

TAXABLE YEAR

FORM

2022

California e-file Signature Authorization for Individuals

8879

Table with 2 columns: Name (Your name, Spouse's/RDP's name) and SSN or ITIN. Values include SAI ESWAR GANGANABOINA, ANUGNA PENTAPARTHY, 766-51-3594, and 121-11-5040.

Part I Tax Return Information (whole dollars only)

Table with 2 columns: Line number and Amount. Line 1: California adjusted gross income (AGI) 3938. Line 2: Amount You Owe. Line 3: Refund or No Amount Due 46.

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

Taxpayer's PIN: check one box only

[X] I authorize GLOBAL TAXES LLC to enter my PIN 1 3 5 9 4 as my signature on my 2022 e-filed California individual income tax return. Do not enter all zeros

[] 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. The ERO must complete Part III below.

Your signature Date

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

[X] I authorize GLOBAL TAXES LLC to enter my PIN 1 5 0 4 0 as my signature on my 2022 e-filed California individual income tax return. Do not enter all zeros

[] 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. The ERO must complete Part III below.

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. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and FTB Pub. 1345, 2022 Handbook for Authorized e-file Providers.

ERO's signature Date 02/28/2023

California Nonresident or Part-Year Resident Income Tax Return

2022

540NR

APE

ATTACH FEDERAL RETURN

766-51-3594 GANG 121-11-5040
SAIESWAR GANGANABOINA
ANUGNA PENTAPARTHY

22

9732 TRUCKEE ST
COMMERCE CITY CO 80022

06-30-1994 01-23-1993

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.

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="radio"/> ADWIK	<input type="radio"/>	<input type="radio"/>
Last Name	<input type="radio"/> GANGANABOINA	<input type="radio"/>	<input type="radio"/>
SSN. See instructions.	<input type="radio"/> 711914025	<input type="radio"/>	<input type="radio"/>
Dependent's relationship to you	<input type="radio"/> SON	<input type="radio"/>	<input type="radio"/>

Total dependent exemptions 10 X \$433 = \$

REV 02/17/23 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="3938"/> <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="221745"/> <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=""/> <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="221745"/> <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=""/> <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="221745"/> <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="14502"/> <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="207243"/> <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
	<input checked="" type="radio"/> 31 <input type="text" value="12781"/> <input type="text" value=".00"/>
	32 CA adjusted gross income from Schedule CA (540NR), Part IV, line 1. <input checked="" type="radio"/> 32 <input type="text" value="3938"/> <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="3680"/> <input type="text" value=".00"/>
	36 CA Tax Rate. Divide line 31 by line 19. <input checked="" type="radio"/> 36 <input type="text" value="0.0617"/>
	37 CA Tax Before Exemption Credits. Multiply line 35 by line 36. <input checked="" type="radio"/> 37 <input type="text" value="227"/> <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="0.0178"/>
	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="13"/> <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="214"/> <input type="text" value=".00"/>
41 Tax. See instructions. Check the box if from: <input checked="" type="radio"/> Schedule G-1 <input type="checkbox"/> FTB 5870A <input checked="" type="radio"/> 41 <input type="text" value=""/> <input type="text" value=".00"/>	
42 Add line 40 and line 41 <input checked="" type="radio"/> 42 <input type="text" value="214"/> <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=""/>
55 Credit amount. See instructions <input checked="" type="radio"/> 55 <input type="text" value=""/> <input type="text" value=".00"/>	

REV 02/17/23 PRO

Your name: Your SSN or ITIN:

Special Credits continued

58 Enter credit name code and amount... ● 58 .00

59 Enter credit name code and amount... ● 59 .00

60 To claim more than two credits. See instructions. ● 60 .00

61 Nonrefundable Renter's Credit. See instructions ● 61 .00

62 Add line 50 and line 55 through 61. These are your total credits ● 62 .00

63 Subtract line 62 from line 42. If less than zero, enter -0- ● 63 .00

Other Taxes

71 Alternative Minimum Tax. Attach Schedule P (540NR). ● 71 .00

72 Mental Health Services Tax. See instructions ● 72 .00

73 Other taxes and credit recapture. See instructions ● 73 .00

74 Add line 63, line 71, line 72, and line 73. This is your total tax. ● 74 .00

Payments

81 California income tax withheld. See instructions ● 81 .00

82 2022 CA estimated tax and other payments. See instructions ● 82 .00

83 Withholding (Form 592-B and/or Form 593). See instructions. ● 83 .00

84 Excess SDI (or VPMI) withheld. See instructions ● 84 .00

85 Earned Income Tax Credit (EITC). See instructions ● 85 .00

86 Young Child Tax Credit (YCTC). See instructions ● 86 .00

87 Foster Youth Tax Credit (FYTC). See instructions ● 87 .00

88 Add line 81 through line 87. These are your total payments. See instructions ● 88 .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. ●

If you did not check the box, see instructions.

Individual Shared Responsibility (ISR) Penalty. See instructions ● 91 .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 .00

93 Individual Shared Responsibility Penalty Balance. If line 91 is more than line 88,
subtract line 88 from line 91. ● 93 .00

101 Overpaid tax. If line 92 is more than line 74, subtract line 74 from line 92. ● 101 .00

102 Amount of line 101 you want applied to your 2023 estimated tax ● 102 .00

103 Overpaid tax available this year. Subtract line 102 from line 101 ● 103 .00

REV 02/17/23 PRO

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

		Code	Amount
Contributions	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.

REV 02/17/23 PRO

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 attached00

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:

Routing number Type Account number 126 Direct deposit amount

Checking .00

Savings

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

Routing number Type Account number 127 Direct deposit amount

Checking .00

Savings

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.

Joint tax return? See instructions.

