want 3 at o pot to the fund. You Source if the ing output, want 3 at o pot to the fund. Digital Assets At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a funcnial interest in a digital asset)? (Be instructions). Yes Mo Standard Social social interest in a digital asset? (See instructions). Yes Mo Dependents Social social social interest in a digital asset? (See instructions). (P secial social s	KAVYA			VUMMA	ADI							983-	91-788	1
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if required. 3a Qualified dividends 3a 83. b Ordinary dividends 3b 83. 4a IRA distributions 4a b Taxable amount 4b 5a Pensions and annuities 5a b Taxable amount 4b 5a Pensions and annuities 5a b Taxable amount 5b 6a Social security benefits 6a b Taxable amount 5b 6a Social security benefits 6a b Taxable amount 7 6a Social security benefits 6a b Taxable amount 7 6b If you elect to use the lump-sum election method, check here (see instructions) 7 7 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 8 -12,002. 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 113,244. 9 10 Adjustments to income from Schedule 1, line 26 10 11 113,244. 11 113,244. 12 25,900. 13 12 25,900. <		2		1			ьт	· · · ·	· ·		• •			23,103.
4a IRA distributions 4a b Taxable amount 4b 5a Pensions and annuities 5a b Taxable amount 5b 9 Social security benefits 6a b Taxable amount 7 • Single or Married filing separately, \$12,950 • C If you elect to use the lump-sum election method, check here (see instructions) • I 6b • Married filing jointly or Qualifying surviving spouse, \$25,900 • Capital gain or (loss). Attach Schedule D if required. If not required, check here • I 7 • Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income • I 9 113, 244. • Head of household, \$19,400 12 Standard deduction or itemized deductions (from Schedule A) • I 12 25,900. • If you checked any box under Standard 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 14 25,900. 15 Subtract line 14 from line 11. If zero or less enter -0 This is your taxable income 15 87, 344			· · -			~ ~				• •	• •			00
Standard Deduction for- 5a 5a b Taxable amount								3			• •			03.
Deduction for- 6a Social security benefits 6a b Taxable amount 6b • Single or Married filing separately, \$12,950 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 7 • Married filing jointly or Qualifying surviving spouse, \$25,900 Other income from Schedule 1, line 10	<u> </u>										• •			
 Single or Married filing separately, \$12,950 Married filing jointly or Qualifying surviving spouse. Married filing surviving spouse. Married filing spouse. Married filin											• •			
separately, \$12,950 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 • Married filing jointly or Qualifying surviving spouse, \$25,900 8 Other income from Schedule 1, line 10 8 -12,002. • Married filing jointly or Qualifying surviving spouse, \$25,900 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 113, 244. • Head of household, \$19,400 11 Subtract line 10 from line 9. This is your adjusted gross income 11 113, 244. • Head of strand deduction or itemized deductions (from Schedule A) 12 25, 900. 11 • If you checked any box under Standard 13	Single or								ι		· .		,	
\$12,950 7 Capital gain or (loss). Attach Schedule D if required, theor required, theorem required,			,		-			,	• •	• •	· _			
outly or Qualifying surviving spouse, \$25,9009Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income9113, 244.10Adjustments to income from Schedule 1, line 2610• Head of household, \$19,40012Standard deduction or itemized deductions (from Schedule A)11113, 244.• If you checked any box under Standard12Adjustments income deduction from Form 8995 or Form 8995-A1225, 900.• If you checked any box under Standard13	\$12,950								• •	• •	· L			10 000
Qualifying surviving spouse, \$25,900 9 113,244. 10 Adjustments to income from Schedule 1, line 26 10 Head of household, \$19,400 Subtract line 10 from line 9. This is your adjusted gross income 11 113,244. 11 113,244. 11 113,244. With the second of household, \$19,400 12 Standard deduction or itemized deductions (from Schedule A) 12 25,900. 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 14 25,900. 14 Add lines 12 and 13 11 12,25,900. 14 25,900. 15 Subtract line 14 from line 11. If zero or less enter -0 This is your taxable income 15 87,344	jointly or								• •	• •	• •			
\$25,900 10 Adjustments to income nom oblication of neutron oblication o	Qualifying								• •	• •	• •			13,244.
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\$19,400 12 Standard deduction or itemized deductions (from Schedule A) 12 25,900. • If you checked any box under Standard 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 13 • If you checked any box under Standard 14 Add lines 12 and 13 14 25,900. • If you checked any box under Standard 14 Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income 15 87,344	household													
any box under Standard 14 Add lines 12 and 13 14 25,900 Deduction, 15 Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income 15 87,344	\$19,400						,			• •	• •			25,900.
Standard 14 Add lines 12 and 13 14 25,900. Deduction, 15 Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income 15 87.344				on from	⊢orm 899	5 or Form	899	5-A	• •	• •	· ·			
	Standard					· · ·	•				· ·			
		15	Subtract line 14 from line 11. If zer	o or less	, enter -0-	. Inis is yo	ourt	axable incom	e.			15	<u>}</u>	5/,344.

