

TAXABLE YEAR

FORM

2022

California e-file Signature Authorization for Individuals

8879

Table with 2 columns: Name (Your name, Spouse's/RDP's name) and SSN or ITIN. Values include SUDHEER PEDDINENI KALAVA, ALEKHYA REDDY POTHU, 827-08-7237, and 894-37-7033.

Part I Tax Return Information (whole dollars only)

Table with 2 columns: Line number and Amount. Line 1: California adjusted gross income (AGI) 908326. Line 2: Amount You Owe. Line 3: Refund or No Amount Due 1628.

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

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

Taxpayer's PIN: check one box only

[X] I authorize GLOBAL TAXES LLC to enter my PIN [8][7][2][3][7] as my signature on my 2022 e-filed California individual income tax return. Do not enter all zeros

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

Your signature Date

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

[X] I authorize GLOBAL TAXES LLC to enter my PIN [7][7][0][3][3] as my signature on my 2022 e-filed California individual income tax return. Do not enter all zeros

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

Spouse's/RDP's signature Date

Practitioner PIN Method Returns Only -- continue below

Part III Certification and Authentication — Practitioner PIN Method Only

ERO's Electronic Filer Identification Number (EFIN)/PIN.

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

[2][2][2][4][9][6][6][1][9][8][9]

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the 2022 California individual income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and FTB Pub. 1345, 2022 Handbook for Authorized e-file Providers.

ERO's signature Date 03/17/2023

California Nonresident or Part-Year Resident Income Tax Return

2022

540NR

APE

ATTACH FEDERAL RETURN

827-08-7237 PEDD 894-37-7033
SUDHEER PEDDINENI KALAVA
ALEKHYAREDD POTHU

22

14665 DEVONSHIRE LN
FRISCO TX 75035

08-12-1986 09-16-1988

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

Filing Status

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

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

► For line 7, line 8, line 9, and line 10: Multiply the number you enter in the box by the pre-printed dollar amount for that line.

Whole dollars only

Exemptions

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

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

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

Total dependent exemptions X \$433 = \$

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Your name: Your SSN or ITIN:

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

Total Taxable Income	12 Total California wages from your federal Form(s) W-2, box 16 <input checked="" type="radio"/> 12 <input type="text" value="911326"/> <input type="text" value=".00"/>	<input checked="" type="radio"/> 13 <input type="text" value="1125321"/> <input type="text" value=".00"/>
	13 Enter federal AGI from federal Form 1040, 1040-SR, or 1040-NR, line 11	<input checked="" type="radio"/> 14 <input type="text" value="3788"/> <input type="text" value=".00"/>
	14 California adjustments – subtractions. Enter the amount from Schedule CA (540NR), Part II, line 27, column B	<input checked="" type="radio"/> 15 <input type="text" value="1121533"/> <input type="text" value=".00"/>
	15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions	<input checked="" type="radio"/> 16 <input type="text" value="7300"/> <input type="text" value=".00"/>
	16 California adjustments – additions. Enter the amount from Schedule CA (540NR), Part II, line 27, column C	<input checked="" type="radio"/> 17 <input type="text" value="1128833"/> <input type="text" value=".00"/>
	17 Adjusted gross income from all sources. Combine line 15 and line 16	<input checked="" type="radio"/> 18 <input type="text" value="10404"/> <input type="text" value=".00"/>
	18 Enter the larger of: Your California itemized deductions from Schedule CA (540NR), Part III, line 30; OR Your California standard deduction . See instructions	<input checked="" type="radio"/> 19 <input type="text" value="1118429"/> <input type="text" value=".00"/>
	19 Subtract line 18 from line 17. This is your total taxable income . If less than zero, enter -0-	