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

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

REV 02/17/23 PRO

California Adjustments —
Nonresidents or Part-Year Residents

2022

CA (540NR)

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

Table with 2 columns: Name(s) as shown on tax return (S GANGANABOINA & A PENTAPARTHY) and SSN or ITIN (766513594)

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

Table with 2 columns: Yourself and 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 5 columns: Section A - Income, A Federal Amounts, B Subtractions, C Additions, D Total Amounts Using CA Law, E CA Amounts. Rows 1a-7 detailing various income and adjustment items.

REV 02/17/23 PRO

		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	<input type="radio"/>	<input type="radio"/>			
2 a	Alimony received. See instructions. 2a	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	Business income or (loss). See instructions. 3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	Other gains or (losses) 4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc 5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6	Farm income or (loss) 6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7	Unemployment compensation 7	<input type="radio"/>	<input type="radio"/>			
8	Other income:					
8a	Federal net operating loss 8a	<input type="radio"/> ()		<input type="radio"/>		
8b	Gambling 8b	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
8c	Cancellation of debt 8c	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8d	Foreign earned income exclusion from federal Form 2555 8d	<input type="radio"/> ()		<input type="radio"/>		
8e	Income from federal Form 8853 8e	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8f	Income from federal Form 8889 8f	<input type="radio"/>	<input type="radio"/>			
8g	Alaska Permanent Fund dividends 8g	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
8h	Jury duty pay 8h	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
8i	Prizes and awards 8i	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
8j	Activity not engaged in for profit income 8j	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
8k	Stock options 8k	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8l	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	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
8m	Olympic and Paralympic medals and USOC prize money 8m	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
8n	IRC Section 951(a) inclusion 8n	<input type="radio"/>	<input type="radio"/>			
8o	IRC Section 951A(a) inclusion 8o	<input type="radio"/>	<input type="radio"/>			
8p	IRC Section 461(l) excess business loss adjustment 8p	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8q	Taxable distributions from an ABLE account 8q	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
8r	Scholarship and fellowship grants not reported on federal Form(s) W-2 8r	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
8s	Nontaxable amount of Medicaid waiver payments included on federal Form 1040, line 1a or line 1d 8s	<input type="radio"/> ()			<input type="radio"/>	<input type="radio"/>
8t	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental IRC Section 457 plan 8t	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
8u	Wages earned while incarcerated 8u	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
8z	Other income. List type and amount. <input type="radio"/> _____ 8z	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9 a	Total other income. Add line 8a through line 8z. 9a	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

		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"/> 221745	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> 221745	<input checked="" type="radio"/> 3938

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

11	Educator expenses 11	<input type="radio"/>	<input type="radio"/>			
12	Certain business expenses of reservists, performing artists, and fee-basis government officials 12	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13	Health savings account deduction 13	<input type="radio"/>	<input type="radio"/>			
14	Moving expenses. Attach form FTB 3913. See instructions 14	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15	Deductible part of self-employment tax. See instructions. 15	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
16	Self-employed SEP, SIMPLE, and qualified plans 16	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
17	Self-employed health insurance deduction. See instructions. 17	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
18	Penalty on early withdrawal of savings . . . 18	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
19	a Alimony paid. b Enter recipient's: SSN <input type="radio"/> _____ - _____ Last name <input type="radio"/> _____ 19a	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20	IRA deduction 20	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21	Student loan interest deduction 21	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22	Reserved for future use 22					
23	Archer MSA deduction 23	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
24	Other adjustments:					
a	Jury duty pay 24a	<input 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 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 type="radio"/>	<input type="radio"/>			
d	Reforestation amortization and expenses 24d	<input 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 type="radio"/>			<input type="radio"/>	<input type="radio"/>
f	Contributions to IRC Section 501(c)(18)(D) pension plans . . 24f	<input 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 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 type="radio"/>			<input type="radio"/>	<input type="radio"/>

REV 02/17/23 PRO

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 type="radio"/>	<input type="radio"/>			
j Housing deduction from federal Form 2555 24j	<input type="radio"/>	<input type="radio"/>			
k Excess deductions of IRC Section 67(e) expenses from federal Schedule K-1 (Form 1041) 24k	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
z Other adjustments. List type and amount. <input type="radio"/> _____ 24z	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25 Total other adjustments. Add line 24a through line 24z. 25	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26 Add line 11 through line 23 and line 25 in each column, A through E 26	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27 Total. Subtract line 26 from line 10 in each column, A through E. See instructions. 27	<input type="radio"/> 221745	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> 221745	<input type="radio"/> 3938

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

Medical and Dental Expenses See instructions.	A Federal Amounts (from federal Schedule A (Form 1040))	B Subtractions See instructions	C Additions See instructions
1 Medical and dental expenses 1			
2 Enter amount from federal Form 1040 or 1040-SR, line 11 2	221745		
3 Multiply line 2 by 7.5% (0.075) 3	16631		
4 Subtract line 3 from line 1. If line 3 is more than line 1, enter 0 4	<input type="radio"/>		<input type="radio"/>

Taxes You Paid

5a State and local income tax or general sales taxes 5a	<input type="radio"/> 9443	<input type="radio"/> 9443	
5b State and local real estate taxes 5b	<input type="radio"/>		
5c State and local personal property taxes 5c	<input type="radio"/>		
5d Add line 5a through line 5c. 5d	<input type="radio"/> 9443		
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 type="radio"/> 9443	<input type="radio"/> 9443	<input type="radio"/> 0
6 Other taxes. List type <input type="radio"/> _____ 6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7 Add line 5e and line 6. 7	<input type="radio"/> 9443	<input type="radio"/> 9443	<input type="radio"/> 0

