#### Department of the Treasury Internal Revenue Service

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

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

Submission Identification Number (SID)

Taxpaver's name

Taxpay	er's name	Social security nu	Imber
CHA	ITALI T SUTRADHAR	042-71-26	511
Spouse	's name	Spouse's social s	ecurity number
Par	Tax Return Information – Tax Year Ending December 31, 2022 (Enter	er year you are a	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	78,809.
2	Total tax	2	10,110.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	12,461.
4	Amount you want refunded to you	4	2,351.
5			5

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

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

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

I authorize <u>GLOBAL TAXES LLC</u> to enter or generate my PIN <u>Enter five digits, but</u> as my signature on the income tax return (original or amended) I am now authorizing.
 I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III

Your signature

Spouse's PIN: check one box only

I authorize

below.

to enter or generate my PIN

Date

		as my
	digits, b r all zero	

1 | 1

1 2 6

4/3/2023

Е

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

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

Spouse's s	ignature 🕨 🛛 🖸	Date								
	Practitioner PIN Method Returns Only—continue	e be	low							
Part III	Certification and Authentication – Practitioner PIN Method Only									
ERO's EFI	N/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.			Do	n't ei	nter	all ze	eros		

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

ERO's signature 🕨		Date 🕨	
Don'	ERO Must Retain This Form — Se Submit This Form to the IRS Unless		
For Demonstrate Deduction Act Nation	and a second and well and the state of the second		Farm <b>9970</b> (Day, 01 0001)

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

<b>1040</b>		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		<sub>n</sub> 20 <b>2</b>	2	OMB No. 1545	-0074	IRS Use C	Dnly—[	Do not w	rite or staple	in this space.
Filing Status	XS	Single  Married filing jointly	] Married	filing separately (M	(IFS)	Head of	house	hold (HOH	)		lifying surv use (QSS)	/iving
one box.	-	u checked the MFS box, enter the na on is a child but not your dependent		ur spouse. If you ch	neck	ed the HOH or	QSS	box, enter	the		· · ·	ne qualifying
Your first name	and mi	ddle initial	Last name	)					Y	'our so	cial securit	y number
CHAITALI	Т		SUTRAI	DHAR					0	42-7	71-261	1
lf joint return, sp	ouse's	first name and middle initial	Last name	)					s	pouse'	s social see	curity number
Home address (	numbe	r and street). If you have a P.O. box, see	instructions	S.			A	Apt. no.	P	reside	ntial Election	on Campaigr
_1445 E M	APLE	E ST					Ţ	JNIT C			nere if you,	
City, town, or po	ost offic	ce. If you have a foreign address, also co	mplete spac	ces below.	Sta	ite	ZIP c	ode			0,	tly, want \$3 Checking a
GLENDALE	I				CZ	A	912	05		0	ow will not	•
Foreign country	name		For	eign province/state/c	coun	ty	Foreig	n postal co	de y	our tax	or refund.	_
											You	Spouse
Digital Assets		ny time during 2022, did you: (a) rece ange, gift, or otherwise dispose of a			-		-				Yes	🗙 No
Standard	_	eone can claim: 🗌 You as a de		Your spouse		•						
Deduction		Spouse itemizes on a separate return										
		Were born before January 2, 1	958	Are blind Spo				ore Januar	<b>,</b> ,		ls bl	instructions):
Dependents		Instructions): rst name Last name		(2) Social security number		(3) Relationsh to you	ip (*	Child ta:		1		her dependents
lf more than four	(1) 1	Easthame				,			7			
dependents,								<u>L</u>	 7		، ا	<u> </u>
see instructions								L	 		ا ا	<u> </u>
and check here								L	<u>ן</u> ר		ا ا	<u> </u>
	1a	Total amount from Form(s) W-2, be	ox 1 (see i	nstructions)						1a		<u> </u>
Income	b	Household employee wages not re		,						1b		<u>,,,,,,,,,</u>
Attach Form(s)	с	Tip income not reported on line 1a								1c		
W-2 here. Also attach Forms	d	Medicaid waiver payments not rep								1d		
W-2G and	е	Taxable dependent care benefits f				, , , , , , , , , , , , , , , , , , ,				1e		
1099-R if tax was withheld.	f	Employer-provided adoption bene	fits from F	orm 8839, line 29						1f		
If you did not	g	Wages from Form 8919, line 6								1g		
get a Form	h	Other earned income (see instructi	ons) .							1h		0.
W-2, see	i	Nontaxable combat pay election (s	see instruc	tions)		1i						
instructions.	z	Add lines 1a through 1h		· · · · · ·						1z	8	88,662.
Attach Sch. B	2a	Tax-exempt interest	2a		bТ	axable interest	t.			2b		53.
if required.	3a	Qualified dividends	3a		b C	Drdinary divider	nds .			3b		
	4a	IRA distributions	4a		bТ	axable amoun	t			4b		
Standard	5a	Pensions and annuities	5a		bТ	axable amoun	t			5b		
Deduction for-	6a	Social security benefits	6a		bТ	axable amoun	t			6b		
<ul> <li>Single or Married filing</li> </ul>	с	If you elect to use the lump-sum elect	lection me	thod, check here (	(see	instructions)						
separately, \$12,950	7	Capital gain or (loss). Attach Schee	dule D if re	equired. If not requ	ired	, check here				7		
<ul> <li>Married filing</li> </ul>	8	Other income from Schedule 1, line	e10 .							8	-	-9,906.
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	and 8. Th	nis is your <b>total inc</b>	om	e				9		78,809.
surviving spouse, \$25,900	10	Adjustments to income from Sche		-						10		
Head of	11	Subtract line 10 from line 9. This is			ne					11		78,809.
household, \$19,400	12	Standard deduction or itemized	-							12		12,950.
<ul> <li>If you checked</li> </ul>	13	Qualified business income deducti	on from Fo	orm 8995 or Form	899	5-A				13		
any box under Standard	14	Add lines 12 and 13								14		12,950.
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer	o or less, e	enter -0 This is ye	our	taxable incom	е.			15		65,859.

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

Form **1040** (2022)

