#### 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.

	<b>N</b>	

#### Submission Identification Number (SID) Taxpayer's name Social security number SAI MAHESH REDDY VENNAPUSA 114-83-0728 Spouse's name Spouse's social security number 478-47-8167 SAI CHINMAYEE BODDULURI Tax Return Information – Tax Year Ending December 31, 2022 (Enter year you are authorizing.) Part I 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. Adjusted gross income 126,951. 1 1 2 2 13,463. 3 3 21,407. 4 4 7,944. 5 5

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

Under penalties of periury. 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	Ŀ
		ERO firm name		E

Ent	er fiv i't er	/e di	gits, all ze	but	as my
3	0	7	2	8	

7

as mv

7

8

1 6

Enter five digits, but don't enter all zeros

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.

Date

to enter or generate my PIN

Your signature 🕨

X

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

X lauthorize GLOBAL TAXES LLC ERO firm name

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

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

Spouse's signature 🕨	Da	te 🕨	•				 		
Practitioner PIN Method Returns Only—cor	tinue	bel	ow						
Part III Certification and Authentication – Practitioner PIN Method C	nly								
<b>ERO's EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected P	IN.	2	2		_	6 all zei	 9	8 9	)

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

ERO's signature 🕨		Date 🕨			
	O Must Retain This Form — See Instructions nit This Form to the IRS Unless Requested To Do So				
For Paperwork Reduction Act Notice, see your tax return instructions.		REV 02/10/23 PRO	Form 8879 (Rev. 01-2021)		

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

<b>1040</b>		artment of the Treasury—Internal Revenue Servi <b>S. Individual Income Tax</b>		urn 20 <b>2</b>	2	OMB No. 1545	0074	IRS Use Only	—Do not v	vrite or staple in	this space.
Filing Status Check only one box.	lf yo	Single X Married filing jointly U checked the MFS box, enter the nation is a child but not your dependent	ame of y						spo	lifying survi use (QSS) s name if the	0
Your first name	and mi	ddle initial	Last nar	ne					Your so	cial security	number
SAI MAHE	SH F	REDDY	VENN	APUSA					114-	83-0728	
If joint return, sp	ouse's	first name and middle initial	Last nar	ne					Spouse	's social secu	urity number
SAI CHIN	MAYE	EE	BODD	ULURI					478-	47-8167	
Home address (	numbe	er and street). If you have a P.O. box, see	instructio	ons.			A	Apt. no.	Preside	ntial Election	n Campaigr
9575 RES	EDA	BLVD					t	J125		here if you, o	
City, town, or po	ost offic	ce. If you have a foreign address, also co	mplete sp	baces below.	Sta	ite	ZIP c	ode		if filing jointl this fund. C	
NORTHRID	GE				CZ	A	913	24	0	ow will not c	0
Foreign country	name		F	oreign province/state/	coun	ty	Foreig	n postal code	your ta:	x or refund.	_
										You	Spouse
Digital Assets		ny time during 2022, did you: (a) rece ange, gift, or otherwise dispose of a	a digital a	asset (or a financial						Yes	X No
Standard	Som	eone can claim: 🗌 You as a de	pendent	Your spous	e as	a dependent					
Deduction		Spouse itemizes on a separate retur	n or you	were a dual-status	alier	ı					
Age/Blindness	You:	Were born before January 2, 1	958	Are blind Spo	ouse	: 🗌 Was bor	n befo	ore January 2	2, 1958	🗌 Is blir	nd
Dependents				(2) Social security		(3) Relationsh		) Check the b	,	ifies for (see in	nstructions):
If more		irst name Last name		number	/	to you		Child tax ci	-	Credit for othe	
than four										Γ	7
dependents,										Γ	7
see instructions and check											
here											
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructions) .					. 1a	14	3,262.
income	b	Household employee wages not re	eported of	on Form(s) W-2 .					. 1b		·
Attach Form(s)	с	Tip income not reported on line 1a	a (see ins	structions)					. 10	;	
W-2 here. Also attach Forms	d	Medicaid waiver payments not rep	orted or	n Form(s) W-2 (see i	nstru	uctions)			. 10	1	
W-2G and	е	Taxable dependent care benefits f	from Form	m 2441, line 26					. 1e	•	
1099-R if tax was withheld.	f	Employer-provided adoption bene	fits from	Form 8839, line 29					. 1f	•	
lf you did not	g	Wages from Form 8919, line 6 .							. 19	1	
get a Form	h	Other earned income (see instruction	ions) .						. 1h	1	0.
W-2, see instructions.	i	Nontaxable combat pay election (s	see instru	uctions)		<b>1</b> i					
	z	Add lines 1a through 1h							. 1z	: 14	3,262.
Attach Sch. B	<b>2</b> a	Tax-exempt interest	2a		bΤ	axable interest			. 2b	)	
if required.	3a		3a	9.		Ordinary divider			. 3b	)	13.
	4a		4a		bΤ	axable amount			. 4b	)	
Standard	5a		5a			axable amount			. 5b	)	
Deduction for –     Single or	6a		6a			axable amount	· ·		. 6b	)	
Married filing	С	If you elect to use the lump-sum e		-	`	,		L	_		
separately, \$12,950	7	Capital gain or (loss). Attach Schee						L	_ 7		3,000.
<ul> <li>Married filing jointly or</li> </ul>	8	Other income from Schedule 1, lin							. 8		3,324.
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,		-	com	е			. 9		6,951.
surviving spouse, \$25,900	10	Adjustments to income from Sche							. 10		
Head of household,	11	Subtract line 10 from line 9. This is	•				• •		. 11		6,951.
\$19,400	12	Standard deduction or itemized					• •		. 12		5,900.
<ul> <li>If you checked any box under</li> </ul>	13	Qualified business income deduction			1 899	95-A	· ·		. 13		
Standard Deduction,	14								. 14		<u>5,900.</u>
see instructions.	15	Subtract line 14 from line 11. If zer	o or less	s, enter -0 This is y	our	taxable incom	e.		. 15	10	1,051.