Interest You Paid

8a Home mortgage interest and points reported to you on federal Form 1098 8a	<input type="radio"/> 14502		<input type="radio"/>
8b Home mortgage interest not reported to you on federal Form 1098 8b	<input type="radio"/>		<input type="radio"/>
8c Points not reported to you on federal Form 1098 8c	<input type="radio"/>		<input type="radio"/>
8d Reserved for future use 8d			
8e Add line 8a through line 8c. 8e	<input type="radio"/> 14502	<input type="radio"/>	<input type="radio"/>
9 Investment interest 9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10 Add line 8e and line 9. 10	<input type="radio"/> 14502	<input type="radio"/>	<input type="radio"/>

Gifts to Charity

11 Gifts by cash or check 11	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12 Other than by cash or check. 12	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13 Carryover from prior year 13	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14 Add line 11 through line 13 14	<input type="radio"/>	<input type="radio"/>	<input 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	<input type="radio"/>	<input type="radio"/>
Other Itemized Deductions			
16 Other—from list in federal instructions	16	<input type="radio"/>	<input type="radio"/>
17 Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C	17	<input checked="" type="radio"/>	<input type="radio"/>
	23945	<input type="radio"/>	<input type="radio"/>
18 Total. Combine line 17 column A less column B plus column C	18	<input checked="" type="radio"/>	<input type="radio"/>
			14502

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	<input checked="" type="radio"/>	
20 Tax preparation fees.	20	<input checked="" type="radio"/>	
21 Other expenses: investment, safe deposit box, etc. List type <input type="radio"/>	21	<input checked="" type="radio"/>	0
22 Add line 19 through line 21	22	<input checked="" type="radio"/>	0
23 Enter amount from federal Form 1040 or 1040-SR, line 11 <input type="radio"/>	23	<input checked="" type="radio"/>	221745
24 Multiply line 23 by 2% (0.02). If less than zero, enter 0.	24	<input checked="" type="radio"/>	4435
25 Subtract line 24 from line 22. If line 24 is more than line 22, enter 0.	25	<input checked="" type="radio"/>	0
26 Total Itemized Deductions. Add line 18 and line 25.	26	<input checked="" type="radio"/>	14502
27 Other adjustments. See instructions. Specify. <input type="radio"/>	27	<input checked="" type="radio"/>	
28 Combine line 26 and line 27.	28	<input checked="" type="radio"/>	14502
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	<input checked="" type="radio"/>	14502
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	<input checked="" type="radio"/>	14502

Part IV California Taxable Income

1 California AGI. Enter your California AGI from Part II, line 27, column E	1	<input checked="" type="radio"/>	3938
2 Enter your deductions from line 30	2	<input checked="" type="radio"/>	14502
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	<input checked="" type="radio"/>	0.0178
4 California Itemized/Standard Deductions. Multiply line 2 by the percentage on line 3	4	<input checked="" type="radio"/>	258
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	<input checked="" type="radio"/>	3680

REV 02/17/23 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

S GANGANABOINA & A PENTAPARTHY

SSN or ITIN

766-51-3594

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.

1	First Name <input checked="" type="radio"/> SAI ESWAR	Initial <input checked="" type="radio"/>	SSN <input checked="" type="radio"/> 766-51-3594	Date of Birth (mm/dd/yyyy) <input checked="" type="radio"/> 06/30/1994	Modified AGI <input checked="" type="radio"/> 221,745.
	Last Name <input checked="" type="radio"/> GANGANABOINA	ECN 1 <input checked="" type="radio"/>		ECN 2 <input checked="" type="radio"/>	ECN 3 <input checked="" type="radio"/>
2	First Name <input checked="" type="radio"/> ANUGNA	Initial <input checked="" type="radio"/>	SSN <input checked="" type="radio"/> 121-11-5040	Date of Birth (mm/dd/yyyy) <input checked="" type="radio"/> 01/23/1993	Modified AGI <input checked="" type="radio"/> 0.
	Last Name <input checked="" type="radio"/> PENTAPARTHY	ECN 1 <input checked="" type="radio"/>		ECN 2 <input checked="" type="radio"/>	ECN 3 <input checked="" type="radio"/>
3	First Name <input checked="" type="radio"/> ADWIK	Initial <input checked="" type="radio"/>	SSN <input checked="" type="radio"/> 711-91-4025	Date of Birth (mm/dd/yyyy) <input checked="" type="radio"/> 06/22/2021	Modified AGI <input checked="" type="radio"/> 0.
	Last Name <input checked="" type="radio"/> GANGANABOINA	ECN 1 <input checked="" type="radio"/>		ECN 2 <input checked="" type="radio"/>	ECN 3 <input checked="" type="radio"/>
4	First Name <input checked="" type="radio"/>	Initial <input checked="" type="radio"/>	SSN <input checked="" type="radio"/>	Date of Birth (mm/dd/yyyy) <input checked="" type="radio"/>	Modified AGI <input checked="" type="radio"/>
	Last Name <input checked="" type="radio"/>	ECN 1 <input checked="" type="radio"/>		ECN 2 <input checked="" type="radio"/>	ECN 3 <input checked="" type="radio"/>
5	First Name <input checked="" type="radio"/>	Initial <input checked="" type="radio"/>	SSN <input checked="" type="radio"/>	Date of Birth (mm/dd/yyyy) <input checked="" type="radio"/>	Modified AGI <input checked="" type="radio"/>
	Last Name <input checked="" type="radio"/>	ECN 1 <input checked="" type="radio"/>		ECN 2 <input checked="" type="radio"/>	ECN 3 <input checked="" type="radio"/>
6	First Name <input checked="" type="radio"/>	Initial <input checked="" type="radio"/>	SSN <input checked="" type="radio"/>	Date of Birth (mm/dd/yyyy) <input checked="" type="radio"/>	Modified AGI <input checked="" type="radio"/>
	Last Name <input checked="" type="radio"/>	ECN 1 <input checked="" type="radio"/>		ECN 2 <input checked="" type="radio"/>	ECN 3 <input checked="" type="radio"/>
7	First Name <input checked="" type="radio"/>	Initial <input checked="" type="radio"/>	SSN <input checked="" type="radio"/>	Date of Birth (mm/dd/yyyy) <input checked="" type="radio"/>	Modified AGI <input checked="" type="radio"/>
	Last Name <input checked="" type="radio"/>	ECN 1 <input checked="" type="radio"/>		ECN 2 <input checked="" type="radio"/>	ECN 3 <input checked="" type="radio"/>
8	First Name <input checked="" type="radio"/>	Initial <input checked="" type="radio"/>	SSN <input checked="" type="radio"/>	Date of Birth (mm/dd/yyyy) <input checked="" type="radio"/>	Modified AGI <input checked="" type="radio"/>
	Last Name <input checked="" type="radio"/>	ECN 1 <input checked="" type="radio"/>		ECN 2 <input checked="" type="radio"/>	ECN 3 <input checked="" type="radio"/>
9	First Name <input checked="" type="radio"/>	Initial <input checked="" type="radio"/>	SSN <input checked="" type="radio"/>	Date of Birth (mm/dd/yyyy) <input checked="" type="radio"/>	Modified AGI <input checked="" type="radio"/>
	Last Name <input checked="" type="radio"/>	ECN 1 <input checked="" type="radio"/>		ECN 2 <input checked="" type="radio"/>	ECN 3 <input checked="" type="radio"/>
10	First Name <input checked="" type="radio"/>	Initial <input checked="" type="radio"/>	SSN <input checked="" type="radio"/>	Date of Birth (mm/dd/yyyy) <input checked="" type="radio"/>	Modified AGI <input checked="" type="radio"/>
	Last Name <input checked="" type="radio"/>	ECN 1 <input checked="" type="radio"/>		ECN 2 <input checked="" type="radio"/>	ECN 3 <input checked="" type="radio"/>
11	First Name <input checked="" type="radio"/>	Initial <input checked="" type="radio"/>	SSN <input checked="" type="radio"/>	Date of Birth (mm/dd/yyyy) <input checked="" type="radio"/>	Modified AGI <input checked="" type="radio"/>
	Last Name <input checked="" type="radio"/>	ECN 1 <input checked="" type="radio"/>		ECN 2 <input checked="" type="radio"/>	ECN 3 <input checked="" type="radio"/>
12	First Name <input checked="" type="radio"/>	Initial <input checked="" type="radio"/>	SSN <input checked="" type="radio"/>	Date of Birth (mm/dd/yyyy) <input checked="" type="radio"/>	Modified AGI <input checked="" type="radio"/>
	Last Name <input checked="" type="radio"/>	ECN 1 <input checked="" type="radio"/>		ECN 2 <input checked="" type="radio"/>	ECN 3 <input checked="" type="radio"/>