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

31

CA Taxable Income	32 CA adjusted gross income from Schedule CA (540NR), Part IV, line 1. <input checked="" type="radio"/> 32 <input type="text" value="908326"/> <input type="text" value=".00"/>	<input checked="" type="radio"/> 35 <input type="text" value="899954"/> <input type="text" value=".00"/>
	35 CA Taxable Income from Schedule CA (540NR), Part IV, line 5	<input checked="" type="radio"/> 36 <input type="text" value="0.0939"/>
	36 CA Tax Rate. Divide line 31 by line 19	<input checked="" type="radio"/> 37 <input type="text" value="84506"/> <input type="text" value=".00"/>
	37 CA Tax Before Exemption Credits. Multiply line 35 by line 36	<input checked="" type="radio"/> 38 <input type="text" value="0.8047"/>
	38 CA Exemption Credit Percentage. Divide line 35 by line 19. If more than 1, enter 1.0000	<input checked="" type="radio"/> 39 <input type="text" value="0"/> <input type="text" value=".00"/>
	39 CA Prorated Exemption Credits. Multiply line 11 by line 38. If the amount on line 13 is more than \$229,908, see instructions	<input checked="" type="radio"/> 40 <input type="text" value="84506"/> <input type="text" value=".00"/>
	40 CA Regular Tax Before Credits. Subtract line 39 from line 37. If less than zero, enter -0- ...	<input checked="" type="radio"/> 41 <input type="text" value="84506"/> <input type="text" value=".00"/>
	41 Tax. See instructions. Check the box if from: <input type="checkbox"/> Schedule G-1 <input type="checkbox"/> FTB 5870A	<input checked="" type="radio"/> 42 <input type="text" value="84506"/> <input type="text" value=".00"/>

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

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Your name: Your SSN or ITIN:

Special Credits continued

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

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

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

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

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

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

Other Taxes

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

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

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

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

Payments

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

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

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

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

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

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

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

88 Add line 81 through line 87. These are your total payments. See instructions. ● 88 .00

ISR Penalty

91 If you and your household had full-year health care coverage, check the box.
See instructions. Medicare Part A or C coverage is qualifying health care coverage. ●

If you did not check the box, see instructions.

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

Overpaid Tax/Tax Due

92 Payments after Individual Shared Responsibility Penalty. If line 88 is more than line 91,
subtract line 91 from line 88. ● 92 .00

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

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

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

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

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Your name: PEDDINENI KALAVA

Your SSN or ITIN: 827-08-7237

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

Contributions

Code Amount

California Seniors Special Fund. See instructions 400 .00

Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund 401 .00

Rare and Endangered Species Preservation Voluntary Tax Contribution Program 403 .00

California Breast Cancer Research Voluntary Tax Contribution Fund 405 .00

California Firefighters' Memorial Voluntary Tax Contribution Fund 406 .00

Emergency Food for Families Voluntary Tax Contribution Fund 407 .00

California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund 408 .00

California Sea Otter Voluntary Tax Contribution Fund 410 .00

California Cancer Research Voluntary Tax Contribution Fund 413 .00

School Supplies for Homeless Children Voluntary Tax Contribution Fund 422 .00

State Parks Protection Fund/Parks Pass Purchase 423 .00

Protect Our Coast and Oceans Voluntary Tax Contribution Fund 424 .00

Keep Arts in Schools Voluntary Tax Contribution Fund 425 .00

Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund 431 .00

California Senior Citizen Advocacy Voluntary Tax Contribution Fund 438 .00

Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund 439 .00

Rape Kit Backlog Voluntary Tax Contribution Fund 440 .00

Suicide Prevention Voluntary Tax Contribution Fund 444 .00

Mental Health Crisis Prevention Voluntary Tax Contribution Fund 445 .00

California Community and Neighborhood Tree Voluntary Tax Contribution Fund 446 .00

120 Add amounts in code 400 through code 446. This is your total contribution 120 .00

Amount You Owe

121 AMOUNT YOU OWE. Add line 93, line 104, and line 120. See instructions. Do not send cash. 121 .00

Mail to: FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001.

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

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Your name: Your SSN or ITIN:

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

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

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

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

The remaining amount of my refund (line 125) is authorized for direct deposit into the account shown below:
 Type Routing number Account number 127 Direct deposit amount
 Checking Savings .00

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

IMPORTANT: Attach a copy of your complete federal return.
Our privacy notice can be found in annual tax booklets or online. Go to ftb.ca.gov/privacy to learn about our privacy policy statement, or go to ftb.ca.gov/forms and search for **1131** to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form code **948** when instructed.
Under penalties of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

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

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

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

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

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

Firm's address Firm's FEIN

Joint tax return? See instructions.

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

Print Third Party Designee's Name Telephone Number

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California Adjustments — Nonresidents or Part-Year Residents

CA (540NR)

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

Name(s) as shown on tax return S PEDDINENI KALAVA & A POTHU	SSN or ITIN 827087237
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Part I Residency Information. Complete all lines that apply to you and your spouse/RDP for taxable year 2022.

