

Form **8879**
(Rev. January 2021)
Department of the Treasury
Internal Revenue Service

IRS e-file Signature Authorization

OMB No. 1545-0074

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

Submission Identification Number (SID) ▶

Taxpayer's name <u>REVATHI VEERLA</u>	Social security number 132-85-6503
Spouse's name	Spouse's social security number

Part I Tax Return Information — Tax Year Ending December 31, 2022 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

1	Adjusted gross income	1	61,086.
2	Total tax	2	6,205.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	8,483.
4	Amount you want refunded to you	4	2,278.
5	Amount you owe	5	

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

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

Taxpayer's PIN: check one box only

I authorize GLOBAL TAXES LLC to enter or generate my PIN

5	6	5	0	3
---	---	---	---	---

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

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

Your signature ▶ *Revathi Veerla* Date ▶ 2/21/2023
DocuSigned by: 96A8B544668D4E2...

Spouse's PIN: check one box only

I authorize _____ to enter or generate my PIN

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

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

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication — Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

2	2	2	4	9	6	6	1	9	8	9
---	---	---	---	---	---	---	---	---	---	---

 Don't enter all zeros

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

ERO's signature ▶ _____ Date ▶ _____

ERO Must Retain This Form — See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

Form 1040 U.S. Individual Income Tax Return

Department of the Treasury—Internal Revenue Service

2022

OMB No. 1545-0074

IRS Use Only—Do not write or staple in this space.

Filing Status [X] Single [] Married filing jointly [] Married filing separately (MFS) [] Head of household (HOH) [] Qualifying surviving spouse (QSS)
Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:

Personal information section including name (REVATHI VEERLA), social security number (132-85-6503), address (3650 BUCKLEY STREET, SANTA CLARA, CA 95051), and marital status options.

Digital Assets At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? [] Yes [X] No

Standard Deduction Someone can claim: [] You as a dependent [] Your spouse as a dependent [] Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: [] Were born before January 2, 1958 [] Are blind Spouse: [] Was born before January 2, 1958 [] Is blind

Table for Dependents with columns for (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Child tax credit, and Credit for other dependents.

Income section table with rows 1a through 1z, including Total amount from Form(s) W-2, Household employee wages, Tip income, Medicaid waiver payments, Taxable dependent care benefits, Employer-provided adoption benefits, Wages from Form 8919, Other earned income, and Nontaxable combat pay election.

Table for interest and dividends with rows 2a through 6b, including Tax-exempt interest, Qualified dividends, IRA distributions, Pensions and annuities, and Social security benefits.

Table for deductions and adjustments with rows 7 through 15, including Capital gain or (loss), Other income from Schedule 1, Adjustments to income, Standard deduction or itemized deductions, and Taxable income.

Tax and Credits	16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	6,205.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	6,205.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	6,205.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
24	Add lines 22 and 23. This is your total tax	24	6,205.	

Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2	25a	8,483.
	b	Form(s) 1099	25b	
	c	Other forms (see instructions)	25c	
	d	Add lines 25a through 25c	25d	8,483.
	26	2022 estimated tax payments and amount applied from 2021 return	26	
	27	Earned income credit (EIC) No	27	
	28	Additional child tax credit from Schedule 8812	28	
	29	American opportunity credit from Form 8863, line 8	29	
	30	Reserved for future use	30	
31	Amount from Schedule 3, line 15	31		
32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32		
33	Add lines 25d, 26, and 32. These are your total payments	33	8,483.	

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	2,278.
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	2,278.
	b	Routing number 211391825 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d	Account number 43618131		
36	Amount of line 34 you want applied to your 2023 estimated tax	36		

Amount You Owe	37	Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to www.irs.gov/Payments or see instructions	37	
	38	Estimated tax penalty (see instructions)	38	

Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions **Yes**. Complete below. **No**

Designee's name _____ Phone no. _____ Personal identification number (PIN) _____

Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation COST ESTIMATOR	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no. (234) 817-3773	Email address REVATHICM14@GMAIL.COM		

Paid Preparer Use Only

Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 02/22/2023	PTIN P02082703	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816		Phone no. (678) 965-9522	Firm's EIN 84-3171965