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

REV 02/17/23 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"/> SAI ESWAR	<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"/> GANGANABOINA		<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"/>
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2	First Name <input checked="" type="radio"/> ANUGNA	<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"/>
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	Last Name <input checked="" type="radio"/> PENTAPARTHY		<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"/>
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3	First Name <input checked="" type="radio"/> ADWIK	<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"/>
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4	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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5	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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6	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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7	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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8	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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9	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"/>
	Initial <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"/>
	Last 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"/>
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10	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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			<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"/>
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"/>
	Initial <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"/>
	Last 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"/>	<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"/>
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"/>
	Initial <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"/>
	Last 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"/>	<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"/>

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.

**SCHEDULE A
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Itemized Deductions

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

Attach to Form 1040 or 1040-SR.

OMB No. 1545-0074

2022

Attachment
Sequence No. **07**

Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

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

Your social security number

S GANGANABOINA & A PENTAPARTHY

766-51-3594

Medical and Dental Expenses

Caution: Do not include expenses reimbursed or paid by others.

1	Medical and dental expenses (see instructions)		1
2	Enter amount from Form 1040 or 1040-SR, line 11	221745	2
3	Multiply line 2 by 7.5% (0.075)	16631	3
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-		4

Taxes You Paid

5	State and local taxes.		5
5a	State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box <input type="checkbox"/>	9443	5a
5b	State and local real estate taxes (see instructions)		5b
5c	State and local personal property taxes		5c
5d	Add lines 5a through 5c	9443	5d
5e	Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately)	9443	5e
6	Other taxes. List type and amount: _____		6
7	Add lines 5e and 6	9443	7

Interest You Paid

Caution: Your mortgage interest deduction may be limited. See instructions.

8	Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box <input type="checkbox"/>		8
8a	Home mortgage interest and points reported to you on Form 1098. See instructions if limited	14502	8a
8b	Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address _____		8b
8c	Points not reported to you on Form 1098. See instructions for special rules		8c
8d	Reserved for future use		8d
8e	Add lines 8a through 8c	14502	8e
9	Investment interest. Attach Form 4952 if required. See instructions.		9
10	Add lines 8e and 9	14502	10

Gifts to Charity

Caution: If you made a gift and got a benefit for it, see instructions.

11	Gifts by cash or check. If you made any gift of \$250 or more, see instructions		11
12	Other than by cash or check. If you made any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500.		12
13	Carryover from prior year		13
14	Add lines 11 through 13		14

Casualty and Theft Losses

15	Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions		15
-----------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	-----------

Other Itemized Deductions

16	Other—from list in instructions. List type and amount: _____		16
-----------	--------------------------------------------------------------	--	-----------

Total Itemized Deductions

17	Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 12	23945	17
18	If you elect to itemize deductions even though they are less than your standard deduction, check this box <input type="checkbox"/>		18



228454 11555

State of Colorado Income Tax Declaration
for Online Electronic Filing

Do not mail this form to the IRS or the Colorado Department of Revenue. Retain with your records.