Form 1040 (2022	2)									Page <b>2</b>
Tax and	16	Tax (see instructions). Check	if any from Form	n(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3		16	10,	110.
Credits	17	Amount from Schedule 2, lin	ie3					17		
	18	Add lines 16 and 17						18	10,	110.
	19	Child tax credit or credit for	other dependen	its from Sched	ule 8812			19		
	20	Amount from Schedule 3, lin	ie8					20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	10,	110.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			23		0.
	24	Add lines 22 and 23. This is	your <b>total tax</b>					24	10,	110.
Payments	25	Federal income tax withheld	from:							
	а	Form(s) W-2				<b>25a</b> 12	2,461.			
	b	Form(s) 1099				25b				
	с	Other forms (see instructions	s)			25c				
	d	Add lines 25a through 25c						25d	12,	461.
If you have a	26	2022 estimated tax payment	ts and amount a	applied from 20	21 return .			26		
qualifying child,	27	Earned income credit (EIC)			No	27				
attach Sch. EIC.	28	Additional child tax credit from	n Schedule 8812	2		28				
	29	American opportunity credit	from Form 8863	3, line 8		29				
	30	Reserved for future use .				30				
	31	Amount from Schedule 3, lin	ie 15			31				
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and ref	undable credits		32		
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	otal payments				33	12,	461.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amou	unt you <b>overpaid</b>		34	2,	351.
neruna	35a	Amount of line 34 you want	refunded to you	u. If Form 8888	is attached, che	eck here	. 🗆	35a	2,	351.
Direct deposit?	b	Routing number 1 2 1	0 0 0 3	5 8	c Type: 🛛 🗙	Checking	Savings			
See instructions.	d	Account number 3 2 5	0 7 2 7	3 8 3 7	7 3					
	36	Amount of line 34 you want a	applied to your	2023 estimate	edtax	36				
Amount	37	Subtract line 33 from line 24	. This is the <b>am</b>	ount you owe						
You Owe		For details on how to pay, g	o to <i>www.irs.go</i>	v/Payments or	see instructions			37		
	38	Estimated tax penalty (see ir	nstructions) .			38				
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS	? See				
Designee	ins	structions				🗌 <b>Yes.</b> C	omplete b	elow.	X No	
	De nai	signee's		Phone no.			onal identifi ber (PIN)	ication [		
							( )	L		
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com								
Here		ur signature		Date	Your occupation				t you an Iden	0
				Duito			Prote	ction PI	N, enter it he	
Joint return?					OCCUPATION	NAL THERAPIS	ST (see i	nst.)		
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, <b>k</b>	ooth must sign.	Date	Spouse's occupa	tion			t your spouse	
your records.							(see i		ction PIN, en	ter it nere
	Dh	ana na (000) E00 041	0	Email address			`	,		
		one no. (909) 529-041 eparer's name	9 Preparer's signat	Email address	SWEETYSUTRAL	DHAR@HOTMAIL.C	PTIN		Check if:	
Paid	110					Duit	1 1 11 1		Self-em	nloved
Preparer							DE			pioyeu
Use Only		m's name GLOBAL TAX		INCHICK N	T 00016		Phon Firme?			
		m's address 245 ROONE		NINDWICK N			Firm'	5 EIN		
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 03/09/23 PRO			Form <b>10</b>	<b>)40</b> (2022)

SCHEDULE	1
(Form 1040)	

Department of the Treasury

### Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074 2 2

Attachment

Internal Revenue Service	Go to www.irs.gov/Form1040 for instructions and the latest information.		Sequence No. <b>01</b>
Name(s) shown on Fo	rm 1040, 1040-SR, or 1040-NR	Your soci	al security number
CHAITALI T SUT	RADHAR	042-71	-2611

Par	t Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Att		5	-9,906.
6	Farm income or (loss). Attach Schedule F.		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a (	)	
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d (	)	
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
I.	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
0	Section 951A(a) inclusion (see instructions)	80		
р	Section 461(I) excess business loss adjustment	8p		
q	Taxable distributions from an ABLE account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
S	Nontaxable amount of Medicaid waiver payments included on Form			
	1040, line 1a or 1d	8s (	)	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t	_	
	Wages earned while incarcerated	8u		
Z	Other income. List type and amount:			
-		8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SF	i, or 1040-NR, line 8	10	-9,906.

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

Schedule 1 (Form 1040) 2022

Par	t II Adjustments to Income					
11	Educator expenses				11	
12	Certain business expenses of reservists, performing artists, and fee	e-basi	s gov	ernment		
	officials. Attach Form 2106				12	
13	Health savings account deduction. Attach Form 8889				13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903				14	
15	Deductible part of self-employment tax. Attach Schedule SE				15	
16	Self-employed SEP, SIMPLE, and qualified plans				16	
17	Self-employed health insurance deduction				17	
18	Penalty on early withdrawal of savings				18	
19a	Alimony paid				19a	
b	Recipient's SSN	• _				
С	Date of original divorce or separation agreement (see instructions):					
20	IRA deduction				20	
21	Student loan interest deduction				21	
22	Reserved for future use				22	
23	Archer MSA deduction				23	
24	Other adjustments:					
а	Jury duty pay (see instructions)	24a				
b	Deductible expenses related to income reported on line 8I from the					
	rental of personal property engaged in for profit	24b				
С	Nontaxable amount of the value of Olympic and Paralympic medals					
	and USOC prize money reported on line 8m	24c				
d	Reforestation amortization and expenses	24d				
е	Repayment of supplemental unemployment benefits under the Trade					
	Act of 1974	24e				
f	Contributions to section 501(c)(18)(D) pension plans	24f				
g	Contributions by certain chaplains to section 403(b) plans	24g				
h	Attorney fees and court costs for actions involving certain unlawful					
	discrimination claims (see instructions)	24h				
i	Attorney fees and court costs you paid in connection with an award					
	from the IRS for information you provided that helped the IRS detect					
	tax law violations	24i				
j	Housing deduction from Form 2555	24j				
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form					
	1041)	24k				
z	Other adjustments. List type and amount:					
		24z				
25	Total other adjustments. Add lines 24a through 24z				25	
26	Add lines 11 through 23 and 25. These are your adjustments to income	e. Ente	er here	and on		
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a				26	
	BAA	REV	03/09/23 P	RO	Schedu	ile 1 (Form 1040) 2022