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	(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3		16	13	,464.
Credits	17	Amount from Schedule 2, lin	e3					17		
	18	Add lines 16 and 17						18	13	,464.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19		
	20	Amount from Schedule 3, lin	e8					20		1.
	21	Add lines 19 and 20						21		1.
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	13	,463.
	23	Other taxes, including self-en	mployment tax,	from Schedule	e 2, line 21 .			23		0.
	24	Add lines 22 and 23. This is	your <b>total tax</b>					24	13	,463.
Payments	25	Federal income tax withheld								
-	а	Form(s) W-2				<b>25a</b> 21	,407.			
	b	Form(s) 1099				25b				
	с	Other forms (see instructions	s)			25c				
	d	Add lines 25a through 25c						25d	21	,407.
If you have a	26	2022 estimated tax payment	s and amount a	pplied 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			28				
	29	American opportunity credit	from Form 8863	8, line 8		29				
	30	Reserved for future use .				30				
	31	Amount from Schedule 3, lin	e15			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>	tal payments				33	21	,407.
Refund	34	If line 33 is more than line 24	, subtract line 2	4 from line 33.	This is the amou	nt you <b>overpaid</b>		34	7	,944.
nerana	35a	Amount of line 34 you want			3 is attached, che	ck here		35a	7	,944.
Direct deposit?	b	Routing number 1 2 1				Checking	Savings			
See instructions.	d	Account number 3 2 5	1 0 3 9	3 1 5 0	0 2					
	36	Amount of line 34 you want a	applied to your	2023 estimate	ed tax	36				
Amount	37	Subtract line 33 from line 24								
You Owe		For details on how to pay, go	o to <i>www.irs.go</i> v	//Payments or	see instructions			37		
	38	Estimated tax penalty (see in	structions) .			38				
<b>Third Party</b>	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?				_	
Designee	ins	tructions				🗌 <b>Yes.</b> C	omplete l	below.	X No	
	De: nar	signee's		Phone no.			onal identi ber (PIN)	fication		
0		der penalties of perjury, I declare t	hat I have avaming		d accompanying act		. ,	the her	t of my know	
Sign		ief, they are true, correct, and com								
Here	Yo	ur signature		Date	Your occupation		If the	RS se	nt you an Ide	entity
		5							IN, enter it h	ere
Joint return?					E-COMMERCI			inst.)		
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, <b>k</b>	ooth must sign.	Date	Spouse's occupat	ion			nt your spous action PIN, e	
your records.					HOME MAKE	R		inst.)		
	Ph	one no. (747)250-235	5	Email address	1	.3004@GMAIL.C	ו אר			
		eparer's name	Preparer's signat			Date	PTIN		Check if:	
Paid		PRIYA RAM SAGAR GUPTA TALLAM			GUPTA TALLAM		P0208	2703	Self-er	nployed
Preparer		n's name GLOBAL TAX			001111111111	02/22/2020			678)965	
Use Only		n's address 245 ROONES		NSWICK N	J 08816			's EIN		71965
		11040 for instructions and the late			BAA	REV 02/10/23 PRO	1			<b>040</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 20 2

Attachment Sequence No. **01** Internal Revenue Service Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number S VENNAPUSA & S BODDULURI 114-83-0728

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	0.
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta		5	-13,324.
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 (	2	
t	Pension or annuity from a nonqualifed deferred compensation plan or	-		
	a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
Z	Other income. List type and amount:			
-		8z		
9	Total other income. Add lines 8a through 8z		9	10.00
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR		10	-13,324.

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	1
13	Health savings account deduction. Attach Form 8889				13	1
14	Moving expenses for members of the Armed Forces. Attach Form 3903				14	1
15	Deductible part of self-employment tax. Attach Schedule SE				15	1
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	e and on		
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a				26	
	BAA	REV	02/10/23 F	RO	Schedu	ile 1 (Form 1040) 2022

# **Additional Credits and Payments**

OMB No. 1545-0074

2

20

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

	The to f the Treasury Revenue Service Go to www.irs.gov/Form1040 for instructions and the la			A	ttachment equence No. 03
	s) shown on Form 1040, 1040-SR, or 1040-NR			cial s	ecurity number
	ENNAPUSA & S BODDULURI		114-8	33-07	128
Par					
1	Foreign tax credit. Attach Form 1116 if required			1	1.
2	Credit for child and dependent care expenses from Form 24 Form 2441			2	
3	Education credits from Form 8863, line 19			3	
4	Retirement savings contributions credit. Attach Form 8880			4	
5	Residential energy credits. Attach Form 5695			5	
6	Other nonrefundable credits:				
а	General business credit. Attach Form 3800	6a			
b	Credit for prior year minimum tax. Attach Form 8801	6b			
С	Adoption credit. Attach Form 8839	6c			
d	Credit for the elderly or disabled. Attach Schedule R	6d			
е	Alternative motor vehicle credit. Attach Form 8910	6e			
f	Qualified plug-in motor vehicle credit. Attach Form 8936	6f			
g	Mortgage interest credit. Attach Form 8396	6g			
h	District of Columbia first-time homebuyer credit. Attach Form 8859	9 6h			
i	Qualified electric vehicle credit. Attach Form 8834	6i			
j	Alternative fuel vehicle refueling property credit. Attach Form 891	6j			
k	Credit to holders of tax credit bonds. Attach Form 8912	6k			
I	Amount on Form 8978, line 14. See instructions	61			
z	Other nonrefundable credits. List type and amount:	_			
		6z			
7	Total other nonrefundable credits. Add lines 6a through 6z			7	
8	Add lines 1 through 5 and 7. Enter here and on Form 1040, 104	40-SR, or 104	0-NR,		
	line 20		•••	8	1.
	normal Deduction Act Nation and control of the first strength				ied on page 2)
FOL Pa	perwork Reduction Act Notice, see your tax return instructions.	REV 02/10/23	PRO S	scnedul	le 3 (Form 1040) 2022

Schedule 3 (Form 1040) 2022

Par	t II Other Payments and Refundable Credits			
9	Net premium tax credit. Attach Form 8962		9	
10	Amount paid with request for extension to file (see instructions) .		10	
11	Excess social security and tier 1 RRTA tax withheld		11	
12	Credit for federal tax on fuels. Attach Form 4136		12	
13	Other payments or refundable credits:			
а	Form 2439	13a		
b	Credit for qualified sick and family leave wages paid in 2022 from Schedule(s) H for leave taken before April 1, 2021	13b		
С	Reserved for future use	13c		
d	Credit for repayment of amounts included in income from earlier years	13d		
е	Reserved for future use	13e		
f	Deferred amount of net 965 tax liability (see instructions)	13f		
g h	Reserved for future use	13g 13h		
z	Other payments or refundable credits. List type and amount:	13z		
14	Total other payments or refundable credits. Add lines 13a through	13z	14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040 line 31	-SR, or 1040-NR,	15	
	BAA REV	02/10/23 PRO	Schedule 3	(Form 1040) 202

### SCHEDULE D (Form 1040)

## **Capital Gains and Losses**

OMB No. 1545-0074

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

Go to 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.