For Tax Year (MM/DD/YY) 12/31/22
or Fiscal Year beginning (MM/DD/YY)

Tax Type: Individual Income (DR 0104)
Taxpayer Last Name or Business Name: GANGANABOINA
First Name or Business DBA if different from Business Name: SAI ESWAR
Spouse's Last Name (if applicable): PENTAPARTHY
First Name: ANUGNA
Taxpayer SSN or ITIN: 766-51-3594
Spouse SSN or ITIN (if applicable): 121-11-5040
Taxpayer or Business Address: 9732 TRUCKEE ST
City: COMMERCE CITY
State: CO
ZIP: 80022

Part I - Tax Return Information

Table with 4 rows: 1. Total Income from your federal return (see instructions for more information) 1 \$ 221745; 2. Taxable Income (or allowable deduction) from your federal return (see instructions for more information) 2 \$ 195845; 3. Colorado Tax from your Colorado return (see instructions for more information) 3 \$ 8464; 4. Colorado Tax Withheld or Payments, from your Colorado return (see instructions or more information) 4 \$ 9183

Part II - Declaration of Tax Payer

Under penalties of perjury, I declare that the information I have provided for electronic filing and the amounts shown in Part I above agree with the amounts shown on my Federal/Colorado income tax returns, and that said tax returns, statements, schedules and attachments are true, correct, and complete to the best of my knowledge and belief.

Signature and Date fields for Taxpayer and Spouse's Signature (If Joint Return, Both Must Sign)

Part III - Declaration of ERO/Preparer/Transmitter

If the transmitter did not prepare the tax return, check here []

If I am not the preparer, I declare only that the amounts shown in Part I above agree with the amounts shown on the taxpayer's Federal/Colorado income tax returns. If I am the preparer, under penalties of perjury I declare that I have reviewed the above taxpayer's Federal/Colorado income tax returns and that the information provided to me by the taxpayer and the amounts shown in Part I above agree with the amounts shown on said tax returns, and that said tax returns, statements, schedules, and attachments are true, correct, and complete to the best of my knowledge and belief.

ERO's Signature: SYAM PRIYA RAM SAGAR GUPTA TALLAM
Preparer Identification Number, Your SSN, or ITIN: P02082703

Check if also Preparer [X]

Date (MM/DD/YY) 02/28/23



211778 11555

E-File Attachment Form

For Tax Year (MM/DD/YY)	or fiscal year beginning (MM/DD/YY)	
01/01/22		
Tax Type		
<input checked="" type="checkbox"/> Individual Income	<input type="checkbox"/> C Corporation Income	<input type="checkbox"/> Partnership Income
<input type="checkbox"/> LP Income	<input type="checkbox"/> LLP Income	<input type="checkbox"/> LLLP Income
<input type="checkbox"/> S Corporation Income	<input type="checkbox"/> Association Income	<input type="checkbox"/> Non-Profit Income

Please print or type

Taxpayer Last Name	First Name	Middle Initial
GANGANABOINA	SAI ESWAR	
Spouse's Last Name (if applicable)	First Name	Middle Initial
PENTAPARTHY	ANUGNA	
Taxpayer SSN or ITIN	Spouse SSN or ITIN (if applicable)	FEIN
766-51-3594	121-11-5040	
Taxpayer Address		
9732 TRUCKEE ST		
City	State	ZIP
COMMERCE CITY	CO	80022

Mark the box for the documents submitted. See the Colorado Department of Revenue, Taxation Division website at Tax.Colorado.gov for more information about these credits.

<input checked="" type="checkbox"/> Other state(s) income tax return(s)	<input type="checkbox"/> Colorado Source Capital Gain Subtraction: DR 1316
<input type="checkbox"/> Enterprise Zone Credit: DR 1366 and any applicable certification forms from the Zone Administrator	<input type="checkbox"/> Job Growth Incentive Tax Credit: Certification letter from the Colorado Economic Development Commission
<input type="checkbox"/> Gross Conservation Easement: DR 1305, DR 1305G, and supplemental documentation	<input type="checkbox"/> Affordable Housing Credit: CHFA certification letter
<input type="checkbox"/> Aircraft Manufacturer New Employee Credit: DR 0085 and/or DR 0086	<input type="checkbox"/> Nonresident Partner, Shareholder or Members Agreement: DR 0107
<input type="checkbox"/> Innovative Motor Vehicle Credit: Vehicle registration and the purchase invoice.	<input type="checkbox"/> Plastic Recycling Credit: Required documentation to substantiate credit (receipts, bills, etc)
<input type="checkbox"/> Child Care Contribution Credit: DR 1317	<input type="checkbox"/> School-to-Career Investment Credit: Certification letter.
<input type="checkbox"/> Claim for refund on behalf of deceased taxpayer: DR 0102, death certificate, and, if applicable, court documents	<input type="checkbox"/> Other documentation for credits/subtractions claimed (mark the Other box below and enter details)
<input type="checkbox"/> Other	Explain

Signature of Taxpayer or Preparer	Date (MM/DD/YY)
SYAM PRIYA RAM SAGAR GUPTA TALLAM	02/28/23



220104 11555



DR 0104 (11/18/22)
COLORADO DEPARTMENT OF REVENUE
Tax.Colorado.gov
Page 1 of 4
(0013)

2022 Colorado Individual Income Tax Return

Full-Year Part-Year or Nonresident (or resident, part-year, non-resident combination) *Must include DR 0104PN Mark if Abroad on due date – see instructions