CFORM 1040/ Image: Common Series						Supplementa							OMB N	o. 1545	-0074
Co to avviv.ir.gov/ScheduleE for instructions and the latest information.         Sequence N. 13           Note: If you are wind         Your social security number           Old TALL 1 * SUPRADURA         Your social security number           Old Talk To SUPRADUC ULTINA BLISS UMBARADU, KALTAN URST, K			(⊢r	rom r	ental real estat			-			, trusts, REMI	Cs, etc.)	20	)2	2
Namesia atom on roum         Volume roum         Volume roum         Uncerned and security number (042-71-2611           Partual Income or Loss From Rental Real Estate and Royatties mental income or loss from Form 493 on page 2, line 40.         Schedule C. See instructions. If you are an individual, report farm mental income or loss from Form 493 on page 2, line 40.           A Did you make any payments in 2022 that would require you to file Form(s) 1099?         Yess (No           B If Yes," did you or will you file required Form(s) 1099?         Yess (No           A Did you make any payments in 2022 that would require you to file Form(s) 1099?         Yess (No           A TAIT NO.105 DYNAUIC ULTINA BLISS UMBARADG (V) ARRAMADI, KALTAN, WEST, KALTAN, TRANE (D) MARAASANTA IN 421301         Yess (No           B         C         Fair Rental Pesidence         2           B         G         G         Days         Qualified joint venture. See instructions.         A 365         0         G           Type of Property:         1         Scher (describe)         G         G         G         G           1         Single Family Residence         3 Vacation/Short-Term Rental 2 Multi-Family Residence         3 Vacation/Short-Term Rental 3         6 G2.         G         G           1         Single Family Residence         3 Vacation/Short-Term Rental 4         6 Royatties         G         G         G <tr< th=""><td></td><td></td><td></td><td></td><td>Go to www.</td><td></td><td></td><td></td><td></td><td></td><td>nformation.</td><td></td><td>Attachr Seguer</td><td>nent ice No.</td><td>13</td></tr<>					Go to www.						nformation.		Attachr Seguer	nent ice No.	13
Pertail       Income or Loss From Rental Real Estate and Royatties Metria Income or Loss from Form 4836 on page 2, line 40.       Image: Comparison of the compa	Name(s	) shown on return				-						Your soci			
Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report fam           A         Did you make any payments in 2022 that would require you to file Form(s) 10997 See instructions.         Use S         No           B         If "Yes," (id you or will you file require form(s) 10997 See instructions.         Use S         No           1a         Physical address of each property (street, city, state, ZIP code)         Image: State S	CHAI	TALI T SUT	RAD	HAR	t							042-7	1-2611		
Prestal licence vilos from Form 435 on page 2, line 40.         Image: Constructions         Image: Constructions         Ves         No           A         Did your make any payments in 2022 that would require you to file Form(s) 1099?	Part		or	Los	s From Rent	tal Real Estate an	d Ro	yalties							
A       Did you make any payments in 2022 that would require you to file Form(s) 1099?		Note: If yo	ou ar	e in tl	he business of r	enting personal proper	ty, use	Schedule	e C. See	e instru	ictions. If you a	are an indi	vidual, rep	ort far	m
B         H**Sa," did you or will you file required Form(s) 1099?         Yes         No           1a         Physical address of each property (street, city, state, ZIP code)         A         Flart NO.103 DYNAHIC ULTIAN BLISS UMBARADELY (SLIYAN WEST, KALYAN, THANE (D) KAHARASHTRA IN 421301           B         C         C         C         C           1a         Type of Property         2         For each rental real estate property listed by personal use days. Check the QAV box only if you meet the requirements to file in as a gualified joint venture. See instructions.         A         365         0         C           15         Single Family Residence         3 Vacation/Short-Term Rental         5 Land         7 Self-Rental         2         C           1         Single Family Residence         3 Vacation/Short-Term Rental         5 Land         7 Self-Rental         2         C           1         Single Family Residence         3 Vacation/Short-Term Rental         5 Land         7 Self-Rental         2         C	Α						to file	Form(s)	10992 5	See in	structions .		. <b>Y</b> e	es X	No
Physical address of each property (street, city, state, ZIP code)         A       ILAT NO.103 DYNATIC ULTIMA BLISS UNBARADE (V) ADBARWADI, KALYAN, WEST, KALYAN, THANE (D) MAHARASHITRA IN 421301         B       C       C       C         D       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 AV box only.       A       365       0       0         Type of Property:       3       3       6       0       0       0       0         1 Single Family Residence       3 Vacation/Short-Term Rental       5 Land       7 Self-Rental       Personal Use days       0       0       0         2       Multi-Family Residence       3 Vacation/Short-Term Rental       6 Land       7 Self-Rental       6       0 <th< th=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></th<>															
A         FLAT NO.103 DYNAMIC ULTIMA BLISS UMBARADE (V) ADMARMADI, KALYAN WEST, KALYAN, THANE (D) MARARASHTA IN 421301           B         C         Fair Rental back, report the number of fair rental and personal use days. Check the QV box only if you meet the number of fair rental and personal use days. Check the QV box only if you meet the requirements to file as a qualified joint venture. See instructions.         Fair Rental Days         Personal Use Days         QuV           A         3         above, report the number of fair rental and personal use days. Check the QV box only if you meet the requirements to file as a qualified joint venture. See instructions.         A         365         0         □           1 Single Family Residence         3 Vacation/Short-Term Rental         5 Land         7 Self-Rental         B         C           3 Rents received         4         5         692.               5 Advertising         5         3         692.  <															-
B       For each rental real estate property listed above, report the number of fair rental and personal use dQV box only if your meet the requirements to file as a QLV box only if your meet the requirement is the QLV box only if your meet the requirement is the QLV box only if your meet the requirement is the QLV box only if your meet the quarter quarteres quarteres quarter quarteres quarter quarter quarte						· · · ·			N MEC	יתי עז יייי	יעאא החאעם	סגםעאום		TN /	21301
C         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         Personal Use Days         QJV           A         3         if you meet the requirements to file as a qualified joint venture. See instructions.         A         365         0		FLAI NO.105	DII	AMI	C ULTIMA BLI	133 UMBARADE (V) AD	IIANWA	DI, NALL	AN WES	1, NA.	LIAN, INANG	D) MAIIAN	ASIIINA	110 4	21301
Ib       Type of Property (mon 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         Type of Property:       1       Single Family Residence       3       3 Vacation/Short-Term Rental       5       Land 6       7       Self-Rental         Image:       4       3       6       9       1       Single Family Residence       3       Vacation/Short-Term Rental       6       Royatties       8       0       0         Income:       3       Rents received       4       8       0															
from list below)     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.     Days     Days     Days       1     Single Family Residence     3     Vacation/Short-Term Rental     6     6     0     0       2     Multi-Family Residence     3     Vacation/Short-Term Rental     6     6     6     0     0       2     Multi-Family Residence     3     Vacation/Short-Term Rental     6     6     6     0     0       1     Single Family Residence     3     Vacation/Short-Term Rental     6     6     6     0     0       1     Multi-Family Residence     3     Vacation/Short-Term Rental     6     6     6     0     0       1     Single Family Residence     4     Commercial     6     6     0     0     0       1     Royatities received     4        0     0     0     0       2     Auto and travel (see instructions)     6     6     0		Type of Prope	erty	2	For each rer	tal real estate prope	rtv list	ted		Fa	air Rental	Persor	nal Use		
B       if you meet the requirements to file as a qualified joint venture. See instructions.       B       C       Image: Construction of the set of the					above, repo	rt the number of fair	rental	and						G	ίJV
D         qualified joint venture. See instructions.         D         C           1 Single Family Residence         3 Vacation/Short-Term Rental         5 Land         7 Self-Rental           2 Multi-Family Residence         4 Commercial         5 Land         7 Self-Rental           3 Rents received         4         8 Other (describe)           Income:         A         B         C           3 Rents received         4         6 Royatties         6 Other (describe)           4 Royatties received         4         6         6           5 Advertising         5         6         -           6 Auto and travel (see instructions)         6         -         -           7 Cleaning and maintenance         9         -         -         -           10 Legal and other professional fees         10         -         -         -           11 Anagement fees         11         1, 652         -         -           13 Other interest         15         2, 296         -         -           14 Repairs         14         2, 047         -         -           15 Supplies         16         -         -         -           16 Taxes         12         -         -	Α	3							Α		365		0		
C         C         C         C           Type of Property:         1 Single Family Residence         3 Vacation/Short-Term Rental         5 Land         7 Self-Rental           2 Multi-Family Residence         4 Commercial         6 Royatties         7 Self-Rental           Income:         A         B         C           1 Royatties received         4         9         9           2 Multi-Family Residence         4         9         9           6 Auto and travel (see instructions)         6         -         -           7 Cleaning and maintenance         7         2, 498.         -         -           8 Commissions         8         -         -         -         -           9         -         -         -         -         -         -           10 Legal and other professional fees         10         -															
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: <b>Properties: Properties:</b> 4 Royalties received . <b>3 6 8 C 9 6 9</b> 5 Advertising . <b>6 4 6 9 6 6</b>					quante jon				С						