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

Form **1040** (2022)

Form 1040 (2022	2)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3 🗌		16	10,446.
Credits	17	Amount from Schedule 2, lir	ne3					17	
	18	Add lines 16 and 17						18	10,446.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lir	ne8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	B. If zero or less,	enter -0				22	10,446.
	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 total tax					24	10,446.
Payments	25	Federal income tax withheld							
	а	Form(s) W-2				25a 13	3,886.		
	b	Form(s) 1099				25b			
	с	Other forms (see instruction				25c			
	d	Add lines 25a through 25c	· · · · ·					25d	13,886.
16	26	2022 estimated tax paymen	ts and amount a	pplied from 20	21 return			26	
If you have a qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit fro				28			
	29	American opportunity credit	from Form 8863	3, line 8		29			
	30	Reserved for future use .				30		1	
	31	Amount from Schedule 3, lir				31			
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	undable credits		32	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	13,886.
Refund	34	If line 33 is more than line 24						34	3,440.
Refutio	35a	Amount of line 34 you want				•	🗆	35a	3,440.
Direct deposit?	b	Routing number 1 1 1				_	Savings		
See instructions.	d	Account number 4 8 8		3 4 5 1	1 2 1		0		
	36	Amount of line 34 you want		2023 estimate	ed tax	36			
Amount	37	Subtract line 33 from line 24	. This is the am	ount vou owe					
You Owe	• •	For details on how to pay, g						37	
	38	Estimated tax penalty (see i	nstructions) .			38			
Third Party	Do	you want to allow another	r person to disc	cuss this retu	rn with the IRS?	See			
Designee		structions	· · · · ·			. 🗌 Yes. C	omplete k	elow.	X No
		signee's		Phone			onal identif	ication	
	na			no.			ber (PIN)		
Sign		der penalties of perjury, I declare tief, they are true, correct, and corr							
Here		ur signature		Date	Your occupation		1		nt you an Identity
	10	ur signature		Date					IN, enter it here
Joint return?					SOFTWARE E	ENGINEER	(see	inst.)	
See instructions.	Sp	ouse's signature. If a joint return,	both must sign.	Date	Spouse's occupati	ion			nt your spouse an
Keep a copy for your records.							Ident (see		ection PIN, enter it here
,		(0.04) 5.65			HOME MAKEF		,	1131.)	
		one no. (201) 565-631		Email address	SUNDEEPBORE	DDY@GMAIL.C			Charlet
Paid		eparer's name	Preparer's signat			Date	PTIN		Check if:
Preparer		I PRIYA RAM SAGAR GUPTA TALLAM		KAM SAGAR	GUPTA TALLAM	02/01/2023	P02082		Self-employed
Use Only		m's name GLOBAL TA			T 0001 C				678) 965-9522
			Y CT E BRU	NSWICK N			Firm	s EIN	88-2145487
Co to www.irc.a	ov/Eorr	a1040 for instructions and the late	et information			DEV/ 01/04/02 DDO			Earm 1040 (2022)

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

BAA REV 01/24/23 PRO

Form **1040** (2022)

SCHEDULE	1
(Form 1040)	

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

Attachment Sequence No. 01 Your social security number 048-21-7774

Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Fo
Name(s) shown on Fo	rm 1040, 1040-SR, or 1040-NR

		,		, -	
SUNDEEP	REDDY	BOREDDY	&	KAVYA	VUMMADI

Par	t Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta	ach Schedule E .	5	-12,002.
6	Farm income or (loss). Attach Schedule F.		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a ()	
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()	
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
0	Section 951A(a) inclusion (see instructions)	80		
р	Section 461(I) excess business loss adjustment	8p		
q	Taxable distributions from an ABLE account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
S	Nontaxable amount of Medicaid waiver payments included on Form			
	1040, line 1a or 1d	8s ()	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
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 1040, 1040-SR	l, or 1040-NR, line 8	10	-12,002.

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

Schedule 1 (Form 1040) 2022

Par	t II Adjustments to Income					
11	Educator expenses				11	
12	Certain business expenses of reservists, performing artists, and fee					
	officials. Attach Form 2106				12	
13	Health savings account deduction. Attach Form 8889				13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903				14	
15	Deductible part of self-employment tax. Attach Schedule SE				15	
16	Self-employed SEP, SIMPLE, and qualified plans				16	
17	Self-employed health insurance deduction				17	
18	Penalty on early withdrawal of savings				18	
19a	Alimony paid				19a	
b	Recipient's SSN	·				
С	Date of original divorce or separation agreement (see instructions):					
20	IRA deduction				20	
21	Student loan interest deduction				21	
22	Reserved for future use				22	
23	Archer MSA deduction				23	
24	Other adjustments:					
а		24a				
b	Deductible expenses related to income reported on line 8I from the					
		24b				
С	Nontaxable amount of the value of Olympic and Paralympic medals					
		24c			_	
d		24d			_	
е	Repayment of supplemental unemployment benefits under the Trade	~ ~				
		24e			_	
f		24f			_	
g		24g			-	
h	Attorney fees and court costs for actions involving certain unlawful	0.41				
		24h			-	
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect					
	tax law violations	04:				
	Housing deduction from Form 2555	24i 24j			-	
J	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	24j			-	
ĸ		24k				
-	Other adjustments. List type and amount:	24N			-	
Z		24z				
25	Total other adjustments. Add lines 24a through 24z				25	
25 26	Add lines 11 through 23 and 25. These are your adjustments to income .			 nd on	20	
20	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a				26	
	BAA		01/24/23 PRO			e 1 (Form 1040) 2022