During 2022:

1 My California (CA) Residency (Check one)
 a Myself: Nonresident Part-Year Resident Resident b Spouse: Nonresident Part-Year Resident Resident

	Yourself	Spouse/RDP
2 a I was domiciled in (enter two letter code, see instructions)	<input checked="" type="radio"/> TX	<input checked="" type="radio"/> TX
b I was in the military and stationed in (enter two letter code)	<input type="radio"/>	<input type="radio"/>
3 I became a CA resident (enter state of prior residence and date (mm/dd/yyyy) of move)	<input checked="" type="radio"/>	<input checked="" type="radio"/>
4 I became a CA nonresident (enter new state of residence and date (mm/dd/yyyy) of move)	<input checked="" type="radio"/> TX 0 6/2 6/2 0 2 2	<input checked="" type="radio"/> TX 1 0/1 4/2 0 2 2
5 I was a CA nonresident the entire year (enter state of residence)	<input type="radio"/>	<input type="radio"/>
6 The number of days I spent in CA for any purpose was:	<input checked="" type="radio"/> 1 7 7	<input checked="" type="radio"/> 2 8 7
7 I owned a home/property in CA (enter Y for Yes, N for No)	<input checked="" type="radio"/> N	<input checked="" type="radio"/> N
8 Before 2022: I was a CA resident for the period of	<input type="radio"/>	<input type="radio"/>

Part II Income Adjustment Schedule

	A	B	C	D	E
Section A — Income from federal Form 1040 or 1040-SR	Federal Amounts (taxable amounts from your federal tax return)	Subtractions See instructions (difference between CA & federal law)	Additions See instructions (difference between CA & federal law)	Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
1 a Total amount from federal Form(s) W-2, box 1. See instructions 1a	<input checked="" type="radio"/> 1124140	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> 1124140	<input checked="" type="radio"/> 911326
b Household employee wages not reported on federal Form(s) W-2. 1b	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c Tip income not reported on line 1a. 1c	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d Medicaid waiver payments not reported on federal Form(s) W-2. See instr. 1d	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e Taxable dependent care benefits from federal Form 2441, line 26 1e	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f Employer-provided adoption benefits from federal Form 8839, line 29. 1f	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g Wages from federal Form 8919, line 6 1g	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h Other earned income. See instructions 1h	<input checked="" type="radio"/> 0	<input type="radio"/>	<input type="radio"/> 7300	<input checked="" type="radio"/> 7300	<input checked="" type="radio"/> 0
i Nontaxable combat pay election. See instructions 1i	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
z Add line 1a through line 1i 1z	<input checked="" type="radio"/> 1124140	<input checked="" type="radio"/>	<input type="radio"/> 7300	<input checked="" type="radio"/> 1131440	<input checked="" type="radio"/> 911326
2 Taxable interest. a <input checked="" type="radio"/> 2b	<input checked="" type="radio"/> 393	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> 393	<input checked="" type="radio"/> 0
3 Ordinary dividends. See instructions. a <input type="radio"/> 3b	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4 IRA distributions. See instructions. a <input type="radio"/> 4b	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5 Pensions and annuities. See instructions. a <input type="radio"/> 5b	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6 Social security benefits. a <input type="radio"/> 6b	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7 Capital gain or (loss). See instructions 7	<input checked="" type="radio"/> -3000	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> -3000	<input checked="" type="radio"/> -3000