2 Multi-Family Residence       4 Commercial       6 Royalties       8 Other (describe)         Income:       A       B       C         3 Rents received       3       692.       4         4 Royalties received       4		• •								_					
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Income:       A       B       C         3       Rents received       3       692.       4         4       Royalties received       4       5       5         5       Advertising       5       5       5         6       Auto and travel (see instructions)       6       7       2,498.       5         7       Cleaning and maintenance       7       2,498.       5       5         9       Insurance       9       5       5       5       5         10       Legal and other professional fees       10       11       1,652.       11       1,652.       11         11       Maagement fees       11       1,652.       12       14       2,047.       15         13       Other interest       11       1,652.       11       1,652.       11       1,652.       11       1,652.       11       1,652.       11       1,652.       11       1,652.       11       1,652.       11       1,652.       11       1,652.       11       1,652.       11       1,652.       11       1,652.       11       1,652.       11       1,652.       11       1,72,105.       11       1,652.       <	2	Multi-Family Re	side	ence	4 Comr	nercial		6 Roya	alties	8	Other (desc	ribe)			
3       Rents received       3       692.         4       Royalties received       4       4         Expenses:       5       4       4         6       Auto and travel (see instructions)       5       6         7       Cleaning and maintenance       7       2,498.       6         8       Commissions       8       9       10         10       Legal and other professional fees       10       11       1,652.         11       Management fees       11       1,652.       11         13       Other interest       13       14       2,047.         14       2,047.       15       2,296.       16         15       2,296.       16       11       1,652.         16       17       2,105.       18       19         19       Other (list)       19       10,598.       10       10,598.         21       -9,906.       23       692.       23b       23b         23       Total of all amounts reported on line 3 for all rental properties       23c       692.       23b         23       Total of all amounts reported on line 12 for all properties       23c       23b       23c     <											Propert	ies:			
4       Any Anties received	Incon										В			С	
Expenses:       5       Adversing       5         6       Auto and travel (see instructions)       6									6	92.					
5       Advertising       5       6         6       Auto and travel (see instructions)       7       2,498.       6         7       Cleaning and maintenance       7       2,498.       6         8       Commissions       8       9       9       10         9       10       Legal and other professional fees       9       11       1,652.       11         10       10       11       1,652.       11       1,652.       11         18       2,047.       13       14       2,047.       15       14       2,047.       15       14       2,047.       15       14       2,047.       15       14       2,047.       15       14       14       2,047.       15       14       14       2,047.       15       14       14       2,047.       15       15       2,296.       16       17       2,105.       18       19       10<			ived				4								
6       Auto and travel (see instructions)       6       7       2,498.         7       2,498.       7       2,498.         8       9       9       9         10       Legal and other professional fees       9       9         11       1,652.       10       11         12       11       1,652.       11         13       0       11       1,652.       11         14       Repairs       14       2,047.       15         15       Supplies       15       2,296.       16         16       17       2,105.       18       19         20       10,598.       21       -9,906.       22         21       -9,906.       23a       692.       23b         22       (9,906.)(       )(       )(       )(       )(         23a       692.       23b       23b       23b       23b         23a       692.       23b       23b       23b       23b       23b         23a       692.       23b	•						-								
7       2,498.       7       2,498.         8       8       8       9         9       9       9       9         11       1,652.       11       1,652.         12       11       1,652.       11         13       11       1,652.       11         14       Repairs       13       14         15       2,296.       16       17         16       17       2,105.       18         19       10       10       10       10         20       10,598.       11       1,598.       10         21       10,598.       12       10       10       10         22       9,906.       10,598.       11       1,598.       11       1,598.       11       1,598.       11       1,598.       11       1,598.       11       1,598.       11       1,598.       11       1,598.       11       1,598.       11       1,598.       11       1,598.       12       1,999.       10       11       1,598.       12       1,999.       10       11       1,598.       11       1,598.       12       1,999.       10       10		•													
8       Commissions       8       9         9       Insurance       9         10       10       10         11       Management fees       10         12       11       1, 652.         13       11       1, 652.         14       Repairs       14       2, 047.         15       Supplies       15       2, 296.         16       17       2, 105.       16         17       2, 105.       18       19         19       Other (list)       19       20       10, 598.         20       10, 598.       21       -9, 906.       22         21       -9, 906.       23b       692.       23b         22       (9, 906.)(())(())()       ())       23a       692.         23b       Total of all amounts reported on line 3 for all ropatries       23a       692.         23b       Total of all amounts reported on line 12 for all properties       23a       692.         24       23b       23b       23b       23b         23a       10, 598.       23a       10, 598.       23a         24       10, 598.       10, 598.       10, 598.       10, 59							-		2 /	98					
9       Insurance       9       1         10       Legal and other professional fees       1         11       Management fees       11       1,652.         12       Mortgage interest paid to banks, etc. (see instructions)       11       1,652.         13       Other interest       11       1,652.         14       Repairs       13       14         15       Supplies       14       2,047.         16       Taxes       16       11         17       Utilities       16       16         18       Depreciation expense or depletion       18       19         20       Total expenses. Add lines 5 through 19       20       10,598.         21       -9,906.       21       -9,906.         22       (9,906.)(()       )(()       )()         23a       Total of all amounts reported on line 3 for all ropatties       23a       692.         23a       Total of all amounts reported on line 12 for all properties       23a       692.         23a       Total of all amounts reported on line 20 for all properties       23a       692.         23a       Total of all amounts reported on line 20 for all properties       23a       692.		•							Z, 4	90.					
10       Legal and other professional fees       10       11       1,652.         11       1,652.       11       1,652.       12         12       Mortgage interest paid to banks, etc. (see instructions)       12       13       14       2,047.         13       14       2,047.       15       2,296.       16       16         17       Utilities       17       2,105.       16       17       2,105.       17         19       Other (list)       19       10       19       10       19       10       19       10 </th <td></td>															
11       Management fees       11       1, 652.         12       Mortgage interest paid to banks, etc. (see instructions)       12       13         13       14       2, 047.       14         14       Repairs       14       2, 047.       14         15       Supplies       15       2, 296.       16         16       17       2, 105.       16       17         19       Other (list)       19       19       19         20       10, 598.       21       -9, 906.       21         21       Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198       21       -9, 906.       21       -9, 906.         22       0.10, 598.       21       -9, 906.       22       23a       692.         23a       Total of all amounts reported on line 4 for all royalty properties       23a       692.       23b         23a       10 cal of all amounts reported on line 4 for all properties       23a       692.       23b         24       10 cal of all amounts reported on line 4 for all properties       23a       692.       23b         24       10 cal of all amounts reported on line 21 for all properties       23a       10,															
12       Mortgage interest paid to banks, etc. (see instructions)         13       Other interest         14       Repairs         15       Supplies         16       14         17       Utilities         18       Depreciation expense or depletion         19       Other (list)         10       Total expenses. Add lines 5 through 19         11       19         12       10         13       20         14       2,047.         15       2,296.         16       17         17       2,105.         18       19         20       10,598.         21       -9,906.         22       (9,906.)(())()())         23a       Total of all amounts reported on line 3 for all rental properties         23a       Total of all amounts reported on line 12 for all properties       23a         23a       Total of all amounts reported on line 12 for all properties       23a         23a       Total of all amounts reported on line 12 for all properties       23a         23a       Total of all amounts reported on line 20 for all properties       23a         23b       23a       10,598.		•					-		1.6	52.					