20Attachment Sequence No. 12

Department of the Treasury Internal Revenue Service Name(s) shown on return

S VENNAPUSA & S BODDULURI

Your social security number

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)

below. form may be easier to complete if you round off cents to	<b>(d)</b> Proceeds (sales price)	<b>(e)</b> Cost (or other basis)	to gain or loss Form(s) 8949, F	from Part I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
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.					
Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked	484,196.	531,533.	44,3	59.	-2,978.
Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked	653.	2,057.			-1,404.
Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked					
Short-term gain from Form 6252 and short-term gain or (I	oss) from Forms 4	684, 6781, and 88		4	
				5	
Short-term capital loss carryover. Enter the amount, if an <b>Worksheet</b> in the instructions	Carryover	6	( )		
				7	-4,382.
	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         Totals for all transactions reported on Form(s) 8949 with         Box A checked         Totals for all transactions reported on Form(s) 8949 with         Box B checked         Totals for all transactions reported on Form(s) 8949 with         Box C checked         Totals for all transactions reported on Form(s) 8949 with         Box C checked         Short-term gain from Form 6252 and short-term gain or (loss)         Short-term capital loss carryover. Enter the amount, if an         Worksheet in the instructions         Net short-term capital gain or (loss). Combine lines 1a	Selow.(d) Proceeds (sales price)form may be easier to complete if you round off cents to le dollars.(d) Proceeds (sales price)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 1bTotals for all transactions reported on Form(s) 8949 with Box A checked484, 196.Totals for all transactions reported on Form(s) 8949 with Box B checked653.Totals for all transactions reported on Form(s) 8949 with Box C checked653.Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4 Net short-term gain or (loss) from partnerships, S corporations, Schedule(s) K-1S corporations, S corporations, Schedule(s) K-1Net short-term capital loss carryover. Enter the amount, if any, from line 8 of y Worksheet in the instructionsNot close). Combine lines 1a through 6 in colu	below. form may be easier to complete if you round off cents to le dollars.(d) Proceeds (sales price)(e) Cost (or other basis)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 1b531, 533.Totals for all transactions reported on Form(s) 8949 with Box A checked653.2,057.Totals for all transactions reported on Form(s) 8949 with Box C checked653.2,057.Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 88 Net short-term gain or (loss) from partnerships, S Scorporations, estates, and tr Schedule(s) K-1Storporations, estates, and tr Schedule(s) K-1Net short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Worksheet in the instructionsCost Cost Cost Cost Cost Cost Cost Cost Cost ScorporationsNet short-term capital gain or (loss).Combine lines 1a through 6 in column (h). If you have	Below.(d) Proceeds (sales price)(e) Cost (or other basis)Adjustment to gain or loss Form(S 849, F line 2, columrTotals 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 1bImage: Cost (or other basis)Adjustment to gain or loss Form(S) 849, F line 2, columnTotals for all transactions reported on Form so a checkedSalt, 533.44, 3Totals for all transactions reported on Form(s) 8949 with Box A checked653.2, 057.Totals for all transactions reported on Form(s) 8949 with Box C checked653.2, 057.Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824.Net short-term gain or (loss) from partnerships, Scorporations, estates, and trusts from Schedule(s) K-1Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover	is below.(d) Proceeds (sales price)(e) Cost (or other basis)Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)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 1bImage: Cost (or other basis)Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)Totals for all transactions 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 1bImage: Cost (or other basis)Adjustments to gain or loss from Form(s) 8949 with Box A checked

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

	instructions for how to figure the amounts to enter on the below.	(d)	(e)	(g) Adjustmer		(h) Gain or (loss) Subtract column (e)		
	form may be easier to complete if you round off cents to e dollars.	Proceeds (sales price)	Cost (or other basis)	to gain or loss Form(s) 8949, line 2, colum	Part II,	from column (d) and combine the result with column (g)		
8a	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.							
8b	Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked	3,026.	3,411.		52.	-333.		
9	Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked	89.	467.			-378.		
10	Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked.							
11	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824				11			
12 13								
14	Long-term capital loss carryover. Enter the amount, if any <b>Worksheet</b> in the instructions	14	( )					
15	Net long-term capital gain or (loss). Combine lines 8a on the back	-			15	-711.		
For F	Paperwork Reduction Act Notice, see your tax return instruction	ons. BAA	REV 02/10/23 PRO	:	Schedu	le D (Form 1040) 2022		

Part	III Summary	
16	Combine lines 7 and 15 and enter the result	<b>16</b> -5,093.
	• 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.	
	• 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.	
	• 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.	
17	Are lines 15 and 16 <b>both</b> gains?	
	<ul> <li>☐ No. Skip lines 18 through 21, and go to line 22.</li> </ul>	
18	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	18
19	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	19
20	<ul> <li>Are lines 18 and 19 both zero or blank and you are not filing Form 4952?</li> <li>Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below.</li> </ul>	
	□ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.	
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:	
	<ul> <li>The loss on line 16; or</li> <li>(\$3,000), or if married filing separately, (\$1,500)</li> </ul>	21 ( 3,000.)
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.	
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?	
	Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16.	
	□ No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.	

REV 02/10/23 PRO

Schedule D (Form 1040) 2022

Form **8949** 

Department of the Treasury

Internal Revenue Service

## **Sales and Other Dispositions of Capital Assets**

Go to 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
S VENNAPUSA & S BODDULURI	114-83-0728
	•

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.

X (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) Description of property	Description of property Date acquired Date Solu of		(d) Proceeds	(e) Cost or other basis See the <b>Note</b> below	If you enter an enter a c	f any, to gain or loss amount in column (g), ode in column (f). arate instructions.	Gain or (loss) Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) (g) Code(s) from instructions Amount of adjustment		from column (d) and combine the result with column (g).	
ROBINHOOD SECURITIES LL	c 01/01/22	12/31/22	484,196.	531,533.	W	44,359.	-2,978.	
2 Totals. Add the amounts in colur negative amounts). Enter each the Schedule D, line 1b (if Box A above is checked), or line 3 (if Box	otal here and inc ove is checked), <b>li</b>	lude on your ne 2 (if Box B	484,196.	531,533.		44,359.	-2,978.	

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.

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

Form 8949 (2022)	Attachment Sequence No. 12A	Page <b>2</b>
Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side	Social security number or taxpayer identification numb	er

S VENNAPUSA & S BODDULURI

114-83-0728

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

<b>1</b> (a) Description of property	<b>(b)</b> Date acquired	<b>(c)</b> Date sold or	(d) Proceeds (sales price) (see instructions)(e) Cost or other basis See the Note below and see Column (e) in the separate instructions.Adjustment, if any, to gain or If you enter an amount in colum enter a code in column (f). See the separate instruction (f)(d) 		If you enter an enter a c	amount in column (g), ode in column (f).	(h) Gain or (loss) Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)			<b>(g)</b> Amount of adjustment	from column (d) and combine the result with column (g).		
ROBINHOOD SECURITIES LLC	01/01/22	12/31/22	3,026.	3,411.	W	52.	-333.	
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked).		3,026.	3,411.		52.	-333.		

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.

Form **8949** 

Department of the Treasury

Internal Revenue Service

## **Sales and Other Dispositions of Capital Assets**

Go to 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
S VENNAPUSA & S BODDULURI	114-83-0728

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

<b>1</b> (a) Description of property	<b>(b)</b> Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the <b>Note</b> below	If you enter an enter a c	f any, to gain or loss amount in column (g), ode in column (f). arate instructions.	<b>(h)</b> Gain or (loss) Subtract column (e)
(Example: 100 sh. XYZ Co.)	escription of property   Date acquired   disposed		(sales price) (see instructions)	and see Column (e) in the separate instructions.	<b>(f)</b> Code(s) from instructions	<b>(g)</b> Amount of adjustment	from column (d) and combine the result with column (g).
ROBINHOOD CRYPTO LLC	01/01/22	12/31/22	653.	2,057.			-1,404.
2 Totals. Add the amounts in columnegative amounts). Enter each to Schedule D, line 1b (if Box A abor above is checked), or line 3 (if Box	otal here and inc ve is checked), <b>li</b>	lude on your ne 2 (if Box B	653.	2,057.			-1,404.