Your Last Name		Your First Name		Middle Initial
GANGANABOINA		SAI ESWAR		
Date of Birth (MM/DD/YYYY)	SSN or ITIN	Deceased <input type="checkbox"/>		
06/30/1994	766-51-3594	<input type="checkbox"/> If checked and claiming a refund, you must include the DR 0102 and death certificate with your return.		
Enter the following information from your current driver license or state identification card.		State of Issue	Last 4 characters of ID number	Date of Issuance
		CO	0770	08/26/22
If Joint, Spouse's Last Name		Spouse's First Name		Middle Initial
PENTAPARTHY		ANUGNA		
Spouse's Date of Birth (MM/DD/YYYY)	Spouse's SSN or ITIN	Deceased <input type="checkbox"/>		
01/23/1993	121-11-5040	<input type="checkbox"/> If checked and claiming a refund, you must include the DR 0102 and death certificate with your return.		
Enter the following information from your spouse's current driver license or state identification card.		State of Issue	Last 4 characters of ID number	Date of Issuance
Mailing Address			Phone Number	
9732 TRUCKEE ST			(720) 579-5757	
City	State	ZIP Code	Foreign Country (if applicable)	
COMMERCE CITY	CO	80022		
<input type="checkbox"/> To see if you or members of your household qualify for free or reduced-cost health coverage, check this box if: <ul style="list-style-type: none"> You are a Colorado resident and at least one person in your household does not have health coverage AND <ul style="list-style-type: none"> You give permission for the Colorado Department of Revenue to share the information on Form DR 0104EE with Connect for Health Colorado (the Colorado Health Benefit Exchange) and the Department of Health Care Policy & Financing. 				
Round To The Nearest Dollar				
1. Enter Federal Taxable Income from your federal income tax form: 1040, 1040 SR, or 1040 SP line 15.			• 1	195845 00
Include W-2s and 1099s with CO withholding.				
Additions to Federal Taxable Income				
2. State Addback, enter the state income tax deduction from your federal form 1040, 1040 SR, or 1040 SP schedule A, line 5a (see instructions)			• 2	00
3. Qualified Business Income Deduction Addback (see instructions)			• 3	00



220104 21555

Name	SSN or ITIN
SAI ESWAR GANGANABOINA & ANUGNA PENTAPARTHY	766-51-3594
4. Itemized Deduction addback (see instructions) ● 4	00
5. ColleeInvest Recapture Prior Year - Non-qualifying Tuition Program Contribution (see instructions) ● 5	00
6. Other Additions, explain (see instructions) ● 6	00
Explain:	
7. Subtotal, sum of lines 1 through 6 7	195845 00
Colorado Subtractions	
8. Subtractions from the DR 0104AD Schedule, line 22, you must submit the DR 0104AD schedule with your return. ● 8	00
9. Colorado Taxable Income, subtract line 8 from line 7 ● 9	195845 00
Tax, Prepayments and Credits: see 104 Book for full-year tax table and part-year DR 0104PN Schedule	
10. Colorado Tax from tax table or the DR 0104PN line 36, you must submit the DR 0104PN with your return if applicable. ● 10	8617 00
11. Alternative Minimum Tax from the DR 0104AMT line 8, you must submit the DR 0104AMT with your return. ● 11	00
12. Recapture of prior year credits ● 12	00
13. Subtotal, sum of lines 10 through 12 13	8617 00
14. Nonrefundable Credits from the DR 0104CR line 48, the sum of lines 14, 15, and 16 cannot exceed line 13, you must submit the DR 0104CR with your return. ● 14	153 00
15. Total Nonrefundable Enterprise Zone credits used – as calculated, or from the DR 1366 line 85, the sum of lines 14, 15, and 16 cannot exceed line 13, you must submit the DR 1366 with your return. ● 15	00
16. Strategic Capital Tax Credit from DR 1330, the sum of lines 14, 15, and 16 cannot exceed line 13, you must submit the DR 1330 with your return. ● 16	00
17. Net Income Tax, sum of lines 14, 15, and 16. Subtract that sum from line 13. 17	8464 00
18. Use Tax reported on the DR 0104US schedule line 7, you must submit the DR 0104US with your return. ● 18	00
19. Net Colorado Tax, sum of lines 17 and 18 19	8464 00
20. CO Income Tax Withheld from W-2s and 1099s, you must submit the W-2s and/or 1099s claiming Colorado withholding with your return. ● 20	9183 00
21. Prior-year Estimated Tax Carryforward ● 21	00
22. Estimated Tax Payments, enter the sum of the quarterly payments remitted for this tax year ● 22	00
23. Extension Payment remitted with the DR 0158-I ● 23	00



220104 31555

Name: SAI ESWAR GANGANABOINA & ANUGNA PENTAPARTHY
SSN or ITIN: 766-51-3594

Table with 3 columns: Description, Amount, and Balance. Rows include: 24. Other Prepayments, 25. Gross Conservation Easement Credit, 26. Innovative Motor Vehicle and Innovative Truck Credit, 27. Refundable Credits, 28. Subtotal, sum of lines 20 through 27.

Modified AGI for TABOR

Lines 30 through 33 are only used to calculate your TABOR Credit, they do not affect your Colorado tax liability.

Table with 3 columns: Description, Amount, and Balance. Rows include: 29. Federal Adjusted Gross Income, 30. Nontaxable Social Security Income, 31. Nontaxable interest income, 32. Sum of lines 29 through 31: Modified AGI for TABOR.

Modified AGI Tiers for State Sales Tax Refund

Table with 7 columns: If line 32 is, \$48,000 or less, \$48,001 - \$95,000, \$95,001 - \$151,000, \$151,001 - \$209,000, \$209,001 - \$268,000, \$268,001 - or more. Rows include: Single Filers Enter, Joint Filers Enter.

Table with 3 columns: Description, Amount, and Balance. Rows include: 33. State Sales Tax Refund, 34. Sum of lines 28 and 33, 35. Overpayment, if line 34 is greater than line 19 then subtract line 19 from line 34, 36. Estimated Tax Credit Carryforward to 2023 first quarter, if any.