13       Other interest       13         14       Repairs       14       2,047.         15       Supplies       15       2,296.         16       Taxes       16       17         17       Utilities       17       2,105.         18       Depreciation expense or depletion       18       19         20       Total expenses. Add lines 5 through 19       19       20       10,598.         21       Subtract line 20 from line 3 (rents) and/or 4 (royatlies). If result is a (loss), see instructions to find out if you must file Form 6198       21       -9,906.       21         22       Q       19       22       9,906.       (())       ())         23a       Total of all amounts reported on line 3 for all rental properties       23a       692.       692.         b       Total of all amounts reported on line 12 for all properties       23a       692.       23b         c       Total of all amounts reported on line 12 for all properties       23a       10,598.       24         23d       Total of all amounts reported on line 21 for all properties       23a       10,598.       23a         c       Total of all amounts reported on line 12 for all properties       23a       23b       22c       10,598. <td></td> <td>-</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>_, .</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>		-							_, .						
15       Supplies       15       2,296.         16       Taxes       16         17       Utilities       17       2,105.         18       Depreciation expense or depletion       17       2,105.         19       Other (list)       19       20         20       Total expenses. Add lines 5 through 19       19       20         21       Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198       21       -9,906.         22       Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)       22       9,906.         23a       Total of all amounts reported on line 3 for all rental properties       23a       692.         b       Total of all amounts reported on line 18 for all properties       23a       692.         c       Total of all amounts reported on line 12 for all properties       23a       692.         c       Total of all amounts reported on line 18 for all properties       23a       692.         24       Losses. Add royalty losses from line 21 or all properties       23d       692.         25       Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here       25       9,906.         26	13			•		· /	13								
16       Taxes       16       17       16       17       16       17       17       2,105       18       19       10       19       10       19       10       19       10       19       10       19       10       19       10       19       10       598       19       10       598       10       598       10       598       10       598       10       598       10       598       10       598       10       598       10       598       10       598       10       598       10       598       10       598       10       10       598       10       10       598       10       10       598       10       10       598       10	14	Repairs					14		2,0	47.					
17 Utilities   18 Depreciation expense or depletion   19 Other (list)   20 Total expenses. Add lines 5 through 19   20 Total expenses. Add lines 5 through 19   21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198   21 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)   23a Total of all amounts reported on line 3 for all rental properties   24 Cotal of all amounts reported on line 12 for all properties   23a Cotal of all amounts reported on line 18 for all properties   23a Cotal of all amounts reported on line 20 for all properties   23a Cotal of all amounts reported on line 12 for all properties   23b C   23c C   23d Cotal of all amounts reported on line 21 and rental real estate losses from line 22. Enter total losses here   23b C   23c C   23d C   23d C   23d C   23e 10,598.	15	Supplies					15		2,2	96.					
18       Depreciation expense or depletion       18         19       Other (list)       19         20       Total expenses. Add lines 5 through 19       20         21       Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198       20       10,598.         22       Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)       21       -9,906.         23a       Total of all amounts reported on line 3 for all rental properties       23a       692.         b       Total of all amounts reported on line 12 for all properties       23a       692.         c       Total of all amounts reported on line 12 for all properties       23a       692.         c       Total of all amounts reported on line 12 for all properties       23a       692.         d       Total of all amounts reported on line 12 for all properties       23a       692.         c       Total of all amounts reported on line 20 for all properties       23a       692.         e       Total of all amounts reported on line 20 for all properties       23a       10,598.         24       Losses. Add positive amounts shown on line 21. Do not include any losses       24         25       Losses. Add royalty losses from line 21 and rental real estate losses from line	16	Taxes					16								
19       Other (list)       19       10         20       Total expenses. Add lines 5 through 19       20       10,598.         21       Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198       21       -9,906.         22       Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)       22       9,906.       )(         23a       Total of all amounts reported on line 3 for all rental properties       23a       692.       )         23a       Total of all amounts reported on line 4 for all royalty properties       23a       692.       )(       )(         23a       Total of all amounts reported on line 12 for all properties       23a       692.       )       )(       ))(         23a       Total of all amounts reported on line 12 for all properties       23a       10,598.       )       )(       ))(	17						17		2,1	05.					
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<ul> <li>21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198</li></ul>							-								
<ul> <li>result is a (loss), see instructions to find out if you must file Form 6198</li></ul>		•			0		20		10,5	98.					
file Form 6198       -9,906.         22       Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)       22       9,906.       )(       )(       ))         23a       Total of all amounts reported on line 3 for all rental properties       23a       692.         b       Total of all amounts reported on line 4 for all royalty properties       23a       692.         c       Total of all amounts reported on line 12 for all properties       23c       23d         d       Total of all amounts reported on line 18 for all properties       23d       23d         e       Total of all amounts reported on line 20 for all properties       23d       10,598.         24       Income. Add positive amounts shown on line 21. Do not include any losses       24       25         Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here       25       9,906.         26       Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result       25       9,906.	21														
22       Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)       22       (9,906.)(())()())()())         23a       Total of all amounts reported on line 3 for all rental properties       23a       692.         b       Total of all amounts reported on line 4 for all royalty properties       23b       692.         c       Total of all amounts reported on line 12 for all properties       23c       23d         d       Total of all amounts reported on line 18 for all properties       23d       10,598.         24       Income. Add positive amounts shown on line 21. Do not include any losses       24       24         25       Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here       25 (9,906.)       25 (9,906.)         26       Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result       25 (9,906.)				ee in		•	21		-99	06					
on Form 8582 (see instructions)       22       (9,906.)(())()         23a       Total of all amounts reported on line 3 for all rental properties       23a       692.         b       Total of all amounts reported on line 4 for all royalty properties       23b       23b         c       Total of all amounts reported on line 12 for all properties       23c       23c         d       Total of all amounts reported on line 18 for all properties       23d       23c         d       Total of all amounts reported on line 20 for all properties       23d       10,598.         24       Income. Add positive amounts shown on line 21. Do not include any losses       24       25         Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here       25 (9,906.)         26       Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result       25	22						21								
23a       Total of all amounts reported on line 3 for all rental properties       23a       692.         b       Total of all amounts reported on line 4 for all royalty properties       23b       23b         c       Total of all amounts reported on line 12 for all properties       23c       23c         d       Total of all amounts reported on line 12 for all properties       23c       23d         e       Total of all amounts reported on line 20 for all properties       23d       10,598.         24       Income. Add positive amounts shown on line 21. Do not include any losses       24       24         25       Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here       25 ( 9,906. )         26       Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result       25 ( 9,906. )	~~					, , ,	22	(	9,90	)6.)	(	)	(		)
b       Total of all amounts reported on line 4 for all royalty properties       23b         c       Total of all amounts reported on line 12 for all properties       23c         d       Total of all amounts reported on line 18 for all properties       23d         e       Total of all amounts reported on line 20 for all properties       23d         10,598.       24       Income. Add positive amounts shown on line 21. Do not include any losses         25       Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here       25 ( 9,906. )         26       Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result       25 ( 9,906. )	23a				-						x	692.			/
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e       Total of all amounts reported on line 20 for all properties       23e       10,598.         24       Income. Add positive amounts shown on line 21. Do not include any losses       24         25       Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here       25         26       Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result       25	с			-		• • • •				23c					
24       Income. Add positive amounts shown on line 21. Do not include any losses       24         25       Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here       25         26       Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result       25	d									23d					
<ul> <li>Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here</li> <li>Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result</li> </ul>	е									23e	10				
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result			•					-							
			-										(	9,9	06.)
here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on	26														