			Supplemental Income and Loss (From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)											OMB No. 1545-0074		
(Form	1040)	(Fro	m re	ental real esta	te, royalties, partner	ships, S	corporat	tions, es	states,	trusts, REMICs	, etc.)	[,] 20 22				
	ent of the Treasury Revenue Service			Go to www	Attach to Form 104 irs.gov/ScheduleE f					formation.		Attachm Sequen	nent ce No. 13			
Name(s)	shown on return									Y	our soci	al security	number			
SUND	EEP REDDY	BORE	DD	Y & KAVYA	VUMMADI					()48-2	1-7774				
Part					tal Real Estate a											
	Note: If yo	ou are	in th	e business of	renting personal prop	erty, use	Schedul	e C. See	e instru	ctions. If you are	an indi	vidual, rep	ort farm			
A [335 on page 2, line 40 lat would require yo		Form(o)	10002 0	Soo inc	tructions						
					d Form(s) 1099?											
1a					street, city, state, Z		<u>,</u>									
Α	ISTA HOME	S,40)1,F	RKR ENCLA	VE HASTINAPUR	RAM, HY	DERBA	D HYD	erba	D, TELANGAN	IA IN	500079)			
В																
С																
1b	Type of Prope		2		ntal real estate prop				Fa			nal Use	QJV			
	(from list below	N)			rt the number of fai					Days	Da	iys				
Α	3				e days. Check the C the requirements to			Α		365		0				
В					nt venture. See instr			В								
C				quanto a Jon		0.01.01.0		С								
	of Property:															
	Single Family R			3 Vaca	tion/Short-Term Re	ntal	5 Land	k		Self-Rental						
2	Multi-Family Re	siden	ice	4 Com	mercial		6 Roy	alties	8	Other (describ)					
										Properties	s:					
Incom	e:							Α		В			С			
3		4				3			37.	2			<u> </u>			
4						-			<u> </u>							
Expen		iveu .														
5						5										
6	0					-										
7		•		,				2 6	48.							
8								2,0	40.							
9																
10	-	-						0 1								
11	-				· · · · · · · · · ·			Ζ,4	55.							
12					. (see instructions)	12										
13	Other Interest	• •	• •			. 13		1 0	07							
14									07.							
15						. 15		2,8	86.							
16								0 7	10							
17								2,1	43.							
18		•		•												
19	Other (list)				40			10.0	2.0							
20	•			•	19			12,6	39.							
21					nd/or 4 (royalties). It											
					find out if you mus			10 0	0.0							
								-12,0	02.							
22					ter limitation, if any		,	10 01		,				,		
				-			(12,00)	()		
23a			-		3 for all rental prop				23a		637.					
b			-		4 for all royalty pro	-			23b							
С					12 for all properties				23c							
d					18 for all properties				23d							
е					20 for all properties				23e	12,	639.					
24					wn on line 21. Do n						24					
25	Losses. Add re	oyalty	loss	ses from line 2	21 and rental real est	ate loss	es from li	ne 22. E	Enter to	otal losses here	25	(12,002.)		
26					y income or (loss).											
					on page 2 do not											
	Schedule 1 (Fo	orm 10	040)	, line 5. Othe	erwise, include this a	amount			ne 41		26	· .	-12,002	•		
For Pa	perwork Reduct	ion Ac	ct No	tice, see the	separate instruction	S.	N	PA		-12,002.	Sc	hedule E (E	orm 1040) 20	122		