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Section B — Additional Income from federal Schedule 1 (Form 1040)		A	B	C	D	E
		Federal Amounts (taxable amounts from your federal tax return)	Subtractions See instructions (difference between CA & federal law)	Additions See instructions (difference between CA & federal law)	Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
1	Taxable refunds, credits, or offsets of state and local income taxes.	<input type="radio"/>	<input type="radio"/>			
2 a	Alimony received. See instructions.	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	Business income or (loss). See instructions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	Other gains or (losses)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc.	<input type="radio"/> 0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> 0	<input type="radio"/>
6	Farm income or (loss)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7	Unemployment compensation.	<input type="radio"/>	<input type="radio"/>			
8	Other income:					
8a	a Federal net operating loss	<input type="radio"/> ()		<input type="radio"/>		
8b	b Gambling	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
8c	c Cancellation of debt	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8d	d Foreign earned income exclusion from federal Form 2555.	<input type="radio"/> ()		<input type="radio"/>		
8e	e Income from federal Form 8853	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8f	f Income from federal Form 8889	<input type="radio"/> 3788	<input type="radio"/> 3788			
8g	g Alaska Permanent Fund dividends	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
8h	h Jury duty pay.	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
8i	i Prizes and awards	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
8j	j Activity not engaged in for profit income	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
8k	k Stock options.	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8l	l Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
8m	m Olympic and Paralympic medals and USOC prize money	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
8n	n IRC Section 951(a) inclusion.	<input type="radio"/>	<input type="radio"/>			
8o	o IRC Section 951A(a) inclusion.	<input type="radio"/>	<input type="radio"/>			
8p	p IRC Section 461(l) excess business loss adjustment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8q	q Taxable distributions from an ABLÉ account	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
8r	r Scholarship and fellowship grants not reported on federal Form(s) W-2.	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
8s	s Nontaxable amount of Medicaid waiver payments included on federal Form 1040, line 1a or line 1d.	<input type="radio"/> ()			<input type="radio"/>	<input type="radio"/>
8t	t Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental IRC Section 457 plan	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
8u	u Wages earned while incarcerated.	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
8z	z Other income. List type and amount. <input type="radio"/> _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9 a	a Total other income. Add line 8a through line 8z.	<input type="radio"/> 3788	<input type="radio"/> 3788	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	A	B	C	D	E
Section B — Additional Income Continued	Federal Amounts (taxable amounts from your federal tax return)	Subtractions See instructions (difference between CA & federal law)	Additions See instructions (difference between CA & federal law)	Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
b1 Disaster loss deduction from form FTB 3805V 9b1		<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
b2 NOL deduction from form FTB 3805V 9b2		<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
b3 NOL from form FTB 3805Z, FTB 3807, or FTB 3809 9b3		<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
10 Total. Combine Section A, line 1z through line 7, and Section B, line 1 through line 7, line 9a and line 9b1 through line 9b3 (as applicable) in each column. See instructions. Go to Section C 10	<input checked="" type="radio"/> 1125321	<input checked="" type="radio"/> 3788	<input checked="" type="radio"/> 7300	<input checked="" type="radio"/> 1128833	<input checked="" type="radio"/> 908326

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

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

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	A	B	C	D	E
Section C — Adjustments to Income Continued	Federal Amounts (taxable amounts from your federal tax return)	Subtractions See instructions (difference between CA & federal law)	Additions See instructions (difference between CA & federal law)	Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
i Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations 24i	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
j Housing deduction from federal Form 2555 24j	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
k Excess deductions of IRC Section 67(e) expenses from federal Schedule K-1 (Form 1041) 24k	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
z Other adjustments. List type and amount. <input checked="" type="radio"/> _____ 24z	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
25 Total other adjustments. Add line 24a through line 24z. 25	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
26 Add line 11 through line 23 and line 25 in each column, A through E 26	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
27 Total. Subtract line 26 from line 10 in each column, A through E. See instructions. 27	<input checked="" type="radio"/> 1125321	<input checked="" type="radio"/> 3788	<input checked="" type="radio"/> 7300	<input checked="" type="radio"/> 1128833	<input checked="" type="radio"/> 908326

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

	A Federal Amounts (from federal Schedule A (Form 1040))	B Subtractions See instructions	C Additions See instructions
1 Medical and dental expenses 1			
2 Enter amount from federal Form 1040 or 1040-SR, line 11 2	1125321		
3 Multiply line 2 by 7.5% (0.075) 3	84399		
4 Subtract line 3 from line 1. If line 3 is more than line 1, enter 0 4			<input checked="" type="radio"/>

Taxes You Paid

5a State and local income tax or general sales taxes. 5a	<input checked="" type="radio"/> 90710	<input checked="" type="radio"/> 90710	
5b State and local real estate taxes 5b	<input checked="" type="radio"/>		
5c State and local personal property taxes 5c	<input checked="" type="radio"/>		
5d Add line 5a through line 5c. 5d	<input checked="" type="radio"/> 90710		
5e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) in column A Enter the amount from line 5a, column B in line 5e, column B Enter the difference from line 5d and line 5e, column A in line 5e, column C 5e	<input checked="" type="radio"/> 10000	<input checked="" type="radio"/> 90710	<input checked="" type="radio"/> 80710
6 Other taxes. List type <input checked="" type="radio"/> _____ 6	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
7 Add line 5e and line 6 7	<input checked="" type="radio"/> 10000	<input checked="" type="radio"/> 90710	<input checked="" type="radio"/> 80710