**SCHEDULE 1
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074

2022

Attachment
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
REVATHI VEERLA

Your social security number
132-85-6503

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions): _____		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	-6,941.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income:		
a	Net operating loss	8a	()
b	Gambling	8b	
c	Cancellation of debt	8c	
d	Foreign earned income exclusion from Form 2555	8d	()
e	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	
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	8l	
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8m	
n	Section 951(a) inclusion (see instructions)	8n	
o	Section 951A(a) inclusion (see instructions)	8o	
p	Section 461(l) excess business loss adjustment	8p	
q	Taxable distributions from an ABLE account (see instructions)	8q	
r	Scholarship and fellowship grants not reported on Form W-2	8r	
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s	()
t	Pension or annuity from a nonqualified 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	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	10	-6,941.

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

Part II Adjustments to Income

11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903		14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN			
c	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:			
a	Jury duty pay (see instructions)	24a		
b	Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit	24b		
c	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		
e	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 . Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26	

**SCHEDULE E
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Name(s) shown on return
REVATHI VEERLA

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

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

OMB No. 1545-0074

2022

Attachment
Sequence No. **13**

Your social security number
132-85-6503

Part I Income or Loss From Rental Real Estate and Royalties

Note: If you are in the business of renting personal property, use **Schedule C**. See instructions. If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

- A** Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions Yes No
B If "Yes," did you or will you file required Form(s) 1099? Yes No

1a Physical address of each property (street, city, state, ZIP code)

A	HOUSE NO - 5-63, BUDHA NAGAR COLONY UPPAL BUS DEPOT, PEERZADIGUDA, HYDERABAD IN 500098
B	
C	

1b Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV
A 3		365	0	<input type="checkbox"/>
B				<input type="checkbox"/>
C				<input type="checkbox"/>

Type of Property:

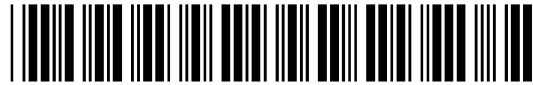
- 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental
 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe) _____

Income:	Properties:		
	A	B	C
3 Rents received	3 480.		
4 Royalties received	4		
Expenses:			
5 Advertising	5		
6 Auto and travel (see instructions)	6		
7 Cleaning and maintenance	7 758.		
8 Commissions	8		
9 Insurance	9		
10 Legal and other professional fees	10		
11 Management fees	11 1,125.		
12 Mortgage interest paid to banks, etc. (see instructions)	12		
13 Other interest	13		
14 Repairs	14 1,824.		
15 Supplies	15 2,467.		
16 Taxes	16		
17 Utilities	17 1,247.		
18 Depreciation expense or depletion	18		
19 Other (list) _____	19		
20 Total expenses. Add lines 5 through 19	20 7,421.		
21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21 -6,941.		
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22 (6,941.)		
23a Total of all amounts reported on line 3 for all rental properties	23a 480.		
b Total of all amounts reported on line 4 for all royalty properties	23b		
c Total of all amounts reported on line 12 for all properties	23c		
d Total of all amounts reported on line 18 for all properties	23d		
e Total of all amounts reported on line 20 for all properties	23e 7,421.		
24 Income. Add positive amounts shown on line 21. Do not include any losses	24		
25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25 (6,941.)		
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2	26 -6,941.		



MARYLAND FORM EL101

e-File DECLARATION FOR ELECTRONIC FILING



221010013

2022

Keep this form for your records. Do not send this form to the State of Maryland unless specifically requested to do so. See Instructions.

Print Using Blue or Black Ink Only.

REVATHI First Name

MI VEERLA Last Name

132856503 SSN/Taxpayer Identification Number

Spouse's First Name

MI Spouse's Last Name

SSN/Taxpayer Identification Number

Part I Tax Return Information (whole dollars only)

- 1. Amount of overpayment to be applied to 2023 estimated tax 1. .00
2. Amount of overpayment to be refunded to you REFUND 2. 109.00
3. Total amount due (Pay in full by April 15, 2023. See instructions.) 3. .00

Part II Taxpayer Declaration and Signature Authorization

Under penalties of perjury, I declare that I have compared the information contained on my electronic return with the information that I provided to my Electronic Return Originator (ERO) or entered on-line and that the name(s) and amounts described above agree with the amounts shown on the corresponding lines of my 2022 Maryland electronic income tax return.