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.

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

Form 8949 (2022)	Attachment Sequence No. 12A	Page <b>2</b>
Name(s) shown on return. Name and SSN or taxpaver identification no not required if shown on other side	Social security number or taxpayer identification num	ber

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side S VENNAPUSA & S BODDULURI

114-83-0728

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

<b>1</b> (a) Description of property	<b>(b)</b> Date acquired	<b>(c)</b> Date sold or disposed of	Proceeds S	(e) Cost or other basis See the <b>Note</b> below	Adjustment, i If you enter an enter a c See the sep	(h) Gain or (loss) Subtract column (e) from column (d) and		
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	(Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	<b>(g)</b> Amount of adjustment	combine the result with column (g).	
ROBINHOOD CRYPTO LLC	01/01/22	12/31/22	89.	467.			-378.	
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked).		89.	467.			-378.		

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.

	EDULE E		Supplementa							OMB No	o. 1545-0074
(Form	(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)							20	22		
	Attach to Form 1040, 1040-SR, 1040-NR, or 1041.           ternal Revenue Service         Go to www.irs.gov/ScheduleE for instructions and the latest information.							Attachment			
	Revenue Service ) shown on return		Go to www.irs.gov/ScheduleE	orinstr	uctions an	id the la	itest in	formation.	Your soci	Sequen al security	ce No. <b>13</b>
	INNAPUSA &	S BODI	DIILIIBT							3-0728	
Part			s From Rental Real Estate a	nd Ro	valties				1110	5 0720	
	Note: If vo	ou are in t	he business of renting personal properties from <b>Form 4835</b> on page 2, line 40	ertv. use		e C. See	instruc	ctions. If you a	are an indiv	vidual, rep	ort farm
Α			ents in 2022 that would require you		Form(s)	10992.5	See ins	tructions			s X No
			ou file required Form(s) 1099?								
			ach property (street, city, state, Z								
A			LFINEESTATE MIYAPUR, H		,		<u>7 NT 7</u>	TN 50004	9		
B	JUS, BLOCK	A, DOL	ILFINEESIAIE MITAFOR, II		ADAD II	5LANG	ANA .	LN 30004	9		
C											
1b	Type of Prope	erty 2	For each rental real estate prop	erty lis	ted		Fa	ir Rental	Person	al Use	0.11/
	(from list below	N)	above, report the number of fail	r rental	and			Days	Da	ys	QJV
Α	3		personal use days. Check the C if you meet the requirements to			Α		365		0	
B			qualified joint venture. See instr	ruction	a S.	B					
C						С					
	<b>of Property:</b> Single Family R	esidence	e 3 Vacation/Short-Term Re	ntal	5 Land	4	7	Self-Rental			
	Multi-Family Re		4 Commercial	mai	6 Roya		-	Other (desc	ribe)		
Incom						Α		Propert B	ies:		С
3		4		3			59.	D			C
4						1	55.				
Exper											
5	Advertising			5							
6	Auto and trave	el (see in:	structions)	6							
7	•		ance	-		2,9	74.				
8				-							
9											
10 11	-	-	sional fees			2,6	86				
12	•		to banks, etc. (see instructions)	12		2,0	00.				
13	Other interest			13							
14	Repairs					2,8	88.				
15	Supplies .			15		2,7	04.				
16											
17						2,8	31.				
18 19		•	or depletion	-							
20	Total expense	s Add lii	nes 5 through 19	20		14,0	83				
21	•		ine 3 (rents) and/or 4 (royalties).			11/0					
			istructions to find out if you must								
						-13,3	24.				
22			estate loss after limitation, if any tructions) .		(	13,32	24.)		)	(	١
23a		-	ported on line 3 for all rental prop				23a	<u>.</u>	759.		/
b	Total of all am	ounts re	ported on line 4 for all royalty pro	perties			23b				
С			ported on line 12 for all properties				23c				
d			ported on line 18 for all properties				23d				
e			ported on line 20 for all properties		· · ·		23e		1,083.		
24 25		•	amounts shown on line 21. <b>Do n</b> sees from line 21 and rental real esta					· · · · ·		(	13,324.)
25 26			te and royalty income or (loss).							\ ·	1J,J24. )
20	here. If Parts	II, III, IV	, and line 40 on page 2 do not ), line 5. Otherwise, include this a	t apply	to you,	also er	nter th	is amount o			-13.324

Schedule E (Form 1040) 2022

-13,324.

TAXABLE YEAR		FORM
2022	California e-file Signature Authorization for Individuals	8879

Your name	Your SSN or IT	ΓΙΝ		
SAI MAHESH REDDY VENNAPUSA	114-83-0	728		
Spouse's/RDP's name	Spouse's/RDP	's SSN or ITIN		
SAI CHINMAYEE BODDULURI	478-47-8167			
Part I Tax Return Information (whole dollars only)				
1 California adjusted gross income (AGI). See instructions	1_	126951		
2 Amount You Owe. See instructions	<b>2</b> _			
3 Refund or No Amount Due. See instructions	3 _	5142		

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

Under penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2022, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider, including my name, address, and social security number (SSN) or individual tax identification number (ITIN), and the amounts shown in Part I above agree with the information and amounts shown on the corresponding lines of my electronic income tax return. If applicable, I authorize an electronic funds withdrawal of the amount on line 2 and/or the estimated tax payments as shown on my return and on form FTB 8455, California e-file Payment Record for Individuals, or a comparable form. If applicable, I declare that direct deposit refund amount on line 3 agrees with the direct deposit authorization stated on my return. If I have filed a joint return, this is an irrevocable appointment of the other spouse/registered domestic partner (RDP) as an agent to authorize an electronic funds withdrawal or direct deposit. I authorize my ERO, transmitter, or intermediate service provider to transmit my complete return to the Franchise Tax Board (FTB). If the processing of my return or refund is delayed, I authorize the FTB to disclose to my ERO, intermediate service provider, and/or transmitter the reason(s) for the data or the date when the refund was sent. If I am filing a balance due return, I understand that if the FTB does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I acknowledge that I have read and consent to the Electronic Funds Withdrawal Consent included on the copy of my electronic income tax return. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, my

Taxpayer's PIN: check one box only	
I authorize GLOBAL TAXES LLC to enter m	ny PIN 3 0 7 2 8
ERO firm name	Do not enter all zeros
as my signature on my 2022 e-filed California individual income tax return.	
I will enter my PIN as my signature on my 2022 e-filed California individual income tax return. Check this box <b>only</b> if you a return is filed using the Practitioner PIN method. The ERO must complete Part III below.	are entering your own PIN and your
Your signature  Date  Date	
Spouse's/RDP's PIN: check one box only	
I authorize GLOBAL TAXES LLC to enter m	ny PIN 7 8 1 6 7
ERO firm name	Do not enter all zeros

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

I will enter my PIN as my signature on my 2022 e-filed California individual income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's/RDP's signature	Date										
Practitioner PIN Method Returns On	urns Only continue below										
Part III Certification and Authentication — Practitioner PIN Method Only											
<b>ERO's Electronic Filer Identification Number (EFIN)/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2     2     2     4     9     6     6     1     9     8     9       Do not enter all zeros										
I certify that the above numeric entry is my PIN, which is my signature for the 2022 Cali confirm that I am submitting this return in accordance with the requirements of the Prace-file Providers.											

