

IRS e-file Signature Authorization

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

Submission Identification Number (SID) ▶

| | |
|--|---------------------------------------|
| Taxpayer's name SHARAN KUMAR DONTNINENI | Social security number 676-59-5396 |
| Spouse's name | Spouse's social security number |

Part I Tax Return Information — Tax Year Ending December 31, 2022 (Enter 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.

| | | | |
|---|---|---|----------|
| 1 | Adjusted gross income | 1 | 111,058. |
| 2 | Total tax | 2 | 17,386. |
| 3 | Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | 3 | 21,799. |
| 4 | Amount you want refunded to you | 4 | 4,413. |
| 5 | Amount you owe | 5 | |

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep 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) 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 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

I authorize GLOBAL TAXES LLC to enter or generate my PIN

| | | | | |
|---|---|---|---|---|
| 9 | 5 | 3 | 9 | 6 |
|---|---|---|---|---|

 as my signature on the income tax return (original or amended) I am now authorizing.

Enter five digits, but don't enter all zeros

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

Enter five digits, but don't enter all zeros

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 — Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| 2 | 2 | 2 | 4 | 9 | 6 | 6 | 1 | 9 | 8 | 9 |
|---|---|---|---|---|---|---|---|---|---|---|

Don't enter all zeros

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 — See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

Filing Status Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying surviving spouse (QSS)
 Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:

| | | | | | |
|--|--|--------------------------------|-------------|--|--|
| Your first name and middle initial SHARAN KUMAR | | Last name DONTNINENI | | Your social security number 676-59-5396 | |
| If joint return, spouse's first name and middle initial | | Last name | | Spouse's social security number | |
| Home address (number and street). If you have a P.O. box, see instructions. 5356 MIDDLEBURY LOOP | | | | Apt. no. | |
| City, town, or post office. If you have a foreign address, also complete spaces below. LEWIS CENTER | | | State OH | ZIP code 43035 | |
| Foreign country name | | Foreign province/state/country | | Foreign postal code | |

Presidential Election Campaign
 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.
 You Spouse

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 financial interest in a digital asset)? (See instructions.) Yes No

Standard Deduction **Someone can claim:** You as a dependent Your spouse as a dependent
 Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness **You:** Were born before January 2, 1958 Are blind **Spouse:** Was born before January 2, 1958 Is blind

Dependents (see instructions):

| If more than four dependents, see instructions and check here <input type="checkbox"/> | (1) First name Last name | | (2) Social security number | (3) Relationship to you | (4) Check the box if qualifies for (see instructions): | |
|--|--------------------------|-----------------------------|----------------------------|-------------------------|--|--------------------------|
| | Child tax credit | Credit for other dependents | | | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |

| Income | | | | | |
|---------------|---|-----------|--------------------------|-----------|--------------------|
| 1a | Total amount from Form(s) W-2, box 1 (see instructions) | | | 1a | 120,772. |
| b | Household employee wages not reported on Form(s) W-2 | | | 1b | |
| c | Tip income not reported on line 1a (see instructions) | | | 1c | |
| d | Medicaid waiver payments not reported on Form(s) W-2 (see instructions) | | | 1d | |
| e | Taxable dependent care benefits from Form 2441, line 26 | | | 1e | |
| f | Employer-provided adoption benefits from Form 8839, line 29 | | | 1f | |
| g | Wages from Form 8919, line 6 | | | 1g | |
| h | Other earned income (see instructions) | | | 1h | 0. |
| i | Nontaxable combat pay election (see instructions) | | 1i | | |
| z | Add lines 1a through 1h | | | 1z | 120,772. |
| 2a | Tax-exempt interest | 2a | | b | Taxable interest |
| 3a | Qualified dividends | 3a | | b | Ordinary dividends |
| 4a | IRA distributions | 4a | | b | Taxable amount |
| 5a | Pensions and annuities | 5a | | b | Taxable amount |
| 6a | Social security benefits | 6a | | b | Taxable amount |
| c | If you elect to use the lump-sum election method, check here (see instructions) | | <input type="checkbox"/> | | |
| 7 | Capital gain or (loss). Attach Schedule D if required. If not required, check here | | <input type="checkbox"/> | 7 | |
| 8 | Other income from Schedule 1, line 10 | | | 8 | -9,714. |
| 9 | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income | | | 9 | 111,058. |
| 10 | Adjustments to income from Schedule 1, line 26 | | | 10 | |
| 11 | Subtract line 10 from line 9. This is your adjusted gross income | | | 11 | 111,058. |
| 12 | Standard deduction or itemized deductions (from Schedule A) | | | 12 | 12,950. |
| 13 | Qualified business income deduction from Form 8995 or Form 8995-A | | | 13 | |
| 14 | Add lines 12 and 13 | | | 14 | 12,950. |
| 15 | Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income | | | 15 | 98,108. |

Tax and Credits table with rows 16-24. Total tax calculated as 17,386.

Payments table with rows 25-33. Total payments calculated as 21,799.

Refund table with rows 34-36. Amount of refund calculated as 4,413.

Amount You Owe table with rows 37-38. Total amount owed calculated as 17,386.

Third Party Designee section with fields for name, phone, and PIN.

Sign Here section with signature lines for taxpayer and preparer, including occupation and PIN fields.

Paid Preparer Use Only section with fields for preparer name, signature, date, PTIN, and firm information.

**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

2022

Attachment
Sequence No. **01**

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

Your social security number
676-59-5396

Part I Additional Income

| | | | |
|-----------|---|-----------|---------|
| 1 | Taxable refunds, credits, or offsets of state and local income taxes | 1 | 0. |
| 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. Attach Schedule E | 5 | -9,714. |
| 6 | Farm income or (loss). Attach Schedule F | 6 | |
| 7 | Unemployment compensation | 7 | |
| 8 | Other income: | | |
| a | Net operating loss | 8a | () |
| b | Gambling | 8b | |
| c | Cancellation of debt | 8c | |
| d | Foreign earned income exclusion from Form 2555 | 8d | () |
| e | 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 | |
| l | Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property | 8l | |
| m | Olympic and Paralympic medals and USOC prize money (see instructions) | 8m | |
| n | Section 951(a) inclusion (see instructions) | 8n | |
| o | Section 951A(a) inclusion (see instructions) | 8o | |
| p | Section 461(l) 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 nonqualified 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, or 1040-NR, line 8 | 10 | -9,714. |

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

Schedule 1 (Form 1040) 2022

Part II Adjustments to Income

| | | | | |
|------------|--|------------|------------|--|
| 11 | Educator expenses | | 11 | |
| 12 | Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 | | 12 | |
| 13 | Health savings account deduction. Attach Form 8889 | | 13 | |
| 14 | Moving expenses for members of the Armed Forces. Attach Form 3903 | | 14 | |
| 15 | Deductible part of self-employment tax. Attach Schedule SE | | 15 | |
| 16 | Self-employed SEP, SIMPLE, and qualified plans | | 16 | |
| 17 | Self-employed health insurance deduction | | 17 | |
| 18 | Penalty on early withdrawal of savings | | 18 | |
| 19a | Alimony paid | | 19a | |
| b | Recipient's SSN | | | |
| c | 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: | | | |
| a | Jury duty pay (see instructions) | 24a | | |
| b | Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit | 24b | | |
| c | Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m | 24c | | |
| d | Reforestation amortization and expenses | 24d | | |
| e | Repayment of supplemental unemployment benefits under the Trade Act of 1974 | 24e | | |
| f | Contributions to section 501(c)(18)(D) pension plans | 24f | | |
| g | Contributions by certain chaplains to section 403(b) plans | 24g | | |
| h | Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) | 24h | | |
| i | Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations | 24i | | |
| j | Housing deduction from Form 2555 | 24j | | |
| k | Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) | 24k | | |
| 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 adjustments to income . Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a | | 26 | |

**SCHEDULE E
(Form 1040)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0074

2022
Attachment
Sequence No. **13**

Name(s) shown on return

SHARAN KUMAR DONTINENI

Your social security number

676-59-5396

Part I Income or Loss From Rental Real Estate and Royalties

Note: If you are in the business of renting personal property, use **Schedule C**. See instructions. If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

- A** Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions Yes No
B If "Yes," did you or will you file required Form(s) 1099? Yes No