For Paperwork Reduction Act Notice, see the separate ins
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26

-9,906.

-9,906.

Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 .

175					DO NOT M	AIL THIS	FORMT	ОТНЕ	FTB
TAX	ABLE YEAR							FOF	RM
	2022	California e-file Sig	nature Author	<b>ization</b> f	i <mark>or Indiv</mark> i	duals		88	79
Your	name					Your SSN o	or ITIN		
СН	AITALI T	SUTRADHAR				042-71	-2611		
Spou	ise's/RDP's nam	e				Spouse's/R	DP's SSN o	or ITIN	
Dar	+ I Tay Rotu	rn Information (whole dollars only)							
		ted gross income (AGI). See instructions					1	78	809
		e. See instructions							005
		mount Due. See instructions							539
Par	<b>t II</b> Taxpaye	r Declaration and Signature Authorizatio	on (Be sure you obtain and ke	ep a copy of you	ır return.)				
ident incor and agree dom prov <b>to m</b> retur pena	ification numbo me tax return. I on form FTB 84 es with the dire estic partner (F ider to transmit <b>y ERO, interme</b> n, I understanc Ities. I acknowl	iginator (ERO), transmitter, or intermediat er (ITIN), and the amounts shown in Part if applicable, I authorize an electronic func 455, California e-file Payment Record for I ect deposit authorization stated on my retu RDP) as an agent to authorize an electroni t my complete return to the Franchise Tax <b>ediate service provider, and/or transmitt</b> d that if the FTB does not receive full and t ledge that I have read and consent to the identification number (PIN) as my signati	I above agree with the inform ds withdrawal of the amount of ndividuals, or a comparable f urn. If I have filed a joint retur c funds withdrawal or direct of Board (FTB). If the processin er the reason(s) for the dela imely payment of my tax liabi Electronic Funds Withdrawal (	a <sup>t</sup> ion and amou on line 2 and/or orm. If applicab n, this is an irre <sup>i</sup> leposit. I author <b>ng of my return y or the date wh</b> lity, I remain lial Consent include	nts shown on the the estimated tax le, I declare that of vocable appointm ize my ERO, trans or refund is dela the the refund was ble for the tax lial d on the copy of	correspond payments as lirect depositi ent of the ot smitter, or inf yed, I author as sent. If I a bility and all a my electronic	ing lines of s shown or t refund an her spouse termediate rize the FT am filing a applicable to income ta	f my elec n my retu nount on e/register service <b>B to disc</b> balance o interest a ax return.	tronic Irn Iine 3 ed <b>:lose</b> due Ind . I have
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ER0'	s signature 🕨			Date	•				

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# 2022 California Resident Income Tax Return

				APE			ATTACH	FEDERAL	RETURN	
042-71-2611 CHAITALI			HAR				22			
1445 E MAPLE GLENDALE	ST	CA	91205		APT	UNI	ΙT			
11-27-1993										

		Enter your county at time of filing (see instructions)										
ö	$oldsymbol{igstar}$	LOS ANGELES										
enc		If your address above is the same as your principal/physical residence address at the time of filing, check this box • 🗙										
sid		If not, enter below your principal/physical residence address at the time of filing.										
Re		Street address (number and street) (If foreign address, see instructions.) Apt. no/ste. no.										
Principal Residence	۲											
inci	$\odot$											
Ч		City State ZIP code										
	ullet											
	If your California filing status is different from your federal filing status, check the box here											
		If your Camornia ming status is different from your lederal ming status, check the box here										
S	1	× Single 4 Head of household (with qualifying person). See instructions.										
tatı												
Filing Status	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 💿 👩										
	Fo	r line 7, line 8, line 9, and line 10: Multiply the number you enter in the box by the pre-printed dollar amount for that line.										
ŝ		Personal: If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked										
tion		box 2 or 5, enter 2 in the box. If you checked the box on line 6, see instructions. $\bigcirc 7$ 1 X \$140 = $\bigcirc$ \$ 140										
Exemptions	8											
Exe	•	if both are visually impaired, enter 2										
	9	Senior: If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2. See instructions										
_												
		175 3101224 Form 540 2022 <b>Side 1</b>										

Υοι	ır na	me: SUTRA	ADHAR	Your SSN or ITIN:	042-71-261	.1						
	10	Dependents: Do	not include yourself or yo Dependent 1	-	endent 2		Dependent 3					
		First Name				۲						
su		Last Name				۲						
Exemptions		SSN. See instructions.	•	•		•						
Exel		Dependent's relationship to you										
	Tota	·	mptions		• 10	X \$433 = •	\$					
	11	Exemption am	ount: Add line 7 through li	ne 10. Transfer this am	ount to line 32	• 11	\$ 1.	40				
	12	State wages fro	om your federal box 16	• 12	88	662 .00						
Taxable Income	10						78809	. 00				
	13 14	California adjusted gloss medine non-rederar form 1940 of 1940-ont, line 11										
	15		Part I, line 27, column B									
	16	See instructions										
			column C			• 16		.00				
axab	17	California adjus	sted gross income. Combir	ne line 15 and line 16 .		• 17	78809	. 00				
Та)	18 19	larger of You	bur California <b>itemized ded</b> bur California <b>standard ded</b> Single or Married/RDP filin Married/RDP filing jointly, Hea Married/RDP filing separately 8 from line 17. This is your o, enter -0-	uction shown below for g separatelyd of household, or Qualif or the box on line 6 is che taxable income.	or your filing status: ying surviving spouse cked, <b>STOP</b> . See instru	xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	5202 73607	<b>.</b> 00				
	31	Tax. Check the	box if from:	Table Ta	x Rate Schedule							
	32	Exemption cred	• FTB dits. Enter the amount fron		B 3803	🕚 31	3598	.00				
Тах	02		instructions			(1) 32	140	.00				
	33	Subtract line 3	2 from line 31. If less than	zero, enter -0		🖲 33	3458	. 00				
	34	Tax. See instru	ctions. Check the box if fro	m: • Schedule (	G-1 • FTB 5	870A ● <b>34</b>		. 00				
	35	Add line 33 and	d line 34			🖲 35	3458	. 00				
edits	40	Nonrefundable	Child and Dependent Care	Expenses Credit. See	instructions	• 40		. 00				
Special Credits	43	Enter credit nai	me	code	and am	ount \bullet 43		. 00				
Speci	44	Enter credit na	me	code	and am	ount \bullet 44		. 00				
		Side 2 Form 54	40 2022	175 310	)2224		REV 03/10/23 PRO					

You	r nar	ne: SUTRADHAR Your SSN or ITIN: 042-71-2611	
S	45	To claim more than two credits. See instructions. Attach Schedule P (540)	0
Credit	46	Nonrefundable Renter's Credit. See instructions	0
Special Credits	47	Add line 40 through line 46. These are your total credits	0
Sp	48	Subtract line 47 from line 35. If less than zero, enter -0	0
		Alternative Minimum Tax, Attach Schedule P (540)	_
ixes	61		
Other Taxes	62	Mental Health Services Tax. See instructions	7
ō	63	Other taxes and credit recapture. See instructions	
	64	Add line 48, line 61, line 62, and line 63. This is your total tax	0
	71	California income tax withheld. See instructions	0
	72	2022 California estimated tax and other payments. See instructions	0
	73	Withholding (Form 592-B and/or Form 593). See instructions	0
Payments	74	Excess SDI (or VPDI) withheld. See instructions	0
	75	Earned Income Tax Credit (EITC). See instructions	0
	76	Young Child Tax Credit (YCTC). See instructions	0
	77	Foster Youth Tax Credit (FYTC). See instructions	0
	78	Add line 71 through line 77. These are your total payments. See instructions	0
ax	91	Use Tax. Do not leave blank. See instructions	_
Use Tax	01	If line 91 is zero, check if: • X No use tax is owed. • You paid your use tax obligation directly to CDTFA.	
	92	If you and your household had full-year health care coverage, check the box.	
ISR Penaltv		See instructions. Medicare Part A or C coverage is qualifying health care coverage	
Pe	•	Individual Shared Responsibility (ISR) Penalty. See instructions • 92	
	93	Payments balance. If line 78 is more than line 91, subtract line 91 from line 78	_
Due		Use Tax balance. If line 91 is more than line 78, subtract line 78 from line 91	
Overpaid Tax/Tax Due	94 95	Payments after Individual Shared Responsibility Penalty. If line 93 is more than line 92, subtract line 92 from line 93	٦
aid T	96	Individual Shared Responsibility Penalty Balance. If line 92 is more than line 93,	
Overp	07		
	97	Overpaid tax. If line 95 is more than line 64, subtract line 64 from line 95         97         1539         00           REV 03/10/23 PRO         97         1539         00	U
		175 3103224 Form 540 2022 <b>Side 3</b>	

