

# IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.  
▶ Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.

Submission Identification Number (SID) ▶

|  |                                       |
|--|---------------------------------------|
| Taxpayer's name<br>JINISHA RAJESHBHAI SAVANI | Social security number<br>114-75-3741 |
| 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 | 113,007. |
| 2 Total tax . . . . .   | 2 | 19,668.  |
| 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . . . | 3 | 18,552.  |
| 4 Amount you want refunded to you . . . . .                               | 4 |          |
| 5 Amount you owe . . . . .  | 5 | 1,116.   |

## 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 

|   |   |   |   |   |
|---|---|---|---|---|
| 5 | 3 | 7 | 4 | 1 |
|---|---|---|---|---|

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

|   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|
| 5 | 1 | 8 | 9 | 5 | 2 | 3 | 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 [X] 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: MITESHKUMAR J PATEL

Your first name and middle initial: JINISHA RAJESHBHAI
Last name: SAVANI
Your social security number: 114-75-3741
If joint return, spouse's first name and middle initial:
Last name:
Spouse's social security number: 859-09-5825
Home address (number and street). If you have a P.O. box, see instructions. 43476 NOWLAND DR
Apt. no.
City, town, or post office. If you have a foreign address, also complete spaces below. CANTON
State: MI
ZIP code: 48188
Foreign country name:
Foreign province/state/county:
Foreign postal code:
Presidential Election Campaign: [ ] 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 [X] No

Standard Deduction Someone can claim: [ ] You as a dependent [ ] Your spouse as a dependent
[X] 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

Table with 5 columns: (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. Includes rows for dependents and checkboxes for more than four dependents.

Income table with columns for line numbers and amounts. Rows include: 1a Total amount from Form(s) W-2, box 1 (123,396); 1b Household employee wages; 1c Tip income; 1d Medicaid waiver payments; 1e Taxable dependent care benefits; 1f Employer-provided adoption benefits; 1g Wages from Form 8919; 1h Other earned income (0); 1i Nontaxable combat pay election; 1z Add lines 1a through 1h (123,396); 2a Tax-exempt interest; 2b Taxable interest; 3a Qualified dividends (120); 3b Ordinary dividends (465); 4a IRA distributions; 4b Taxable amount; 5a Pensions and annuities; 5b Taxable amount; 6a Social security benefits; 6b Taxable amount; 7 Capital gain or (loss) (-198); 8 Other income from Schedule 1, line 10 (-10,656); 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8 (113,007); 10 Adjustments to income from Schedule 1, line 26; 11 Subtract line 10 from line 9 (113,007); 12 Standard deduction or itemized deductions (5,300); 13 Qualified business income deduction; 14 Add lines 12 and 13 (5,300); 15 Subtract line 14 from line 11 (107,707).

Table with 2 columns: Line number and Amount. Rows 16-24 include Tax and Credits. Total tax is 19,668.

Table with 2 columns: Line number and Amount. Rows 25-33 include Payments. Total payments are 18,552.

Table with 2 columns: Line number and Amount. Rows 34-36 include Refund. Amount applied to 2023 tax is 36.

Table with 2 columns: Line number and Amount. Rows 37-38 include Amount You Owe. Total amount owed is 1,116.

Third Party Designee section with checkboxes for Yes/No and fields for name, phone, and PIN.

Sign Here section with signature lines for taxpayer and spouse, including occupation and ID Protection PIN fields.

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

**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](http://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  
JINISHA RAJESHBHAI SAVANI

Your social security number  
114-75-3741

**Part I Additional Income**

|           |   |               |           |          |
|-----------|---|---------------|-----------|----------|
| <b>1</b>  | Taxable refunds, credits, or offsets of state and local income taxes . . . . .  |               | <b>1</b>  |          |
| <b>2a</b> | Alimony received . . . . .  |               | <b>2a</b> |          |
| <b>b</b>  | Date of original divorce or separation agreement (see instructions): _____  |               |           |          |
| <b>3</b>  | Business income or (loss). Attach Schedule C . . . . .  |               | <b>3</b>  |          |
| <b>4</b>  | Other gains or (losses). Attach Form 4797 . . . . .   |               | <b>4</b>  |          |
| <b>5</b>  | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .   |               | <b>5</b>  | -10,708. |
| <b>6</b>  | Farm income or (loss). Attach Schedule F . . . . .  |               | <b>6</b>  |          |
| <b>7</b>  | Unemployment compensation . . . . .   |               | <b>7</b>  |          |
| <b>8</b>  | Other income:   |               |           |          |
| <b>a</b>  | Net operating loss . . . . .  | <b>8a</b> ( ) |           |          |
| <b>b</b>  | Gambling . . . . .  | <b>8b</b>     |           |          |
| <b>c</b>  | Cancellation of debt . . . . .  | <b>8c</b>     |           |          |
| <b>d</b>  | Foreign earned income exclusion from Form 2555 . . . . .  | <b>8d</b> ( ) |           |          |
| <b>e</b>  | Income from Form 8853 . . . . .   | <b>8e</b>     |           |          |
| <b>f</b>  | Income from Form 8889 . . . . .   | <b>8f</b>     |           |          |
| <b>g</b>  | Alaska Permanent Fund dividends . . . . .   | <b>8g</b>     |           |          |
| <b>h</b>  | Jury duty pay . . . . .   | <b>8h</b>     |           |          |
| <b>i</b>  | Prizes and awards . . . . .   | <b>8i</b>     |           |          |
| <b>j</b>  | Activity not engaged in for profit income . . . . .   | <b>8j</b>     |           |          |
| <b>k</b>  | Stock options . . . . .   | <b>8k</b>     |           |          |
| <b>l</b>  | 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 . . . . . | <b>8l</b>     |           |          |
| <b>m</b>  | Olympic and Paralympic medals and USOC prize money (see instructions) . . . . .   | <b>8m</b>     |           |          |
| <b>n</b>  | Section 951(a) inclusion (see instructions) . . . . .   | <b>8n</b>     |           |          |
| <b>o</b>  | Section 951A(a) inclusion (see instructions) . . . . .  | <b>8o</b>     |           |          |
| <b>p</b>  | Section 461(l) excess business loss adjustment . . . . .  | <b>8p</b>     |           |          |
| <b>q</b>  | Taxable distributions from an ABL account (see instructions) . . . . .  | <b>8q</b>     |           |          |
| <b>r</b>  | Scholarship and fellowship grants not reported on Form W-2 . . . . .  | <b>8r</b>     |           |          |
| <b>s</b>  | Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d . . . . .  | <b>8s</b> ( ) |           |          |
| <b>t</b>  | Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan . . . . .                                   | <b>8t</b>     |           |          |
| <b>u</b>  | Wages earned while incarcerated . . . . .   | <b>8u</b>     |           |          |
| <b>z</b>  | Other income. List type and amount: _____   | <b>8z</b>     |           |          |
|           | Substitute Payment from 1099-Misc 52.   |               |           | 52.      |
| <b>9</b>  | Total other income. Add lines 8a through 8z . . . . .   |               | <b>9</b>  | 52.      |
| <b>10</b> | Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8   |               | <b>10</b> | -10,656. |

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

Schedule 1 (Form 1040) 2022

**Part II Adjustments to Income**

|            |  |            |            |  |
|------------|--|------------|------------|--|
| <b>11</b>  | Educator expenses . . . . .  |            | <b>11</b>  |  |
| <b>12</b>  | Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .  |            | <b>12</b>  |  |
| <b>13</b>  | Health savings account deduction. Attach Form 8889 . . . . .   |            | <b>13</b>  |  |
| <b>14</b>  | Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .  |            | <b>14</b>  |  |
| <b>15</b>  | Deductible part of self-employment tax. Attach Schedule SE . . . . .   |            | <b>15</b>  |  |
| <b>16</b>  | Self-employed SEP, SIMPLE, and qualified plans . . . . .   |            | <b>16</b>  |  |
| <b>17</b>  | Self-employed health insurance deduction . . . . .   |            | <b>17</b>  |  |
| <b>18</b>  | Penalty on early withdrawal of savings . . . . .   |            | <b>18</b>  |  |
| <b>19a</b> | Alimony paid . . . . .   |            | <b>19a</b> |  |
| <b>b</b>   | Recipient's SSN . . . . .  |            |            |  |
| <b>c</b>   | Date of original divorce or separation agreement (see instructions): _____   |            |            |  |
| <b>20</b>  | IRA deduction . . . . .  |            | <b>20</b>  |  |
| <b>21</b>  | Student loan interest deduction . . . . .  |            | <b>21</b>  |  |
| <b>22</b>  | Reserved for future use . . . . .  |            | <b>22</b>  |  |
| <b>23</b>  | Archer MSA deduction . . . . .   |            | <b>23</b>  |  |
| <b>24</b>  | Other adjustments:   |            |            |  |
| <b>a</b>   | Jury duty pay (see instructions) . . . . .   | <b>24a</b> |            |  |
| <b>b</b>   | Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit . . . . .                                       | <b>24b</b> |            |  |
| <b>c</b>   | Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m . . . . .   | <b>24c</b> |            |  |
| <b>d</b>   | Reforestation amortization and expenses . . . . .  | <b>24d</b> |            |  |
| <b>e</b>   | Repayment of supplemental unemployment benefits under the Trade Act of 1974 . . . . .  | <b>24e</b> |            |  |
| <b>f</b>   | Contributions to section 501(c)(18)(D) pension plans . . . . .   | <b>24f</b> |            |  |
| <b>g</b>   | Contributions by certain chaplains to section 403(b) plans . . . . .   | <b>24g</b> |            |  |
| <b>h</b>   | Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) . . . . .  | <b>24h</b> |            |  |
| <b>i</b>   | 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 . . . . . | <b>24i</b> |            |  |
| <b>j</b>   | Housing deduction from Form 2555 . . . . .   | <b>24j</b> |            |  |
| <b>k</b>   | Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) . . . . .  | <b>24k</b> |            |  |
| <b>z</b>   | Other adjustments. List type and amount: _____   | <b>24z</b> |            |  |
| <b>25</b>  | Total other adjustments. Add lines 24a through 24z . . . . .   |            | <b>25</b>  |  |
| <b>26</b>  | Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a . . . . .   |            | <b>26</b>  |  |