1a Physical address of each property (street, city, state, ZIP code)

| | |
|----------|--|
| A | SHIRIDI SAI DHAM APARTMENT PLOT NO:387,FLAT N. 387,SRIPURAM COLONY, B N REDDY NAGAR,HYDERABAD, TELANGANA IN 500070 |
| B | |
| C | |

| 1b | Type of Property (from list below) | 2 | For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions. | Fair Rental Days | | Personal Use Days | | QJV | |
|-----------|---------------------------------------|----------|--|------------------|----------|-------------------|----------|--------------------------|--------------------------|
| | | | | A | B | A | B | <input type="checkbox"/> | <input type="checkbox"/> |
| A | 3 | | | 365 | | 0 | | <input type="checkbox"/> | |
| B | | | | | | | | <input type="checkbox"/> | |
| C | | | | | | | | <input type="checkbox"/> | |

Type of Property:

- 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental
 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe) _____

| Income: | | Properties: | | |
|------------------|---|-------------|------------|----------|
| | | A | B | C |
| 3 | Rents received | 620. | | |
| 4 | Royalties received | | | |
| Expenses: | | | | |
| 5 | Advertising | | | |
| 6 | Auto and travel (see instructions) | | | |
| 7 | Cleaning and maintenance | 955. | | |
| 8 | Commissions | | | |
| 9 | Insurance | | | |
| 10 | Legal and other professional fees | | | |
| 11 | Management fees | 1,058. | | |
| 12 | Mortgage interest paid to banks, etc. (see instructions) | | | |
| 13 | Other interest | | | |
| 14 | Repairs | 2,988. | | |
| 15 | Supplies | 3,510. | | |
| 16 | Taxes | | | |
| 17 | Utilities | 1,823. | | |
| 18 | Depreciation expense or depletion | | | |
| 19 | Other (list) _____ | | | |
| 20 | Total expenses. Add lines 5 through 19 | 10,334. | | |
| 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 | -9,714. | | |
| 22 | Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) | (9,714.) | | |
| 23a | Total of all amounts reported on line 3 for all rental properties | 23a | 620. | |
| 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 | 23e | 10,334. | |
| 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 | (9,714.) | |
| 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 | | -9,714. |

Health Savings Accounts (HSAs)

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
 SHARAN KUMAR DONTINENI

Social security number of HSA beneficiary.
 If both spouses have HSAs, see instructions.
 676-59-5396

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

Part I HSA Contributions and Deduction. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

| | | |
|----|--|---|
| 1 | Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2022. See instructions | <input checked="" type="checkbox"/> Self-only <input type="checkbox"/> Family |
| 2 | HSA contributions you made for 2022 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2022. Do not 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 2022 and, on the first day of every month during 2022, you were, or were considered, an eligible individual with the same coverage, enter \$3,650 (\$7,300 for family coverage). All others , see the instructions for the amount to enter | 3 3,650. |
| 4 | Enter the amount you and your employer contributed to your Archer MSAs for 2022 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2022, 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 3,650. |
| 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 2022, see the instructions for the amount to enter | 6 3,650. |
| 7 | If you were age 55 or older at the end of 2022, married, and you or your spouse had family coverage under an HDHP at any time during 2022, enter your additional contribution amount. See instructions | 7 0. |
| 8 | Add lines 6 and 7 | 8 3,650. |
| 9 | Employer contributions made to your HSAs for 2022 | 9 700. |
| 10 | Qualified HSA funding distributions | 10 |
| 11 | Add lines 9 and 10 | 11 700. |
| 12 | Subtract line 11 from line 8. If zero or less, enter -0- | 12 2,950. |
| 13 | HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions. | 13 0. |

Part II HSA Distributions. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

| | | |
|-----|--|-----|
| 14a | Total distributions you received in 2022 from all HSAs (see instructions) | 14a |
| b | Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions | 14b |
| c | Subtract line 14b from line 14a | 14c |
| 15 | Qualified medical expenses paid using HSA distributions (see instructions) | 15 |
| 16 | Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8f | 16 |
| 17a | If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here <input type="checkbox"/> | |
| b | Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c | 17b |

Part III Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

| | | |
|----|--|----|
| 18 | Last-month rule | 18 |
| 19 | Qualified HSA funding distribution | 19 |
| 20 | Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f | 20 |
| 21 | Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d | 21 |

TAXABLE YEAR

FORM

2022

California e-file Signature Authorization for Individuals

8879

Your name

SHARAN KUMAR DONTINENI

Your SSN or ITIN

676-59-5396

Spouse's/RDP's name

Spouse's/RDP's SSN or ITIN

Part I Tax Return Information (whole dollars only)

Table with 3 rows: 1 California adjusted gross income (AGI) ... 53760; 2 Amount You Owe ...; 3 Refund or No Amount Due ... 784

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, 2022, and to the best of my knowledge and belief, it is true, correct, and complete.

Taxpayer's PIN: check one box only

[X] I authorize GLOBAL TAXES LLC to enter my PIN [9][5][3][9][6] Do not enter all zeros

as my signature on my 2022 e-filed California individual income tax return.

[] I will enter my PIN as my signature on my 2022 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.

Your signature Date

Spouse's/RDP's PIN: check one box only

[] I authorize to enter my PIN [][][][][] Do not enter all zeros

as my signature on my 2022 e-filed California individual income tax return.

[] I will enter my PIN as my signature on my 2022 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.

Spouse'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.

Enter your six-digit EFIN followed by your five-digit self-selected PIN.

2 2 2 4 9 6 6 1 9 8 9

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the 2022 California individual income tax return for the taxpayer(s) indicated above.

ERO's signature Date 01/31/2023

California Nonresident or Part-Year Resident Income Tax Return

2022

540NR

APE

ATTACH FEDERAL RETURN

676-59-5396 DONT
SHARANKUMAR DONTINENI

22

5356 MIDDLEBURY LOOP
LEWIS CENTER OH 43035

01-31-1989

If your California filing status is different from your federal filing status, check the box here

Filing Status

- 1 Single
- 2 Married/RDP filing jointly. See instr.
- 3 Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here
- 4 Head of household (with qualifying person). See instructions.
- 5 Qualifying surviving spouse/RDP. Enter year spouse/RDP died.
See instructions.

6 If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See instr.

► For 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.

Whole dollars only

Exemptions

- 7 **Personal:** If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2. If you checked the box on line 6, see instructions. 7 X \$140 = \$
- 8 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2 8 X \$140 = \$
- 9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2. See instructions. 9 X \$140 = \$

10 **Dependents: Do not include yourself or your spouse/RDP.**

| | Dependent 1 | Dependent 2 | Dependent 3 |
|---------------------------------|----------------------|----------------------|----------------------|
| First Name | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Last Name | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| SSN. See instructions. | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Dependent's relationship to you | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Total dependent exemptions 10 X \$433 = \$

REV 01/24/23 PRO

Your name: Your SSN or ITIN:

11 Exemption amount: Add line 7 through line 10 **11 \$**

| | |
|-----------------------------|--|
| Total Taxable Income | 12 Total California wages from your federal Form(s) W-2, box 16 <input checked="" type="radio"/> 12 <input type="text" value="53760"/> <input type="text" value=".00"/> |
| | 13 Enter federal AGI from federal Form 1040, 1040-SR, or 1040-NR, line 11 <input checked="" type="radio"/> 13 <input type="text" value="111058"/> <input type="text" value=".00"/> |
| | 14 California adjustments – subtractions. Enter the amount from Schedule CA (540NR), Part II, line 27, column B <input checked="" type="radio"/> 14 <input type="text" value="0"/> <input type="text" value=".00"/> |
| | 15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions 15 <input type="text" value="111058"/> <input type="text" value=".00"/> |
| | 16 California adjustments – additions. Enter the amount from Schedule CA (540NR), Part II, line 27, column C <input checked="" type="radio"/> 16 <input type="text" value="700"/> <input type="text" value=".00"/> |
| | 17 Adjusted gross income from all sources. Combine line 15 and line 16. <input checked="" type="radio"/> 17 <input type="text" value="111758"/> <input type="text" value=".00"/> |
| | 18 Enter the larger of: Your California itemized deductions from Schedule CA (540NR), Part III, line 30; OR Your California standard deduction . See instructions <input checked="" type="radio"/> 18 <input type="text" value="5202"/> <input type="text" value=".00"/> |
| | 19 Subtract line 18 from line 17. This is your total taxable income . If less than zero, enter -0- <input checked="" type="radio"/> 19 <input type="text" value="106556"/> <input type="text" value=".00"/> |