ERO's signature 🕨	 Date	02/22/2023

540

# 2022 California Resident Income Tax Return

		APE		ATTACH	FEDERAL	RETURN	
114-83-0728 SAIMAHESHRE SAICHINMAYE	VENN VENNAPI BODDULI			22			
9575 RESEDA NORTHRIDGE	BLVD CA	91324	APT	U125			
04-30-1993	10-22-1992						

		Enter your county at time of filing (see instructions)										
ë	igodoldoldoldoldoldoldoldoldoldoldoldoldol	LOS ANGELES										
lenc		If your address above is the same as your principal/physical residence address at the time of filing, check this box • 🔍 🗙										
esic		If not, enter below your principal/physical residence address at the time of filing.										
Ĩ		Street address (number and street) (If foreign address, see instructions.) Apt. no/ste. no.										
Principal Residence	۲											
Prin		City State ZIP code										
	۲											
		If your California filing status is different from your federal filing status, check the box here										
s	1	Single 4 Head of household (with qualifying person). See instructions.										
Filing Status												
ng S	2 X Married/RDP filing jointly. See instr. 5 Qualifying surviving spouse/RDP. Enter year spouse/RDP died.											
iii		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.										
รเ	7	Personal: If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked										
otio	•	box 2 or 5, enter 2 in the box. If you checked the box on line 6, see instructions. ( $\circ$ 7 2 X \$140 = ( $\circ$ \$ 280										
Exemptions	8	Blind: If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2										
ЖЩ	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 Side 1										

You	r nar	ne:	VENI	NAF	PUSA		Y	our SSN	or ITII	N: 11	14-8	3-07	28						
	10	Depen	dents:		ot include y Dependent 1		or your :	spouse/R		epender	nt 2				D	ependent 3			
		First	Name	۲										(	•				
suc		Last	Name	۲										(	•				
Exemptions			. See uctions.	•					•						•				
Exe			endent's tionship	۲										(	•				
	Tota			xemp	otions							10	Х	\$433 =	$oldsymbol{igstar}$	\$			
	11	Exem	nption a	amou	Int: Add line	e 7 throu	gh line 1	0. Transf	er this a	amount	to line	932		•	11	\$		28	80
	12	State Form	wages I(s) W-2	from 2, box	n your feder x 16	al			12			143	3262	. 00					
	13	Enter	<sup>-</sup> federa	l adju	usted gross	income	from fec	leral Form	n 1040	or 1040	)-SR, li	ine 11		• 13			126	951	. 00
	14				nents – sub Iumn B									• 14				0	. 00
Je	15				from line 13									15			126	951	. 00
Taxable Income	16														. 00				
xable	17	7 California adjusted gross income. Combine line 15 and line 16										. 00							
Ta	18	Subt	ract line	Your • Sir • Ma If Ma • 18 f	r California r California ngle or Mari nried/RDP fil nried/RDP fil from line 17	standard ried/RDP ing jointly ing separa '. This is	l deduct filing so , Head of ately or th your <b>ta</b> x	ion show eparately. <sup>E</sup> househole le box on li <b>kable inc</b> e	n below  d, or Qua ine 6 is c <b>ome</b> .	v for you  alifying s checked,	ur filin survivin <b>STOP</b> .	g status ng spous See inst	s: \$ se/RDP. \$1 ructions	\$5,202 10,404 ● <b>18</b>	<pre>}</pre>			404	. 00
		If les	If less than zero, enter -0-       116547       .00																
	31	Tax. (	Check t	he bo	ox if from:		Tax Tab			Tax Rat					Γ		1	554	00
Тах	32				s. Enter the structions.			ie 11. lf y	our fed	eral AGI	l is mo	re than		<ul><li>31</li><li>32</li></ul>				280	• 00 • 00
F	33	Subt	ract line	e 32 f	from line 31	. If less	than zer	o, enter -(	0					• 33			4	274	. 00
	34	Tax. S	See ins	tructi	ions. Check	the box	if from:	•	Schedul	e G-1	•	FTB	5870A	• 34					. 00
	35	Add I	line 33 a	and li	ine 34									• 35			4	274	. 00
edits	40	Nonr	efundal	ble Cl	hild and De	pendent	Care Ex	penses Cr	redit. Se	ee instru	uctions	S		• 40					. 00
Special Credits	43	Enter	credit	name	e				code	••		and ar	nount	• 43					- 00
Spec	44	Enter	<sup>r</sup> credit	name	9				code	•		and ar	nount	• 44		REV 02/03/23 PR0	)		. 00
	;	Side 2	Porm	540	2022		1	75	3	1022	24	ſ					-		

You	r nar	me: VENNAPUSA Your SSN or ITIN: 114-83-0728	
S	45	To claim more than two credits. See instructions. Attach Schedule P (540) • 45	. 00
Special Credits	46	Nonrefundable Renter's Credit. See instructions	. 00
ecial (	47	Add line 40 through line 46. These are your total credits	. 00
Sp	48	Subtract line 47 from line 35. If less than zero, enter -0	1274 .00
xes	61	Alternative Minimum Tax. Attach Schedule P (540)	. 00
Other Taxes	62	Mental Health Services Tax. See instructions	• OC
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	1274 .00
	71	California income tax withheld. See instructions	9416 .00
	72	2022 California estimated tax and other payments. See instructions	. 00
	73	Withholding (Form 592-B and/or Form 593). See instructions	. 00
Payments	74	Excess SDI (or VPDI) withheld. See instructions	. 00
Payn	75	Earned Income Tax Credit (EITC). See instructions	. 00
	76	Young Child Tax Credit (YCTC). See instructions • 76	. 00
	77 78	Foster Youth Tax Credit (FYTC). See instructions       77         Add line 71 through line 77. These are your total payments.       78         See instructions       78	. 00 9416 . 00
Use Tax	91	Use Tax. Do not leave blank. See instructions	
Use		If line 91 is zero, check if:  X No use tax is owed.	
ISR Penaltv	92	If you and your household had full-year health care coverage, check the box. See instructions. Medicare Part A or C coverage is qualifying health care coverage	
		Individual Shared Responsibility (ISR) Penalty. See instructions • 92	
e	93	Payments balance. If line 78 is more than line 91, subtract line 91 from line 78	9416 .00
ax Du	94	Use Tax balance. If line 91 is more than line 78, subtract line 78 from line 91	. 00
Tax/T	95		9416 .00
Overpaid Tax/Tax Due	96	Individual Shared Responsibility Penalty Balance. If line 92 is more than line 93, subtract line 93 from line 92	. 00
Ove	97	Overpaid tax. If line 95 is more than line 64, subtract line 64 from line 95	5142 .00
		175 3103224 Form 540 2022 S	Side 3