**SCHEDULE 3  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Credits and Payments**

Attach to Form 1040, 1040-SR, or 1040-NR.  
Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2022**  
Attachment  
Sequence No. **03**

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

Your social security number  
114-75-3741

**Part I Nonrefundable Credits**

|          |  |           |    |
|----------|--|-----------|----|
| <b>1</b> | Foreign tax credit. Attach Form 1116 if required . . . . .                                       | <b>1</b>  | 6. |
| <b>2</b> | Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441 . . . . . | <b>2</b>  |    |
| <b>3</b> | Education credits from Form 8863, line 19 . . . . .  | <b>3</b>  |    |
| <b>4</b> | Retirement savings contributions credit. Attach Form 8880 . . . . .                              | <b>4</b>  |    |
| <b>5</b> | Residential energy credits. Attach Form 5695 . . . . .   | <b>5</b>  |    |
| <b>6</b> | Other nonrefundable credits:   |           |    |
| <b>a</b> | General business credit. Attach Form 3800 . . . . .  | <b>6a</b> |    |
| <b>b</b> | Credit for prior year minimum tax. Attach Form 8801 . . . . .                                    | <b>6b</b> |    |
| <b>c</b> | Adoption credit. Attach Form 8839 . . . . .  | <b>6c</b> |    |
| <b>d</b> | Credit for the elderly or disabled. Attach Schedule R . . . . .                                  | <b>6d</b> |    |
| <b>e</b> | Alternative motor vehicle credit. Attach Form 8910 . . . . .                                     | <b>6e</b> |    |
| <b>f</b> | Qualified plug-in motor vehicle credit. Attach Form 8936 . . . . .                               | <b>6f</b> |    |
| <b>g</b> | Mortgage interest credit. Attach Form 8396 . . . . .   | <b>6g</b> |    |
| <b>h</b> | District of Columbia first-time homebuyer credit. Attach Form 8859 . . . . .                     | <b>6h</b> |    |
| <b>i</b> | Qualified electric vehicle credit. Attach Form 8834 . . . . .                                    | <b>6i</b> |    |
| <b>j</b> | Alternative fuel vehicle refueling property credit. Attach Form 8911 . . . . .                   | <b>6j</b> |    |
| <b>k</b> | Credit to holders of tax credit bonds. Attach Form 8912 . . . . .                                | <b>6k</b> |    |
| <b>l</b> | Amount on Form 8978, line 14. See instructions . . . . .   | <b>6l</b> |    |
| <b>z</b> | Other nonrefundable credits. List type and amount: _____<br>_____                                | <b>6z</b> |    |
| <b>7</b> | Total other nonrefundable credits. Add lines 6a through 6z . . . . .                             | <b>7</b>  |    |
| <b>8</b> | Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20 . . . . . | <b>8</b>  | 6. |

(continued on page 2)

**Part II Other Payments and Refundable Credits**

|           |   |            |           |
|-----------|---|------------|-----------|
| <b>9</b>  | Net premium tax credit. Attach Form 8962 . . . . .  |            | <b>9</b>  |
| <b>10</b> | Amount paid with request for extension to file (see instructions) . . . . .   |            | <b>10</b> |
| <b>11</b> | Excess social security and tier 1 RRTA tax withheld . . . . .   |            | <b>11</b> |
| <b>12</b> | Credit for federal tax on fuels. Attach Form 4136 . . . . .   |            | <b>12</b> |
| <b>13</b> | Other payments or refundable credits:   |            |           |
| <b>a</b>  | Form 2439 . . . . .   | <b>13a</b> |           |
| <b>b</b>  | Credit for qualified sick and family leave wages paid in 2022 from Schedule(s) H for leave taken before April 1, 2021 . . . . .                             | <b>13b</b> |           |
| <b>c</b>  | Reserved for future use . . . . .   | <b>13c</b> |           |
| <b>d</b>  | Credit for repayment of amounts included in income from earlier years . . . . .   | <b>13d</b> |           |
| <b>e</b>  | Reserved for future use . . . . .   | <b>13e</b> |           |
| <b>f</b>  | Deferred amount of net 965 tax liability (see instructions) . . . . .   | <b>13f</b> |           |
| <b>g</b>  | Reserved for future use . . . . .   | <b>13g</b> |           |
| <b>h</b>  | Credit for qualified sick and family leave wages paid in 2022 from Schedule(s) H for leave taken after March 31, 2021, and before October 1, 2021 . . . . . | <b>13h</b> |           |
| <b>z</b>  | Other payments or refundable credits. List type and amount:<br><br>_____  | <b>13z</b> |           |
| <b>14</b> | Total other payments or refundable credits. Add lines 13a through 13z . . . . .   |            | <b>14</b> |
| <b>15</b> | Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31 . . . . .  |            | <b>15</b> |

**SCHEDULE A  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Itemized Deductions**

Go to [www.irs.gov/ScheduleA](http://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

JINISHA RAJESHBHAI SAVANI

Your social security number

114-75-3741

**Medical and Dental Expenses**

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

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

**Taxes You Paid**

|          |  |           |        |
|----------|--|-----------|--------|
| <b>5</b> | State and local taxes.   |           |        |
| <b>a</b> | 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"/> | <b>5a</b> | 7,664. |
| <b>b</b> | State and local real estate taxes (see instructions)   | <b>5b</b> |        |
| <b>c</b> | State and local personal property taxes  | <b>5c</b> |        |
| <b>d</b> | Add lines 5a through 5c  | <b>5d</b> | 7,664. |
| <b>e</b> | Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately)  | <b>5e</b> | 5,000. |
| <b>6</b> | Other taxes. List type and amount: _____   | <b>6</b>  |        |
| <b>7</b> | Add lines 5e and 6   | <b>7</b>  | 5,000. |

**Interest You Paid**

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

|           |   |           |  |
|-----------|---|-----------|--|
| <b>8</b>  | 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"/>                                    |           |  |
| <b>a</b>  | Home mortgage interest and points reported to you on Form 1098. See instructions if limited   | <b>8a</b> |  |
| <b>b</b>  | 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 _____ | <b>8b</b> |  |
| <b>c</b>  | Points not reported to you on Form 1098. See instructions for special rules   | <b>8c</b> |  |
| <b>d</b>  | Reserved for future use   | <b>8d</b> |  |
| <b>e</b>  | Add lines 8a through 8c   | <b>8e</b> |  |
| <b>9</b>  | Investment interest. Attach Form 4952 if required. See instructions.  | <b>9</b>  |  |
| <b>10</b> | Add lines 8e and 9  | <b>10</b> |  |

**Gifts to Charity**

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

|           |   |           |      |
|-----------|---|-----------|------|
| <b>11</b> | Gifts by cash or check. If you made any gift of \$250 or more, see instructions   | <b>11</b> | 300. |
| <b>12</b> | Other than by cash or check. If you made any gift of \$250 or more, see instructions. You <b>must</b> attach Form 8283 if over \$500. | <b>12</b> |      |
| <b>13</b> | Carryover from prior year   | <b>13</b> |      |
| <b>14</b> | Add lines 11 through 13   | <b>14</b> | 300. |

**Casualty and Theft Losses**

|           |  |           |  |
|-----------|--|-----------|--|
| <b>15</b> | 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 | <b>15</b> |  |
|-----------|--|-----------|--|

**Other Itemized Deductions**

|           |  |           |  |
|-----------|--|-----------|--|
| <b>16</b> | Other—from list in instructions. List type and amount: _____ | <b>16</b> |  |
|-----------|--|-----------|--|

**Total Itemized Deductions**

|           |  |           |        |
|-----------|--|-----------|--------|
| <b>17</b> | 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           | <b>17</b> | 5,300. |
| <b>18</b> | If you elect to itemize deductions even though they are less than your standard deduction, check this box <input type="checkbox"/> |           |        |



**SCHEDULE D  
(Form 1040)**

**Capital Gains and Losses**

OMB No. 1545-0074

**2022**

Department of the Treasury  
Internal Revenue Service

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

Attachment  
Sequence No. **12**

Name(s) shown on return

JINISHA RAJESHBHAI SAVANI

Your social security number

114-75-3741

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?  Yes  No

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

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

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

|  | (d)<br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | (g)<br>Adjustments<br>to gain or loss from<br>Form(s) 8949, Part I,<br>line 2, column (g) | (h) Gain or (loss)<br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g) |
|--|----------------------------------|---------------------------------|---|---|
| <b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . |                                  |                                 |   |   |
| <b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked . . . . .   | 195.                             | 90.                             |   | 105.  |
| <b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked . . . . .  |                                  |                                 |   |   |
| <b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked . . . . .  |                                  |                                 |   |   |
| <b>4</b> Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .  |                                  |                                 |   | <b>4</b>  |
| <b>5</b> Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .   |                                  |                                 |   | <b>5</b>  |
| <b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .  |                                  |                                 |   | <b>6</b> ( )  |
| <b>7 Net short-term capital gain or (loss).</b> Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back . . . . .  |                                  |                                 |   | <b>7</b> 105.   |