| | |
|--------------------------|---|
| CA Taxable Income | 31 Tax. Check the box if from: <input type="checkbox"/> Tax Table <input checked="" type="checkbox"/> Tax Rate Schedule |
| | 32 CA adjusted gross income from Schedule CA (540NR), Part IV, line 1. <input checked="" type="radio"/> 32 <input type="text" value="53760"/> <input type="text" value=".00"/> |
| | 35 CA Taxable Income from Schedule CA (540NR), Part IV, line 5. <input checked="" type="radio"/> 35 <input type="text" value="51258"/> <input type="text" value=".00"/> |
| | 36 CA Tax Rate. Divide line 31 by line 19. <input checked="" type="radio"/> 36 <input type="text" value="0.0625"/> |
| | 37 CA Tax Before Exemption Credits. Multiply line 35 by line 36. <input checked="" type="radio"/> 37 <input type="text" value="3204"/> <input type="text" value=".00"/> |
| | 38 CA Exemption Credit Percentage. Divide line 35 by line 19. If more than 1, enter 1.0000. <input checked="" type="radio"/> 38 <input type="text" value="0.4810"/> |
| | 39 CA Prorated Exemption Credits. Multiply line 11 by line 38. If the amount on line 13 is more than \$229,908, see instructions <input checked="" type="radio"/> 39 <input type="text" value="67"/> <input type="text" value=".00"/> |
| | 40 CA Regular Tax Before Credits. Subtract line 39 from line 37. If less than zero, enter -0-... <input checked="" type="radio"/> 40 <input type="text" value="3137"/> <input type="text" value=".00"/> |
| | 41 Tax. See instructions. Check the box if from: <input checked="" type="radio"/> Schedule G-1 <input type="radio"/> FTB 5870A <input checked="" type="radio"/> 41 <input type="text" value="3137"/> <input type="text" value=".00"/> |
| | 42 Add line 40 and line 41 <input checked="" type="radio"/> 42 <input type="text" value="3137"/> <input type="text" value=".00"/> |

| | |
|------------------------|---|
| Special Credits | 50 Nonrefundable Child and Dependent Care Expenses Credit. See instructions. Attach form FTB 3506. <input checked="" type="radio"/> 50 <input type="text" value=""/> <input type="text" value=".00"/> |
| | 51 Credit for joint custody head of household. See instructions <input checked="" type="radio"/> 51 <input type="text" value=""/> <input type="text" value=".00"/> |
| | 52 Credit for dependent parent. See instructions. <input checked="" type="radio"/> 52 <input type="text" value=""/> <input type="text" value=".00"/> |
| | 53 Credit for senior head of household. See instructions. <input checked="" type="radio"/> 53 <input type="text" value=""/> <input type="text" value=".00"/> |
| | 54 Credit percentage. Enter the amount from line 38 here. If more than 1, enter 1.0000. See instructions <input checked="" type="radio"/> 54 <input type="text" value=""/> <input type="text" value=".00"/> |
| | 55 Credit amount. See instructions <input checked="" type="radio"/> 55 <input type="text" value=""/> <input type="text" value=".00"/> |

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Your name: Your SSN or ITIN:

| | | | | | | |
|----------------------------------|----|--|---|----|-----------------------------------|-----|
| Special Credits continued | 58 | Enter credit name <input type="text"/> code <input type="text"/> and amount. | ● | 58 | <input type="text"/> | .00 |
| | 59 | Enter credit name <input type="text"/> code <input type="text"/> and amount. | ● | 59 | <input type="text"/> | .00 |
| | 60 | To claim more than two credits. See instructions. | ● | 60 | <input type="text"/> | .00 |
| | 61 | Nonrefundable Renter's Credit. See instructions | ● | 61 | <input type="text"/> | .00 |
| | 62 | Add line 50 and line 55 through 61. These are your total credits | ⊙ | 62 | <input type="text"/> | .00 |
| | 63 | Subtract line 62 from line 42. If less than zero, enter -0- | ⊙ | 63 | <input type="text" value="3137"/> | .00 |

| | | | | | | |
|--------------------|----|---|---|----|-----------------------------------|-----|
| Other Taxes | 71 | Alternative Minimum Tax. Attach Schedule P (540NR). | ● | 71 | <input type="text"/> | .00 |
| | 72 | Mental Health Services Tax. See instructions | ● | 72 | <input type="text"/> | .00 |
| | 73 | Other taxes and credit recapture. See instructions | ● | 73 | <input type="text"/> | .00 |
| | 74 | Add line 63, line 71, line 72, and line 73. This is your total tax. | ● | 74 | <input type="text" value="3137"/> | .00 |

| | | | | | | |
|-----------------|----|---|---|----|-----------------------------------|-----|
| Payments | 81 | California income tax withheld. See instructions | ● | 81 | <input type="text" value="3921"/> | .00 |
| | 82 | 2022 CA estimated tax and other payments. See instructions | ● | 82 | <input type="text"/> | .00 |
| | 83 | Withholding (Form 592-B and/or Form 593). See instructions. | ● | 83 | <input type="text"/> | .00 |
| | 84 | Excess SDI (or VPDI) withheld. See instructions | ● | 84 | <input type="text"/> | .00 |
| | 85 | Earned Income Tax Credit (EITC). See instructions | ● | 85 | <input type="text"/> | .00 |
| | 86 | Young Child Tax Credit (YCTC). See instructions | ● | 86 | <input type="text"/> | .00 |
| | 87 | Foster Youth Tax Credit (FYTC). See instructions | ● | 87 | <input type="text"/> | .00 |
| | 88 | Add line 81 through line 87. These are your total payments. See instructions. | ⊙ | 88 | <input type="text" value="3921"/> | .00 |

| | | | | | | |
|--------------------|----|---|---|--------------------------|--------------------------------|-----|
| ISR Penalty | 91 | 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. | ● | <input type="checkbox"/> | | |
| | | If you did not check the box, see instructions. Individual Shared Responsibility (ISR) Penalty. See instructions | ● | 91 | <input type="text" value="0"/> | .00 |

| | | | | | | |
|-----------------------------|-----|---|---|-----|-----------------------------------|-----|
| Overpaid Tax/Tax Due | 92 | Payments after Individual Shared Responsibility Penalty. If line 88 is more than line 91, subtract line 91 from line 88. | ⊙ | 92 | <input type="text" value="3921"/> | .00 |
| | 93 | Individual Shared Responsibility Penalty Balance. If line 91 is more than line 88, subtract line 88 from line 91. | ⊙ | 93 | <input type="text"/> | .00 |
| | 101 | Overpaid tax. If line 92 is more than line 74, subtract line 74 from line 92. | ⊙ | 101 | <input type="text" value="784"/> | .00 |
| | 102 | Amount of line 101 you want applied to your 2023 estimated tax | ● | 102 | <input type="text" value="0"/> | .00 |
| | 103 | Overpaid tax available this year. Subtract line 102 from line 101 | ● | 103 | <input type="text" value="784"/> | .00 |

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Your name:

Your SSN or ITIN:

104 Tax due. If line 92 is less than line 74, subtract line 92 from line 74 104 .00

| Contributions | | Code | Amount |
|---------------|---|-------|--------------------------|
| | California Seniors Special Fund. See instructions | ● 400 | <input type="text"/> .00 |
| | Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund | ● 401 | <input type="text"/> .00 |
| | Rare and Endangered Species Preservation Voluntary Tax Contribution Program | ● 403 | <input type="text"/> .00 |
| | California Breast Cancer Research Voluntary Tax Contribution Fund | ● 405 | <input type="text"/> .00 |
| | California Firefighters' Memorial Voluntary Tax Contribution Fund | ● 406 | <input type="text"/> .00 |
| | Emergency Food for Families Voluntary Tax Contribution Fund | ● 407 | <input type="text"/> .00 |
| | California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund | ● 408 | <input type="text"/> .00 |
| | California Sea Otter Voluntary Tax Contribution Fund | ● 410 | <input type="text"/> .00 |
| | California Cancer Research Voluntary Tax Contribution Fund | ● 413 | <input type="text"/> .00 |
| | School Supplies for Homeless Children Voluntary Tax Contribution Fund | ● 422 | <input type="text"/> .00 |
| | State Parks Protection Fund/Parks Pass Purchase | ● 423 | <input type="text"/> .00 |
| | Protect Our Coast and Oceans Voluntary Tax Contribution Fund | ● 424 | <input type="text"/> .00 |
| | Keep Arts in Schools Voluntary Tax Contribution Fund | ● 425 | <input type="text"/> .00 |
| | Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund | ● 431 | <input type="text"/> .00 |
| | California Senior Citizen Advocacy Voluntary Tax Contribution Fund | ● 438 | <input type="text"/> .00 |
| | Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund | ● 439 | <input type="text"/> .00 |
| | Rape Kit Backlog Voluntary Tax Contribution Fund | ● 440 | <input type="text"/> .00 |
| | Suicide Prevention Voluntary Tax Contribution Fund | ● 444 | <input type="text"/> .00 |
| | Mental Health Crisis Prevention Voluntary Tax Contribution Fund | ● 445 | <input type="text"/> .00 |
| | California Community and Neighborhood Tree Voluntary Tax Contribution Fund | ● 446 | <input type="text"/> .00 |
| | 120 Add amounts in code 400 through code 446. This is your total contribution | ● 120 | <input type="text"/> .00 |

Amount You Owe 121 **AMOUNT YOU OWE.** Add line 93, line 104, and line 120. See instructions. **Do not send cash.**
 Mail to: **FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001.** ● 121 .00
 Pay Online – Go to **ftb.ca.gov/pay** for more information.

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Your name: Your SSN or ITIN:

Interest and Penalties
122 Interest, late return penalties, and late payment penalties 122 .00
123 Underpayment of estimated tax.
Check the box: FTB 5805 attached FTB 5805F attached 123 .00
124 Total amount due. See instructions. Enclose, but **do not** staple, any payment 124 .00

125 REFUND OR NO AMOUNT DUE. Subtract line 120 from line 103. See instructions.
Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001**..... 125 .00

Refund and Direct Deposit
Fill in the information to authorize direct deposit of your refund into one or two accounts. **Do not** attach a voided check or a deposit slip.
See instructions. **Have you verified the routing and account numbers?** Use whole dollars only.
All or the following amount of my refund (line 125) is authorized for direct deposit into the account shown below:

Type Routing number Checking Savings Account number 126 Direct deposit amount
 .00

The remaining amount of my refund (line 125) is authorized for direct deposit into the account shown below:

Type Routing number Checking Savings Account number 127 Direct deposit amount
 .00

Voter Info.
For voter registration information, check the box and go to sos.ca.gov/elections. See instructions

IMPORTANT: Attach a copy of your complete federal return.
Our privacy notice can be found in annual tax booklets or online. Go to ftb.ca.gov/privacy to learn about our privacy policy statement, or go to ftb.ca.gov/forms and search for **1131** to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form code **948** when instructed.

Under penalties of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Your signature Date Spouse's/RDP's signature (if a joint tax return, both must sign)

Your email address. Enter only one email address.
 Preferred phone number

Sign Here

It is unlawful to forge a spouse's/RDP's signature.

Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge)

Firm's name (or yours, if self-employed) PTIN

Firm's address Firm's FEIN

Joint tax return? See instructions.

Do you want to allow another person to discuss this tax return with us? See instructions. Yes No

Print Third Party Designee's Name Telephone Number

California Adjustments — Nonresidents or Part-Year Residents

2022

CA (540NR)

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

Name(s) as shown on tax return

SHARAN KUMAR DONTINENI

SSN or ITIN

676595396

Part I Residency Information. Complete all lines that apply to you and your spouse/RDP for taxable year 2022.

During 2022:

1 My California (CA) Residency (Check one)

a Myself: [X] Nonresident [] Part-Year Resident [] Resident

b Spouse: [] Nonresident [] Part-Year Resident [] Resident

Table with columns: Yourself, Spouse/RDP. Rows 2-8 detailing residency information such as domicile, military status, and days spent in CA.

Part II Income Adjustment Schedule

Main table with columns A-E: Federal Amounts, Subtractions, Additions, Total Amounts Using CA Law, CA Amounts. Rows 1a-7 detailing income adjustments.

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| | | A | B | C | D | E |
|---|---|---|---|--|---|---|
| Section B — Additional Income from federal Schedule 1 (Form 1040) | | Federal Amounts (taxable amounts from your federal tax return) | Subtractions See instructions (difference between CA & federal law) | Additions See instructions (difference between CA & federal law) | Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result) | CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident) |
| 1 | Taxable refunds, credits, or offsets of state and local income taxes. | 1 0 | 0 | | | |
| 2 a | Alimony received. See instructions. | 2a | | | | |
| 3 | Business income or (loss). See instructions. | 3 | | | | |
| 4 | Other gains or (losses) | 4 | | | | |
| 5 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. | 5 -9714 | | | -9714 | |
| 6 | Farm income or (loss) | 6 | | | | |
| 7 | Unemployment compensation | 7 | | | | |
| 8 | Other income: | | | | | |
| a | Federal net operating loss | 8a () | | | | |
| b | Gambling | 8b | | | | |
| c | Cancellation of debt | 8c | | | | |
| d | Foreign earned income exclusion from federal Form 2555 | 8d () | | | | |
| e | Income from federal Form 8853 | 8e | | | | |
| f | Income from federal 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 | | | | |
| l | Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property | 8l | | | | |
| m | Olympic and Paralympic medals and USOC prize money | 8m | | | | |
| n | IRC Section 951(a) inclusion | 8n | | | | |
| o | IRC Section 951A(a) inclusion | 8o | | | | |
| p | IRC Section 461(l) excess business loss adjustment | 8p | | | | |
| q | Taxable distributions from an ABLE account | 8q | | | | |
| r | Scholarship and fellowship grants not reported on federal Form(s) W-2 | 8r | | | | |
| s | Nontaxable amount of Medicaid waiver payments included on federal Form 1040, line 1a or line 1d | 8s () | | | | |
| t | Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental IRC Section 457 plan | 8t | | | | |
| u | Wages earned while incarcerated. | 8u | | | | |
| z | Other income. List type and amount. ⊙ _____ | 8z | | | | |
| 9 a | Total other income. Add line 8a through line 8z | 9a | | | | |

| | A | B | C | D | E |
|---|---|---|--|---|---|
| Section B — Additional Income Continued | Federal Amounts (taxable amounts from your federal tax return) | Subtractions See instructions (difference between CA & federal law) | Additions See instructions (difference between CA & federal law) | Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result) | CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident) |
| b1 Disaster loss deduction from form FTB 3805V 9b1 | | <input type="radio"/> | | <input type="radio"/> | <input type="radio"/> |
| b2 NOL deduction from form FTB 3805V 9b2 | | <input type="radio"/> | | <input type="radio"/> | <input type="radio"/> |
| b3 NOL from form FTB 3805Z, FTB 3807, or FTB 3809 9b3 | | <input type="radio"/> | | <input type="radio"/> | <input type="radio"/> |
| 10 Total. Combine Section A, line 1z through line 7, and Section B, line 1 through line 7, line 9a and line 9b1 through line 9b3 (as applicable) in each column. See instructions. Go to Section C 10 | <input checked="" type="radio"/> 111058 | <input checked="" type="radio"/> 0 | <input checked="" type="radio"/> 700 | <input checked="" type="radio"/> 111758 | <input checked="" type="radio"/> 53760 |

