(Rev. January 2021)

IRS e-file Signature Authorization

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service	 ▶ ERO must obtain and retain completed Form 8879. ▶ Go to www.irs.gov/Form8879 for the latest information. 						
Submission Identification	tion Number (SID)		'				
Taxpayer's name		Social secu	rity number				
REVATHI VEERL	A	132-8	5-6503				
Spouse's name		Spouse's so	ocial security	/ number			
	turn Information — Tax Year Ending December 31, 2022 (Enter	year you	are author	orizing.)			
	nly on lines 1 through 5.						
	filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.		1 4 1	C1 00C			
	s income		1	61,086. 6,205.			
			3				
			-	8,483.			
4 Amount you w5 Amount you o	vant refunded to you		5	2,278.			
,	we	een a co	1 - 1	ır return)			
	ry, I declare that I have examined a copy of the income tax return (original or amended)						
for any delay in process Agent to initiate an ACH payment of my federal t authorization is to rema payment, I must conta business days prior to t taxes to receive confid	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						
Taxpayer's PIN: che		Г					
	GLOBAL TAXES LLC to enter or generate m	ov PINI	5 6 5	0 3 as my			
/ radinonize	ERO firm name	· E	nter five dig lon't enter al	its, but			
signature on	the income tax return (original or amended) I am now authorizing.		ion t enter a	126103			
if you are er	ny PIN as my signature on the income tax return (original or amended) I am no ntering your own PIN and your return is filed using the Practitioner PIN metho						
below.	DocuSigned by: 2/	/21/2023	;				
Your signature ▶ _ a	PeraVW' Veerla Date ▶						
	96A8B544668D4E2						
Spouse's PIN: check	-	[
I authorize	to enter or generate n	_		as my			
signature on	the income tax return (original or amended) I am now authorizing.		nter five dig lon't enter al				
☐ I will enter m	ny PIN as my signature on the income tax return (original or amended) I am no ntering your own PIN and your return is filed using the Practitioner PIN metho						
Spouse's signature ▶	Date ▶						
operate congruence p	Practitioner PIN Method Returns Only—continue below						
Part III Certific	ation and Authentication — Practitioner PIN Method Only						
ERO's EFIN/PIN. En	ter your six-digit EFIN followed by your five-digit self-selected PIN. 2 2	2 4 9 Don't e	6 6 1	9 8 9			
	numeric entry is my PIN, which is my signature for the electronic individual income tax x year indicated above for the taxpayer(s) indicated above. I confirm that I am submit						

ERO's signature ▶

ERO Must Retain This Form — See Instructions Don't Submit This Form to the IRS Unless Requested To Do So 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return