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

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

|   | (d)<br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | (g)<br>Adjustments<br>to gain or loss from<br>Form(s) 8949, Part II,<br>line 2, column (g) | (h) Gain or (loss)<br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g) |
|---|----------------------------------|---------------------------------|--|---|
| <b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . |                                  |                                 |  |   |
| <b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked . . . . .  | 1,556.                           | 1,859.                          |  | -303.   |
| <b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked . . . . .   |                                  |                                 |  |   |
| <b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked . . . . .  |                                  |                                 |  |   |
| <b>11</b> Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .  |                                  |                                 |  | <b>11</b>   |
| <b>12</b> Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .  |                                  |                                 |  | <b>12</b>   |
| <b>13</b> Capital gain distributions. See the instructions . . . . .  |                                  |                                 |  | <b>13</b>   |
| <b>14</b> Long-term capital loss carryover. Enter the amount, if any, from line 13 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .  |                                  |                                 |  | <b>14</b> ( )   |
| <b>15 Net long-term capital gain or (loss).</b> Combine lines 8a through 14 in column (h). Then, go to Part III on the back . . . . .   |                                  |                                 |  | <b>15</b> -303.   |

**Part III Summary**

|           |  |           |          |
|-----------|--|-----------|----------|
| <b>16</b> | Combine lines 7 and 15 and enter the result . . . . .  | <b>16</b> | -198.    |
|           | <ul style="list-style-type: none"> <li>• If line 16 is a <b>gain</b>, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.</li> <li>• If line 16 is a <b>loss</b>, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.</li> <li>• If line 16 is <b>zero</b>, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.</li> </ul> |           |          |
| <b>17</b> | Are lines 15 and 16 <b>both</b> gains?<br><input type="checkbox"/> <b>Yes.</b> Go to line 18.<br><input type="checkbox"/> <b>No.</b> Skip lines 18 through 21, and go to line 22.  |           |          |
| <b>18</b> | If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet . . . . .   | <b>18</b> |          |
| <b>19</b> | If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet . . . . .   | <b>19</b> |          |
| <b>20</b> | Are lines 18 and 19 both zero or blank and you are not filing Form 4952?<br><input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 16. <b>Don't</b> complete lines 21 and 22 below.<br><br><input type="checkbox"/> <b>No.</b> Complete the <b>Schedule D Tax Worksheet</b> in the instructions. <b>Don't</b> complete lines 21 and 22 below.                             |           |          |
| <b>21</b> | If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the <b>smaller</b> of:<br><ul style="list-style-type: none"> <li>• The loss on line 16; or</li> <li>• (\$3,000), or if married filing separately, (\$1,500) } . . . . .</li> </ul>   | <b>21</b> | ( 198. ) |
|           | <b>Note:</b> When figuring which amount is smaller, treat both amounts as positive numbers.  |           |          |
| <b>22</b> | Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?<br><br><input checked="" type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 16.<br><br><input type="checkbox"/> <b>No.</b> Complete the rest of Form 1040, 1040-SR, or 1040-NR.  |           |          |

**Sales and Other Dispositions of Capital Assets**

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/Form8949](http://www.irs.gov/Form8949) for instructions and the latest information.  
File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return

Social security number or taxpayer identification number

JINISHA RAJESHBHAI SAVANI

114-75-3741

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

**Part I Short-Term.** Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

**Note:** You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

**You must check Box A, B, or C below. Check only one box.** If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (A)** Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (B)** Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (C)** Short-term transactions not reported to you on Form 1099-B

| 1                | (a)<br>Description of property<br>(Example: 100 sh. XYZ Co.)   | (b)<br>Date acquired<br>(Mo., day, yr.) | (c)<br>Date sold or<br>disposed of<br>(Mo., day, yr.) | (d)<br>Proceeds<br>(sales price)<br>(see instructions) | (e)<br>Cost or other basis<br>See the <b>Note</b> below<br>and see <i>Column (e)</i><br>in the separate<br>instructions. | Adjustment, if any, to gain or loss<br>If you enter an amount in column (g),<br>enter a code in column (f).<br><b>See the separate instructions.</b> |                                | (h)<br><b>Gain or (loss)</b><br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g). |
|------------------|--|---|---|--|--|--|--------------------------------|--|
|                  |  |   |   |  |  | (f)<br>Code(s) from<br>instructions  | (g)<br>Amount of<br>adjustment |  |
|                  | ROBINHOOD SECURITIES LLC   | 01/01/22                                | 12/31/22  | 195.   | 90.  |  |                                | 105.   |
|                  |  |   |   |  |  |  |                                |  |
|                  |  |   |   |  |  |  |                                |  |
|                  |  |   |   |  |  |  |                                |  |
|                  |  |   |   |  |  |  |                                |  |
|                  |  |   |   |  |  |  |                                |  |
|                  |  |   |   |  |  |  |                                |  |
|                  |  |   |   |  |  |  |                                |  |
|                  |  |   |   |  |  |  |                                |  |
|                  |  |   |   |  |  |  |                                |  |
|                  |  |   |   |  |  |  |                                |  |
|                  |  |   |   |  |  |  |                                |  |
|                  |  |   |   |  |  |  |                                |  |
|                  |  |   |   |  |  |  |                                |  |
|                  |  |   |   |  |  |  |                                |  |
|                  |  |   |   |  |  |  |                                |  |
|                  |  |   |   |  |  |  |                                |  |
|                  |  |   |   |  |  |  |                                |  |
| <b>2 Totals.</b> | Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 1b</b> (if <b>Box A</b> above is checked), <b>line 2</b> (if <b>Box B</b> above is checked), or <b>line 3</b> (if <b>Box C</b> above is checked). |   |   | 195.   | 90.  |  |                                | 105.   |

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

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side  
 JINISHA RAJESHBHAI SAVANI

Social security number or taxpayer identification number  
 114-75-3741

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

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

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

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

- (D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (E)** Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (F)** Long-term transactions not reported to you on Form 1099-B

| 1                | (a)<br>Description of property<br>(Example: 100 sh. XYZ Co.)  | (b)<br>Date acquired<br>(Mo., day, yr.) | (c)<br>Date sold or disposed of<br>(Mo., day, yr.) | (d)<br>Proceeds<br>(sales price)<br>(see instructions) | (e)<br>Cost or other basis<br>See the <b>Note</b> below and see <i>Column (e)</i> in the separate instructions. | Adjustment, if any, to gain or loss<br>If you enter an amount in column (g), enter a code in column (f).<br><b>See the separate instructions.</b> |                             | (h)<br><b>Gain or (loss)</b><br>Subtract column (e) from column (d) and combine the result with column (g). |
|------------------|---|---|--|--|---|---|-----------------------------|---|
|                  |   |   |  |  |   | (f)<br>Code(s) from instructions  | (g)<br>Amount of adjustment |   |
|                  | ROBINHOOD SECURITIES LLC  | 01/01/22                                | 12/31/22   | 1,556.   | 1,859.  |   |                             | -303.   |
|                  |   |   |  |  |   |   |                             |   |
|                  |   |   |  |  |   |   |                             |   |
|                  |   |   |  |  |   |   |                             |   |
|                  |   |   |  |  |   |   |                             |   |
|                  |   |   |  |  |   |   |                             |   |
|                  |   |   |  |  |   |   |                             |   |
|                  |   |   |  |  |   |   |                             |   |
|                  |   |   |  |  |   |   |                             |   |
|                  |   |   |  |  |   |   |                             |   |
|                  |   |   |  |  |   |   |                             |   |
|                  |   |   |  |  |   |   |                             |   |
|                  |   |   |  |  |   |   |                             |   |
|                  |   |   |  |  |   |   |                             |   |
|                  |   |   |  |  |   |   |                             |   |
|                  |   |   |  |  |   |   |                             |   |
| <b>2 Totals.</b> | Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 8b</b> (if <b>Box D</b> above is checked), <b>line 9</b> (if <b>Box E</b> above is checked), or <b>line 10</b> (if <b>Box F</b> above is checked). |   |  | 1,556.   | 1,859.  |   |                             | -303.   |

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

**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](http://www.irs.gov/ScheduleE) for instructions and the latest information.

OMB No. 1545-0074

**2022**  
Attachment  
Sequence No. **13**

Name(s) shown on return

JINISHA RAJESHBHAI SAVANI

Your social security number

114-75-3741

**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** 203, TULSI PALACE KATARGAM, SURAT GUJARAT IN 395004

**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 | C                 |                          |
| <b>A</b> 3                            |  | 365              |   | 0                 | <input type="checkbox"/> |
| <b>B</b>                              |  |                  |   |                   | <input type="checkbox"/> |
| <b>C</b>                              |  |                  |   |                   | <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        |
| <b>3</b>         | Rents received . . . . .  | 3           | 954.        |          |
| <b>4</b>         | Royalties received . . . . .  | 4           |             |          |
| <b>Expenses:</b> |   |             |             |          |
| <b>5</b>         | Advertising . . . . .   | 5           |             |          |
| <b>6</b>         | Auto and travel (see instructions) . . . . .  | 6           |             |          |
| <b>7</b>         | Cleaning and maintenance . . . . .  | 7           | 2,695.      |          |
| <b>8</b>         | Commissions . . . . .   | 8           |             |          |
| <b>9</b>         | Insurance . . . . .   | 9           |             |          |
| <b>10</b>        | Legal and other professional fees . . . . .   | 10          |             |          |
| <b>11</b>        | Management fees . . . . .   | 11          | 1,886.      |          |
| <b>12</b>        | Mortgage interest paid to banks, etc. (see instructions)  | 12          |             |          |
| <b>13</b>        | Other interest . . . . .  | 13          |             |          |
| <b>14</b>        | Repairs . . . . .   | 14          | 2,348.      |          |
| <b>15</b>        | Supplies . . . . .  | 15          | 2,069.      |          |
| <b>16</b>        | Taxes . . . . .   | 16          |             |          |
| <b>17</b>        | Utilities . . . . .   | 17          | 2,664.      |          |
| <b>18</b>        | Depreciation expense or depletion . . . . .   | 18          |             |          |
| <b>19</b>        | Other (list) _____  | 19          |             |          |
| <b>20</b>        | Total expenses. Add lines 5 through 19 . . . . .  | 20          | 11,662.     |          |
| <b>21</b>        | 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 <b>Form 6198</b> . . . . .  | 21          | -10,708.    |          |
| <b>22</b>        | Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions) . . . . .   | 22          | ( 10,708. ) | ( )      |
| <b>23a</b>       | Total of all amounts reported on line 3 for all rental properties . . . . .   | 23a         | 954.        |          |
| <b>b</b>         | Total of all amounts reported on line 4 for all royalty properties . . . . .  | 23b         |             |          |
| <b>c</b>         | Total of all amounts reported on line 12 for all properties . . . . .   | 23c         |             |          |
| <b>d</b>         | Total of all amounts reported on line 18 for all properties . . . . .   | 23d         |             |          |
| <b>e</b>         | Total of all amounts reported on line 20 for all properties . . . . .   | 23e         | 11,662.     |          |
| <b>24</b>        | <b>Income.</b> Add positive amounts shown on line 21. <b>Do not</b> include any losses . . . . .  | 24          |             |          |
| <b>25</b>        | <b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . . . . .  | 25          | ( 10,708. ) |          |
| <b>26</b>        | <b>Total rental real estate and royalty income or (loss).</b> 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          |             | -10,708. |