Section C — Adjustments to Income
from federal Schedule 1 (Form 1040)

| | | | | | |
|--|----------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 11 Educator expenses 11 | <input checked="" type="radio"/> | <input type="radio"/> | | | |
| 12 Certain business expenses of reservists, performing artists, and fee-basis government officials 12 | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 13 Health savings account deduction 13 | <input checked="" type="radio"/> | <input type="radio"/> | | | |
| 14 Moving expenses. Attach form FTB 3913. See instructions 14 | <input checked="" type="radio"/> | | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 15 Deductible part of self-employment tax. See instructions 15 | <input checked="" type="radio"/> | <input type="radio"/> | | <input type="radio"/> | <input type="radio"/> |
| 16 Self-employed SEP, SIMPLE, and qualified plans 16 | <input checked="" type="radio"/> | | | <input type="radio"/> | <input type="radio"/> |
| 17 Self-employed health insurance deduction. See instructions 17 | <input checked="" type="radio"/> | <input type="radio"/> | | <input type="radio"/> | <input type="radio"/> |
| 18 Penalty on early withdrawal of savings 18 | <input checked="" type="radio"/> | | | <input type="radio"/> | <input type="radio"/> |
| 19 a Alimony paid. b Enter recipient's: SSN <input checked="" type="radio"/> _____ Last name <input checked="" type="radio"/> _____ 19a | <input checked="" type="radio"/> | | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 20 IRA deduction 20 | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 21 Student loan interest deduction 21 | <input checked="" type="radio"/> | | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 22 Reserved for future use 22 | | | | | |
| 23 Archer MSA deduction 23 | <input checked="" type="radio"/> | | | <input type="radio"/> | <input type="radio"/> |
| 24 Other adjustments: | | | | | |
| a Jury duty pay 24a | <input checked="" type="radio"/> | | | <input type="radio"/> | <input type="radio"/> |
| b Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit 24b | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m 24c | <input checked="" type="radio"/> | <input type="radio"/> | | | |
| d Reforestation amortization and expenses 24d | <input checked="" type="radio"/> | <input type="radio"/> | | <input type="radio"/> | <input type="radio"/> |
| e Repayment of supplemental unemployment benefits under the federal Trade Act of 1974 24e | <input checked="" type="radio"/> | | | <input type="radio"/> | <input type="radio"/> |
| f Contributions to IRC Section 501(c)(18)(D) pension plans 24f | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g Contributions by certain chaplains to IRC Section 403(b) plans 24g | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| h Attorney fees and court costs for actions involving certain unlawful discrimination claims 24h | <input checked="" type="radio"/> | | | <input type="radio"/> | <input type="radio"/> |

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| Section C — Adjustments to Income Continued | A Federal Amounts (taxable amounts from your federal tax return) | B Subtractions See instructions (difference between CA & federal law) | C Additions See instructions (difference between CA & federal law) | D Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result) | E CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident) |
|--|---|---|--|--|---|
| 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 24i | <input checked="" type="radio"/> | <input checked="" type="radio"/> | | | |
| j Housing deduction from federal Form 2555 24j | <input checked="" type="radio"/> | <input checked="" type="radio"/> | | | |
| k Excess deductions of IRC Section 67(e) expenses from federal Schedule K-1 (Form 1041) 24k | <input checked="" type="radio"/> | | | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| z Other adjustments. List type and amount. <input checked="" type="radio"/> _____ 24z | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 25 Total other adjustments. Add line 24a through line 24z. 25 | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 26 Add line 11 through line 23 and line 25 in each column, A through E 26 | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 27 Total. Subtract line 26 from line 10 in each column, A through E. See instructions. 27 | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| | 111058 | 0 | 700 | 111758 | 53760 |

Part III Adjustments to Federal Itemized Deductions
Check the box if you did NOT itemize for federal but will itemize for California

| | A Federal Amounts (from federal Schedule A (Form 1040)) | B Subtractions See instructions | C Additions See instructions |
|---|--|---------------------------------------|------------------------------------|
| Medical and Dental Expenses See instructions. | | | |
| 1 Medical and dental expenses 1 | <input checked="" type="radio"/> | | |
| 2 Enter amount from federal Form 1040 or 1040-SR, line 11 2 | 111058 | | |
| 3 Multiply line 2 by 7.5% (0.075) 3 | 8329 | | |
| 4 Subtract line 3 from line 1. If line 3 is more than line 1, enter 0 4 | <input checked="" type="radio"/> | | <input checked="" type="radio"/> |

| Taxes You Paid | | | | | |
|---|----------------------------------|------|----------------------------------|------|----------------------------------|
| 5a State and local income tax or general sales taxes 5a | <input checked="" type="radio"/> | 6844 | <input checked="" type="radio"/> | 6844 | |
| 5b State and local real estate taxes 5b | <input checked="" type="radio"/> | | | | |
| 5c State and local personal property taxes 5c | <input checked="" type="radio"/> | | | | |
| 5d Add line 5a through line 5c 5d | <input checked="" type="radio"/> | 6844 | | | |
| 5e 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 5e | <input checked="" type="radio"/> | 6844 | <input checked="" type="radio"/> | 6844 | <input checked="" type="radio"/> |
| 6 Other taxes. List type <input checked="" type="radio"/> _____ 6 | <input checked="" type="radio"/> | | <input checked="" type="radio"/> | | <input checked="" type="radio"/> |
| 7 Add line 5e and line 6 7 | <input checked="" type="radio"/> | 6844 | <input checked="" type="radio"/> | 6844 | <input checked="" type="radio"/> |

| Interest You Paid | | | | | |
|--|----------------------------------|--|----------------------------------|--|----------------------------------|
| 8a Home mortgage interest and points reported to you on federal Form 1098 8a | <input checked="" type="radio"/> | | | | <input checked="" type="radio"/> |
| 8b Home mortgage interest not reported to you on federal Form 1098 8b | <input checked="" type="radio"/> | | | | <input checked="" type="radio"/> |
| 8c Points not reported to you on federal Form 1098 8c | <input checked="" type="radio"/> | | | | <input checked="" type="radio"/> |
| 8d Reserved for future use 8d | | | | | |
| 8e Add line 8a through line 8c 8e | <input checked="" type="radio"/> | | <input checked="" type="radio"/> | | <input checked="" type="radio"/> |
| 9 Investment interest 9 | <input checked="" type="radio"/> | | <input checked="" type="radio"/> | | <input checked="" type="radio"/> |
| 10 Add line 8e and line 9 10 | <input checked="" type="radio"/> | | <input checked="" type="radio"/> | | <input checked="" type="radio"/> |

| Gifts to Charity | | | | | |
|---|----------------------------------|--|----------------------------------|--|----------------------------------|
| 11 Gifts by cash or check 11 | <input checked="" type="radio"/> | | <input checked="" type="radio"/> | | <input checked="" type="radio"/> |
| 12 Other than by cash or check 12 | <input checked="" type="radio"/> | | <input checked="" type="radio"/> | | <input checked="" type="radio"/> |
| 13 Carryover from prior year 13 | <input checked="" type="radio"/> | | <input checked="" type="radio"/> | | <input checked="" type="radio"/> |
| 14 Add line 11 through line 13 14 | <input checked="" type="radio"/> | | <input checked="" type="radio"/> | | <input checked="" type="radio"/> |

Part III Adjustments to Federal Itemized Deductions
Continued

A Federal Amounts
(from federal Schedule A
(Form 1040))

B Subtractions
See instructions

C Additions
See instructions

Casualty and Theft Losses

15 Casualty or theft loss(es) (other than net qualified disaster losses).
Attach federal Form 4684. See instructions **15**

Other Itemized Deductions

16 Other—from list in federal instructions **16**

17 Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C **17** 6844 6844 0

18 Total. Combine line 17 column A less column B plus column C **18**

Job Expenses and Certain Miscellaneous Deductions

19 Unreimbursed employee expenses: job travel, union dues, job education, etc.
Attach federal Form 2106 if required. See instructions. **19**

20 Tax preparation fees. **20**

21 Other expenses: investment, safe deposit box, etc. List type **21**

22 Add line 19 through line 21 **22**

23 Enter amount from federal Form 1040 or 1040-SR, line 11 111058

24 Multiply line 23 by 2% (0.02). If less than zero, enter 0 **24**

25 Subtract line 24 from line 22. If line 24 is more than line 22, enter 0. **25**

26 Total Itemized Deductions. Add line 18 and line 25. **26**

27 Other adjustments. See instructions. Specify. **27**

28 Combine line 26 and line 27. **28**

29 Is your federal AGI (Form 540NR, line 13) more than the amount shown below for your filing status?

Single or married/RDP filing separately **\$229,908**

Head of household **\$344,867**

Married/RDP filing jointly or qualifying surviving spouse/RDP **\$459,821**

No. Transfer the amount on line 28 to line 29.

Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540NR), line 29 **29**

30 Enter the larger of the amount on line 29 or your standard deduction listed below:

Single or married/RDP filing separately. See instructions. **\$5,202**

Married/RDP filing jointly, head of household, or qualifying surviving spouse/RDP **\$10,404** **30**

Part IV California Taxable Income

1 California AGI. Enter your California AGI from Part II, line 27, column E **1**

2 Enter your deductions from line 30 **2**

3 Deduction Percentage. Divide Part II, line 27, column E by Part II, line 27, column D. Carry the decimal to four places. If the result is greater than 1.0000, enter 1.0000. If less than zero, enter -0- **3**

4 California Itemized/Standard Deductions. Multiply line 2 by the percentage on line 3 **4**

5 California Taxable Income. Subtract line 4 from line 1. Transfer this amount to Form 540NR, line 35. If less than zero, enter -0- **5**

REV 01/24/23 PRO

Health Coverage Exemptions and Individual Shared Responsibility Penalty

2022

3853

Attach to your California Form 540, Form 540NR, or Form 540 2EZ.

| | |
|--|----------------------------|
| Name(s) as shown on your California tax return SHARAN KUMAR DONTINENI | SSN or ITIN 676-59-5396 |
|--|----------------------------|

Part I Applicable Household Members. List all members of your applicable household whether or not they have an exemption or an Exemption Certificate Number (ECN) granted by the Marketplace. See instructions.

| | First Name | Initial | SSN | Date of Birth (mm/dd/yyyy) | Modified AGI |
|-----------|---|----------------------------------|--|---|---|
| 1 | <input checked="" type="radio"/> SHARAN KUMAR | <input checked="" type="radio"/> | <input checked="" type="radio"/> 676-59-5396 | <input checked="" type="radio"/> 01/31/1989 | <input checked="" type="radio"/> 111,758. |
| | Last Name <input checked="" type="radio"/> DONTINENI | | ECN 1 <input type="radio"/> | ECN 2 <input type="radio"/> | ECN 3 <input type="radio"/> |
| 2 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | Last Name <input type="radio"/> | | ECN 1 <input type="radio"/> | ECN 2 <input type="radio"/> | ECN 3 <input type="radio"/> |
| 3 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | Last Name <input type="radio"/> | | ECN 1 <input type="radio"/> | ECN 2 <input type="radio"/> | ECN 3 <input type="radio"/> |
| 4 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | Last Name <input type="radio"/> | | ECN 1 <input type="radio"/> | ECN 2 <input type="radio"/> | ECN 3 <input type="radio"/> |
| 5 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | Last Name <input type="radio"/> | | ECN 1 <input type="radio"/> | ECN 2 <input type="radio"/> | ECN 3 <input type="radio"/> |
| 6 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | Last Name <input type="radio"/> | | ECN 1 <input type="radio"/> | ECN 2 <input type="radio"/> | ECN 3 <input type="radio"/> |
| 7 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | Last Name <input type="radio"/> | | ECN 1 <input type="radio"/> | ECN 2 <input type="radio"/> | ECN 3 <input type="radio"/> |
| 8 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | Last Name <input type="radio"/> | | ECN 1 <input type="radio"/> | ECN 2 <input type="radio"/> | ECN 3 <input type="radio"/> |
| 9 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | Last Name <input type="radio"/> | | ECN 1 <input type="radio"/> | ECN 2 <input type="radio"/> | ECN 3 <input type="radio"/> |
| 10 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | Last Name <input type="radio"/> | | ECN 1 <input type="radio"/> | ECN 2 <input type="radio"/> | ECN 3 <input type="radio"/> |
| 11 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | Last Name <input type="radio"/> | | ECN 1 <input type="radio"/> | ECN 2 <input type="radio"/> | ECN 3 <input type="radio"/> |
| 12 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | Last Name <input type="radio"/> | | ECN 1 <input type="radio"/> | ECN 2 <input type="radio"/> | ECN 3 <input type="radio"/> |

Part II Coverage Exemption Claimed on Your Tax Return for Your Household

REV 01/24/23 PRO

1 If you are claiming a coverage exemption because your applicable household income or gross income is below the filing threshold, check the box here. See instructions.

Part III Coverage and Exemptions Claimed on Your Tax Return for Individuals. If you and/or a member of your applicable household are reporting any coverage or are claiming exemptions for the tax year, complete Part III. See instructions.

Coverage and Exemption Codes

| | | (a) Full-year | (b) Jan | (c) Feb | (d) Mar | (e) Apr | (f) May | (g) June | (h) July | (i) Aug | (j) Sept | (k) Oct | (l) Nov | (m) Dec |
|---|---|------------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|
| 1 | First Name <input checked="" type="radio"/> SHARAN KUMAR | <input checked="" type="radio"/> E | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| | Initial <input checked="" type="radio"/> | | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| Last Name <input checked="" type="radio"/> DONTINENI | | | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 2 | First Name <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
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| 3 | First Name <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
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| 11 | First Name <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
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| 12 | First Name <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
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Part IV Individual Shared Responsibility Penalty

1 Your Individual Shared Responsibility Penalty. Enter on Form 540, line 92; Form 540NR, line 91; or Form 540 2EZ, line 27. See instructions **1** 0.

Name as Shown on Return
SHARAN KUMAR DONTINENI

Social Security No.
676-59-5396

Line 1 – Wages, Salaries, Tips, Etc.

| | (B) Subtractions | (C) Additions |
|--|----------------------------|-------------------------|
| 1 Excess reimbursements from Form 2106 included in wage income | | |
| 2 Active duty military pay | | |
| 3 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 Ridesharing fringe benefit differences | | |
| 7 HSA employer contributions | | 700 |
| 8 Paid Family Leave Insurance (PFL) benefits I confirm that the PFL amount above is accurate <input type="checkbox"/> | | |
| 9 Employer-provided adoption benefits income exclusions. | | |
| 10 In-Home Supportive Services (IHSS) supplementary payment | | |
| 11 Native American income (Form 3504) | | |
| 12 Clergy housing exclusion. This is the amount entered on W-2s a as smallest of amount spent or fair rental value b Enter the amount spent on qual. housing expenses | | |
| 13 Excess moving reimbursements | | |
| 14 CA Employees and federal Independent Contractors income | | |
| 15 Employer-provided dependent care assistance exclusion | | |
| 16 Other (itemize): a _____ b _____ c _____ d _____ | | |
| Total adjustments to wages, salaries, tips, etc. Enter here and on Schedule CA (540/540NR), line 1. | | 700 |

Line 4 – IRA, Pensions, and Annuities

| IRA's | (B) Subtractions | (C) Additions |
|---|----------------------------|-------------------------|
| 1 Other (itemize): a _____ b _____ c _____ d _____ | | |
| Total adjustments to IRA distributions. Enter here and on Schedule CA (540/540NR), line 4 | | |
| Pensions and Annuities | (B) Subtractions | (C) Additions |
| 1 Form 1099-R, Railroad Retirement Benefits. Check here to confirm the Tier 2 RRB above is correct . . . ▶ <input type="checkbox"/> | | |
| 2 Other (itemize): a _____ b _____ c _____ d _____ | | |
| Total adjustments to pensions and annuities. Enter here and on Schedule CA (540/540NR), line 5. | | |

Do not staple or paper clip.



Department of Taxation

2022 Ohio IT 1040 Individual Income Tax Return



01 31 23

Use only black ink/UPPERCASE letters. Use whole dollars only.

22000198 Sequence No. 1

AMENDED RETURN - Check here and include Ohio IT RE.

NOL CARRYBACK - Check here and include Schedule IT NOL.

Primary taxpayer's SSN (required) 676 59 5396 If deceased Spouse's SSN (if filing jointly) If deceased School district # 2103

First name SHARAN KUMAR M.I. Last name DONTNINENI

Spouse's first name (if filing jointly) M.I. Last name

Address line 1 (number and street) or P.O. Box 5356 MIDDLEBURY LOOP

Address line 2 (apartment number, suite number, etc.)