Interest You Paid

8a Home mortgage interest and points reported to you on federal Form 1098. 8a	<input checked="" type="radio"/> 35181		<input checked="" type="radio"/>
8b Home mortgage interest not reported to you on federal Form 1098. 8b	<input checked="" type="radio"/>		<input checked="" type="radio"/>
8c Points not reported to you on federal Form 1098. 8c	<input checked="" type="radio"/>		<input checked="" type="radio"/>
8d Reserved for future use 8d			
8e Add line 8a through line 8c. 8e	<input checked="" type="radio"/> 35181	<input checked="" type="radio"/>	<input checked="" type="radio"/>
9 Investment interest. 9	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
10 Add line 8e and line 9 10	<input checked="" type="radio"/> 35181	<input checked="" type="radio"/>	<input checked="" type="radio"/>

Gifts to Charity

11 Gifts by cash or check 11	<input checked="" type="radio"/> 9000	<input checked="" type="radio"/>	<input checked="" type="radio"/>
12 Other than by cash or check. 12	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
13 Carryover from prior year 13	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
14 Add line 11 through line 13 14	<input checked="" type="radio"/> 9000	<input checked="" type="radio"/>	<input checked="" type="radio"/>

Part III Adjustments to Federal Itemized Deductions

Continued

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

B Subtractions
See instructions

C Additions
See instructions

Casualty and Theft Losses

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

Other Itemized Deductions

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

17 Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C **17** 54181 90710 80710

18 Total. Combine line 17 column A less column B plus column C **18** 44181

Job Expenses and Certain Miscellaneous Deductions

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

20 Tax preparation fees. **20**

21 Other expenses: investment, safe deposit box, etc. List type **21** 0

22 Add line 19 through line 21 **22** 0

23 Enter amount from federal Form 1040 or 1040-SR, line 11 1125321

24 Multiply line 23 by 2% (0.02). If less than zero, enter 0 **24** 22506

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

26 Total Itemized Deductions. Add line 18 and line 25. **26** 44181

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

28 Combine line 26 and line 27. **28** 44181

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

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

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

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

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

Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540NR), line 29 **29** 8836

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

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

Married/RDP filing jointly, head of household, or qualifying
surviving spouse/RDP **\$10,404** **30** 10404

Part IV California Taxable Income

1 California AGI. Enter your California AGI from Part II, line 27, column E **1** 908326

2 Enter your deductions from line 30 **2** 10404

3 Deduction Percentage. Divide Part II, line 27, column E by Part II, line 27, column D. Carry the decimal
to four places. If the result is greater than 1.0000, enter 1.0000. If less than zero, enter -0- **3** 0.8047

4 California Itemized/Standard Deductions. Multiply line 2 by the percentage on line 3 **4** 8372

5 California Taxable Income. Subtract line 4 from line 1. Transfer this amount to Form 540NR, line 35. If less than
zero, enter -0- **5** 899954

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California Capital Gain or Loss Adjustment

Do not complete this schedule if all of your California gains (losses) are the same as your federal gains (losses).