2022

OMB No. 1545-0074

IRS Use Only-Do not write or staple in this space

Assets exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)	Filing Status Check only one box.		Single Married filing jointly under the number of the MFS box, enter the number of the MFS box, enter the number of the number of the number of the market of the number o	_	ed filing separately (N		_				spou	lifying survuse (QSS) name if the		fying
REVATHI VEERLA 132-85-6503 Spouse's social security number Spouse Spouse's social security number Spouse Sp		pers	on is a child but not your dependent	:										
Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Presidential Election Campaign Check here if you, or your spouse as a foreign address, also complete spaces below. State	Your first name	and mi	ddle initial	Last na	me						Your so	cial securit	y numbe	er
Apt. no. Presidential Election Campaign Safe DUCKLEY STREET City, two, or post office. If you have a foreign address, also complete spaces below. State ZIP code Sp 5051 SANTA CLRAR SANTA CLRAR Safe CA Sp 5051 Sp 50	REVATHI			VEER	LA						132-8	35-650	3	
Check here if you dryour your system Check here if you are yet filling jointly, want 33 to got to this fund. Checking a bot system CA 95.05.1 to got to this fund. Checking a bot your tax or refund. You Spouse Standard You Spouse You You You Spouse You Y	If joint return, sp	ouse's	first name and middle initial	Last na	me						Spouse'	s social sec	curity nur	mber
Check-here if you, or your SARTA CLARA Check here if you, or your SARTA CLARA CARA South well not change your tax or refund. You Spouse Standard Check here if you where a foreign address, also complete spaces below. State ZIP code CA 95.051 Sto got to this fund. Checking a your tax or refund. You Spouse Standard Check here if you will not change your tax or refund. You Spouse Standard Check here if you will not change your tax or refund. You Spouse Standard Check here You will not change your tax or refund. You Spouse Standard Check here You will not change your tax or refund. You Spouse Standard Check here You will not change your tax or refund. You Spouse Standard Check here You will not change your tax or refund. You Spouse Standard Check here You will not change your tax or refund. You Spouse Standard Check here You will not will not change your tax or refund. You Spouse Standard Check here You will not will not have your your your sea as dependent You will not	Home address (numbe	r and street). If you have a P.O. box, see	instructi	ons.				Apt. no.		Preside	ntial Election	on Camp	aign
City, fown, or post office. If you have a foreign address, also complete spaces below, SANTA CLARA SANTA CLARA Foreign country name Foreign pountry name Foreign province/state/county Foreign post lock Spouse	3650 BUC	KLEY	STREET						•					_
SANTA CLARA Foreign country name Foreign province/state/country Foreign postal code Spouse				mplete s	paces below.	Stat	е	ZIP	code					
Poreign position country name Poreign province/state/country Foreign position cole Vour tax or refund. You Spouse Digital At any time during 2022, did you; (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions). Yes No No No No No No No N	SANTA CL	ARA				CA		95	051		0			_
At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) Yes No				1	Foreign province/state/o	county	y	Fore	ign postal co	de		or refund.	_	
Standard Deduction Spouse itemizes on a separate return or you were a dual-status allen	Digital							-						
Spouse itemizes on a separate return or you were a dual-status alien								asse	1): (366 111	Stru	0110113.)	163	<u></u>	_
Age/Blindness You: Were born before January 2, 1958 Are blind Spouse: Was born before January 2, 1958 Is blind Dependents (see instructions): (1) First name			_	•			а аерепаеті							
Comparison Com	Deduction		spouse iternizes on a separate retur	n or you	i were a dual-status	anen								
If more than four dependents, see instructions and check here	Age/Blindness	You:	☐ Were born before January 2, 1	958	Are blind Spo	ouse:	☐ Was bor	rn be	fore Janua	ıry 2	, 1958	ls bl	ind	
Innore dependents, see instructions and check here	Dependents	(see i	nstructions):		(2) Social security	.	(3) Relationsh	nip	(4) Check th	ie bo	x if qualit	fies for (see	instructio	ons):
Income Total amount from Form(s) W-2, box 1 (see instructions) Total amount from Form(s) W-2, box 1 (see instructions) Total amount from Form(s) W-2, box 1 (see instructions) Total amount from Form(s) W-2, box 1 (see instructions) Total amount from Form(s) W-2, box 1 (see instructions) Total amount from Form(s) W-2, box 1 (see instructions) Total amount from Form(s) W-2, box 1 (see instructions) Total amount from Form(s) W-2, box 1 (see instructions) Total amount from Form(s) W-2, box 1 (see instructions) Total amount from Form(s) W-2, box 1 (see instructions) Total amount from Form(s) W-2, box 1 (see instructions) Total amount from Form(s) W-2, box 1 (see instructions) Total amount from Form(s) W-2, see instructions Total amount from Form(s) W-2, see instructions Total amount from Form set instructions Total amount from Form(s) W-2, see instructions Total amount from Form set instructions Total amount	If more	(1) Fi	rst name Last name		number		to you		Child ta	ax cr	edit	Credit for otl	ner depen	ndents
Income I	than four													
Income In														
Income Attach Form(s) W-2 here. Also attach Forms W-2 here. Also attach Forms W-2 and 1099-R if tax was withheld. If you did not get a Form harter diffing separately. \$12,950. Attach Standard Deduction for Single or Married filing separately. \$12,950. Married filing separately. \$2,950. Married filing separately. \$	and check											[
Attach Form(s) W-2 here. Also attach Forms developed in the forms de	here \square											[
Hatach Form(s) W-2 here, Also attach Forms W-2 here, Also attach Forms W-2 here, Also attach Forms W-2 and 1099- Rif tax was withheld. If you did not get a Form W-2, see instructions If we was withheld. If you did not get a Form W-2, see instructions In the care of the component of the componen	Income	1a	Total amount from Form(s) W-2, b	ox 1 (se	e instructions)						1a	(58,02	7.