ule E (Form 104

FORM

2022 California e-file Signature Authorization for Individuals

2022	California e-file Signature Au	thorization for Individual	s 8879
Your name		Your SS	SN or ITIN
SUNDEEP Spouse's/RDP's	REDDY BOREDDY		21–7774 /s/RDP's SSN or ITIN
KAVYA VU	ΜΜΑΝΤ		91-7881
	Return Information (whole dollars only)	903-	91-7001
	djusted gross income (AGI). See instructions		
	J Owe. See instructions		
	Io Amount Due. See instructions		32209_
	payer Declaration and Signature Authorization (Be sure you obtains of perjury, I declare that I have examined a copy of my individual soft perjury.		d atatamanta for the tax year
identification nu income tax retu and on form FT agrees with the domestic partne provider to tran to my ERO, into return, I unders penalties. I ackn	n originator (ERO), transmitter, or intermediate service provider, in umber (ITIN), and the amounts shown in Part I above agree with th rm. If applicable, I authorize an electronic funds withdrawal of the a B 8455, California e-file Payment Record for Individuals, or a com direct deposit authorization stated on my return. If I have filed a jo er (RDP) as an agent to authorize an electronic funds withdrawal o ismit my complete return to the Franchise Tax Board (FTB). If the p ermediate service provider, and/or transmitter the reason(s) for stand that if the FTB does not receive full and timely payment of my nowledge that I have read and consent to the Electronic Funds Witt onal identification number (PIN) as my signature for my electronic	he information and amounts shown on the correspon amount on line 2 and/or the estimated tax payment parable form. If applicable, I declare that direct dep point return, this is an irrevocable appointment of the r direct deposit. I authorize my ERO, transmitter, o processing of my return or refund is delayed, I au the delay or the date when the refund was sent. I y tax liability, I remain liable for the tax liability and hdrawal Consent included on the copy of my electr	onding lines of my electronic s as shown on my return osit refund amount on line 3 e other spouse/registered r intermediate service thorize the FTB to disclose f I am filing a balance due all applicable interest and onic income tax return. I have
	: check one box only		
X Lauthorize	GLOBAL TAXES LLC	to enter my PII	1 7 7 7 4
	ERO firm name		Do not enter all zeros
as my sig	nature on my 2022 e-filed California individual income tax return.		
	r my PIN as my signature on my 2022 e-filed California individual i iled using the Practitioner PIN method. The ERO must complete Pa		tering your own PIN and your
Your signature	▶	Date 🕨	
Spouse's/RDP'	s PIN: check one box only		
X Lauthorize	GLOBAL TAXES LLC	to enter my PII	
	ERO firm name nature on my 2022 e-filed California individual income tax return.		Do not enter all zeros
	er my PIN as my signature on my 2022 e-filed California individ return is filed using the Practitioner PIN method. The ERO must co		u are entering your own PIN
Spouse's/RDP's	s signature 🕨	Date	
Deut III - Cou	Practitioner PIN Method Retu rtification and Authentication — Practitioner PIN Method Only		
	ic Filer Identification Number (EFIN)/PIN.		
	ligit EFIN followed by your five-digit self-selected PIN.	2 2 2 4 9 6 6 1 Do not enter all zeros	9 8 9
	e above numeric entry is my PIN, which is my signature for the 20 m submitting this return in accordance with the requirements of t.	022 California individual income tax return for the	
ERO's signature	● ▶	Date	

540

2022 California Resident Income Tax Return

	APE		ATTACH FEDERAL	RETURN
048-21-7774 SUNDEEPREDD KAVYA	BORE 983-91-7881 BOREDDY VUMMADI		22	
9575 RESEDA E NORTHRIDGE	CA 91324	APT 3	60	
07-25-1990 C)5-09-1997			

		Enter your county at time of filing (see instructions)
ö	$oldsymbol{igo}$	LOS ANGELES
enc		If your address above is the same as your principal/physical residence address at the time of filing, check this box 🖲 🗙
sid		If not, enter below your principal/physical residence address at the time of filing.
l B		Street address (number and street) (If foreign address, see instructions.) Apt. no/ste. no.
Principal Residence	۲	
Prir		City State ZIP code
	۲	
		If your California filing status is different from your federal filing status, check the box here
ŝ	1	Single 4 Head of household (with qualifying person). See instructions.
atu		
Filing Status	2	× Married/RDP filing jointly. See instr. 5 Qualifying surviving spouse/RDP. Enter year spouse/RDP died.
Filli		See instructions.
	3	Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here.
	6	If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See instr
	Fo	r line 7, line 8, line 9, and line 10: Multiply the number you enter in the box by the pre-printed dollar amount for that line.
s		Personal: If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked Whole dollars only
Exemptions		box 2 or 5, enter 2 in the box. If you checked the box on line 6, see instructions. $\bigcirc 7$ 2 X \$140 = \bigcirc \$ 280
mpt	8	Blind: If you (or your spouse/RDP) are visually impaired, enter 1;
Exel	•	if both are visually impaired, enter 2
	9	Senior: If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2. See instructions
		REV 01/24/23 PRO
		175 3101224 Form 540 2022 Side 1