Your PIN: check one box only

[X] I authorize GLOBAL TAXES LLC to enter or generate my PIN 56503 as my signature on my tax year 2022 electronically filed income tax return.

Enter five digits. Do not enter all zeros.

[] I will enter my PIN as my signature on my tax year 2022 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method.

Your signature Date

Spouse's PIN: check one box only

[] I authorize to enter or generate my PIN as my signature on my tax year 2022 electronically filed income tax return.

Enter five digits. Do not enter all zeros.

[] I will enter my PIN as my signature on my tax year 2022 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method.

Spouse's signature Date

Practitioner PIN Method Returns Only

Part III Certification and Authentication - Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 22249661989

Do not enter all zeros.

I certify this numeric entry is my PIN, which is my signature for the tax year 2022 electronically filed income tax return for the taxpayer(s). I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and the Maryland MeF Handbook for Authorized e-file Providers.

ERO's signature Date 02222023

DO NOT MAIL



MARYLAND FORM 502

RESIDENT INCOME TAX RETURN



225020013

2022

\$

OR FISCAL YEAR BEGINNING _____ 2022, ENDING _____

132856503
Your Social Security Number Spouse's Social Security Number

REVATHI
Your First Name MI

VEERLA
Your Last Name
Spouse's First Name MI
Spouse's Last Name
Does your name match the name on your social security card? If not, to ensure you get credit for your personal exemptions, contact SSA at 1-800-772-1213 or visit www.ssa.gov.

3650 BUCKLEY STREET
Current Mailing Address Line 1 (Street No. and Street Name or PO Box)

SANTA CLARA CA 95051
Current Mailing Address Line 2 (Apt No., Suite No., Floor No.) City or Town State ZIP Code + 4

Foreign Country Name Foreign Province/State/County
Foreign Postal Code

REQUIRED: Maryland Physical address of taxing area as of December 31, 2022 or last day of the taxable year for fiscal year taxpayers. See Instruction 6. Part-year residents see Instruction 26.

1600 MONTGOMERY
4 Digit Political Subdivision Code (See Instruction 6) Maryland Political Subdivision (See Instruction 6)

691 PULLMAN PLACE
Maryland Physical Address Line 1 (Street No. and Street Name) (No PO Box)

Maryland Physical Address Line 2 (Apt No., Suite No., Floor No.) (No PO Box)

GAITHERSBURG MD 20877 MONTGOMERY
City State ZIP Code + 4 Maryland County

FILING STATUS

CHECK ONE BOX

See Instruction 1 if you are required to file.

- 1. [X] Single (If you can be claimed on another person's tax return, use Filing Status 6.)
2. [] Married filing joint return or spouse had no income
3. [] Married filing separately, Spouse SSN
4. [] Head of household
5. [] Qualifying widow(er) with dependent child
6. [] Dependent taxpayer (Enter 0 in Exemption Box (A) - See Instruction 7.)

PART-YEAR RESIDENT

See Instruction 26.

Dates of Maryland Residence (MM DD YYYY) FROM 01012022 TO 05312022
Other state of residence: CA

If you began or ended legal residence in Maryland in 2022 place a P in the box.
MILITARY: If you or your spouse has non-Maryland military income, place an M in the box.
Enter Military Income amount here:

P

MARYLAND FORM 502

RESIDENT INCOME TAX RETURN



225020113

2022 Page 2

NAME REVATHI VEERLA

SSN 132856503

EXEMPTIONS

See Instruction 10. Check appropriate box(es). NOTE: If you are claiming dependents, you must attach the Dependents' Information Form 502B to this form to receive the applicable exemption amount.