City LEWIS CENTER State OH ZIP code 43035 Ohio county (first four letters) DELA

Foreign country (if the mailing address is outside the U.S.) Foreign postal code

Residency Status - Check only one for primary: Resident, Part-year resident, Nonresident. Filing Status - Check one (as reported on federal income tax return): Single, Married filing jointly, Married filing separately. Ohio Nonresident Statement - See instructions for required criteria. Federal extension filers - check here.

Do not staple or paper clip.

Table with 3 columns: Line number, Description, and Amount. Line 1: Federal adjusted gross income 111058. Line 2a: Additions 0. Line 2b: Deductions 0. Line 3: Ohio adjusted gross income 111058. Line 4: Exemption amount 1900. Line 5: Ohio income tax base 109158. Line 6: Taxable business income 0. Line 7: Taxable nonbusiness income 109158.



MM-DD-YY Code

2022 Ohio IT 1040
Individual Income Tax Return



22000298 Sequence No. 2

SSN 676 59 5396

| | | |
|---|---------------------------|-----------------------------|
| 7a. Amount from line 7 on page 1 | 7a. | 109158 |
| 8a. Nonbusiness income tax liability on line 7a (see instructions for tax tables)..... | 8a. | 3028 |
| 8b. Business income tax liability – Ohio Schedule IT BUS, line 14 (include schedule)..... | 8b. | |
| 8c. Income tax liability before credits (line 8a plus line 8b) | 8c. | 3028 |
| 9. Ohio nonrefundable credits – Ohio Schedule of Credits, line 35 (include schedule)..... | 9. | 1466 |
| 10. Tax liability after nonrefundable credits (line 8c minus line 9; if negative, enter zero) | 10. | 1562 |
| 11. Interest penalty on underpayment of estimated tax (include Ohio IT/SD 2210)..... | 11. | |
| 12. Unpaid use tax (see instructions)..... | 12. | |
| 13. Total Ohio tax liability before withholding or estimated payments (add lines 10, 11 and 12)..... | 13. | 1562 |
| 14. Ohio income tax withheld – Schedule of Ohio Withholding, part A, line 1 (include schedule and income statements) | 14. | 2332 |
| 15. Estimated and extension payments (from Ohio IT 1040ES and IT 40P), and credit carryforward from last year's return | 15. | |
| 16. Refundable credits – Ohio Schedule of Credits, line 41 (include schedule)..... | 16. | |
| 17. Amended return only – amount previously paid with original and/or amended return | 17. | |
| 18. Total Ohio tax payments (add lines 14, 15, 16 and 17)..... | 18. | 2332 |
| 19. Amended return only – overpayment previously requested on original and/or amended return..... | 19. | |
| 20. Line 18 minus line 19. Place a "-" in the box if negative..... | 20. | 2332 |
| If line 20 is MORE THAN line 13, skip to line 24. OTHERWISE, continue to line 21. | | |
| 21. Tax due (line 13 minus line 20). If line 20 is negative, ignore the "-" and add line 20 to line 13..... | 21. | |
| 22. Interest due on late payment of tax (see instructions) | 22. | |
| 23. TOTAL AMOUNT DUE (line 21 plus line 22). Include Ohio IT 40P (if original return) or IT 40XP (if amended return) and make check payable to "Ohio Treasurer of State" | AMOUNT DUE ▶ 23. | |
| 24. Overpayment (line 20 minus line 13) | 24. | 770 |
| 25. Original return only – portion of line 24 carried forward to next year's tax liability | 25. | |
| 26. Original return only – portion of line 24 you wish to donate: | | |
| a. Wildlife Species | b. Military Injury Relief | c. Ohio History Fund |
| d. Nature Preserves/Scenic Rivers | e. Breast/Cervical Cancer | f. Wishes for Sick Children |
| | Total.... | 26g. |
| 27. REFUND (line 24 minus lines 25 and 26g)..... | YOUR REFUND ▶ 27. | 770 |

Sign Here (required): I have read this return. Under penalties of perjury, I declare that, to the best of my knowledge and belief, the return and all enclosures are true, correct and complete.

▶ Primary signature _____ Phone number (937) 594-9010

▶ Spouse's signature _____ Date _____

Check here to authorize your preparer to discuss this return with the Department.

Preparer's printed name SYAM PRIYA RAM SAGAR GUP Phone number (678) 965-9522

Preparer's TIN (PTIN) P 02082703

If your refund is \$1.00 or less, no refund will be issued.
If you owe \$1.00 or less, no payment is necessary.

NO Payment Included – Mail to:
Ohio Department of Taxation
P.O. Box 2679
Columbus, OH 43270-2679

Payment Included – Mail to:
Ohio Department of Taxation
P.O. Box 2057
Columbus, OH 43270-2057



01 31 23

Many of these credits **must** be calculated using a worksheet and/or be supported by additional required documentation. See the instructions for worksheets and information on supporting documentation.

Nonrefundable Credits

| | | |
|---|-----|------|
| 1. Tax liability before credits (from Ohio IT 1040, line 8c) | 1. | 3028 |
| 2. Retirement income credit (include 1099-R forms) | 2. | |
| 3. Lump sum retirement credit (include a copy of the worksheet and 1099-R forms) | 3. | |
| 4. Senior citizen credit (must be 65 or older to claim this credit) | 4. | |
| 5. Lump sum distribution credit (include a copy of the worksheet and 1099-R forms) | 5. | |
| 6. Child care & dependent care credit (include a copy of the worksheet) | 6. | |
| 7. Displaced worker training credit (include a copy of the worksheet and all required documentation) | 7. | |
| 8. Campaign contribution credit for Ohio statewide office or General Assembly | 8. | 0 |
| 9. Income-based exemption credit | 9. | 0 |
| 10. Total (add lines 2 through 9) | 10. | 0 |
| 11. Tax less credits (line 1 minus line 10; if negative, enter zero) | 11. | 3028 |
| 12. Joint filing credit (see instructions for table). % times line 11, up to \$650 | 12. | 0 |
| 13. Earned income credit | 13. | |
| 14. Home school expenses credit (include copies of all required documentation) | 14. | |
| 15. Scholarship donation credit (include copies of all required documentation) | 15. | |
| 16. Nonchartered, nonpublic school tuition credit (include copies of all required documentation) | 16. | |
| 17. Vocational job credit (include a copy of the credit certificate) | 17. | |
| 18. Ohio adoption credit | 18. | |
| 19. Nonrefundable job retention credit (include a copy of the credit certificate) | 19. | |
| 20. Credit for eligible new employees in an enterprise zone (include a copy of the credit certificate) | 20. | |
| 21. Grape production credit | 21. | |
| 22. InvestOhio credit (include a copy of the credit certificate) | 22. | |
| 23. Lead abatement credit (include a copy of the credit certificate) | 23. | |
| 24. Opportunity zone investment credit (include a copy of the credit certificate) | 24. | |



2022 Ohio Schedule of Credits

Primary taxpayer's SSN
676 59 5396



22280298

Sequence No. 8

| | | |
|---|-----|------|
| 25. Technology investment credit carryforward (include a copy of the credit certificate)..... | 25. | |
| 26. Enterprise zone day care & training credits (include a copy of the credit certificate) | 26. | |
| 27. Research & development credit (include a copy of the credit certificate)..... | 27. | |
| 28. Nonrefundable Ohio historic preservation credit (include a copy of the credit certificate)..... | 28. | |
| 29. Total (add lines 12 through 28) | 29. | 0 |
| 30. Tax less additional credits (line 11 minus line 29; if negative, enter zero)..... | 30. | 3028 |

Nonresident Credit

| Dates of Ohio residency | to | Other state of residency | |
|--|----|--------------------------|------|
| 31. Nonresident Portion of Ohio adjusted gross income - Ohio IT NRC Section I, line 18 (include a copy) | | | 31. |
| 32. Ohio adjusted gross income (Ohio IT 1040, line 3)..... | | | 32. |
| 33a. Divide line 31 by line 32 (four decimals; do not round; if greater than 1, enter 1.0000) | | | 33a. |
| 33. Nonresident credit (line 30 times line 33a) | | | 33. |

Resident Credit

| | | |
|--|-----|------|
| 34. Resident credit – Ohio IT RC, line 7 (include a copy) | 34. | 1466 |
| 35. Total nonrefundable credits (add lines 10, 29, 33 and 34; enter here and on Ohio IT 1040, line 9) | 35. | 1466 |

Refundable Credits

| | | |
|---|-----|--|
| 36. Refundable Ohio historic preservation credit (include a copy of the credit certificate)..... | 36. | |
| 37. Refundable job creation credit & job retention credit (include a copy of the credit certificate) | 37. | |
| 38. Pass-through entity credit (include a copy of the Ohio IT K-1s)..... | 38. | |
| 39. Motion picture & Broadway theatrical production credit (include a copy of the credit certificate)..... | 39. | |
| 40. Venture capital credit (include a copy of the credit certificate) | 40. | |
| 41. Total refundable credits (add lines 36 through 40; enter here and on Ohio IT 1040, line 16)..... | 41. | |

2022 Schedule of Ohio Withholding



22350198

Use only black ink/UPPERCASE letters. Use whole dollars only.