W-2 here. Also datach Forms W-2G and 1999-R if tax was withheld. If you did not get a Form W-2 here instructions was withheld. If you did not get a Form W-2 here instructions. If was better the reported on Form (s) W-2 (see instructions) If was withheld. If you did not get a Form W-2 here instructions was withheld. If you did not get a Form W-2 here instructions. If was get a Form W-2 here instructions was withheld. If you did not get a Form was with wa		b	Household employee wages not re	eported	on Form(s) W-2 .						1b			
Attach Forms developed and player payments not reported on Form(s) W-2 (see instructions) 1d	Attach Form(s)	С	Tip income not reported on line 1a	(see in	structions)						1c			
1099-R if tax was withheld f f f f f f f f f	attach Forms	d	Medicaid waiver payments not rep	orted o	n Form(s) W-2 (see in	nstru	ctions)				1d			
### Wages from Form 8919, line 6	W-2G and	е	Taxable dependent care benefits f	rom For	m 2441, line 26						1e			
get a Form W-2, see instructions. I Dother earned income (see instructions) I Nontaxable combat pay election (see instructions) Add lines 1a through 1h Attach Sch. B a lift required. Attach Sch. B lift required. Attach Sch. B lift required. Attach Sch. B lift required. Attach S		f	Employer-provided adoption bene	fits fron	n Form 8839, line 29						1f			
Set a Form W-2, see instructions. 16 17 18 18 19 19 19 19 19 19		g	Wages from Form 8919, line 6 .								1g			
Instructions. Z Add lines 1a through 1h	get a Form	h	Other earned income (see instruct	ions)							1h			0.
Attach Sch. B Attach Sch. At		i	Nontaxable combat pay election (s	see insti	ructions)		<u>1</u> i							
if required. 3a Qualified dividends		Z	Add lines 1a through 1h								1z	(58,02	7.
4a IRA distributions	Attach Sch. B	2a	Tax-exempt interest	2a		b Ta	axable interest	t			2b			
Standard beduction for—Single or Married filing separately, \$12,950. Married filing jointly or Qualifying surviving spouse, \$25,900 Head of household, \$19,400 If you checked any box under Standard Deduction, \$250	if required.	3a	Qualified dividends	3a		b Or	rdinary divide	nds			3b			
Social security benefits 6a b Taxable amount 6b c If you elect to use the lump-sum election method, check here (see instructions) 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 Standard Deduction, 15 Subtract line 14 from line 1. If zero or less enter -0- This is your taxable income 1. Social security benefits 6b Taxable amount 6b Standard 1. Social security benefits 6b Sale Data Social Scole Data		4a	IRA distributions	4a		b Ta	axable amoun	t.			4b			
Single or Married filing separately, \$12,950 Married filing jointly or Qualifying surviving spouse, \$25,900 Head of household, \$19,400 If you checked any box under Standard Deduction, \$25,000 Married filing jointly or Qualifying shouse, \$25,900 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income \$0.00000000000000000000000000000000000	Standard	5a	Pensions and annuities	5a		b Ta	axable amoun	t.			5b			
Married filing separately, \$12,950	Deduction for—	6a	Social security benefits	6a		b Ta	axable amoun	t.			6b			
## Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ## Add ust ments to income from Schedule 1, line 26 ## Add of household, \$19,400 ## Standard ## Deduction, ## Add lines 12 and 13 ##		С	If you elect to use the lump-sum e	lection r	method, check here	(see i	nstructions)			. [
Married filing jointly or Qualifying 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 61, 086. 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 61, 086. 10 Adjustments to income from Schedule 1, line 26 10 Head of household, \$19,400 If you checked any box under Standard Peduction, Deduction, Deduction, Deduction, 15 Subtract line 14 from line 1. If zero or less enter -0- This is your taxable income 15 48 136		7	Capital gain or (loss). Attach Sche	dule D i	f required. If not requ	iired,	check here			. [7			
jointly or Qualifying Surviving spouse, \$25,900 Head of household, \$19,400 If you checked any box under Standard Deduction, Deduction, Deduction, Deduction, Deduction, Deduction, Subtract line 14 from line 11 If zero or less enter -0- This is your total income 9 61,086. 9 61,086. 10 Subtract line 12, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 61,086. 10 Subtract line 10 from line 9. This is your adjusted gross income 11 61,086. 11 61,086. 12 12,950. 13 Add lines 12 and 13	Married filing	8	Other income from Schedule 1, lin	e 10							8	_	-6,94	1.
surviving spouse, \$25,000 Head of household, \$19,400 If you checked any box under Standard Deduction, Deduction, Deduction, Deduction, Deduction, S25,000 Adjustments to income from Schedule 1, line 26 Subtract line 10 from line 9. This is your adjusted gross income 11 61,086 12 12,950 13 Qualified business income deduction from Form 8995 or Form 8995-A 14 Add lines 12 and 13 Subtract line 14 from line 1.1 If zero or less enter -0- This is your taxable income		9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	, and 8.	This is your total inc	ome					9			
Head of household, \$19,400	surviving spouse,	10	Adjustments to income from Sche	dule 1, l	line 26						10			
household, \$19,400		11	Subtract line 10 from line 9. This is	your a	djusted gross incor	ne					11		51,08	6.
If you checked any box under Standard Deduction, Portion 13 Qualified business income deduction from Form 8995 or Form 8995-A		12									12			
Standard 14 Add lines 12 and 13	If you checked	13	Qualified business income deduct	ion from	Form 8995 or Form	8995	5-A				13			
Deduction, 15 Subtract line 14 from line 11 If zero or less enter -0- This is your taxable income 15 48 136		14	Add lines 12 and 13								14		12,95	0.
	Deduction,	15	Subtract line 14 from line 11. If zer	o or les	s, enter -0 This is y	our t a	axable incom	ne			15			