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2022

TAXABLE YEAR

FORM

2022

California e-file Signature Authorization for Individuals

8879

Table with 2 columns: Field Name, Value. Fields include Your name (JINISHA RAJESHBHAI SAVANI), Your SSN or ITIN (114-75-3741), Spouse's/RDP's name, Spouse's/RDP's SSN or ITIN.

Part I Tax Return Information (whole dollars only)

Table with 2 columns: Line Number, Amount. Lines include California adjusted gross income (AGI) 98536, Amount You Owe, Refund or No Amount Due 420.

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 5 3 7 4 1 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 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.

Table with 11 cells containing digits: 5, 1, 8, 9, 5, 2, 3, 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 03/29/2023

# California Nonresident or Part-Year Resident Income Tax Return

## 2022

## 540NR

APE

ATTACH FEDERAL RETURN

114-75-3741 SAVA 859-09-5825  
JINISHARAJE SAVANI

22

43476 NOWLAND DR  
CANTON MI 48188

12-16-1993

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

Filing Status

- 1  Single
- 4  Head of household (with qualifying person). See instructions.
- 2  Married/RDP filing jointly. See instr.
- 5  Qualifying surviving spouse/RDP. Enter year spouse/RDP died.
- See instructions.

3  Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here

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

► 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

- 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 =  \$

Exemptions

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  X \$433 =  \$

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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 .....  **12**

**13** Enter federal AGI from federal Form 1040, 1040-SR, or 1040-NR, line 11 .....  **13**

**14** California adjustments – subtractions. Enter the amount from Schedule CA (540NR), Part II, line 27, column B .....  **14**

**15** Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions ..... **15**

**16** California adjustments – additions. Enter the amount from Schedule CA (540NR), Part II, line 27, column C .....  **16**

**17** Adjusted gross income from all sources. Combine line 15 and line 16. ....  **17**

**18** Enter the **larger** of: Your California **itemized deductions** from Schedule CA (540NR), Part III, line 30; **OR** Your California **standard deduction**. See instructions .....  **18**

**19** Subtract line 18 from line 17. This is your **total taxable income**. If less than zero, enter -0- .....  **19**

**CA Taxable Income**

**31** Tax. Check the box if from:  Tax Table  Tax Rate Schedule

FTB 3800   FTB 3803 ..... **31**

**32** CA adjusted gross income from Schedule CA (540NR), Part IV, line 1. ....  **32**

**35** CA Taxable Income from Schedule CA (540NR), Part IV, line 5. ....  **35**

**36** CA Tax Rate. Divide line 31 by line 19. ....  **36**

**37** CA Tax Before Exemption Credits. Multiply line 35 by line 36. ....  **37**

**38** CA Exemption Credit Percentage. Divide line 35 by line 19. If more than 1, enter 1.0000. ....  **38**

**39** CA Prorated Exemption Credits. Multiply line 11 by line 38. If the amount on line 13 is more than \$229,908, see instructions .....  **39**

**40** CA Regular Tax Before Credits. Subtract line 39 from line 37. If less than zero, enter -0- ...  **40**

**41** Tax. See instructions. Check the box if from:   Schedule G-1   FTB 5870A ..... **41**

**42** Add line 40 and line 41 .....  **42**

**Special Credits**

**50** Nonrefundable Child and Dependent Care Expenses Credit. See instructions. Attach form FTB 3506. ....  **50**

**51** Credit for joint custody head of household. See instructions .....  **51**

**52** Credit for dependent parent. See instructions. ....  **52**

**53** Credit for senior head of household. See instructions. ....  **53**

**54** Credit percentage. Enter the amount from line 38 here. If more than 1, enter 1.0000. See instructions .....  **54**

**55** Credit amount. See instructions .....  **55**

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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 VPD) 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

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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

|  |   | Code                     | Amount                   |
|--|---|--------------------------|--------------------------|
| <b>Contributions</b>   | 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 |                          |
| <b>120</b> 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: SAVANI Your SSN or ITIN: 114-75-3741

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

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. 125 420

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 Account number 126 Direct deposit amount
Savings

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

Type
Routing number Checking Account number 127 Direct deposit amount
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)

Sign Here
Your email address. Enter only one email address. Preferred phone number 3612287401

Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge)
SYAM PRIYA RAM SAGAR GUPTA TALLAM

Firm's name (or yours, if self-employed) PTIN
GLOBAL TAXES LLC P02082703

Firm's address Firm's FEIN
245 ROONEY CT E BRUNSWICK NJ 08816 843171965

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

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# California Adjustments — Nonresidents or Part-Year Residents

## CA (540NR)

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

|   |                          |
|---|--------------------------|
| Name(s) as shown on tax return<br>JINISHA RAJESHBHAI SAVANI | SSN or ITIN<br>114753741 |
|---|--------------------------|

**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:  Nonresident  Part-Year Resident  Resident  
 b Spouse:  Nonresident  Part-Year Resident  Resident

|   | Yourself   | Spouse/RDP   |
|---|--|--|
| 2 a I was domiciled in (enter two letter code, see instructions) . . . . .                    | <input checked="" type="radio"/> M I                               | <input checked="" type="radio"/> M I                               |
| b I was in the military and stationed in (enter two letter code). . . . .                     | <input type="radio"/> ___  | <input type="radio"/> ___  |
| 3 I became a CA resident (enter state of prior residence and date (mm/dd/yyyy) of move) . . . | <input checked="" type="radio"/> ___ / ___ / ___                   | <input checked="" type="radio"/> ___ / ___ / ___                   |
| 4 I became a CA nonresident (enter new state of residence and date (mm/dd/yyyy) of move) .    | <input checked="" type="radio"/> ___ / ___ / ___                   | <input checked="" type="radio"/> ___ / ___ / ___                   |
| 5 I was a CA nonresident the entire year (enter state of residence). . . . .                  | <input checked="" type="radio"/> M I                               | <input type="radio"/> ___  |
| 6 The number of days I spent in CA for any purpose was: . . . . .                             | <input checked="" type="radio"/> ___                               | <input type="radio"/> ___  |
| 7 I owned a home/property in CA (enter Y for Yes, N for No) . . . . .                         | <input checked="" type="radio"/> N                                 | <input checked="" type="radio"/> N                                 |
| 8 <b>Before 2022:</b> I was a CA resident for the period of . . . . .                         | <input checked="" type="radio"/> ___ / ___ / ___ - ___ / ___ / ___ | <input checked="" type="radio"/> ___ / ___ / ___ - ___ / ___ / ___ |