Υοι	ır na	me:	BOR	EDE	ŊΥ		Yc	our SSN	or ITIN:	048-	21-77	74					
	10	Depen	dents:		ot include y Dependent		or your s	pouse/RE		ndent 2				Donondont			
		First	Name	۲	Deheimein	1			• Dehe					Dependent 3)		
S		Last	Name														
ption			. See														
Exemptions		Depe	ructions. endent's tionship														
		to yo							•								
	Tota	al depei	ndent e	exemp	otions					•	10	X \$	433 = 🤇	\$			
	11	Exem	nption a	amou	Int: Add line	e 7 throu	gh line 1(D. Transfe	er this amo	ount to lii	ne 32		• 1	1 \$		28	30
	12	State	wages	s from	n your fede x 16	ral		• 1	12		125	5163	00				
	10										line dd				11:	3244	. 00
	13 14	Califo	ornia ad	djustn	usted gross nents – sub	otractions	s. Enter tl	he amoun	nt from Sc	hedule C	A (540),						
	15		·		lumn B from line 13							(• 14				<u>00</u>
ome	16	See i	Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions California adjustments – additions. Enter the amount from Schedule CA (540),														
e Inc	10				lumn C								● 16				. 00
Taxable Income	17	Califo	ornia ac	djuste	ed gross inc	come. Co	mbine lir	ie 15 and	line 16				• 17		11:	3244	. 00
Ë	18	Enter			r California					. ,							
		Iarger of Your California standard deduction shown below for your filing status: • Single or Married/RDP filing separately. \$5,202															
		Married/RDP filing jointly, Head of household, or Qualifying surviving spouse/RDP. \$10,404 If Married/RDP filing separately or the box on line 6 is checked, STOP . See instructions											0404	. 00			
	19												10	2840	. 00		
		IT IES	s than a	zero,	enter -U								9 19				∎[<u>UU</u>]
	31	Ταχ	Check t	the hr	ox if from:		Tax Table	е	× Tax	Rate Sc	hedule						
	01	Tux.	Oncorr		, in monn.		FTB 380	0 •	FTI	3 3803		(31		······································	3499	. 00
	32				s. Enter the			5				(32			280	. 00
Тах	20															3219	. 00
	33												0			00110	
	34	Tax. S	See ins	tructi	ions. Check	the box	if from:		chedule G	-1 ●∟	FTB \$	5870A (• 34				<u>00</u>
	35	Add I	line 33	and li	ine 34							(• 35			3219	. 00
lits	40	Nonr	efunda	ble Cl	hild and De	pendent	Care Exp	enses Cre	edit. See i	nstruction	15		• 40				. 00
Cred			· credit			pondone]]						. 00
Special Credits	43								」code ●]	ount]	
Sp	44	Enter	^r credit	name	9 [」 code ●		and an	nount	• 44	REV 01/24/23	PRO		• 00
		Side 2	Porm	n 540	2022		17	75	310	2224	Г						

You	r nar	me: BOREDDY Your SSN or ITIN: 048-21-77	774	
S	45	To claim more than two credits. See instructions. Attach Schedule P (540)	• 45	00
Special Credits	46	Nonrefundable Renter's Credit. See instructions	• 46	00
ecial (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
Xes	61	Alternative Minimum Tax. Attach Schedule P (540)		00
Other Taxes	62	Mental Health Services Tax. See instructions		00
đ	63	Other taxes and credit recapture. See instructions	2010	00
	64	Add line 48, line 61, line 62, and line 63. This is your total tax	• 64 3219 .	00
	71	California income tax withheld. See instructions	• 71 5428 .	00
	72	2022 California estimated tax and other payments. See instructions		00
	73	Withholding (Form 592-B and/or Form 593). See instructions		00
Payments	74	Excess SDI (or VPDI) withheld. See instructions		00
Payn	75	Earned Income Tax Credit (EITC). See instructions		00
	76	Young Child Tax Credit (YCTC). See instructions		00
	77 78	Foster Youth Tax Credit (FYTC). See instructions	5429	00
Use Tax	91	Use Tax. Do not leave blank. See instructions	0.00	
Use		If line 91 is zero, check if: X No use tax is owed. You paid	your use tax obligation directly to CDTFA.	
ISR Penaltv	92	If you and your household had full-year health care coverage, check the box. See instructions. Medicare Part A or C coverage is qualifying health care coverage If you did not check the box, see instructions.	e	
– e –		Individual Shared Responsibility (ISR) Penalty. See instructions • 92	00	
в	93	Payments balance. If line 78 is more than line 91, subtract line 91 from line 78		00
ax Du	94	Use Tax balance. If line 91 is more than line 78, subtract line 78 from line 91	0	00
Tax/T	95	Payments after Individual Shared Responsibility Penalty. If line 93 is more than lin subtract line 92 from line 93		00
Overpaid Tax/Tax Due	96	Individual Shared Responsibility Penalty Balance. If line 92 is more than line 93, subtract line 93 from line 92.		00
Ove	97	Overpaid tax. If line 95 is more than line 64, subtract line 64 from line 95 REV 01/24/23 PRO	• 97 2209 .	00
		175 3103224	Form 540 2022 Side 3	