Υοι	ır nar	ne:	VENNAPUSA	Your SSN or ITIN:	114-83-0728			
	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	5142	. 00
0 0 1	<sup>2</sup> 100	Tax (	due. If line 95 is less than line 64, sut	otract line 95 from line 64	F	• 100		. 00
						<u>Code</u>	Amount	
		Califo	ornia Seniors Special Fund. See instru	• 400		. 00		
		Alzhe	eimer's Disease and Related Dementia	a Voluntary Tax Contribut	ion Fund	• 401		- 00
		Rare	and Endangered Species Preservatio	n Voluntary Tax Contribu	tion Program	• 403		. 00
		Califo	ornia Breast Cancer Research Volunta	ry Tax Contribution Fund	L	• 405		. 00
		Califo	ornia Firefighters' Memorial Voluntary	/ Tax Contribution Fund .		• 406		. 00
		Emer	rgency Food for Families Voluntary Ta	x Contribution Fund		• 407		. 00
		Califo	ornia Peace Officer Memorial Founda	tion Voluntary Tax Contri	bution Fund	• 408		. 00
		Califo	ornia Sea Otter Voluntary Tax Contrib	ution Fund		• 410		. 00
		Califo	ornia Cancer Research Voluntary Tax	Contribution Fund		• 413		. 00
tions		Scho	ol Supplies for Homeless Children Vo	oluntary Tax Contribution	Fund	• 422		. 00
Contributions		State	Parks Protection Fund/Parks Pass P	urchase		• 423		. 00
ပိ		Prote	ect Our Coast and Oceans Voluntary 1	ax Contribution Fund		• 424		. 00
		Кеер	Arts in Schools Voluntary Tax Contri	bution Fund		• 425		. 00
		Preve	ention of Animal Homelessness and (	Cruelty Voluntary Tax Cor	tribution Fund	• 431		. 00
		Califo	ornia Senior Citizen Advocacy Volunta	ary Tax Contribution Fund	1	• 438		. 00
		Nativ	ve California Wildlife Rehabilitation Vo	luntary Tax Contribution	Fund	• 439		. 00
		Rape	e Kit Backlog Voluntary Tax Contributi	on Fund		• 440		. 00
		Suici	de Prevention Voluntary Tax Contribu	ition Fund		• 444		. 00
		Ment	al Health Crisis Prevention Voluntary	Tax Contribution Fund		• 445		. 00
		Califo	ornia Community and Neighborhood	Tree Voluntary Tax Contri	bution Fund	• 446		. 00
	110	Add	amounts in code 400 through code 4	46. This is your total con	tribution	• 110		. 00
Amount	111	Mail	UNT YOU OWE. If you do not have an to: FRANCHISE TAX BOARD, PO B Online – Go to ftb.ca.gov/pay for mo	OX 942867, SACRAMEN			See instructions. <b>Do not send cash.</b>	- 00