Form 1040 (2022) Page 2 6,205. 16 Tax (see instructions). Check if any from Form(s): 1 8814 **2** 4972 3 16 Tax and Amount from Schedule 2, line 3 Credits 17 17 Add lines 16 and 17 18 18 6,205. 19 Child tax credit or credit for other dependents from Schedule 8812 19 20 Amount from Schedule 3, line 8 20 Add lines 19 and 20 21 21 6,205. 22 Subtract line 21 from line 18. If zero or less, enter -0-22 23 Other taxes, including self-employment tax, from Schedule 2, line 21 23 0. Add lines 22 and 23. This is your total tax 24 6,205. 24 Federal income tax withheld from: **Payments** 25 8,483. а Form(s) W-2 . 25a b Form(s) 1099 25b Other forms (see instructions) 25c С d Add lines 25a through 25c . 25d 8,483. 26 2022 estimated tax payments and amount applied from 2021 return 26 If you have a qualifying child, attach Sch. EIC. Earned income credit (EIC) 27 27 28 Additional child tax credit from Schedule 8812 28 29 American opportunity credit from Form 8863, line 8. 29 30 30 31 31 Amount from Schedule 3, line 15 32 Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits 32 8,483. 33 Add lines 25d, 26, and 32. These are your total payments 33 2,278. 34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid 34 Refund 2,278. Amount of line 34 you want **refunded to you**. If Form 8888 is attached, check here 35a 35a Routing number 2 1 1 1 3 9 1 8 2 5 Direct deposit? b **c** Type: X Checking Savings See instructions. Account number | 4 | 3 | 6 | 1 | 8 | 1 | 3 | 1 d 36 Amount of line 34 you want applied to your 2023 estimated tax. 36 Amount Subtract line 33 from line 24. This is the amount you owe. You Owe For details on how to pay, go to www.irs.gov/Payments or see instructions . 37 Estimated tax penalty (see instructions) **Third Party** Do you want to allow another person to discuss this return with the IRS? See instructions Yes. Complete below. Designee Designee's Personal identification Phone number (PIN) 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 Sign belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Here If the IRS sent you an Identity Your signature Date Your occupation Protection PIN, enter it here (see inst.) COST ESTIMATOR Joint return? See instructions. If the IRS sent your spouse an Spouse's signature. If a joint return, both must sign. Date Spouse's occupation Keep a copy for Identity Protection PIN, enter it here vour records. (see inst.) Phone no. Email address (234)817 - 3773REVATHICM14@GMAIL.COM Preparer's name PTIN Check if: Preparer's signature Date Paid 02/22/2023 Self-employed SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM P02082703 **Preparer** Firm's name GLOBAL TAXES LLC Phone no. (678) 965-9522 Use Only 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's address Firm's EIN 84-3171965