You	ur nan	ne:	BOREDDY	Your SSN or ITIN:	048-21-7774		I	
-	y 98	Amo	unt of line 97 you want applied to yo	ur 2023 estimated tax		• 98	0	- 00
Overpaid	5 5 99	Over	paid tax available this year. Subtract	line 98 from line 97		• 99	2209	. 00
0 V	- 100	Тах с	lue. If line 95 is less than line 64, sub	otract line 95 from line 64	4			. 00
						<u>Code</u>	Amount	
		Califo	ornia Seniors Special Fund. See instru	uctions		• 400		<u> 00 </u>
		Alzhe	imer's Disease and Related Dementia	• 401		. 00		
		Rare	and Endangered Species Preservatio	n Voluntary Tax Contribu	ition Program	• 403		. 00
		Califo	ornia Breast Cancer Research Volunta	ary Tax Contribution Fund	1	• 405		. 00
		Califo	ornia Firefighters' Memorial Voluntary	/ Tax Contribution Fund .		• 406		. 00
		Emer	gency Food for Families Voluntary Ta	ax Contribution Fund		• 407		. 00
		Califo	ornia Peace Officer Memorial Founda	• 408		. 00		
		Califo	ornia Sea Otter Voluntary Tax Contrib	ution Fund		• 410		. 00
		Califo	ornia Cancer Research Voluntary Tax	• 413		. 00		
tions		Scho	ol Supplies for Homeless Children Vo	oluntary Tax Contribution	Fund	• 422		. 00
Contributions		State	Parks Protection Fund/Parks Pass P	• 423		. 00		
ပိ		Prote	ct Our Coast and Oceans Voluntary 1	Fax Contribution Fund		• 424		. 00
		Кеер	Arts in Schools Voluntary Tax Contri	bution Fund		• 425		. 00
		Preve	ention of Animal Homelessness and (Cruelty Voluntary Tax Cor	ntribution Fund	• 431		. 00
		Califo	ornia Senior Citizen Advocacy Volunta	ary Tax Contribution Fund	d	• 438		. 00
		Nativ	e California Wildlife Rehabilitation Vo	oluntary Tax Contribution	Fund	• 439		. 00
		Rape	Kit Backlog Voluntary Tax Contributi	on Fund		• 440		. 00
		Suici	de Prevention Voluntary Tax Contribu	ition Fund		• 444		. 00
		Ment	al Health Crisis Prevention Voluntary	Tax Contribution Fund		• 445		. 00
		Califo	ornia Community and Neighborhood	Tree Voluntary Tax Contr	ibution Fund	• 446		. 00
	110	Add	amounts in code 400 through code 4	46. This is your total cor	ntribution	• 110		. 00
int	¥ 111	AMO	UNT YOU OWE. If you do not have an	amount on line 99, add lir	ne 94, line 96, line 100, a	nd line 110. S	See instructions. Do not send cash.	
Amount			to: FRANCHISE TAX BOARD, PO B		ITO CA 94267-0001	. • 111		. 00

Pay Online – Go to **ftb.ca.gov/pay** for more information.

REV 01/24/23 PRO

You	r nan	ne:	BOREDDY	Your SSN or IT	N: 048-21-	7774							
and es	112 113		est, late return penalties, and late pa erpayment of estimated tax.	yment penalties		112		.00					
Interest and Penalties			eck the box: FTB 5805 attached FTB 5805F attached										
Inte Pe			•	• • •		[.00					
			amount due. See instructions. Enclo					00					
	115	REF	JND OR NO AMOUNT DUE. Subtrac	t the sum of line 110), line 112, and line	113 from line 99. See in	nstructions.						
		Mail	ail to: Franchise Tax Board, Po Box 942840, Sacramento ca 94240-0001 • 115 2209 .										
Refund and Direct Deposit		See	n the information to authorize direct nstructions. Have you verified the r r the following amount of my refund		ck or a deposit slip.								
Dire		• F	• Type Routing number	Account number	r		116 Direct	t deposit amount					
and		11	L1000025	488047034	512			2209 _00					
fund		-	Savings										
Be		Ine	remaining amount of my refund (line • Type	115) IS authorized	for direct deposit ir	nto the account shown b	elow:						
		• F	Checking	Account number	r	ſ	117 Direct	t deposit amount					
			Savings			l		00					
er .													
Voter Info.		F											
	For voter registration information, check the box and go to sos.ca.gov/elections . See instructions												
Our p to loc Unde is tru	ORTA privacy ate FT er pena e, cor	ANT: S / notice TB 113 alties o rrect, a	See the instructions to find out if you can be found in annual tax booklets or on 1 EN-SP, Franchise Tax Board Privacy Notic of perjury, I declare that I have examined	should attach a cop ine. Go to ftb.ca.gov/p e on Collection. To requ this tax return, includi	y of your complete rivacy to learn about or lest this notice by mail ng accompanying sch	federal tax return. ur privacy policy statement, , call 800.338.0505 and ente nedules and statements, and	or go to ftb.ca.g r form code 948 d to the best of	jov/forms and search for 1131 3 when instructed. my knowledge and belief, it					
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CA (540)

2022 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			
	BOREDDY & K VUMMADI				048217774	
Pa Se	art I Income Adjustment Schedule ction A – Income from federal Form 1040 or 1040-SR	A	Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions	
1	a Total amount from federal Form(s) W-2, box 1. See instructions 1a	$oldsymbol{O}$	125163	۲	۲	
	b Household employee wages not reported on federal Form(s) W-2	$oldsymbol{O}$		۲	۲	
	c Tip income not reported on line 1a 1c	$oldsymbol{O}$		۲	۲	
	d Medicaid waiver payments not reported on federal Form(s) W-2. See instructions 1d	ullet		۲	۲	
	e Taxable dependent care benefits from federal Form 2441, line 26 1e	ullet		۲	۲	
	f Employer-provided adoption benefits from federal Form 8839, line 29 1f	ullet		۲	۲	
	g Wages from federal Form 8919, line 6 1 g	۲		۲	۲	
	h Other earned income. See instructions $\ldots\ldots$. 1h	$oldsymbol{O}$	0	۲	۲	
	i Nontaxable combat pay election. See instructions1i				۲	
	z Add line 1a through line 1i1z	۲	125163	۲	۲	
		ullet		۲	۲	
3	Ordinary dividends. See instructions. a a b 3	ullet	83	۲	۲	
4	IRA distributions. See instructions. a • 4b	ullet		۲	۲	
5	Pensions and annuities. See instructions. a • 5 b	۲		\odot	۲	
6	Social security benefits. a • 6b	$oldsymbol{O}$		۲		
7	Capital gain or (loss). See instructions7	ullet		۲	۲	
	ction B – Additional Income from federal Schedule 1	(For	m 1040)			
1	Taxable refunds, credits, or offsets of state and local income taxes	۲		۲		
2	a Alimony received. See instructions 2a	$oldsymbol{O}$			۲	
3	Business income or (loss). See instructions 3	۲		۲	۲	
	Other gains or (losses)	۲		۲	۲	
Ð	Rental real estate, royalties, partnerships, S corporations, trusts, etc 5	۲	-12002	۲	۲	
6	Farm income or (loss)6	۲		۲	۲	
7	Unemployment compensation7	۲		۲		