If you have an overpayment on line 37 below and would like to donate all or a portion of your overpayment to a qualified Colorado charity, include Form DR 0104CH to contribute.

Table with 3 columns: Description, Amount, and Balance. Row: 37. Refund, subtract line 36 from line 35 (see instructions).

Direct Deposit

Routing Number: 102001017
Type: [X] Checking [] Savings [] CollegeInvest 529
Account Number: 787681597

For questions regarding CollegeInvest direct deposit or to open an account, visit CollegeInvest.org or call 800-448-2424.



220104 41555

Table with 2 columns: Name (SAI ESWAR GANGANABOINA & ANUGNA PENTAPARTHY) and SSN or ITIN (766-51-3594)

Table with 3 columns: Description, Amount, and Balance. Rows include Net Tax Due (38), Delinquent Payment Penalty (39), Delinquent Payment Interest (40), Estimated Tax Penalty (41), and Amount You Owe (42).

The State may convert your check to a one-time electronic banking transaction. Your bank account may be debited as early as the same day received by the State. If converted, your check will not be returned. If your check is rejected due to insufficient or uncollected funds, the Department of Revenue may collect the payment amount directly from your bank account electronically.

Third Party Designee

Do you want to allow another person to discuss this return and any related information with the Colorado Department of Revenue? See the instructions. [X] No [] Yes. Complete the following:

Table with 2 columns: Designee's Name and Phone Number

Sign Below Under penalties of perjury, I declare that to the best of my knowledge and belief, this return is true, correct and complete.

Table with 2 columns: Signature and Date (MM/DD/YY) for both the filer and spouse.

Table with 2 columns: Paid Preparer's Name (GLOBAL TAXES LLC) and Phone ((678) 965-9522), and Address (245 ROONEY CT, E BRUNSWICK, NJ, 08816).

REV 02/09/23 PRO

File and pay at: Colorado.gov/RevenueOnline

Instructions for filing: If you are filing this return with a check or payment, please mail the return to: COLORADO DEPARTMENT OF REVENUE, Denver, CO 80261-0006. If you are filing this return without a check or payment, please mail the return to: COLORADO DEPARTMENT OF REVENUE, Denver, CO 80261-0005. These addresses and zip codes are exclusive to the Colorado Department of Revenue, so a street address is not required.



220104CR11555



Form 104CR

Individual Credit Schedule 2022

Taxpayer's Last Name	First Name	Middle Initial	SSN or ITIN
GANGANABOINA	SAI ESWAR		766-51-3594

Use this schedule to calculate your income tax credits. For best results, visit Tax.Colorado.gov to research eligibility requirements and other information about these credits before following the line-by-line instructions contained below.

- Be sure to submit the required supporting documentation as indicated for each credit.
- Most e-file software and tax preparers have the ability to submit this schedule and attachments electronically. However, Revenue Online can also be used to file your return and attachments electronically. Otherwise, include all required documents with your paper return.
- If you received any of these credits from a pass-through entity, be sure to provide the entity's name and account number and your ownership percentage where required. If credits were passed through from multiple entities, submit with your return a written statement that includes all relevant information.
- Dollar amounts shall be rounded to the nearest whole dollar. Calculate percentages to the fourth decimal place. Round to four significant digits, e.g. xxx.xxxx

Part I — Refundable Credits

1. CO Child tax credit from line 24 (or 26) of the DR 0104CN. You must submit the DR 0104CN with your return. ● 1	00
2. Child Care Expenses Credit from the DR 0347, you must submit the DR 0347 with your return. ● 2	00

SSN Filers Only - Earned Income Tax Credit (EITC) - full or part-year Colorado residents who claim the federal EITC are allowed an earned income tax credit against their income tax. Complete the table for each qualifying child. Read the instructions in the 104 book and Income Tax Topics: Earned Income Tax Credit for additional guidance on completing this section. Only check the "Deceased" box for a qualifying child if the child was born and died in 2022 and was not assigned an SSN. You must submit a copy of the child's birth certificate, death certificate, or hospital records showing a live birth with your return.

3. Enter the amount of Earned Income calculated for your federal return. ● 3	00
4. The federal EITC you claimed. ● 4	00

Qualifying Child's Last Name	Qualifying Child's First Name	Year of Birth	● SSN	Deceased*
				● <input type="checkbox"/>
				● <input type="checkbox"/>
				● <input type="checkbox"/>
				● <input type="checkbox"/>

*Check only if child was deceased before SSN was assigned in 2022, see instructions.



220104CR21555

Name	SSN or ITIN
SAI ESWAR GANGANABOINA & ANUGNA PENTAPARTHY	766-51-3594
5. COEITC, multiply line 4 by 20% (0.20)	5 00
6. Part-year residents only, multiply line 5 by the percentage on line 34 of the DR 0104PN (If the percentage exceeds 100%, use 100%).	6 00
7. Business Personal Property Credit: Use the worksheet in the 104 Book instructions to calculate. You must submit copy of the assessor's statement with your return. ● 7	00
8. Refundable Renewable Energy Tax Credit from line 86 of the DR 1366. You must submit the DR 1366 with your return. ● 8	0 00
9. ITIN Filers or Certain Filers Under Age 25 Only - COEITC from line 20 (or 21) of DR 0104TN. You must submit DR 0104TN with your return. ● 9	00
10. Early Childhood Educator Income Tax Credit. You must submit the DR 1703 with your return. ● 10	00
11. Income Qualified Senior Housing Income Tax Credit. See Instructions. ● 11	00
12. Electing Pass-Through Entity Owner Tax Credit (see instructions). ● 12	00
13. Credit for conversion costs to an employee-owned business model. You must submit the certificate from the Office of Economic Development with your return. ● 13	00
14. Total refundable credits, sum of lines 1, 2, 5 (or 6), 7, 8, 9, 10, 11, 12 and 13. Enter the sum on the DR 0104 line 27. 14	00