Primary taxpayer's SSN

Sequence No. 11

676 59 5396

List your and your spouse's (if filing jointly) W-2, 1099, and W-2G forms **only if they have Ohio withholding**. Enter "P" in the "P/S" box if the form is the primary taxpayer's and enter "S" if it is the spouse's. If the Ohio ID number on a statement has 9 digits, enter only the first 8 digits. Complete additional copies if necessary. **Place state copies of your income statements after the last page of your return.**

Part A - Total Withholding

1. Total of all Ohio state tax withheld on pages 1 and 2 as well as any additional pages. Enter here and on line 14 of your Ohio IT 10401. 2332

Part B - W-2s

| | | | |
|--------|--|--|--|
| 1. P/S | Box b - EIN P 383056583 | Box 1 - Wages, tips, other compensation 67012 | Box 2 - Federal income tax withheld 12760 |
| | Box 15 - Employer's Ohio ID number 52397756 | Box 16 - Ohio wages, tips, etc. 67012 | Box 17 - Ohio income tax 2332 |
| 2. P/S | Box b - EIN | Box 1 - Wages, tips, other compensation | Box 2 - Federal income tax withheld |
| | Box 15 - Employer's Ohio ID number | Box 16 - Ohio wages, tips, etc. | Box 17 - Ohio income tax |
| 3. P/S | Box b - EIN | Box 1 - Wages, tips, other compensation | Box 2 - Federal income tax withheld |
| | Box 15 - Employer's Ohio ID number | Box 16 - Ohio wages, tips, etc. | Box 17 - Ohio income tax |
| 4. P/S | Box b - EIN | Box 1 - Wages, tips, other compensation | Box 2 - Federal income tax withheld |
| | Box 15 - Employer's Ohio ID number | Box 16 - Ohio wages, tips, etc. | Box 17 - Ohio income tax |
| 5. P/S | Box b - EIN | Box 1 - Wages, tips, other compensation | Box 2 - Federal income tax withheld |
| | Box 15 - Employer's Ohio ID number | Box 16 - Ohio wages, tips, etc. | Box 17 - Ohio income tax |
| 6. P/S | Box b - EIN | Box 1 - Wages, tips, other compensation | Box 2 - Federal income tax withheld |
| | Box 15 - Employer's Ohio ID number | Box 16 - Ohio wages, tips, etc. | Box 17 - Ohio income tax |
| 7. P/S | Box b - EIN | Box 1 - Wages, tips, other compensation | Box 2 - Federal income tax withheld |
| | Box 15 - Employer's Ohio ID number | Box 16 - Ohio wages, tips, etc. | Box 17 - Ohio income tax |



2022 Schedule of Ohio Withholding

Primary taxpayer's SSN
676 59 5396



22350298

Sequence No. 12

Part C - 1099-Rs

1. P/S Payer's TIN

Box 15 - Payer's Ohio number

Box 1 - Gross distribution

Box 4 - Federal income tax withheld

Total
distribution

Box 7 -
Distribution code

Box 14 - Ohio tax withheld

2. P/S Payer's TIN

Box 15 - Payer's Ohio number

Box 1 - Gross distribution

Box 4 - Federal income tax withheld

Total
distribution

Box 7 -
Distribution code

Box 14 - Ohio tax withheld

3. P/S Payer's TIN

Box 15 - Payer's Ohio number

Box 1 - Gross distribution

Box 4 - Federal income tax withheld

Total
distribution

Box 7 -
Distribution code

Box 14 - Ohio tax withheld

4. P/S Payer's TIN

Box 15 - Payer's Ohio number

Box 1 - Gross distribution

Box 4 - Federal income tax withheld

Total
distribution

Box 7 -
Distribution code

Box 14 - Ohio tax withheld

Part D - W-2Gs

1. P/S Payer's federal ID number

Box 13 - Ohio state ID number

Box 1 - Reportable winnings

Box 14 - Ohio state winnings

Box 4 - Federal income tax withheld

Box 15 - Ohio income tax withheld

2. P/S Payer's federal ID number

Box 13 - Ohio state ID number

Box 1 - Reportable winnings

Box 14 - Ohio state winnings

Box 4 - Federal income tax withheld

Box 15 - Ohio income tax withheld

3. P/S Payer's federal ID number

Box 13 - Ohio state ID number

Box 1 - Reportable winnings

Box 14 - Ohio state winnings

Box 4 - Federal income tax withheld

Box 15 - Ohio income tax withheld

Part E - 1099-NECs

1. P/S Payer's TIN

Box 6 - Payer's Ohio number

Box 1 - Nonemployee compensation

Box 7 - State income

Box 4 - Federal income tax withheld

Box 5 - Ohio tax withheld

2. P/S Payer's TIN

Box 6 - Payer's Ohio number

Box 1 - Nonemployee compensation

Box 7 - State income

Box 4 - Federal income tax withheld

Box 5 - Ohio tax withheld

2022 IT RC
Ohio Resident Credit Calculation
 Use black ink only. Use whole dollars only.
 Primary taxpayer's SSN



22380198

676 59 5396

This form is for individuals who were subjected to individual income tax by another state or the District of Columbia while a resident of Ohio. Full-year nonresidents are not entitled to this credit and should not use this form. Include a copy when filing your Ohio IT 1040.

List any income taxed and any taxes paid to each state and/or the District of Columbia. Do not include income earned or received in states without an income tax. Only income included in your Ohio adjusted gross income is eligible for this credit. **Important:** Do not list any income in Column A if you do not have tax paid in Column B. Do not list a tax paid in Column B if you do not have income taxed in Column A.

| | (A) Income Taxed | (B) Tax Paid | (A) Income Taxed | (B) Tax Paid | (A) Income Taxed | (B) Tax Paid |
|----|---------------------|-----------------|---------------------|-----------------|---------------------|-----------------|
| AL | | | KS | | NH | |
| AR | | | KY | | NJ | |
| AZ | | | LA | | NM | |
| CA | 53760 | 3137 | MA | | NY | |
| CO | | | MD | | OK | |
| CT | | | ME | | OR | |
| DC | | | MI | | PA | |
| DE | | | MN | | RI | |
| GA | | | MO | | SC | |
| HI | | | MS | | UT | |
| IA | | | MT | | VA | |
| ID | | | NC | | VT | |
| IL | | | ND | | WI | |
| IN | | | NE | | WV | |

| | | |
|---|----|--------|
| 1. Sum of all Column A amounts | 1. | 53760 |
| 2. Sum of all Column B amounts | 2. | 3137 |
| 3. Ohio adjusted gross income (from Ohio IT 1040, line 3) | 3. | 111058 |
| 4. Divide line 1 by line 3. Carry to four digits without rounding. If greater than 1, enter 1 | 4. | 0.4841 |
| 5. Ohio Schedule of Credits, line 30 minus Ohio Schedule of Credits, line 33. If negative, enter zero | 5. | 3028 |
| 6. Multiply line 4 by line 5 | 6. | 1466 |
| 7. Ohio Resident Credit. Enter the lesser of line 2 or line 6. Enter here and on the Ohio Schedule of Credits, line 34 | 7. | 1466 |