A. [X] Yourself [] Spouse Enter number checked [1] See Instruction 10 A. \$ 3200 .00
B. [] 65 or over [] 65 or over
[] Blind [] Blind Enter number checked [] X \$1,000 B. \$.00
C. Enter number from line 3 of Dependent Form 502B [] See Instruction 10 C. \$.00
D. Enter Total Exemptions (Add A, B and C.) [1] Total Amount. . . D. \$ 3200 .00

MARYLAND HEALTH CARE COVERAGE

See Instruction 3.

Check here [] If you do not have health care coverage DOB (mm/dd/yyyy) []
Check here [] If your spouse does not have health care coverage DOB (mm/dd/yyyy) []
Check here [] I authorize the Comptroller of Maryland to share information from this tax return with the Maryland Health Benefit Exchange for the purpose of determining pre-eligibility for no-cost or low-cost health care coverage.
E-mail address []

INCOME

See Instruction 11.

1. Adjusted gross income from your federal return 1. 61086 .00
1a. Wages, salaries and/or tips 1a. 68027 .00
1b. Earned income 1b. .00
1c. Capital Gain or (loss) 1c. .00
1d. Taxable Pensions, IRAs, Annuities (Attach Form 502R.) 1d. .00
1e. Place a "Y" in this box if the amount of your investment income is more than \$10,300 . []

ADDITIONS TO MARYLAND INCOME

See Instruction 12.

2. Tax-exempt interest on state and local obligations (bonds) other than Maryland 2. .00
3. State retirement pickup. 3. .00
4. Lump sum distributions (from worksheet in Instruction 12.) 4. .00
5. Other additions (Enter code letter(s) from Instruction 12.) [] 5. .00
6. Total additions (Add lines 2 through 5. See instructions.) 6. .00
7. Total federal adjusted gross income and Maryland additions (Add lines 1 and 6.) 7. 61086 .00

SUBTRACTIONS FROM MARYLAND INCOME

See Instruction 13.

8. Taxable refunds, credits or offsets of state and local income taxes included in line 1 8. .00
9. Child and dependent care expenses 9. .00
10a. Pension exclusion from worksheet (13A) Yourself [] Spouse [] 10a. .00
10b. Pension exclusion from worksheet (13E) Yourself [] Spouse [] 10b. .00
11. Taxable Social Security and RR benefits (Tier I, II and supplemental) included in line 1 11. .00
12. Income received during period of nonresidence (See Instruction 26.) 12. 44326 .00
13. Subtractions from attached Form 502SU [] 13. .00
14. Two-income subtraction from worksheet in Instruction 13. 14. .00
15. Total subtractions (Add lines 8 through 14. See instructions.) 15. 44326 .00
16. Maryland adjusted gross income (Subtract line 15 from line 7.) 16. 16760 .00

DEDUCTION METHOD

See Instruction 16.

All taxpayers must select one method and check the appropriate box.
[X] STANDARD DEDUCTION METHOD (Enter amount on line 17.)
[] ITEMIZED DEDUCTION METHOD (Complete lines 17a and 17b.)
17a. Total federal itemized deductions (from line 17, federal Schedule A) . 17a. .00
17b. State and local income taxes (See Instruction 14.) 17b. .00
Subtract line 17b from line 17a and enter amount on line 17.
17. Deduction amount (Part-year residents see Instruction 26 (l and m).) 17. 658 .00
18. Net income (Subtract line 17 from line 16.) 18. 16102 .00
19. Exemption amount from Exemptions area (See Instruction 10.) 19. 878 .00
20. Taxable net income (Subtract line 19 from line 18.) 20. 15224 .00

MARYLAND FORM 502

RESIDENT INCOME TAX RETURN



225020213

NAME REVATHI VEERLA

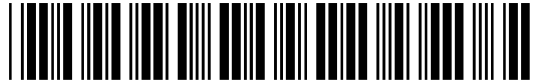
SSN 132856503

Table with columns for tax categories (MARYLAND TAX COMPUTATION, LOCAL TAX COMPUTATION, CONTRIBUTIONS, REFUND, AMOUNT DUE) and line numbers (21-50) with corresponding amounts.