Name(s) as shown on return

S PEDDINENI KALAVA & A POTHU

SSN or ITIN

827087237

	(a) Description of property Example: 100 shares of "Z" Co.	(b) Sales price	(c) Cost or other basis	(d) Loss If (c) is more than (b), subtract (b) from (c)	(e) Gain If (b) is more than (c), subtract (c) from (b)
1					
a	<input checked="" type="radio"/> FIDELITY BROKERAGE SERVICES LLC	<input checked="" type="radio"/> 422264	<input checked="" type="radio"/> 452447	<input checked="" type="radio"/> 30183	<input type="radio"/>
b	<input checked="" type="radio"/> MORGAN STANLEY DOMESTIC HOLDINGS, INC	<input checked="" type="radio"/> 9435	<input checked="" type="radio"/> 1131	<input type="radio"/>	<input checked="" type="radio"/> 8304
c	<input checked="" type="radio"/> MORGAN STANLEY DOMESTIC HOLDINGS, INC	<input checked="" type="radio"/> 16570	<input checked="" type="radio"/> 12746	<input type="radio"/>	<input checked="" type="radio"/> 3824
d	<input checked="" type="radio"/> HOME SALE GAIN REALIZED	<input checked="" type="radio"/> 1589000	<input checked="" type="radio"/> 1093107	<input type="radio"/>	<input checked="" type="radio"/> 495893
e	<input checked="" type="radio"/> SECTION 121 EXCLUSION	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> -495893
f	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
o	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
p	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
q	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
r	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
s	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
t	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
u	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
v	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2	Net gain or (loss) shown on California Schedule(s) K-1 (100S, 541, 565, and 568)	2	<input checked="" type="radio"/>	<input type="radio"/>
3	Capital gain distributions (federal Form 1099-DIV, box 2a)	3	<input checked="" type="radio"/>	_____
4	Total 2022 gains from all sources. Add column (e) amounts of line 1, line 2, and line 3	4	<input checked="" type="radio"/>	12128
5	2022 loss. Add column (d) amounts of line 1 and line 2.	5	<input checked="" type="radio"/>	(30183)
6	California capital loss carryover from 2021, if any. See instructions.	6	<input checked="" type="radio"/>	(99596)
7	Total 2022 loss. Add line 5 and line 6	7	<input checked="" type="radio"/>	(129779)

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2022 Passive Activity Loss Limitations

3801

Attach to Form 540, Form 540NR, Form 541, or Form 100S.

Name(s) as shown on tax return S PEDDINENI KALAVA & A POTHU	SSN, ITIN, FEIN, or CA corporation no. 827087237
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Part I 2022 Passive Activity Loss

See the instructions for Part IV and Part VI for federal Form 8582, Passive Activity Loss Limitations, before completing Part I.
Be sure to use California amounts.

Rental Real Estate Activities with Active Participation

1a Activities with net income from Part IV, column (a)	1a		00		
1b Activities with net loss from Part IV, column (b)	1b	()	00
1c Prior year unallowed losses from Part IV, column (c)	1c	()	00
1d Combine line 1a, line 1b, and line 1c.	1d				00

All Other Passive Activities

2a Activities with net income from Part V, column (a)	2a		0	00	
2b Activities with net loss from Part V, column (b)	2b	(-256710)	00
2c Prior year unallowed losses from Part V, column (c)	2c	()	00
2d Combine line 2a, line 2b, and line 2c.	2d		-256710		00
3 Combine line 1d and line 2d. If the result is net income or zero, see the instructions for line 3. If line 3 and line 1d are losses, go to line 4. Otherwise, enter -0- on line 9 and go to line 10. See instructions	3		-256710		00

Part II Special Allowance for Rental Real Estate Activities with Active Participation

Enter all numbers in Part II as positive amounts. See instructions.

4 Enter the smaller of losses from line 1d or line 3.	4				00
5 Enter \$150,000. If married/RDP filing a separate tax return, see instructions.	5				00
6 Enter federal modified adjusted gross income, but not less than zero. See instructions. If line 6 is greater than or equal to line 5, skip line 7 and line 8, enter -0- on line 9, and then go to line 10. Otherwise, go to line 7	6				00
7 Subtract line 6 from line 5.	7				00
8 Multiply line 7 by 50% (.50). Do not enter more than \$25,000.	8				00
9 Enter the smaller of line 4 or line 8	9				00

Part III Total Losses Allowed

10 Add the income, if any, from line 1a and line 2a and enter the total	10				00
11 Total losses allowed from all passive activities for 2022. Add line 9 and line 10	11				00

See the instructions on Page 2 to find out how to report the losses on your tax return.

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Name as Shown on Return

S PEDDINENI KALAVA & A POTHU

Social Security No.

827-08-7237

Line 1 – Wages, Salaries, Tips, Etc.