**Part II Income Adjustment Schedule**

| Section A — Income from federal Form 1040 or 1040-SR                               | A<br>Federal Amounts<br>(taxable amounts from your federal tax return) | B<br>Subtractions<br>See instructions<br>(difference between CA & federal law) | C<br>Additions<br>See instructions<br>(difference between CA & federal law) | D<br>Total Amounts Using CA Law As If You Were a CA Resident<br>(subtract col. B from col. A; add col. C to the result) | E<br>CA Amounts<br>(income earned or received as a CA resident and income earned or received from CA sources as a nonresident) |
|--|--|--|---|---|--|
| 1 a Total amount from federal Form(s) W-2, box 1. See instructions . . . . .       | <input checked="" type="radio"/> 123396                                | <input type="radio"/>  | <input type="radio"/>   | <input checked="" type="radio"/> 123396   | <input checked="" type="radio"/> 98536   |
| b Household employee wages not reported on federal Form(s) W-2. . . . .            | <input type="radio"/>  | <input type="radio"/>  | <input type="radio"/>   | <input type="radio"/>   | <input type="radio"/>  |
| c Tip income not reported on line 1a. . . . .                                      | <input type="radio"/>  | <input type="radio"/>  | <input type="radio"/>   | <input type="radio"/>   | <input type="radio"/>  |
| d Medicaid waiver payments not reported on federal Form(s) W-2. See instr. . . . . | <input type="radio"/>  | <input type="radio"/>  | <input type="radio"/>   | <input type="radio"/>   | <input type="radio"/>  |
| e Taxable dependent care benefits from federal Form 2441, line 26 . . . . .        | <input type="radio"/>  | <input type="radio"/>  | <input type="radio"/>   | <input type="radio"/>   | <input type="radio"/>  |
| f Employer-provided adoption benefits from federal Form 8839, line 29 . . . . .    | <input type="radio"/>  | <input type="radio"/>  | <input type="radio"/>   | <input type="radio"/>   | <input type="radio"/>  |
| g Wages from federal Form 8919, line 6 . . . . .                                   | <input type="radio"/>  | <input type="radio"/>  | <input type="radio"/>   | <input type="radio"/>   | <input type="radio"/>  |
| h Other earned income. See instructions . . . . .                                  | <input type="radio"/> 0  | <input type="radio"/>  | <input type="radio"/>   | <input type="radio"/> 0   | <input type="radio"/>  |
| i Nontaxable combat pay election. See instructions . . . . .                       | <input type="radio"/>  | <input type="radio"/>  | <input type="radio"/>   | <input type="radio"/>   | <input type="radio"/>  |
| z Add line 1a through line 1i . . . . .  | <input checked="" type="radio"/> 123396                                | <input type="radio"/>  | <input type="radio"/>   | <input checked="" type="radio"/> 123396   | <input checked="" type="radio"/> 98536   |
| 2 Taxable interest. a <input type="radio"/> . . . . .                              | <input type="radio"/>  | <input type="radio"/>  | <input type="radio"/>   | <input type="radio"/>   | <input type="radio"/>  |
| 3 Ordinary dividends. See instructions. a <input type="radio"/> 120 . . . . .      | <input checked="" type="radio"/> 465                                   | <input type="radio"/>  | <input type="radio"/>   | <input checked="" type="radio"/> 465  | <input type="radio"/> 0  |
| 4 IRA distributions. See instructions. a <input type="radio"/> . . . . .           | <input type="radio"/>  | <input type="radio"/>  | <input type="radio"/>   | <input type="radio"/>   | <input type="radio"/>  |
| 5 Pensions and annuities. See instructions. a <input type="radio"/> . . . . .      | <input type="radio"/>  | <input type="radio"/>  | <input type="radio"/>   | <input type="radio"/>   | <input type="radio"/>  |
| 6 Social security benefits. a <input type="radio"/> . . . . .                      | <input type="radio"/>  | <input type="radio"/>  | <input type="radio"/>   | <input type="radio"/>   | <input type="radio"/>  |
| 7 Capital gain or (loss). See instructions . . . . .                               | <input checked="" type="radio"/> -198                                  | <input type="radio"/>  | <input type="radio"/>   | <input checked="" type="radio"/> -198   | <input type="radio"/> 0  |

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| Section B — Additional Income<br>from federal Schedule 1 (Form 1040) |   | A<br>Federal Amounts<br>(taxable amounts from<br>your federal tax return) | B<br>Subtractions<br>See instructions<br>(difference between<br>CA & federal law) | C<br>Additions<br>See instructions<br>(difference between<br>CA & federal law) | D<br>Total Amounts<br>Using CA Law<br>As If You Were a<br>CA Resident<br>(subtract col. B from<br>col. A; add col. C<br>to the result) | E<br>CA Amounts<br>(income earned or<br>received as a CA<br>resident and income<br>earned or received<br>from CA sources<br>as a nonresident) |
|--|---|---|---|--|--|---|
| 1  | Taxable refunds, credits, or offsets of state and local income taxes. . . . .   | <input type="radio"/>   | <input type="radio"/>   |  |  |   |
| 2 a  | Alimony received. See instructions. . . . .   | <input type="radio"/>   |   | <input type="radio"/>  | <input type="radio"/>  | <input type="radio"/>   |
| 3  | Business income or (loss). See instructions. . . . .  | <input type="radio"/>   | <input type="radio"/>   | <input type="radio"/>  | <input type="radio"/>  | <input type="radio"/>   |
| 4  | Other gains or (losses) . . . . .   | <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 . . . . .  | <input type="radio"/> -10708  | <input type="radio"/>   | <input type="radio"/>  | <input type="radio"/> -10708   | <input type="radio"/>   |
| 6  | Farm income or (loss) . . . . .   | <input type="radio"/>   | <input type="radio"/>   | <input type="radio"/>  | <input type="radio"/>  | <input type="radio"/>   |
| 7  | Unemployment compensation . . . . .   | <input type="radio"/>   | <input type="radio"/>   |  |  |   |
| 8  | <b>Other income:</b>  |   |   |  |  |   |
| 8 a  | Federal net operating loss . . . . .  | <input type="radio"/> ( )   |   | <input type="radio"/>  |  |   |
| 8 b  | Gambling . . . . .  | <input type="radio"/>   | <input type="radio"/>   |  | <input type="radio"/>  | <input type="radio"/>   |
| 8 c  | Cancellation of debt . . . . .  | <input type="radio"/>   | <input type="radio"/>   | <input type="radio"/>  | <input type="radio"/>  | <input type="radio"/>   |
| 8 d  | Foreign earned income exclusion from federal Form 2555 . . . . .  | <input type="radio"/> ( )   |   | <input type="radio"/>  |  |   |
| 8 e  | Income from federal Form 8853 . . . . .   | <input type="radio"/>   |   | <input type="radio"/>  | <input type="radio"/>  | <input type="radio"/>   |
| 8 f  | Income from federal Form 8889 . . . . .   | <input type="radio"/>   | <input type="radio"/>   |  |  |   |
| 8 g  | Alaska Permanent Fund dividends . . . . .   | <input type="radio"/>   |   |  | <input type="radio"/>  | <input type="radio"/>   |
| 8 h  | Jury duty pay . . . . .   | <input type="radio"/>   |   |  | <input type="radio"/>  | <input type="radio"/>   |
| 8 i  | Prizes and awards . . . . .   | <input type="radio"/>   |   |  | <input type="radio"/>  | <input type="radio"/>   |
| 8 j  | Activity not engaged in for profit income . . . . .   | <input type="radio"/>   |   |  | <input type="radio"/>  | <input type="radio"/>   |
| 8 k  | Stock options . . . . .   | <input type="radio"/>   |   | <input type="radio"/>  | <input type="radio"/>  | <input type="radio"/>   |
| 8 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 . . . . . | <input type="radio"/>   |   |  | <input type="radio"/>  | <input type="radio"/>   |
| 8 m  | Olympic and Paralympic medals and USOC prize money . . . . .  | <input type="radio"/>   |   |  | <input type="radio"/>  | <input type="radio"/>   |
| 8 n  | IRC Section 951(a) inclusion . . . . .  | <input type="radio"/>   | <input type="radio"/>   |  |  |   |
| 8 o  | IRC Section 951A(a) inclusion . . . . .   | <input type="radio"/>   | <input type="radio"/>   |  |  |   |
| 8 p  | IRC Section 461(l) excess business loss adjustment . . . . .  | <input type="radio"/>   | <input type="radio"/>   | <input type="radio"/>  | <input type="radio"/>  | <input type="radio"/>   |
| 8 q  | Taxable distributions from an ABLE account . . . . .  | <input type="radio"/>   |   |  | <input type="radio"/>  | <input type="radio"/>   |
| 8 r  | Scholarship and fellowship grants not reported on federal Form(s) W-2 . . . . .   | <input type="radio"/>   |   |  | <input type="radio"/>  | <input type="radio"/>   |
| 8 s  | Nontaxable amount of Medicaid waiver payments included on federal Form 1040, line 1a or line 1d . . . . .   | <input type="radio"/> ( )   |   |  | <input type="radio"/>  | <input type="radio"/>   |
| 8 t  | Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental IRC Section 457 plan . . . . .                               | <input type="radio"/>   |   |  | <input type="radio"/>  | <input type="radio"/>   |
| 8 u  | Wages earned while incarcerated . . . . .   | <input type="radio"/>   |   |  | <input type="radio"/>  | <input type="radio"/>   |
| 8 z  | Other income. List type and amount.   |   |   |  |  |   |
| <input type="radio"/>  | SUBSTITUTE PAYMENT FROM 1099-MISC   | <input type="radio"/> 52  | <input type="radio"/>   | <input type="radio"/>  | <input type="radio"/> 52   | <input type="radio"/> 0   |
| 9 a  | Total other income. Add line 8a through line 8z. . . . .  | <input type="radio"/> 52  | <input type="radio"/>   | <input type="radio"/>  | <input type="radio"/> 52   | <input type="radio"/> 0   |

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|   |  | A   | B   | C  | D   | E   |
|---|--|---|---|--|---|---|
| <b>Section B — Additional Income</b><br>Continued |  | <b>Federal Amounts</b><br>(taxable amounts from<br>your federal tax return) | <b>Subtractions</b><br>See instructions<br>(difference between<br>CA & federal law) | <b>Additions</b><br>See instructions<br>(difference between<br>CA & federal law) | <b>Total Amounts<br/>Using CA Law<br/>As If You Were a<br/>CA Resident</b><br>(subtract col. B from<br>col. A; add col. C<br>to the result) | <b>CA Amounts</b><br>(income earned or<br>received as a CA<br>resident and income<br>earned or received<br>from CA sources<br>as a nonresident) |
| <b>b1</b>   | Disaster loss deduction from form<br>FTB 3805V . . . . . <b>9b1</b>  |   | <input type="radio"/>   |  | <input type="radio"/>   | <input type="radio"/>   |
| <b>b2</b>   | NOL deduction from form<br>FTB 3805V . . . . . <b>9b2</b>  |   | <input type="radio"/>   |  | <input type="radio"/>   | <input type="radio"/>   |
| <b>b3</b>   | NOL from form FTB 3805Z,<br>FTB 3807, or FTB 3809 . . . . . <b>9b3</b>   |   | <input type="radio"/>   |  | <input type="radio"/>   | <input type="radio"/>   |
| <b>10</b>   | <b>Total.</b> Combine Section A, line 1z through<br>line 7, and Section B, line 1 through<br>line 7, line 9a and line 9b1 through line 9b3<br>(as applicable) in each column.<br>See instructions. Go to Section C . . . . . <b>10</b> | <input checked="" type="radio"/> 113007                                     | <input type="radio"/>   | <input type="radio"/>  | <input checked="" type="radio"/> 113007   | <input checked="" type="radio"/> 98536  |