MARYLAND FORM 502

RESIDENT INCOME TAX RETURN



225020313

2022 Page 4

NAME REVATHI VEERLA SSN 132856503

DIRECT DEPOSIT OF REFUND (See Instruction 22.) Verify that all account information is correct and clearly legible. If you are requesting direct deposit of your refund, complete the following. For Splitting Direct Deposit, use Form 588.

[X] Check here if you authorize the State of Maryland to issue your refund by direct deposit.

[] Check here if this refund will go to an account outside of the United States.

51a. Type of account: [X] Checking [] Savings 51b. Routing Number (9-digits) 211391825

51c. Account Number 43618131

51d. Name(s) as it appears on the bank account

2348173773 Daytime telephone no. Home telephone no. CODE NUMBERS (3 digits per line)

Check here [] if you authorize your preparer to discuss this return with us. Check here [] if you authorize your paid preparer not to file electronically. Check here [] if you agree to receive your 1099G Income Tax Refund statement electronically (See Instruction 24.)

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements and to the best of my knowledge and belief it is true, correct and complete. If prepared by a person other than taxpayer, the declaration is based on all information of which the preparer has any knowledge.

Your signature Date

GLOBAL TAXES LLC Printed name of the Preparer / or Firm's name

SYAM PRIYA RAM SAGAR GUPTA TALLAM Signature of preparer other than taxpayer (Required by Law)

Spouse's signature Date

245 ROONEY CT Street address of preparer or Firm's address

E BRUNSWICK NJ 08816 City, State, ZIP Code + 4

6789659522 Telephone number of preparer P02082703 Preparer's PTIN (Required by Law)

For returns filed without payments, mail your completed return to:

Comptroller of Maryland Revenue Administration Division 110 Carroll Street Annapolis, MD 21411-0001

To make an online payment, scan the QR code below and follow instructions.

For returns filed with payments, attach check or money order to Form PV. Make checks payable to Comptroller of Maryland. Do not attach Form PV or check/money order to Form 502. Place Form PV with attached check/money order on TOP of Form 502 and mail to:

Comptroller of Maryland Payment Processing PO Box 8888 Annapolis, MD 21401-8888



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/ITIN (Your SSN or ITIN, Spouse's/RDP's SSN or ITIN). Values: REVATHI VEERLA, 132-85-6503.

Part I Tax Return Information (whole dollars only)

Table with 2 columns: Line number and Amount. Lines 1, 2, 3 with amounts 51267, 2, 1161.

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

Under penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2022, and to the best of my knowledge and belief, it is true, correct, and complete.

Taxpayer's PIN: check one box only

- I authorize GLOBAL TAXES LLC to enter my PIN [5][6][5][0][3] 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.

Your signature Date

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

- I authorize to enter my PIN [][][][][] as my signature on my 2022 e-filed California individual income tax return.
I will enter my PIN as my signature on my 2022 e-filed California individual income tax return.

Spouse's/RDP's signature Date

Practitioner PIN Method Returns Only -- continue below

Part III Certification and Authentication -- Practitioner PIN Method Only

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

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

Table with 11 cells containing digits: 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.

ERO's signature Date 02/22/2023

TAXABLE YEAR

2022

California Nonresident or Part-Year Resident Income Tax Return

CALIFORNIA FORM

540NR

APE

ATTACH FEDERAL RETURN

132-85-6503 VEER
REVATHI VEERLA

22

3650 BUCKLEY STREET
SANTA CLARA CA 95051

08-12-1993

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

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

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

Exemptions

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

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

Total dependent exemptions 10 X \$433 = \$

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Your name: VEERLA Your SSN or ITIN: 132-85-6503

11 Exemption amount: Add line 7 through line 10 11 \$ 140

Table with 3 columns: Line number, Description, and Amount. Rows include Total California wages (51267), Federal AGI (61086), California adjustments (subtractions and additions), Adjusted gross income (61086), and Total taxable income (55884).

Table with 3 columns: Line number, Description, and Amount. Rows include Tax calculation (Tax Table selected), CA adjusted gross income (51267), CA Taxable Income (46901), CA Tax Rate (0.0373), CA Tax Before Exemption Credits (1749), CA Exemption Credit Percentage (0.8393), CA Prorated Exemption Credits (118), CA Regular Tax Before Credits (1631), and Total CA Tax (1631).