	(B) Subtractions	(C) Additions
1 Excess reimbursements from Form 2106 included in wage income		
2 Active duty military pay		
3 Sick pay received under the Federal Insurance Contributions Act and Railroad Retirement Act		
4 Income exempted by U.S. tax treaties (unless specifically exempt for state purposes also)		
5 Exclusion for compensation from exercising a California Qualified Stock Option (CQSO).		
6 Ridesharing fringe benefit differences		
7 HSA employer contributions		7300
8 Paid Family Leave Insurance (PFL) benefits		
I confirm that the PFL amount above is accurate <input type="checkbox"/>		
9 Employer-provided adoption benefits income exclusions.		
10 In-Home Supportive Services (IHSS) supplementary payment		
11 Native American income (Form 3504)		
12 Clergy housing exclusion. This is the amount entered on W-2s		
a as smallest of amount spent or fair rental value		
b Enter the amount spent on qual. housing expenses _____		
13 Excess moving reimbursements		
14 CA Employees and federal Independent Contractors income		
15 Employer-provided dependent care assistance exclusion		
16 Other (itemize):		
a _____		
b _____		
c _____		
d _____		
Total adjustments to wages, salaries, tips, etc. Enter here and on Schedule CA (540/540NR), line 1.		7300

Line 4 – IRA, Pensions, and Annuities

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



California Passive Activity Worksheet (See General Instructions for Step 1.)

Use this worksheet to figure California income (loss) from passive activities **before** application of passive activity loss (PAL) rules.

(a) Passive Activity Enter a description of the activity	(b) Federal Schedule Enter the name of the federal form or schedule on which you reported the activity	(c) California Schedule Enter the name of the California form or schedule, if any, used to calculate the California adjustment	(d) Federal Amount Enter your current year federal net income (loss) before application of the PAL rules	(e) California Adjustment Enter any adjustment resulting from differences in federal and California law	(f) California Amount Combine column (d) and column (e)
APP-PARIRAK LLC SUDHEER PEDDINANI KALAVA	SCH E	N/A	-128355	0	-128355
APP-PARIRAK LLC SUDHEER PEDDINANI KALAVA	SCH E	N/A	-128355	0	-128355

California Adjustment Worksheets (See General Instructions for Step 4.)

Use these worksheets to figure your California adjustments **after** application of the PAL rules.

(a) Activities Enter a description of the activity. Group activities by the federal schedules on which they were reported	(b) Passive or Nonpassive Enter the character of the activity as passive or nonpassive for California purposes	(c) California Amount Enter the California net income (loss) from the activity after application of the PAL rules	(d) Federal Amount Enter the federal net income (loss) from the activity after application of the PAL rules	(e) California Adjustment Subtract the Total amount of column (d) from the Total amount of column (c) and enter the difference in column (e) below. Individuals should transfer this amount to Schedule CA (540 or 540NR) as follows:
---	--	---	---	---

(a) Schedule C Activities	(b) Passive or Nonpassive	(c) California Amount	(d) Federal Amount	(e) California Adjustment
				If the amount below is positive , transfer the amount to Sch. CA (540), Part I or Sch. CA (540NR), Part II, Section B, line 3, column C.
				If the amount below is negative , transfer the amount to Sch. CA (540), Part I or Sch. CA (540NR), Part II, Section B, (as a positive amount) line 3, column B.
Total		1(c)	1(d)*	1(e)

(a) Schedule E Activities	(b) Passive or Nonpassive	(c) California Amount	(d) Federal Amount	(e) California Adjustment
				If the amount below is positive , transfer the amount to Sch. CA (540), Part I or Sch. CA (540NR), Part II, Section B, line 5, column C.
				If the amount below is negative , transfer the amount to Sch. CA (540), Part I or Sch. CA (540NR), Part II, Section B, (as a positive amount) line 5, column B.
Total		2(c)	2(d)**	2(e)

(a) Schedule F Activities	(b) Passive or Nonpassive	(c) California Amount	(d) Federal Amount	(e) California Adjustment
				If the amount below is positive , transfer the amount to Sch. CA (540), Part I or Sch. CA (540NR), Part II, Section B, line 6, column C.
				If the amount below is negative , transfer the amount to Sch. CA (540), Part I or Sch. CA (540NR), Part II, Section B, (as a positive amount) line 6, column B.
Total		3(c)	3(d)***	3(e)

* This amount should be the same as the amount reported on Sch. CA (540), Part I or Sch. CA (540NR), Part II, Section B, line 3, column A.
 ** This amount should be the same as the amount reported on Sch. CA (540), Part I or Sch. CA (540NR), Part II, Section B, line 5, column A.
 *** This amount should be the same as the amount reported on Sch. CA (540), Part I or Sch. CA (540NR), Part II, Section B, line 6, column A.