Yo	ur nan	ne:	SUTRADHAR	Your SSN or ITIN:	042-71-2611		I	
	y 98	Amo	unt of line 97 you want applied to yo	ur <b>2023</b> estimated tax		• 98	0	. 00
Overpaid	5 5 99	Over	paid tax available this year. Subtract	line 98 from line 97		• 99	1539	. 00
õ,	- 100	Тах с	lue. If line 95 is less than line 64, sul	otract line 95 from line 64	4	🖲 100		. 00
						<u>Code</u>	Amount	
		Califo	ornia Seniors Special Fund. See instr	• 400		.00		
		Alzhe	imer's Disease and Related Dementi	● 401		. 00		
		Rare	and Endangered Species Preservatio	• 403		.00		
		Califo	ornia Breast Cancer Research Volunta	ary Tax Contribution Fund	d	• 405		.00
		Califo	ornia Firefighters' Memorial Voluntar	/ Tax Contribution Fund .		• 406		.00
		Emer	gency Food for Families Voluntary Ta	ax Contribution Fund		• 407		.00
		Califo	ornia Peace Officer Memorial Founda	• 408		. 00		
		Califo	ornia Sea Otter Voluntary Tax Contrib	• 410		. 00		
		Califo	ornia Cancer Research Voluntary Tax	Contribution Fund		• 413		. 00
tions		Scho	ol Supplies for Homeless Children V	oluntary Tax Contribution	ı Fund	• 422		. 00
Contributions		State	Parks Protection Fund/Parks Pass P	• 423		. 00		
ပိ		Prote	ct Our Coast and Oceans Voluntary <sup>-</sup>	Fax Contribution Fund		• 424		. 00
		Кеер	Arts in Schools Voluntary Tax Contr	bution Fund		• 425		. 00
		Preve	ention of Animal Homelessness and (	Cruelty Voluntary Tax Co	ntribution Fund	• 431		. 00
		Califo	ornia Senior Citizen Advocacy Volunt	ary Tax Contribution Fund	d	• 438		. 00
		Nativ	e California Wildlife Rehabilitation Vo	oluntary Tax Contribution	Fund	• 439		. 00
		Rape	Kit Backlog Voluntary Tax Contribut	on Fund		• 440		. 00
		Suici	de Prevention Voluntary Tax Contribu	ition Fund		• 444		. 00
		Ment	al Health Crisis Prevention Voluntary	Tax Contribution Fund		• 445		. 00
		Califo	ornia Community and Neighborhood	Tree Voluntary Tax Contr	ibution Fund	• 446		. 00
	110	Add	amounts in code 400 through code 4	46. This is your total cor	ntribution	• 110		. 00
int	å 111	АМО	UNT YOU OWE. If you do not have an	amount on line 99, add lir	ne 94, line 96, line 100,	and line 110.	See instructions. <b>Do not send cash.</b>	
Amount	0	Mail	to: FRANCHISE TAX BOARD, PO B	OX 942867, SACRAMEN				. 00

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

REV 03/10/23 PRO

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Your	r nam	ne:	SUTRADHAP	2	Your SSN or ITI	N: 04	2-71-26	511			
<b>D</b>		Unde	rest, late return pe erpayment of estin ck the box:		yment penalties hed • FTB 5						- 00
P	114	Total	amount due. See	instructions Encl	ose, but <b>do not</b> stapl				•		- 00
					t the sum of line 110		-			instructions	
					X 942840, SACRAM						1539 .00
Refund and Direct Deposit											
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and [			21000358		325072738	373					1539 _00
fund		The	romaining amount	Savings	115) is sutherized f	ar direct	don opit inte	the ecce	unt ob own	balawi	
Re			-	<ul> <li>Type</li> </ul>	e 115) is authorized f	or airect	deposit into		unt snown		
		● F	Routing number	Checking	Account number					• 117 Dire	ct deposit amount
				Savings							
Voter Info.		-									
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CA (540)

## **2022 California Adjustments — Residents**

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

Nar	e(s) as shown on tax return SSN or ITIN								
CF	HAITALI T SUTRADHAR					042712611			
<b>Pa</b> Sei	rt I Income Adjustment Schedule stion A – Income from federal Form 1040 or 1040-SR	A	Federal Amounts (taxable amounts from your federal tax return)		B Subtractions See instructions	<b>C</b> Additions See instructions			
1	a Total amount from federal Form(s) W-2, box 1. See instructions 1a		88662	۲		۲			
	<ul> <li>b Household employee wages not reported on federal Form(s) W-2 1b</li> </ul>	$   \mathbf{O} $		۲		۲			
	c Tip income not reported on line 1a 1c			$oldsymbol{igstar}$		۲			
	d Medicaid waiver payments not reported on federal Form(s) W-2. See instructions 1d	$   \mathbf{O} $		۲		۲			
	e Taxable dependent care benefits from federal Form 2441, line 261e	$   \mathbf{O} $		۲		۲			
	f Employer-provided adoption benefits from federal Form 8839, line 291f	$   \mathbf{O} $		۲		۲			
	<b>g</b> Wages from federal Form 8919, line 6 <b>1g</b>	$   \mathbf{O} $		۲		۲			
	$\boldsymbol{h}$ Other earned income. See instructions $\ldots\ldots$ . $\boldsymbol{1}\boldsymbol{h}$	$oldsymbol{O}$	0	$oldsymbol{O}$		۲			
	i Nontaxable combat pay election. See instructions1i					۲			
	z Add line 1a through line 1i1z	۲	88662	۲		۲			
2	Taxable interest. a • 2b		53	ullet		۲			
3	Ordinary dividends. See instructions. a • 3b	$   \mathbf{O} $		۲		۲			
	IRA distributions. See instructions. a • 4b	ullet		۲		۲			
	Pensions and annuities. See instructions. <b>a</b> • 5 <b>b</b>	۲		۲		۲			
	Social security benefits. <b>a</b> • 6b	$   \mathbf{O} $		۲					
	1 0 ( )	( <b>Г</b> аг		۲		۲			
	ction B – Additional Income from federal Schedule 1 Taxable refunds, credits, or offsets of state	(r0ľ	111 1040)						
	and local income taxes	۲		۲					
2	a Alimony received. See instructions	۲				۲			
3	Business income or (loss). See instructions <b>3</b>	۲		۲		۲			
	Other gains or (losses)	۲		۲		۲			
	Rental real estate, royalties, partnerships, S corporations, trusts, etc <b>5</b>	۲	-9906	۲		۲			
6	Farm income or (loss)6	ullet		۲		۲			
7	Unemployment compensation7	ullet		۲					