Table with 3 columns: Line number, Description, and Amount. Rows include Nonrefundable Child and Dependent Care Expenses Credit, Credit for joint custody head of household, Credit for dependent parent, Credit for senior head of household, Credit percentage, and Credit amount.

REV 02/03/23 PRO

Your name: Your SSN or ITIN:

Special Credits continued	58	Enter credit name <input type="text"/> code <input type="text"/> and amount...	58	<input type="text"/>	<input type="text" value=".00"/>
	59	Enter credit name <input type="text"/> code <input type="text"/> and amount...	59	<input type="text"/>	<input type="text" value=".00"/>
	60	To claim more than two credits. See instructions.....	60	<input type="text"/>	<input type="text" value=".00"/>
	61	Nonrefundable Renter's Credit. See instructions	61	<input type="text"/>	<input type="text" value=".00"/>
	62	Add line 50 and line 55 through 61. These are your total credits	<input checked="" type="radio"/> 62	<input type="text"/>	<input type="text" value=".00"/>
	63	Subtract line 62 from line 42. If less than zero, enter -0-	<input checked="" type="radio"/> 63	<input type="text" value="1631"/>	<input type="text" value=".00"/>

Other Taxes	71	Alternative Minimum Tax. Attach Schedule P (540NR).....	71	<input type="text"/>	<input type="text" value=".00"/>
	72	Mental Health Services Tax. See instructions	72	<input type="text"/>	<input type="text" value=".00"/>
	73	Other taxes and credit recapture. See instructions	73	<input type="text"/>	<input type="text" value=".00"/>
	74	Add line 63, line 71, line 72, and line 73. This is your total tax.....	74	<input type="text" value="1631"/>	<input type="text" value=".00"/>

Payments	81	California income tax withheld. See instructions	81	<input type="text" value="2792"/>	<input type="text" value=".00"/>
	82	2022 CA estimated tax and other payments. See instructions	82	<input type="text"/>	<input type="text" value=".00"/>
	83	Withholding (Form 592-B and/or Form 593). See instructions.....	83	<input type="text"/>	<input type="text" value=".00"/>
	84	Excess SDI (or VPDI) withheld. See instructions	84	<input type="text"/>	<input type="text" value=".00"/>
	85	Earned Income Tax Credit (EITC). See instructions	85	<input type="text"/>	<input type="text" value=".00"/>
	86	Young Child Tax Credit (YCTC). See instructions	86	<input type="text"/>	<input type="text" value=".00"/>
	87	Foster Youth Tax Credit (FYTC). See instructions	87	<input type="text"/>	<input type="text" value=".00"/>
	88	Add line 81 through line 87. These are your total payments. See instructions	<input checked="" type="radio"/> 88	<input type="text" value="2792"/>	<input type="text" value=".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.	<input checked="" type="radio"/>	<input type="text" value="X"/>
	91	Individual Shared Responsibility (ISR) Penalty. See instructions	<input type="radio"/>	<input type="text" value="0"/> <input type="text" value=".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.....	<input checked="" type="radio"/> 92	<input type="text" value="2792"/>	<input type="text" value=".00"/>
	93	Individual Shared Responsibility Penalty Balance. If line 91 is more than line 88, subtract line 88 from line 91.....	<input checked="" type="radio"/> 93	<input type="text"/>	<input type="text" value=".00"/>
	101	Overpaid tax. If line 92 is more than line 74, subtract line 74 from line 92.....	<input checked="" type="radio"/> 101	<input type="text" value="1161"/>	<input type="text" value=".00"/>
	102	Amount of line 101 you want applied to your 2023 estimated tax	102	<input type="text" value="0"/>	<input type="text" value=".00"/>
	103	Overpaid tax available this year. Subtract line 102 from line 101	103	<input type="text" value="1161"/>	<input type="text" value=".00"/>

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Your name: VEERLA

Your SSN or ITIN: 132-85-6503

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. Mail to: FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001. 121 .00