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2022

Attachment Sequence No. 01

Department of the Treasury Internal Revenue Service Attach to Form 1040, 1040-SR, or 1040-NR.

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

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

Your social security number
132-85-6503

Par	t 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. Attac	ch Schedule E .	5	-6,941.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a ()		
b		8b		
С		8c		
d	○	8d ()		
е	⊨	8e		
f		8f		
g	F	8g		
h	·	8h		
i	⊢	8i		
j		8j		
k	!	8k		
ı	Income from the rental of personal property if you engaged in the rental			
		81		
m	Olympic and Paralympic medals and USOC prize money (see	_		
	, , , , , , , , , , , , , , , , , , ,	3m		
n	, , , , , , , , , , , , , , , , , , , ,	8n		
0	\	80		
р		8p		
q		8q		
r		8r		
S	Nontaxable amount of Medicaid waiver payments included on Form	0- /		
	· ·	8s ()		
t	Pension or annuity from a nonqualifed deferred compensation plan or	01		
		8t		
u -	•	8u		
Z	Other income. List type and amount:	0_		
0		8z	0	
9 10	Total other income. Add lines 8a through 8z		9 10	-6,941.
IU	Combine lines I unlough / and 3. Lines here and on Form 1040, 1040-30,	or road-ind, lille o	IU	-U, 941.

Schedule 1 (Form 1040) 2022

Par	t II Adjustments to Income		
11	Educator expenses	11	
12	Certain business expenses of reservists, performing artists, and fee-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		
С	Date of original divorce or separation agreement (see instructions):		
20	IRA deduction	20	
21	Student loan interest deduction	21	
22	Reserved for future use	22	
23	Archer MSA deduction	23	<u> </u>
24	Other adjustments:		
a	Jury duty pay (see instructions)	-	
b	Deductible expenses related to income reported on line 8l from the		
	rental of personal property engaged in for profit	-	
С	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m 24c		
al	and USOC prize money reported on line 8m	-	
d	Repayment of supplemental unemployment benefits under the Trade		
е	Act of 1974		
f	Contributions to section 501(c)(18)(D) pension plans		
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)		
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	-	
j	Housing deduction from Form 2555	-	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form		
	1041)	-	
Z	Other adjustments. List type and amount:		
0.5	Take to the end of the country of th	05	
25 06	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	00	
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a	26	

SCHEDULE E (Form 1040)

Supplemental Income and Loss

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

OMB No. 1545-0074 Attachment

Department of the Treasury Internal Revenue Service

Attach to Form 1040, 1040-SR, 1040-NR, or 1041, Go to www.irs.gov/ScheduleE for instructions and the latest information. Sequence No. 13

Name(s) shown on return Your social security number REVATHI VEERLA 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. Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions 1a Physical address of each property (street, city, state, ZIP code) Α HOUSE NO - 5-63, BUDHA NAGAR COLONY UPPAL BUS DEPOT, PEERZADIGUDA, HYDERABAD IN 500098 В С 1b Type of Property For each rental real estate property listed Fair Rental **Personal Use** QJV (from list below) above, report the number of fair rental and **Davs** Days personal use days. Check the QJV box only Α Α 365 0 if you meet the requirements to file as a В В qualified joint venture. See instructions. C C Type of Property: 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental 8 Other (describe) 2 Multi-Family Residence 4 Commercial 6 Royalties **Properties:** В C Income: Α 3 480. Rents received . 4 Royalties received . Expenses: 5 5 Advertising 6 Auto and travel (see instructions) 6 758. 7 Cleaning and maintenance . . . 7 8 Commissions 8 9 9 Insurance . . . 10 10 Legal and other professional fees 11 11 1,125. 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 13 1,824. 14 14 15 15 2,467. 16 16 17 Utilities 17 1,247. 18 18 Depreciation expense or depletion 19 19 Other (list) 20 7,421. 20 Total expenses. Add lines 5 through 19 21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 21 -6,941.22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) 6,941.) 480. 23a Total of all amounts reported on line 3 for all rental properties Total of all amounts reported on line 4 for all royalty properties 23b Total of all amounts reported on line 12 for all properties 23c Total of all amounts reported on line 18 for all properties . . 23d