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

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Se	ction B – Additional Income Continued	A	Federal Amounts (taxable amounts from your federal tax return)		B Subtractions See instructions	<b>C</b> Additions See instructions
9	<b>a</b> Total other income. Add lines 8a through 8z. <b>9a</b>			ullet		۲
	<b>b1</b> Disaster loss deduction from form FTB 3805V. <b>9b1</b>			ullet		
	<b>b2</b> NOL deduction from form FTB 3805V 9b2			ullet		
	<b>b3</b> NOL from form FTB 3805Z, 3807, or 3809 <b>9b3</b>			ullet		
10	<b>Total.</b> Combine Section A, line 1z through line 7, and Section B, line 1 through line 7, and line 9a in column A and column C. Add Section A, line 1z through line 7, and Section B, line 1 through line 7, line 9a, and line 9b1 through line 9b3 in column B (as applicable). See instructions	۲	78809	۲		۲
	ction C – Adjustments to Income n federal Schedule 1 (Form 1040)					
11	Educator expenses					
12	Certain business expenses of reservists, performing artists, and fee-basis government officials <b>12</b>			۲		۲
13	Health savings account deduction	ullet				
14	Moving expenses. Attach form FTB 3913. See instructions	•				۲
15	Deductible part of self-employment tax. See instructions			$   \mathbf{O} $		
16	Self-employed SEP, SIMPLE, and qualified plans16	ullet				
17	Self-employed health insurance deduction. See instructions	ullet		۲		
18	Penalty on early withdrawal of savings					
19	<b>a</b> Alimony paid <b>19a</b> (					$\odot$
	<b>b</b> Recipient's: SSN •					
	Last Name 🖲					
20	IRA deduction			ullet		۲
21	Student loan interest deduction	ullet				۲
22	Reserved for future use					
23	Archer MSA deduction					

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Section C – Adjustments to Income Continued	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	<b>C</b> Additions See instructions
<ul> <li>24 Other adjustments:</li> <li>a Jury duty pay24a</li> </ul>	۲		
<ul> <li>b Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit</li></ul>	۲	۲	۲
c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m24c	۲	•	
d Reforestation amortization and expenses24d			
e Repayment of supplemental unemployment benefits under the federal Trade Act of 1974 24e			
f Contributions to IRC Section 501(c)(18)(D) pension plans24f	۲	•	•
g Contributions by certain chaplains to IRC Section 403(b) plans	۲	۲	•
h Attorney fees and court costs for actions involving certain unlawful discrimination claims 24h	۲		
i Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations24i	۲	۲	
j Housing deduction from federal Form 2555 <b>24</b> j			
k Excess deductions of IRC Section 67(e) expenses from federal Schedule K-1 (Form 1041)24k			
<b>z</b> Other adjustments. List type and amount.			
<u>و</u> 24z	$\odot$	$\odot$	$\odot$
5 Total other adjustments. Add line 24a through line 24z	۲	۲	۲
<b>5</b> Add line 11 through line 23 and line 25 in columns A, B, and C. See instructions <b>26</b>	۲	۲	۲
7 Total. Subtract line 26 from line 10 in columns A, B, and C. See instructions27	• 78809	) •	۲

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Part II	Adjustments to	Federal	Itemized	Deductions
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0			California 🔘		]		
Une	ck the box if you did NOT itemize for federal but will itemiz		Federal Amounts (from federal Schedule A (Form 1040))		B Subtractions See instructions	(	Additions See instructions
Medical and Dental Expenses See instructions.							
1	Medical and dental expenses • 1						
2	Enter amount from federal Form 1040 or 1040-SR, line 11						
3	Multiply line 2 by 7.5% (0.075) • 5911 3						
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter 0					۲	
	a State and local income tax or general sales taxes5	a	5972	۲	5972		
	<b>b</b> State and local real estate taxes	b					
	c State and local personal property taxes5	c 💽					
	d Add line 5a through line 5c	d 💽	5972				
	<ul> <li>e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) in column A.</li> <li>Enter the amount from line 5a, column B in line 5e, column B.</li> <li>Enter the difference from line 5d and line 5e,</li> </ul>						
	column A in line 5e, column C	e 💽	5972		5972	۲	0
6	Other taxes. List type • 6			$   \mathbf{O} $		۲	
7	Add line 5e and line 67		5972		5972	۲	0
	<ul> <li>a Home mortgage interest and points reported to you on federal Form 1098</li></ul>	a 💿					
	b Home mortgage interest not reported to you on federal Form 1098	b				۲	
	c Points not reported to you on federal Form 10988	c 💽				۲	
	d Reserved for future use	d					
	e Add line 8a through line 8c8	e 💽				•	
9	Investment interest					۲	
10	Add line 8e and line 9 <b>10</b>	۲		$   \mathbf{O} $		۲	

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Pa	rt II Adjustments to Federal Itemized Deductions Continued	A	Federal Amounts (from federal Schedule A (Form 1040))		B Subtractions See instructions		<b>C</b> Additions See instructions
Gif	ts to Charity						
	Gifts by cash or check11	•		•		•	
12	Other than by cash or check	$   \mathbf{O} $		۲		•	
13	Carryover from prior year			•			
14	Add line 11 through line 1314					۲	
	sualty and Theft Losses Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions <b>15</b>			۲		۲	
Oth	er Itemized Deductions						
	Other—from list in federal instructions16	$   \mathbf{O} $		۲		•	
17	Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C <b>17</b>		5972		5972		0
18	Total. Combine line 17 column A less column B plus co	lumn	C			18	0
Job	Expenses and Certain Miscellaneous Deductions						
19	Unreimbursed employee expenses: job travel, union due Attach federal Form 2106 if required. See instructions .	es, jol	education, etc.	) 19			
20	Tax preparation fees			20			
	Other expenses: investment, safe deposit box, etc. List type			) 20 ) 21	0		
	Add line 19 through line 21			22	0		
24	Multiply line 23 by 2% (0.02). If less than zero, enter 0.			24	1576		
25	Subtract line 24 from line 22. If line 24 is more than line	22, (	enter O			25	0
26	Total Itemized Deductions. Add line 18 and line 25					26	0
27	Other adjustments. See instructions. Specify.				•	27	
28	Combine line 26 and line 27					28	0
29	Is your federal AGI (Form 540, line 13) more than the Single or married/RDP filing separately Head of household Married/RDP filing jointly or qualifying surviving s No. Transfer the amount on line 28 to line 29.			. \$229,9	908 367		
	Yes. Complete the Itemized Deductions Worksheet in th	e ins	ructions for Schedule CA	(540), I	ine 29	29	0
30	Enter the larger of the amount on line 29 or your stand Single or married/RDP filing separately. See instru Married/RDP filing jointly, head of household, or qu	iction ialifyi	sng surviving spouse/RDP	\$10,4	104		
	Transfer the amount on line 30 to Form 540, line 18 $\ldots$					30	5202
					REV 03/10/23 PRO		
	<b>Side 6</b> Schedule CA (540) 2022 175	1	7726004		NEV 03/10/23 PRO		
	<b>Side 6</b> Schedule CA (540) 2022 175	•	7736224	1			