Pay Online - Go to ftb.ca.gov/pay for more information.
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Your name: 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:

Routing number Type 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:

Routing number Type 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

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

TAXABLE YEAR

California Adjustments — 2022 Nonresidents or Part-Year Residents

SCHEDULE

CA (540NR)

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

Name(s) as shown on tax return

REVATHI VEERLA

SSN or ITIN

132856503

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"/> MD	<input type="radio"/> ___
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"/> MD 06/01/2022	<input type="radio"/> ___/___/___
4 I became a CA nonresident (enter new state of residence and date (mm/dd/yyyy) of move) . . .	<input type="radio"/> ___/___/___	<input type="radio"/> ___/___/___
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"/> 214	<input type="radio"/> ___
7 I owned a home/property in CA (enter Y for Yes, N for No)	<input type="radio"/> N	<input type="radio"/> ___
8 Before 2022: I was a CA resident for the period of	<input type="radio"/> ___/___/___ - ___/___/___	<input type="radio"/> ___/___/___ - ___/___/___

Part II Income Adjustment Schedule

Section A — Income from federal Form 1040 or 1040-SR	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions (difference between CA & federal law)	C Additions See instructions (difference between CA & federal law)	D Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	E CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
1 a Total amount from federal Form(s) W-2, box 1. See instructions	<input checked="" type="radio"/> 68027	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> 68027	<input checked="" type="radio"/> 51267
b Household employee wages not reported on federal Form(s) W-2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c Tip income not reported on line 1a.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d Medicaid waiver payments not reported on federal Form(s) W-2. See instr.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e Taxable dependent care benefits from federal Form 2441, line 26	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f Employer-provided adoption benefits from federal Form 8839, line 29	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g Wages from federal Form 8919, line 6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h Other earned income. See instructions	<input checked="" type="radio"/> 0	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> 0	<input type="radio"/>
i Nontaxable combat pay election. See instructions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
z Add line 1a through line 1i	<input checked="" type="radio"/> 68027	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> 68027	<input checked="" type="radio"/> 51267
2 Taxable interest. a <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3 Ordinary dividends. See instructions. a <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4 IRA distributions. See instructions. a <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5 Pensions and annuities. See instructions. a <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6 Social security benefits. a <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7 Capital gain or (loss). See instructions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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	A	B	C	D	E
Section B — Additional Income from federal Schedule 1 (Form 1040)	Federal Amounts (taxable amounts from your federal tax return)	Subtractions See instructions (difference between CA & federal law)	Additions See instructions (difference between CA & federal law)	Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
1 Taxable refunds, credits, or offsets of state and local income taxes. 1	<input type="radio"/>	<input type="radio"/>			
2 a Alimony received. See instructions. 2a	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3 Business income or (loss). See instructions. 3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4 Other gains or (losses) 4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5 Rental real estate, royalties, partnerships, S corporations, trusts, etc 5	<input type="radio"/> -6941	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> -6941	<input type="radio"/>
6 Farm income or (loss) 6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7 Unemployment compensation 7	<input type="radio"/>	<input type="radio"/>			
8 Other income:					
a Federal net operating loss 8a	<input type="radio"/> ()		<input type="radio"/>		
b Gambling 8b	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
c Cancellation of debt 8c	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d Foreign earned income exclusion from federal Form 2555. 8d	<input type="radio"/> ()		<input type="radio"/>		
e Income from federal Form 8853 8e	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f Income from federal Form 8889 8f	<input type="radio"/>	<input type="radio"/>			
g Alaska Permanent Fund dividends 8g	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
h Jury duty pay. 8h	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
i Prizes and awards 8i	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
j Activity not engaged in for profit income. 8j	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
k Stock options. 8k	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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 8l	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
m Olympic and Paralympic medals and USOC prize money 8m	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
n IRC Section 951(a) inclusion 8n	<input type="radio"/>	<input type="radio"/>			
o IRC Section 951A(a) inclusion. 8o	<input type="radio"/>	<input type="radio"/>			
p IRC Section 461(l) excess business loss adjustment 8p	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
q Taxable distributions from an ABLE account 8q	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
r Scholarship and fellowship grants not reported on federal Form(s) W-2. 8r	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
s Nontaxable amount of Medicaid waiver payments included on federal Form 1040, line 1a or line 1d. 8s	<input type="radio"/> ()			<input type="radio"/>	<input type="radio"/>
t Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental IRC Section 457 plan 8t	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
u Wages earned while incarcerated. 8u	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
z Other income. List type and amount. <input type="radio"/> _____ 8z	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9 a Total other income. Add line 8a through line 8z. 9a	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