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

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

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| Section C — Adjustments to Income<br>Continued   | A<br>Federal Amounts<br>(taxable amounts from<br>your federal tax return) | B<br>Subtractions<br>See instructions<br>(difference between<br>CA & federal law) | C<br>Additions<br>See instructions<br>(difference between<br>CA & federal law) | D<br>Total Amounts<br>Using CA Law<br>As If You Were a<br>CA Resident<br>(subtract col. B from<br>col. A; add col. C<br>to the result) | E<br>CA Amounts<br>(income earned or<br>received as a CA<br>resident and income<br>earned or received<br>from CA sources<br>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.<br><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"/> 113007                                   | <input checked="" type="radio"/>  | <input checked="" type="radio"/>   | <input checked="" type="radio"/> 113007  | <input checked="" type="radio"/> 98536  |

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

|   |   |  |
|---|---|--|
| <b>A</b> Federal Amounts<br>(from federal Schedule A (Form 1040)) | <b>B</b> Subtractions<br>See instructions | <b>C</b> Additions<br>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             | <input checked="" type="radio"/> | 113007 |  |                                  |
| 3 Multiply line 2 by 7.5% (0.075) . . . . . 3                                     | <input checked="" type="radio"/> | 8476   |  |                                  |
| 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"/> | 7664 | <input checked="" type="radio"/> | 7664 |                                       |
| 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"/> | 7664 |                                  |      |                                       |
| 5e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) in column A . . . . .<br>Enter the amount from line 5a, column B in line 5e, column B . . . . .<br>Enter the difference from line 5d and line 5e, column A in line 5e, column C. . . . . 5e | <input checked="" type="radio"/> | 5000 | <input checked="" type="radio"/> | 7664 | <input checked="" type="radio"/> 2664 |
| 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"/> | 5000 | <input checked="" type="radio"/> | 7664 | <input checked="" type="radio"/> 2664 |

**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"/> | 300 | <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"/> | 300 | <input checked="" type="radio"/> | <input checked="" type="radio"/> |

|   |  |   |  |
|---|--|---|--|
| <b>Part III Adjustments to Federal Itemized Deductions</b><br>Continued | <b>A</b> Federal Amounts<br>(from federal Schedule A<br>(Form 1040)) | <b>B</b> Subtractions<br>See instructions | <b>C</b> Additions<br>See instructions |
|---|--|---|--|

|   |      |                                  |                       |
|---|------|----------------------------------|-----------------------|
| <b>Casualty and Theft Losses</b>  |      |                                  |                       |
| 15 Casualty or theft loss(es) (other than net qualified disaster losses).<br>Attach federal Form 4684. See instructions . . . . . | 15   | <input type="radio"/>            | <input type="radio"/> |
| <b>Other Itemized Deductions</b>  |      |                                  |                       |
| 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"/> |
|   | 5300 | <input type="radio"/>            | <input type="radio"/> |
| 18 <b>Total.</b> Combine line 17 column A less column B plus column C . . . . .   | 18   | <input checked="" type="radio"/> | <input type="radio"/> |
|   |      |                                  | 300                   |

|  |
|--|
| <b>Job Expenses and Certain Miscellaneous Deductions</b> |
|--|

|  |           |                                  |                       |
|--|-----------|----------------------------------|-----------------------|
| 19 Unreimbursed employee expenses: job travel, union dues, job education, etc.<br>Attach federal Form 2106 if required. See instructions . . . . . | 19        | <input checked="" type="radio"/> | <input type="radio"/> |
| 20 Tax preparation fees. . . . .   | 20        | <input checked="" type="radio"/> | <input type="radio"/> |
| 21 Other expenses: investment, safe deposit box, etc. List type <input type="radio"/> . . . . .  | 21        | <input checked="" type="radio"/> | <input type="radio"/> |
| 22 Add line 19 through line 21 . . . . .   | 22        | <input checked="" type="radio"/> | <input type="radio"/> |
| 23 Enter amount from federal Form 1040 or 1040-SR, line 11 <input type="radio"/> <u>113007</u>   | 23        | <input checked="" type="radio"/> | <input type="radio"/> |
| 24 Multiply line 23 by 2% (0.02). If less than zero, enter 0. . . . .  | 24        | <input checked="" type="radio"/> | <input type="radio"/> |
|  |           |                                  | 2260                  |
| 25 Subtract line 24 from line 22. If line 24 is more than line 22, enter 0. . . . .  | 25        | <input checked="" type="radio"/> | <input type="radio"/> |
|  |           |                                  | 0                     |
| 26 <b>Total Itemized Deductions.</b> Add line 18 and line 25. . . . .  | 26        | <input checked="" type="radio"/> | <input type="radio"/> |
|  |           |                                  | 300                   |
| 27 Other adjustments. See instructions. Specify. <input type="radio"/> . . . . .   | 27        | <input checked="" type="radio"/> | <input type="radio"/> |
| 28 Combine line 26 and line 27. . . . .  | 28        | <input checked="" type="radio"/> | <input type="radio"/> |
|  |           |                                  | 300                   |
| <b>29 Is your federal AGI (Form 540NR, line 13) more than the amount shown below for your filing status?</b>                                       |           |                                  |                       |
| Single or married/RDP filing separately . . . . .  | \$229,908 |                                  |                       |
| Head of household . . . . .  | \$344,867 |                                  |                       |
| Married/RDP filing jointly or qualifying surviving spouse/RDP. . . . .   | \$459,821 |                                  |                       |
| <b>No.</b> Transfer the amount on line 28 to line 29.  |           |                                  |                       |
| <b>Yes.</b> Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540NR), line 29 . . . . .                              | 29        | <input checked="" type="radio"/> | <input type="radio"/> |
|  |           |                                  | 300                   |
| <b>30 Enter the larger of the amount on line 29 or your standard deduction listed below:</b>   |           |                                  |                       |
| 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"/> | <input type="radio"/> |
|  |           |                                  | 300                   |

|  |
|--|
| <b>Part IV California Taxable Income</b> |
|--|

|  |   |                                  |               |
|--|---|----------------------------------|---------------|
| 1 <b>California AGI.</b> Enter your California AGI from Part II, line 27, column E . . . . .   | 1 | <input checked="" type="radio"/> | 98536         |
| 2 Enter your deductions from line 30 . . . . .   | 2 | <input checked="" type="radio"/> | 300           |
| 3 <b>Deduction Percentage.</b> 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"/> | <u>0.8719</u> |
| 4 <b>California Itemized/Standard Deductions.</b> Multiply line 2 by the percentage on line 3 . . . . .  | 4 | <input checked="" type="radio"/> | 262           |
| 5 <b>California Taxable Income.</b> 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"/> | 98274         |

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# 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