Part II — Credit for Tax Paid to Another State

- Colorado nonresidents do not qualify for this credit.
- Part-year residents generally do not qualify for this credit.
- If you have income and/or losses from two or more states, you must separately calculate lines 16 through 22 for each state, regardless of whether any tax was paid on such income. If you do not file electronically, you must submit the DR 0104CR for each state. Then, enter "Combined" on line 15 and complete lines 16 through 22 to disclose the combined total for each line. A summary schedule is not acceptable. **The Department strongly recommends electronic filing for taxpayers with credits for more than one state. Failure to file electronically may result in delays processing your return.**

Submit a copy of the tax return for each other state when claiming this credit. The portion of the return submitted must include the adjusted gross income calculation, any disallowed federal deductions by that state, and the tax calculation for the other state.

15. Name of other state:	CA
16. Total of lines 10 and 11 Form 104 ● 16	8617 00
17. Modified Colorado adjusted gross income from sources in the other state, see FYI Income 17. ● 17	3938 00
18. Total modified Colorado adjusted gross income ● 18	221745 00
19. Divide line 17 by line 18. Round to four significant digits, e.g. xxx.xxxx 19	001.7759 %
20. Multiply line 16 by the percentage on line 19 20	153 00
21. Tax liability to the other state ● 21	214 00
22. Allowable credit, the smaller of lines 20 or 21 ● 22	153 00



220104CR31555

Name	SSN or ITIN
SAI ESWAR GANGANABOINA & ANUGNA PENTAPARTHY	766-51-3594

Part III — Other Credits

Visit *Tax.Colorado.gov* for limitations that are specific to each credit. To report this properly, use the first column to report the total credit that is available (the amount generated this year plus any prior-year carryforward). Then, use the second column to report the amount you are using this year to offset your tax liability.

	Available Credit Column (A) ●	Credit Used Column (B) ●
23. Plastic recycling investment credit, you must submit required receipts with your return. ● 23	00	00
● Plastic recycling net expenditures amount (fill below):		
24. Colorado Minimum Tax Credit ● 24	00	00
● 2022 Federal Minimum Tax Credit (fill below):		
25. Carry forward of prior year Historic Property Preservation credit (per §39-22-514, C.R.S.) ● 25	00	00
26. Child Care Center Investment credit, you must submit a copy of your facility license and a list of depreciable tangible personal property with your return. ● 26	00	00
27. Employer Child Care Facility Investment credit, you must submit a copy of your facility license and a list of depreciable tangible personal property with your return. ● 27	00	00
28. School-to-Career Investment credit, you must submit a copy of the certification with your return. ● 28	00	00
29. Colorado Works Program credit, you must submit a copy of the letter from the county Department of Social/Human Services with your return. ● 29	00	00
30. Child Care Contribution credit, you must submit each DR 1317 with your return. ● 30	00	00
31. Long-term Care Insurance credit, you must submit a year-end statement to show premiums paid with your return. See FYI Income 37. ● 31	0	00
32. Aircraft Manufacturer New Employee credit, you must submit the DR 0085 and DR 0086 with your return. ● 32	00	00
33. Credit for Environmental Remediation of Contaminated Land, you must submit a copy of the CDPHE certification with your return. ● 33	00	00
34. Colorado Job Growth Incentive credit, you must submit certification from OEDIT with your return. ● 34	00	00
35. Certified Colorado Disability Funding Committee License Fee credit, you must submit a copy of the certification with your return. ● 35	00	00
36. Advanced Industry Investment credit, you must submit a copy of the certification with your return. ● 36	00	00
37. Affordable Housing credit, you must submit CHFA certification with your return. ● 37	00	00



220104CR41555

Name		SSN or ITIN	
SAI ESWAR GANGANABOINA & ANUGNA PENTAPARTHY		766-51-3594	
	Available Credit Column (A) ●	Credit Used Column (B) ●	
38. Carry forward of prior year Credit for Food Contributed to Hunger-Relief Charitable Organizations, you must submit each DR 0346 and federal schedule F with your return. ● 38	00		00
39. Preservation of Historic Structures credit (per §39- 22-514.5, C.R.S.) carried forward from a prior year. ● 39	00		00
40. Preservation of Historic Structures credit (per §39-22- 514.5, C.R.S.), you must submit the certificate from OEDIT, History Colorado, or local granting authority with your return. ● 40	00		00
41. If you are claiming the Preservation of Historic Structures credit enter your credit certificate number issued by OEDIT, History Colorado, or local granting authority. ● 41			
42. Rural Jump–Start Zone credit, you must submit certificate from Office of Economic Development AND the DR 0113 with your return. ● 42	00		00
43. Rural & Frontier Health Care Preceptor credit, you must submit your certification with your return. ● 43	00		00
44. Retrofitting a Residence to Increase a Residence's Visitability Credit, you must submit certificate from Division of Housing. ● 44	00		00
● If you are claiming a Retrofitting a Residence to Increase a Residence's Visitability Credit, enter your credit certificate number issued by Division of Housing			
45. Credit for employer contributions to employee 529 plan, you must submit DR 0289 with your return. ● 45	00		00
46. Credit for employer paid leave of absence for live organ donation. Employer must complete and submit form DR 0375 with their return. ● 46	00		00
47. Total of column A lines 23 through 46 (exclude line 41 certificate number) ● 47	0		00
48. Nonrefundable Credits Used, total of column B plus any amount from line 22, exclude line 41 certificate number. Also enter this amount on the DR 0104 line 14. Credit used cannot exceed credit available. ● 48		153	00