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

REV 02/03/23 PRO

You	r nan	ne:	VENNAPUS	3A		Your SSN	or ITIN:	114-83-	-072	28					
and ies	112 113	<ul> <li>2 Interest, late return penalties, and late payment penalties</li></ul>													. 00
Interest and Penalties		Che	ck the box: $ullet$	FTI	B 5805 attac	hed	FTB 5805	F attached			113				. 00
Ē		Tota	I amount due. S	ee instrı	uctions. Enclo	ose, but <b>do no</b>	<b>it</b> staple, ar	iy payment .			114				. 00
	115	REF	UND OR NO AM	OUNT D	UE. Subtract	t the sum of li	ne 110, lin	e 112, and li	ne 113	3 from line	99. See ir	struction	ns.		
		Mail to: FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001 • 115											5142 .0		
<ul> <li>Fill in the information to authorize direct deposit of your refund into one or two accounts. Do not attach a voided check or a See instructions. Have you verified the routing and account numbers? Use whole dollars only. All or the following amount of my refund (line 115) is authorized for direct deposit into the account shown below:         <ul> <li>Type</li> <li>Routing number</li> <li>Type</li> <li>Checking</li> <li>Savings</li> </ul> </li> <li>The remaining amount of my refund (line 115) is authorized for direct deposit into the account shown below:</li> </ul>									r a deposit slip						
Dired		• [	Routing number	• Ty	pe Checking	Account r	number					<b>116</b> D	Direct de	posit amount	
and		1	21000358		-	325103	93150	2						5142	. 00
efunc		The remaining amount of my refund (line 115) is authorized for direct deposit into the account shown below:													
£			Routing number	• Ty		Account r			]				Direct de	posit amount	. 00
Voter Info.		For	voter registration	n inform	ation check	the box and o	in to sos.c	a.gov/electio	ons S	ee instructi	ons				
IMP	ORTA	ANT:	See the instructi	ons to fi	nd out if you	For voter registration information, check the box and go to <b>sos.ca.gov/elections</b> . See instructions									
Unde	Our privacy notice can be found in annual tax booklets or online. Go to <b>ftb.ca.gov/privacy</b> to learn about our privacy policy statement, or go to <b>ftb.ca.gov/forms</b> and search for <b>1131</b> 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 <b>948</b> 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														
io tru	er pena	alties	of perjury, I declar				.gov/privacy To request th	to learn about his notice by m	t our pr nail, call	ivacy policy s 800.338.050					
	er pena	alties rrect, a					.gov/privacy To request th	to learn about his notice by m	t our pr nail, call schedu	ivacy policy s 800.338.050 les and state	ments, and	l to the be	est of my		elief, it
	er pena ie, cor	alties rrect, a	of perjury, I declar and complete.	e that I h	ave examined	this tax return,	.gov/privacy To request th including ac	to learn about his notice by m	t our pr nail, call schedu	ivacy policy s 800.338.050 les and state	ments, and	I to the be re (if a join	est of my	knowledge and t	n)
Your	er pena Ie, cor signat	alties rrect, a	of perjury, I declar	e that I h	ave examined	this tax return,	.gov/privacy To request th including ac	to learn about his notice by m	t our pr nail, call schedu	ivacy policy s 800.338.050 les and state	ments, and	I to the be	est of my nt tax retur Preferr	knowledge and t rn, both must sig ed phone numbe	n)
Your	er pena le, cor signat	alties rrect, a ture	of perjury, I declar and complete.	address. F	ave examined	this tax return,	.gov/privacy To request the including action Date	to learn about his notice by m companying s	t our pr nail, call schedu schedu	ivacy policy s 800.338.050 les and state Spouse's/RDF	ments, anc	I to the be	est of my nt tax retur Preferr 7472	knowledge and t	n)
Your Si He	er pena ie, cor signat gn ere	alties rrect, a ture	of perjury, I declar and complete.	address. F	ave examined Enter only one e <b>(declaration</b>	this tax return,	.gov/privacy To request the including according accordin	to learn about his notice by m companying s	t our pr nail, call schedu schedu	ivacy policy s 800.338.050 les and state Spouse's/RDF	ments, anc	I to the be	est of my nt tax retur Preferr 7472	knowledge and t rn, both must sig ed phone numbe	n)
Your Si He It is to fo	er pena le, cor signat	alties rrect, a ture	of perjury, I declar and complete.	address. E s signature RIYA	Enter only one e (declaration RAM S2	this tax return, email address. of preparer is AGAR GU	.gov/privacy To request the including according accordin	to learn about his notice by m companying s	t our pr nail, call schedu schedu	ivacy policy s 800.338.050 les and state Spouse's/RDF	ments, anc	I to the be	est of my nt tax returned Preferr 7472	knowledge and t rn, both must sig ed phone numbe 502355	n)
Your Si He It is to fo spou RDF	gn er pena signat gn ere unlaw rge a use's/	alties rrect, a ture	of perjury, I declar and complete.	re that I h address. E s signaturn RIYA rr yours, if TAX:	e (declaration RAM S2	this tax return, email address. of preparer is AGAR GU	.gov/privacy To request the including according accordin	to learn about his notice by m companying s	t our pr nail, call schedu schedu	ivacy policy s 800.338.050 les and state Spouse's/RDF	ments, anc	I to the be	est of my nt tax returned Preferr 7472	knowledge and t rn, both must sig ed phone numbe 502355 • PTIN P02082	n)
Your Si He It is to fo spou RDF sign Join	gn signat gn e, cor signat unaw rge a use's/ o's ature. t tax	alties rrect, a ture	of perjury, I declar and complete.	e that I h address. E s signatur R I Y A r yours, if TAX	e (declaration RAM S2 f self-employed ES LLC	this tax return, email address. of preparer is AGAR GU	.gov/privacy To request th including ac Date based on a PTA T	to learn about his notice by m companying s I information ALLAM	t our pr nail, call schedu schedu	ivacy policy s 800.338.050 les and state Spouse's/RDF	ments, anc	I to the be	est of my nt tax returned Preferr 7472	<ul> <li>knowledge and h</li> <li>rn, both must sig</li> <li>red phone number</li> <li>502355</li> <li>PTIN</li> <li>P02082<sup>*</sup></li> <li>Firm's FEIN</li> </ul>	r
Your Si He It is to fo spou RDF sign Joinn retur See	gn signat gn e, cor signat unaw rge a use's/ o's ature. t tax	alties rrect, z ture	of perjury, I declar and complete.	e that I h address. E s signaturr RIYA r yours, if TAX: ONEY	Enter only one e (declaration RAM S2 f self-employed ES LLC CT E I	this tax return, email address. of preparer is AGAR GU	.gov/privacy To request the including action of the product of the including action of the product of the produ	to learn about his notice by m companying s I information ALLAM 08816	t our prinail, call schedu schedu	ivacy policy s 800.338.050 les and state Spouse's/RDF ich preparer	ments, and P's signatur	t to the be	Preferr     7472.	<ul> <li>knowledge and h</li> <li>rn, both must sig</li> <li>ed phone number</li> <li>502355</li> <li>PTIN</li> <li>P02082<sup>*</sup></li> <li>Firm's FEIN</li> <li>8431719</li> </ul>	r
Your Si He It is to fo spou RDF sign Joinn retur See	gn signat gn signat gn signat signat signat signat signat signat signat signat signat signat signat signat	alties rrect, z ture	of perjury, I declar and complete.	e that I h address. E s signatur RIYA r yours, if TAX: ONEY to allow	ave examined Enter only one e (declaration RAM SZ f self-employed ES LLC CT E H another pers	this tax return, email address. of preparer is AGAR GU	.gov/privacy To request the including action of the product of the including action of the product of the produ	to learn about his notice by m companying s I information ALLAM 08816	t our prinail, call schedu schedu	ivacy policy s 800.338.050 les and state Spouse's/RDF ich preparer	ments, and P's signatur	I to the be	est of my nt tax returned Preferr 7 4 7 2 - e) Yes	knowledge and h rn, both must sig ed phone numbe 502355 PTIN P02082 Firm's FEIN 8431719 × No	r
Your Si He It is to fo spou RDF sign Joinn retur See	gn signat gn signat gn signat signat signat signat signat signat signat signat signat signat signat signat	alties rrect, z ture	of perjury, I declar and complete.	e that I h address. E s signatur R I Y A r yours, if TAX: ONE Y to allow	ave examined Enter only one e (declaration RAM SZ f self-employed ES LLC CT E H another pers	this tax return, email address. of preparer is AGAR GU	.gov/privacy To request the including action of the product of the including action of the product of the produ	to learn about his notice by m companying s I information ALLAM 08816	t our prinail, call schedu schedu	ivacy policy s 800.338.050 les and state Spouse's/RDF ich preparer	ments, and P's signatur	I to the be	Preferr     7472.	knowledge and h rn, both must sig ed phone numbe 502355 PTIN P02082 Firm's FEIN 8431719 × No	r
Your Si He It is to fo spou RDF sign Joinn retur See	gn signat gn signat gn signat signat signat signat signat signat signat signat signat signat signat signat	alties rrect, z ture	of perjury, I declar and complete.	e that I h address. E s signatur R I Y A r yours, if TAX: ONE Y to allow	ave examined Enter only one e (declaration RAM SZ f self-employed ES LLC CT E H another pers	this tax return, email address. of preparer is AGAR GU	.gov/privacy To request the including action of the product of the including action of the product of the produ	to learn about his notice by m companying s I information ALLAM 08816	t our prinail, call schedu schedu	ivacy policy s 800.338.050 les and state Spouse's/RDF ich preparer	ments, and P's signatur	to the be	est of my nt tax returned Preferr 7 4 7 2 - e) Yes	knowledge and h rn, both must sig ed phone number 502355 PTIN P020827 Firm's FEIN 8431719 X No Number	r

CA (540)