JINISHA RAJESHBHAI SAVANI

SSN or ITIN

114-75-3741

### 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<br><input type="radio"/> JINISHA RAJESHBHAI | Initial<br><input type="radio"/> | SSN<br><input type="radio"/> 114-75-3741 | Date of Birth (mm/dd/yyyy)<br><input type="radio"/> 12/16/1993 | Modified AGI<br><input type="radio"/> 113,007. |
|    | Last Name<br><input type="radio"/> SAVANI              |                                  | ECN 1<br><input type="radio"/>           | ECN 2<br><input type="radio"/>                                 | ECN 3<br><input type="radio"/>                 |
| 2  | First Name<br><input type="radio"/>                    | Initial<br><input type="radio"/> | SSN<br><input type="radio"/>             | Date of Birth (mm/dd/yyyy)<br><input type="radio"/>            | Modified AGI<br><input type="radio"/>          |
|    | Last Name<br><input type="radio"/>                     |                                  | ECN 1<br><input type="radio"/>           | ECN 2<br><input type="radio"/>                                 | ECN 3<br><input type="radio"/>                 |
| 3  | First Name<br><input type="radio"/>                    | Initial<br><input type="radio"/> | SSN<br><input type="radio"/>             | Date of Birth (mm/dd/yyyy)<br><input type="radio"/>            | Modified AGI<br><input type="radio"/>          |
|    | Last Name<br><input type="radio"/>                     |                                  | ECN 1<br><input type="radio"/>           | ECN 2<br><input type="radio"/>                                 | ECN 3<br><input type="radio"/>                 |
| 4  | First Name<br><input type="radio"/>                    | Initial<br><input type="radio"/> | SSN<br><input type="radio"/>             | Date of Birth (mm/dd/yyyy)<br><input type="radio"/>            | Modified AGI<br><input type="radio"/>          |
|    | Last Name<br><input type="radio"/>                     |                                  | ECN 1<br><input type="radio"/>           | ECN 2<br><input type="radio"/>                                 | ECN 3<br><input type="radio"/>                 |
| 5  | First Name<br><input type="radio"/>                    | Initial<br><input type="radio"/> | SSN<br><input type="radio"/>             | Date of Birth (mm/dd/yyyy)<br><input type="radio"/>            | Modified AGI<br><input type="radio"/>          |
|    | Last Name<br><input type="radio"/>                     |                                  | ECN 1<br><input type="radio"/>           | ECN 2<br><input type="radio"/>                                 | ECN 3<br><input type="radio"/>                 |
| 6  | First Name<br><input type="radio"/>                    | Initial<br><input type="radio"/> | SSN<br><input type="radio"/>             | Date of Birth (mm/dd/yyyy)<br><input type="radio"/>            | Modified AGI<br><input type="radio"/>          |
|    | Last Name<br><input type="radio"/>                     |                                  | ECN 1<br><input type="radio"/>           | ECN 2<br><input type="radio"/>                                 | ECN 3<br><input type="radio"/>                 |
| 7  | First Name<br><input type="radio"/>                    | Initial<br><input type="radio"/> | SSN<br><input type="radio"/>             | Date of Birth (mm/dd/yyyy)<br><input type="radio"/>            | Modified AGI<br><input type="radio"/>          |
|    | Last Name<br><input type="radio"/>                     |                                  | ECN 1<br><input type="radio"/>           | ECN 2<br><input type="radio"/>                                 | ECN 3<br><input type="radio"/>                 |
| 8  | First Name<br><input type="radio"/>                    | Initial<br><input type="radio"/> | SSN<br><input type="radio"/>             | Date of Birth (mm/dd/yyyy)<br><input type="radio"/>            | Modified AGI<br><input type="radio"/>          |
|    | Last Name<br><input type="radio"/>                     |                                  | ECN 1<br><input type="radio"/>           | ECN 2<br><input type="radio"/>                                 | ECN 3<br><input type="radio"/>                 |
| 9  | First Name<br><input type="radio"/>                    | Initial<br><input type="radio"/> | SSN<br><input type="radio"/>             | Date of Birth (mm/dd/yyyy)<br><input type="radio"/>            | Modified AGI<br><input type="radio"/>          |
|    | Last Name<br><input type="radio"/>                     |                                  | ECN 1<br><input type="radio"/>           | ECN 2<br><input type="radio"/>                                 | ECN 3<br><input type="radio"/>                 |
| 10 | First Name<br><input type="radio"/>                    | Initial<br><input type="radio"/> | SSN<br><input type="radio"/>             | Date of Birth (mm/dd/yyyy)<br><input type="radio"/>            | Modified AGI<br><input type="radio"/>          |
|    | Last Name<br><input type="radio"/>                     |                                  | ECN 1<br><input type="radio"/>           | ECN 2<br><input type="radio"/>                                 | ECN 3<br><input type="radio"/>                 |
| 11 | First Name<br><input type="radio"/>                    | Initial<br><input type="radio"/> | SSN<br><input type="radio"/>             | Date of Birth (mm/dd/yyyy)<br><input type="radio"/>            | Modified AGI<br><input type="radio"/>          |
|    | Last Name<br><input type="radio"/>                     |                                  | ECN 1<br><input type="radio"/>           | ECN 2<br><input type="radio"/>                                 | ECN 3<br><input type="radio"/>                 |
| 12 | First Name<br><input type="radio"/>                    | Initial<br><input type="radio"/> | SSN<br><input type="radio"/>             | Date of Birth (mm/dd/yyyy)<br><input type="radio"/>            | Modified AGI<br><input type="radio"/>          |
|    | Last Name<br><input type="radio"/>                     |                                  | ECN 1<br><input type="radio"/>           | ECN 2<br><input type="radio"/>                                 | ECN 3<br><input type="radio"/>                 |

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

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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)<br>Full-year                   | (b)<br>Jan            | (c)<br>Feb            | (d)<br>Mar            | (e)<br>Apr            | (f)<br>May            | (g)<br>June           | (h)<br>July           | (i)<br>Aug            | (j)<br>Sept           | (k)<br>Oct            | (l)<br>Nov            | (m)<br>Dec            |
|----|--|------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1  | First Name<br><input type="radio"/> JINISHA RAJESHBHAI | <input checked="" type="radio"/> E | <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<br><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<br><input type="radio"/> SAVANI              |                                    | <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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| 2  | First Name<br><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<br><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<br><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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| 4  | First Name<br><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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|    | Last Name<br><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<br><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<br><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<br><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<br><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<br><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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|    | Last Name<br><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<br><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<br><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<br><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<br><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<br><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<br><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<br><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<br><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.

# 2022 MICHIGAN Individual Income Tax Return MI-1040

**Amended Return**   
(Include Schedule AMD)

**Return is due April 18, 2023.** Type or print in blue or black ink.

|  |  |      |                            |  |   |  |
|--|--|------|----------------------------|--|---|--|
| 1. Filer's First Name<br><b>JINISHA RAJESHBHAI</b>   |  | M.I. | Last Name<br><b>SAVANI</b> |  | 2. Filer's Full Social Security No. (Example: 123-45-6789)<br><b>114 — 75 — 3741</b>  |  |
| If a Joint Return, Spouse's First Name   |  | M.I. | Last Name                  |  | 3. Spouse's Full Social Security No. (Example: 123-45-6789)<br><b>859 — 09 — 5825</b> |  |
| Home Address (Number, Street, or P.O. Box)<br><b>43476 NOWLAND DR</b>  |  |      |                            |  | 4. School District Code (5 digits – see page 60)<br><b>82100</b>                      |  |
| City or Town<br><b>CANTON</b>  |  |      | State<br><b>MI</b>         | ZIP Code<br><b>48188</b>   |   |  |
| 5. <b>STATE CAMPAIGN FUND</b><br>Check if you (and/or your spouse, if filing a joint return) want \$3 of your taxes to go to this fund. This will not increase your tax or reduce your refund.<br>a. <input type="checkbox"/> Filer<br>b. <input type="checkbox"/> Spouse  |  |      |                            | 6. <b>FARMERS, FISHERMEN, OR SEAFARERS</b><br><input type="checkbox"/> Check this box if 2/3 of your income is from farming, fishing, or seafaring.  |   |  |
| 7. <b>2022 FILING STATUS.</b> Check one.<br>a. <input type="checkbox"/> Single<br>b. <input type="checkbox"/> Married filing jointly<br>c. <input checked="" type="checkbox"/> Married filing separately*<br><div style="border: 1px solid black; padding: 2px; display: inline-block; margin-top: 5px;">MITESHKUMAR J PAT</div><br><small>* If you check box "c," complete line 3 and enter spouse's full name below:</small> |  |      |                            | 8. <b>2022 RESIDENCY STATUS.</b> Check all that apply.<br>a. <input checked="" type="checkbox"/> Resident<br>b. <input type="checkbox"/> Nonresident *<br>c. <input type="checkbox"/> Part-Year Resident *<br><small>* If you check box "b" or "c," you must complete and include Schedule NR.</small> |   |  |

9. **EXEMPTIONS. NOTE:** If someone else can claim you as a dependent, check box 9e, enter 0 on line 9a and enter \$1,500 on line 9e (see instr.).

|   |     |                          |   |         |     |      |    |
|---|-----|--------------------------|---|---------|-----|------|----|
| a. Number of exemptions (see instructions).....   | 9a. | 1                        | x | \$5,000 | 9a. | 5000 | 00 |
| b. Number of individuals who qualify for one of the following special exemptions: deaf, blind, hemiplegic, paraplegic, quadriplegic, or totally and permanently disabled..... | 9b. |                          | x | \$2,900 | 9b. |      | 00 |
| c. Number of qualified disabled veterans.....   | 9c. |                          | x | \$400   | 9c. |      | 00 |
| d. Number of Certificates of Stillbirth from MDHHS (see instructions).....  | 9d. |                          | x | \$5,000 | 9d. |      | 00 |
| e. Claimed as dependent, see line 9 NOTE above.....   | 9e. | <input type="checkbox"/> |   |         | 9e. |      | 00 |
| f. Add lines 9a, 9b, 9c, 9d and 9e. Enter here and on line 15.....  | 9f. |                          |   |         | 9f. | 5000 | 00 |

|   |     |        |  |    |
|---|-----|--------|--|----|
| 10. <b>Adjusted Gross Income</b> from your U.S. Form 1040 (see instructions).....                                   | 10. | 113007 |  | 00 |
| 11. Additions from Schedule 1, line 9. <b>Include Schedule 1</b> .....  | 11. |        |  | 00 |
| 12. <b>Total.</b> Add lines 10 and 11.....  | 12. | 113007 |  | 00 |
| 13. Subtractions from Schedule 1, line 30. <b>Include Schedule 1</b> .....  | 13. |        |  | 00 |
| 14. <b>Income subject to tax.</b> Subtract line 13 from line 12. If line 13 is greater than line 12, enter "0"..... | 14. | 113007 |  | 00 |
| 15. <b>Exemption allowance.</b> Enter amount from line 9f or Schedule NR, line 19.....                              | 15. | 5000   |  | 00 |
| 16. <b>Taxable income.</b> Subtract line 15 from line 14. If line 15 is greater than line 14, enter "0".....        | 16. | 108007 |  | 00 |
| 17. <b>Tax.</b> Multiply line 16 by 4.25% (0.0425).....   | 17. | 4590   |  | 00 |

**NON-REFUNDABLE CREDITS**

|  |      | AMOUNT |  |    |      | CREDIT |    |
|--|------|--------|--|----|------|--------|----|
| 18. Income Tax Imposed by government units outside Michigan. Include a copy of the return (see instructions).....                                  | 18a. | 6187   |  | 00 | 18b. | 3991   | 00 |
| 19. Michigan Historic Preservation Tax Credit (see instructions).....  | 19a. |        |  | 00 | 19b. |        | 00 |
| 20. <b>Income Tax.</b> Subtract the sum of lines 18b and 19b from line 17. If the sum of lines 18b and 19b is greater than line 17, enter "0"..... | 20.  |        |  |    | 20.  | 599    | 00 |