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Section B – Additional Income Continued	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
8 Other income: a Federal net operating loss	• ()		۲
b Gambling 8b	۲	۲	
c Cancellation of debt 8c	\odot	\odot	\odot
d Foreign earned income exclusion from federal Form 2555	• ()		۲
e Income from federal Form 8853 8e	۲		۲
f Income from federal Form 8889	۲	۲	
g Alaska Permanent Fund dividends	۲		
h Jury duty pay 8h	۲		
i Prizes and awards8i	۲		
j Activity not engaged in for profit income8j	۲		
k Stock options8k	۲		
I Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property 81	۲		
m Olympic and Paralympic medals and USOC prize money	۲		
n IRC Section 951(a) inclusion 8 n	۲	۲	
o IRC Section 951A(a) inclusion	۲	۲	
p IRC Section 461(I) excess business loss adjustment 8p	۲	۲	۲
q Taxable distributions from an ABLE account 8q	۲		
r Scholarship and fellowship grants not reported on federal Form(s) W-28r	۲		
s Nontaxable amount of Medicaid waiver payments included on federal Form 1040, line 1a or line 1d8s	• ()		
t Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental IRC Section 457 plan 8t	۲		
u Wages earned while incarcerated 8 u	\odot		
z Other income. List type and amount.			
• 8z	۲	\odot	\bullet

REV 01/24/23 PRO



Section B – Additional Income Continued	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
9 a Total other income. Add lines 8a through 8z. 9a	۲	۲	۲
b1 Disaster loss deduction from form FTB 3805V. 9b1			
b2 NOL deduction from form FTB 3805V 9b2			
b3 NOL from form FTB 3805Z, 3807, or 3809 9b3		۲	
10 Total. Combine Section A, line 1z through line 7, and Section B, line 1 through line 7, and line 9a in column A and column C. Add Section A, line 1z through line 7, and Section B, line 1 through line 7, line 9a, and line 9b1 through line 9b3 in column B (as applicable). See instructions	• 113244	۲	۲
Section C – Adjustments to Income from federal Schedule 1 (Form 1040)			
11 Educator expenses	۲		
12 Certain business expenses of reservists, performing artists, and fee-basis government officials 12	۲	۲	۲
13 Health savings account deduction 13	۲	۲	
14 Moving expenses. Attach form FTB 3913. See instructions	۲		۲
15 Deductible part of self-employment tax. See instructions. 15	۲	۲	
16 Self-employed SEP, SIMPLE, and qualified plans16	\odot		
17Self-employed health insurance deduction. See instructions.17	۲	۲	
18 Penalty on early withdrawal of savings	۲		
19 a Alimony paid 19 a	۲		۲
b Recipient's: SSN •			
Last Name 🖲			
20 IRA deduction	۲	۲	۲
21 Student loan interest deduction	۲		۲
22 Reserved for future use			
23 Archer MSA deduction	\odot		

REV 01/24/23 PRO



ction C – Adjustments to Income Continued	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
Other adjustments: a Jury duty pay24a	۲		
 b Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit	۲	۲	۲
c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m24c	۲	۲	
d Reforestation amortization and expenses24d			
e Repayment of supplemental unemployment benefits under the federal Trade Act of 1974 24e			
f Contributions to IRC Section 501(c)(18)(D) pension plans24f	۲	۲	۲
g Contributions by certain chaplains to IRC Section 403(b) plans	۲	۲	۲
h Attorney fees and court costs for actions involving certain unlawful discrimination claims	۲		
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 violations24i	۲	۲	
j Housing deduction from federal Form 2555 24 j			
k Excess deductions of IRC Section 67(e) expenses from federal Schedule K-1 (Form 1041)24k	•		
z Other adjustments. List type and amount.			
<u>٤</u>	\odot		\odot
Total other adjustments. Add line 24a through line 24z	۲	۲	۲
Add line 11 through line 23 and line 25 in columns A, B, and C. See instructions	۲	۲	۲
Total. Subtract line 26 from line 10 in columns A, B, and C. See instructions27	• 113244		\odot

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Part II Adjustments to Federal Itemized Deductio