# **2022 California Adjustments — Residents**

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

Na	me(s) as shown on tax return				SSN or ITIN
S	VENNAPUSA & S BODDULURI		114830728		
	art I Income Adjustment Schedule ction A – Income from federal Form 1040 or 1040-SR	A	Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	<b>C</b> Additions See instructions
1	<b>a</b> Total amount from federal Form(s) W-2, box 1. See instructions <b>1</b> a	۲	143262	۲	۲
	<ul> <li>b Household employee wages not reported on federal Form(s) W-2 1b</li> </ul>	۲		۲	۲
	<b>c</b> Tip income not reported on line 1a <b>1c</b>	ullet		$\odot$	۲
	<b>d</b> Medicaid waiver payments not reported on federal Form(s) W-2. See instructions <b>1d</b>	ullet		$\odot$	۲
	e Taxable dependent care benefits from federal Form 2441, line 26 1e	ullet		$\odot$	۲
	f Employer-provided adoption benefits from federal Form 8839, line 29 1f	۲		۲	۲
	<b>g</b> Wages from federal Form 8919, line 6 <b>1</b> g	۲		۲	۲
	h Other earned income. See instructions 1h	۲	0	۲	۲
	i Nontaxable combat pay election. See instructions1i				۲
	z Add line 1a through line 1i1z	۲	143262	۲	۲
2	Taxable interest. a • 2b	ullet		۲	۲
3	Ordinary dividends. See instructions. a 9 3b	۲	13	۲	۲
4	IRA distributions. See instructions. a • 4b			۲	۲
5	Pensions and annuities. See instructions. <b>a</b> • 5 <b>b</b>	۲		$\odot$	۲
6	Social security benefits. a • 6b	ullet		۲	
	······································	ullet	-3000	۲	۲
	ction B – Additional Income from federal Schedule 1	(For	m 1040)		
1	Taxable refunds, credits, or offsets of state and local income taxes	ullet	0	• 0	
2	<b>a</b> Alimony received. See instructions <b>2a</b>	۲			۲
3	Business income or (loss). See instructions. $\dots$ <b>3</b>	۲		۲	۲
		۲		۲	۲
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc	۲	-13324	۲	۲
6	Farm income or (loss)6	۲		۲	۲
7	Unemployment compensation7	۲		۲	

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Section B – Additional Income Continued	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
8 Other income: a Federal net operating loss	• ( )		۲
<b>b</b> Gambling	۲	۲	
c Cancellation of debt 8c	$\odot$		$\odot$
<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		
h Jury duty pay8h	۲		
i Prizes and awards8i	۲		
j Activity not engaged in for profit income 8j	۲		
k Stock options8k	$\textcircled{\textbf{0}}$		$\odot$
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	$\odot$		
<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>	$\odot$		
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 1d 8s	• ( )		
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>	$\odot$		
z Other income. List type and amount.			
8z	۲		$\odot$

REV 02/03/23 PRO



Section B – Additional Income Continued			Federal Amounts (taxable amounts from your federal tax return)	our <b>B</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>	•		۲		۲		
	<b>b1</b> Disaster loss deduction from form FTB 3805V. <b>9b1</b>			۲				
	<b>b2</b> NOL deduction from form FTB 3805V 9b2							
	<b>b3</b> NOL from form FTB 3805Z, 3807, or 3809 <b>9b3</b>			۲				
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	•	126951	۲	0	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			۲				
14	Moving expenses. Attach form FTB 3913. See instructions	•				۲		
15	Deductible part of self-employment tax. See instructions			۲				
16	Self-employed SEP, SIMPLE, and qualified plans16	ullet						
17	Self-employed health insurance deduction. See instructions			۲				
18	Penalty on early withdrawal of savings	۲						
19	<b>a</b> Alimony paid <b>19a</b>	۲				۲		
	<b>b</b> Recipient's: SSN •							
	Last Name 🖲							
20	IRA deduction	۲		۲		۲		
21	Student loan interest deduction	۲				۲		
22	Reserved for future use							
23	Archer MSA deduction	•						

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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
4 Other adjustments: a Jury duty pay24a	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
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	۲	۲
g Contributions by certain chaplains to IRC Section 403(b) plans		۲	٢
h Attorney fees and court costs for actions involving certain unlawful discrimination claims 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 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>	$\odot$	$\odot$	$\odot$
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 instructions	• 126951	• 0	۲

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Part I		djustments t	0	Federal	Itemized	Deductions
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0			alifornia		]		
Une	ck the box if you did NOT itemize for federal but will itemiz	A	Federal Amounts (from federal Schedule A (Form 1040))		B Subtractions See instructions		<b>C</b> Additions See instructions
Me	dical 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) • 9521 <b>3</b>						
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter 04					۲	
	a State and local income tax or general sales taxes5	a 💽	10992	۲	10992		
	<b>b</b> State and local real estate taxes <b>5</b>	b 💽					
	c State and local personal property taxes5						
	d Add line 5a through line 5c	d 💽	10992				
	e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) in column A. Enter the amount from line 5a, column B in line 5e, column B. Enter the difference from line 5d and line 5e,		10000		10992		992
	column A in line 5e, column C		10000		10992		
6	Other taxes. List type • 6	۲		۲		۲	
7	Add line 5e and line 67	$   \mathbf{O} $	10000		10992	۲	992
	<ul> <li>a Home mortgage interest and points reported to you on federal Form 1098</li> </ul>						
	b Home mortgage interest not reported to you on federal Form 1098	b 💽				۲	
	c Points not reported to you on federal Form 10988					۲	
	d Reserved for future use	d					
	e Add line 8a through line 8c			•		•	
9	Investment interest	•		•		۲	
10	Add line 8e and line 9	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		<u> </u>				
	Gifts by cash or check11			۲		۲	
12	Other than by cash or check	$   \mathbf{O} $		۲		۲	
13	Carryover from prior year13	$   \mathbf{O} $		۲		۲	
14	Add line 11 through line 1314			۲		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 instructions <b>16</b>	$   \mathbf{O} $		۲		۲	
17	Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C <b>17</b>		10000		10992	۲	992
18	Total. Combine line 17 column A less column B plus col	lumn	C			0 18	0
Job	Expenses and Certain Miscellaneous Deductions						
	Unreimbursed employee expenses: job travel, union due Attach federal Form 2106 if required. See instructions .	es, jo	b education, etc.	9 19			
20	Tax preparation fees			20			
21	Other expenses: investment, safe deposit box, etc. List type				0		
22	Add line 19 through line 21			22	0		
23	Enter amount from federal Form 1040 or 1040-SR, line 11		126951				
24	Multiply line 23 by 2% (0.02). If less than zero, enter 0.			24	2539		
25	Subtract line 24 from line 22. If line 24 is more than line	22,	enter 0			) 25	0
	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 a 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	08		
	Yes. Complete the Itemized Deductions Worksheet in th	e ins	tructions for Schedule CA	(540), li	ne 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	ictior ialifyi	ng surviving spouse/RDP	\$10,4	04	,	
	Transfer the amount on line 30 to Form 540, line 18 $_{\cdot}$ .					) 30	10404
		1			REV 02/03/23 PRO		
	<b>Side 6</b> Schedule CA (540) 2022 175	1	7736224	1			