		A	B	C	D	E
Section B — Additional Income Continued		Federal Amounts (taxable amounts from your federal tax return)	Subtractions See instructions (difference between CA & federal law)	Additions See instructions (difference between CA & federal law)	Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
b1	Disaster loss deduction from form FTB 3805V	9b1	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
b2	NOL deduction from form FTB 3805V	9b2	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
b3	NOL from form FTB 3805Z, FTB 3807, or FTB 3809	9b3	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
10	Total. Combine Section A, line 1z through line 7, and Section B, line 1 through line 7, line 9a and line 9b1 through line 9b3 (as applicable) in each column. See instructions. Go to Section C	10	<input checked="" type="radio"/> 61086	<input type="radio"/>	<input checked="" type="radio"/> 61086	<input checked="" type="radio"/> 51267

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

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

REV 02/03/23 PRO



	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"/> 61086	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/> 61086	<input checked="" type="radio"/> 51267

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

Medical and Dental Expenses See instructions.

1 Medical and dental expenses <input checked="" type="radio"/>	1			
2 Enter amount from federal Form 1040 or 1040-SR, line 11 <input checked="" type="radio"/>	61086	2		
3 Multiply line 2 by 7.5% (0.075) <input checked="" type="radio"/>	4581	3		
4 Subtract line 3 from line 1. If line 3 is more than line 1, enter 0 <input checked="" type="radio"/>		4		<input checked="" type="radio"/>

Taxes You Paid

5a State and local income tax or general sales taxes <input checked="" type="radio"/>	4638	5a	<input checked="" type="radio"/>	4638	
5b State and local real estate taxes <input checked="" type="radio"/>		5b			
5c State and local personal property taxes <input checked="" type="radio"/>		5c			
5d Add line 5a through line 5c <input checked="" type="radio"/>	4638	5d			
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 <input checked="" type="radio"/>	4638	5e	<input checked="" type="radio"/>	4638	<input checked="" type="radio"/>
6 Other taxes. List type <input checked="" type="radio"/> _____ 6		6	<input checked="" type="radio"/>		<input checked="" type="radio"/>
7 Add line 5e and line 6 <input checked="" type="radio"/>	4638	7	<input checked="" type="radio"/>	4638	<input checked="" type="radio"/>

Interest You Paid

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

Gifts to Charity

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

15 Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions	15		
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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	4638	0

18 Total. Combine line 17 column A less column B plus column C	18		0
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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		
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20 Tax preparation fees.	20		
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21 Other expenses: investment, safe deposit box, etc. List type <input checked="" type="radio"/>	21	0	
--	----	---	--

22 Add line 19 through line 21	22	0	
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23 Enter amount from federal Form 1040 or 1040-SR, line 11 <input checked="" type="radio"/>		61086	
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24 Multiply line 23 by 2% (0.02). If less than zero, enter 0	24	1222	
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25 Subtract line 24 from line 22. If line 24 is more than line 22, enter 0.	25		0
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26 Total Itemized Deductions. Add line 18 and line 25.	26		0
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27 Other adjustments. See instructions. Specify. <input checked="" type="radio"/>	27		
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28 Combine line 26 and line 27.	28		0
---	----	--	---

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.

29 Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540NR), line 29	29		0
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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	5202
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Part IV California Taxable Income

1 California AGI. Enter your California AGI from Part II, line 27, column E	1		51267
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2 Enter your deductions from line 30	2	5202	
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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	0.8393	
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4 California Itemized/Standard Deductions. Multiply line 2 by the percentage on line 3	4		4366
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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		46901
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