0.1	· · · · · · · · · · · · · · · · · · ·	,					
Che	ck the box if you did NOT itemize for federal but will itemi.	ze for	California		B Subtractions See instructions		itions nstructions
Me	dical and Dental Expenses See instructions.						
1	Medical and dental expenses •						
2	Enter amount from federal Form 1040 or 1040-SR, line 11 113244	2					
	Multiply line 2 by 7.5% (0.075) • 8493						
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter 0)			۲	
	a State and local income tax or general sales taxes	ia 🖲	6905	۲	6905		
	b State and local real estate taxes	ib 🖲)				
	c State and local personal property taxes	ic 🖲)				
	d Add line 5a through line 5c	id 🖲	6905				
	e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) in column A. Enter the amount from line 5a, column B in line 5e, column B. Enter the difference from line 5d and line 5e, column A in line 5e, column C	ie 🖲	6905		6905	۲	0
6	Other taxes. List type 🖲 6)	۲		۲	
7	Add line 5e and line 6		6905	۲	6905	۲	0
	a Home mortgage interest and points reported to you on federal Form 1098	la 🖲)			۲	
	b Home mortgage interest not reported to you on federal Form 1098	b 💽)			۲	
	c Points not reported to you on federal Form 1098.	ic 💽)			۲	
	d Reserved for future use	d					
	e Add line 8a through line 8c	le 💽)	۲		۲	
9	Investment interest)	۲		۲	
10	Add line 8e and line 910)	۲		۲	

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Pa	rt II Adjustments to Federal Itemized Deductions Continued	A	Federal Amounts (from federal Schedule A (Form 1040))		B Subtractions See instructions		C Additions See instructions
Gif	ts to Charity						
	Gifts by cash or check			۲		۲	
12	Other than by cash or check	۲		۲		۲	
13	Carryover from prior year					ullet	
14	Add line 11 through line 1314			$ \mathbf{O} $		۲	
	casualty and Theft Losses Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions 15			۲		۲	
Oth	er Itemized Deductions						
16	Other—from list in federal instructions 16			۲		۲	
17	Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C17		6905	$ \mathbf{O} $	6905	۲	0
18	Total. Combine line 17 column A less column B plus co	lumn	C) 18	0
Job	Expenses and Certain Miscellaneous Deductions						
19	Unreimbursed employee expenses: job travel, union due Attach federal Form 2106 if required. See instructions .	es, jol	o education, etc.) 19 _			
20	Tax preparation fees) 20			
	Other expenses: investment, safe deposit box, etc. List type			21 - ⁻	0		
			@	<u> </u>	0		
	Add line 19 through line 21		•	22 _	0		
23	Enter amount from federal Form 1040 or 1040-SR, line 11		113244				
24	Multiply line 23 by 2% (0.02). If less than zero, enter 0.			24	2265		
25	Subtract line 24 from line 22. If line 24 is more than line	22, 6	enter 0			25	0
26	Total Itemized Deductions. Add line 18 and line 25					26	0
27	Other adjustments. See instructions. Specify.				•	27	
28	Combine line 26 and line 27					28	0
29	Is your federal AGI (Form 540, line 13) more than the Single or married/RDP filing separately Head of household Married/RDP filing jointly or qualifying surviving s No. Transfer the amount on line 28 to line 29.			. \$229	9,908 1.867		
	Yes. Complete the Itemized Deductions Worksheet in th	e inst	tructions for Schedule CA	(540)	, line 29	29	0
30	Enter the larger of the amount on line 29 or your stand Single or married/RDP filing separately. See instru Married/RDP filing jointly, head of household, or qu	iction	S				
	Transfer the amount on line 30 to Form 540, line 18					30	10404
					REV 01/24/23 PRO		
	Side 6 Schedule CA (540) 2022 175	1	7726224		TLV 01/24/23 PRO		
	Side 6 Schedule CA (540) 2022 175	1	7736224	1			_

2022 Pass-Through Entity Elective Tax Credit

3804-CR

	ch to your California tax return.		
Nam	e(s) as shown on your California tax return (SMLLCs see instructions)		
S I	BOREDDY & K VUMMADI		
Pa	rt I Elective Tax Credit Amount. See specific line instructions.		
1	(a) Electing qualified pass-through entity (PTE) name	(b) Entity identification number	(c) PTE elective tax credit(s)
а	$\textcircled{\bullet}$	\odot	۲
b	\odot	\odot	۲
C	\odot	\odot	۲
d	\odot	•	۲
e		•	۲
f	\bullet	۲	۲
g	\odot	۲	۲
h		۲	۲
i	\bullet	۲	۲
j	\odot	•	۲
2	Total PTE elective tax credit amount. Add the amounts in column (c) and enter total here. Se	e instructions	۲
Pa	rt II Available Credit		
2 (3 1 4 E	Fotal credit from electing qualified PTEs. See instructions Credit carryover from prior year Fotal available credit. Add line 1 and line 2 Enter the amount of the credit claimed on the current year tax return. Credit carryover to future years. Subtract line 4 from line 3	· · · · · · · · · · · · 2 · · · · · · ·	2 00 3 00 4 00

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