Filer's Full Social Security Number

114 — 75 — 3741

|  |     |     |    |
|--|-----|-----|----|
| 21. Enter amount of Income Tax from line 20.....   | 21. | 599 | 00 |
| 22. Voluntary Contributions from Form 4642, line 6. <b>Include Form 4642</b> .....   | 22. |     | 00 |
| 23. <b>USE TAX.</b> Use tax due on Internet, mail order or other out-of-state purchases from Worksheet 1 (see instructions)..... | 23. | 0   | 00 |
| <b>24. Total Tax Liability.</b> Add lines 21, 22 and 23 .....  | 24. | 599 | 00 |

**REFUNDABLE CREDITS AND PAYMENTS**

|  |      |      |    |
|--|------|------|----|
| 25. <b>Property Tax Credit. Include MI-1040CR or MI-1040CR-2</b> .....   | 25.  |      | 00 |
| 26. <b>Farmland Preservation Tax Credit. Include MI-1040CR-5</b> .....   | 26.  |      | 00 |
| 27. Earned Income Tax Credit. Multiply line 27a by 6% (0.06) and enter result on line 27b. ....  | 27a. |      | 00 |
| 28. Michigan Historic Preservation Tax Credit (refundable). <b>Include Form 3581</b> .....   | 28.  |      | 00 |
| 29. Credit for allocated share of tax paid by an electing flow-through entity (see instructions).....  | 29.  |      | 00 |
| 30. Michigan tax withheld from Schedule W, line 6. <b>Include Schedule W (do not submit W-2s)</b> .....  | 30.  | 1057 | 00 |
| 31. Estimated tax, extension payments and 2021 credit forward .....  | 31.  |      | 00 |
| 32. <b>2022 AMENDED RETURNS ONLY.</b> Taxpayers completing an original 2022 return should skip to line 33. Amended returns must <b>include Schedule AMD (see instructions)</b> .   |      |      |    |
| 32a. <input type="checkbox"/> If you had a refund and/or credit forward on the original return, check box 32a and enter this amount as a negative number on line 32c.  |      |      |    |
| 32b. <input type="checkbox"/> If you paid with the original return, check box 32b and enter the amount paid with the original return, plus any additional tax paid after filing, as a positive number on line 32c. Do not include interest or penalty. |      |      |    |
| 32c.   |      |      | 00 |
| <b>33. Total refundable credits and payments.</b> Add lines 25, 26, 27b, 28, 29, 30, 31 and 32c .....  | 33.  | 1057 | 00 |

**REFUND OR TAX DUE**

|  |     |     |    |
|--|-----|-----|----|
| 34. If line 33 is less than line 24, subtract line 33 from line 24. If applicable, see instructions.   | 34. |     | 00 |
| Include interest <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> and penalty <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ..... |     |     |    |
| <b>YOU OWE</b>   |     |     |    |
| 35. <b>Overpayment.</b> If line 33 is greater than line 24, subtract line 24 from line 33 .....  | 35. | 458 | 00 |
| 36. <b>Credit Forward.</b> Amount of line 35 to be credited to your 2023 estimated tax for your 2023 tax return ...  | 36. |     | 00 |
| 37. Subtract line 36 from line 35 .....  | 37. | 458 | 00 |

**DIRECT DEPOSIT**

Deposit your refund directly to your financial institution! See instructions and complete a, b and c.

|                                  |                          |  |
|----------------------------------|--------------------------|--|
| <b>a. Routing Transit Number</b> | <b>b. Account Number</b> | <b>c. Type of Account</b>  |
|                                  |                          | 1. <input type="checkbox"/> Checking 2. <input type="checkbox"/> Savings |

**Deceased Taxpayer.** If Filer and/or Spouse died after December 31, 2021, enter dates below. **ENTER DATE OF DEATH ONLY.** Example: 04-15-2022 (MM-DD-YYYY)

|       |     |        |     |
|-------|-----|--------|-----|
| Filer | — — | Spouse | — — |
|-------|-----|--------|-----|

**Preparer Certification.** I declare under penalty of perjury that this return is based on all information of which I have any knowledge.

Preparer's PTIN, FEIN or SSN  
P02082703

**Taxpayer Certification.** I declare under penalty of perjury that the information in this return and attachments is true and complete to the best of my knowledge.

Filer's Signature \_\_\_\_\_ Date \_\_\_\_\_

Spouse's Signature \_\_\_\_\_ Date \_\_\_\_\_

Preparer's Name (print or type)  
SYAM PRIYA RAM SAGAR GUPTA TA

Preparer's Signature  
SYAM PRIYA RAM SAGAR GUPTA TA

Preparer's Business Name, Address and Telephone Number  
GLOBAL TAXES LLC  
245 ROONEY CT  
E BRUNSWICK NJ 08816  
678-965-9522

By checking this box, I authorize Treasury to discuss my return with my preparer.

**Refund, credit, or zero returns.** Mail your return to: **Michigan Department of Treasury, Lansing, MI 48956**  
**Pay amount on line 34 (see instructions).** Mail your check and return to: **Michigan Department of Treasury, Lansing, MI 48929**

**2022 MICHIGAN Withholding Tax Schedule**

Issued under authority of Public Act 281 of 1967, as amended.

Type or print in blue or black ink.

**Attachment 13**

**INSTRUCTIONS:** If you had Michigan income tax withheld in 2022, you must complete a *Withholding Tax Schedule* (Schedule W) to claim the withholding on your *Individual Income Tax Return* (MI-1040, line 30). Report military pay in Table 1 and military retirement benefits and taxable railroad retirement benefits (both Tier 1 and Tier 2) in Table 2 even if no Michigan tax was withheld. Include your completed Schedule W with Form MI-1040. See complete instructions on page 2 of this form. If you need additional space, include another Schedule W.

|   |      |                         |   |
|---|------|-------------------------|---|
| 1. Filer's First Name<br><br>JINISHA RAJESHBHAI | M.I. | Last Name<br><br>SAVANI | 2. Filer's Full Social Security No. (Example: 123-45-6789)<br><br>114 — 75 — 3741 |
| If a Joint Return, Spouse's First Name          | M.I. | Last Name               | 3. Spouse's Full Social Security No. (Example: 123-45-6789)<br><br>— —            |

**TABLE 1: MICHIGAN TAX WITHHELD OR MILITARY PAY REPORTED ON W-2, W-2G or CORRECTED W-2 FORMS**

| A  |  | B   | C                       | D  |    | E  |         |
|--|--|---|-------------------------|--|----|--|---------|
| Enter "X" for:<br>Filer or Spouse  |  | Employer's identification number<br>(Example: 38-1234567) | Box c — Employer's name | Box 1 — Wages, tips,<br>other compensation |    | Box 17 — Michigan<br>income tax withheld |         |
| X  |  | 36-4226928  | ADVANSOFT INTERN        | 24860                                      | 00 | 1057                                     | 00      |
|  |  |   |                         |  | 00 |  | 00      |
|  |  |   |                         |  | 00 |  | 00      |
|  |  |   |                         |  | 00 |  | 00      |
|  |  |   |                         |  | 00 |  | 00      |
| Enter Table 1 Subtotal from additional Schedule W forms (if applicable)..... |  |   |                         |  |    |  | 00      |
| 4. <b>SUBTOTAL.</b> Enter total of Table 1, column E. ....                   |  |   |                         |  |    | 4.                                       | 1057 00 |

**TABLE 2: MICHIGAN TAX WITHHELD OR MILITARY RETIREMENT BENEFITS AND RAILROAD RETIREMENT BENEFITS (BOTH TIER 1 AND TIER 2) REPORTED ON 1099 FORMS**

| A   |  | B  | C            | D   | E                               |    |         |
|---|--|--|--------------|---|---------------------------------|----|---------|
| Enter "X" for:<br>Filer or Spouse   |  | Payer's federal identification<br>number (Example: 38-1234567) | Payer's name | Taxable pension distribution,<br>misc. income, etc. (see inst.) | Michigan income<br>tax withheld |    |         |
|   |  |  |              |   | 00                              | 00 |         |
|   |  |  |              |   | 00                              | 00 |         |
|   |  |  |              |   | 00                              | 00 |         |
|   |  |  |              |   | 00                              | 00 |         |
|   |  |  |              |   | 00                              | 00 |         |
| Enter Table 2 Subtotal from additional Schedule W forms (if applicable).....      |  |  |              |   |                                 |    | 00      |
| 5. <b>SUBTOTAL.</b> Enter total of Table 2, column E. ....                        |  |  |              |   |                                 | 5. | 00      |
| 6. <b>TOTAL.</b> Add lines 4 and 5. Enter here and carry to MI-1040, line 30..... |  |  |              |   |                                 | 6. | 1057 00 |

|  |                                       |
|--|---------------------------------------|
| Name as Shown on Return<br>JINISHA RAJESHBHAI SAVANI | Social Security Number<br>114-75-3741 |
|--|---------------------------------------|

- **QuickZoom** to another copy of this worksheet . . . . . ➔
- **Part-year residents:** You can claim this credit only when your income from another state was earned while you were a Michigan resident.
- Jurisdiction code . . . . . ▶ CA  
Jurisdiction name . . . . . California

|   |  |   |                 |
|---|--|---|-----------------|
| 1 | Income earned in another state or locality subject to Michigan tax . . . . . | 1 | <u>98,274.</u>  |
| 2 | Enter the amount from Form MI-1040, line 14. . . . .                         | 2 | <u>113,007.</u> |
| 3 | Divide line 1 by line 2 . . . . .  | 3 | <u>0.8696</u>   |
| 4 | Enter the amount from Form MI-1040, line 17. . . . .                         | 4 | <u>4,590.</u>   |
| 5 | Multiply line 4 by line 3 . . . . .  | 5 | <u>3,991.</u>   |
| 6 | Enter the amount of tax imposed by another state or locality . . . . .       | 6 | <u>6,187.</u>   |
| 7 | Credit. Enter line 6 or the smaller of line 5 or line 6 . . . . .            | 7 | <u>3,991.</u>   |