Income. Add positive amounts shown on line 21. **Do not** include any losses

Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here

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

7,421.

25

6,941.)

-6,941.

24

25

Total of all amounts reported on line 20 for all properties . .

23e



e-File DECLARATION FOR ELECTRONIC FILING



2022

221010013

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

REVATHI		VEERLA	132856503	
REVATHI First Name Spouse's First Name Part I Tax Return Information	MI	Last Name	SSN/Taxpayer Ide	ntification Number
Spouse's First Name	MI	Spouse's Last Name	SSN/Taxpayer Ide	ntification Number
Part I Tax Return Information	(whole dollars onl	у)		
1. Amount of overpayment to be app	lied to 2023 estima	ted tax	1.	. 00
2. Amount of overpayment to be refu	ınded to you		REFUND 2.	109. 0 0
3. Total amount due (Pay in full by A	pril 15, 2023. See i	nstructions.)	3	. 00
Part II Taxpayer Declaration and	d Signature Autho	rization		
that I provided to my Electronic Ret agree with the amounts shown on the knowledge and belief, my return is t statements, be sent to the Maryland software provider.	ne corresponding linerue, correct and co	nes of my 2022 Maryland elecomplete. I consent that my ref	tronic income tax return. To turn, including accompanying	the best of my g schedules and
Your PIN: check one box only				Enter five digits.
X I authorize GLOBAL TAXES 1	LLC O firm name	to enter or gene	rate my PIN 5 6 5 0 3 <	Do not enter all zeros.
as my signature on my tax year		filed income tax return.		201031
I will enter my PIN as my signate entering your own PIN and your				
Your signature			Date	
Spouse's PIN: check one box only				
		to enter or gene	rate my PIN C	Enter five digits. Do not enter all zeros.
as my signature on my tax year	2022 electronically f	filed income tax return.		
I will enter my PIN as my signate entering your own PIN and your				
Spouse's signature			Date	
	Practitione	er PIN Method Returns Only		
Dart III Cortification and Authors	ication Bractitio	nor DIN Mothod Only		
Part III Certification and Authent ERO's EFIN/PIN. Enter your six-digitations.			. 2 2 2 4 9 6 6 1 9 8 9	Do not enter all zeros.
I certify this numeric entry is my PIN, taxpayer(s). I confirm that I am subm Maryland MeF Handbook for Authorize	nitting this return in			
EDO's signature			_{Date} 02222023	
ERO's signature		DO NO		

COM/RAD-059

09/21

REV 02/13/23 PRO



MARYLAND **FORM 502**

RESIDENT INCOME TAX RETURN



\$

2022

	OR FISCAL YEAR BE	GINNING	2022,	, ENDING		_			
Print Using Blue or Black Ink Only	132856503 Your Social Security Nu REVATHI Your First Name VEERLA Your Last Name Spouse's First Name 3650 BUCKLEY Current Mailing Addres	MI MI STREET s Line 1 (Street N	Does your name mate name on your social scard? If not, to ensur get credit for your pe exemptions, contact 1-800-772-1213 or visit www.ssa.go	security e you rsonal SSA at v.	LARA		<u>CA</u> State	95051 ZIP Code + 4	
sy order to Form PV.	Foreign Country Name Foreign Postal Code				Fo	reign Pr	ovince/State/County		
Le you were waye and tax statements and all incomition to staple. Do not attach check or money order to Form 502. Attach check or money order to Form 5V.	REQUIRED: M taxpayers. See 1600 4 Digit Political Sut 691 PULLMA Maryland Physical A GAITHERSBU	e Instruction Delivision Code (See AN PLACE Address Line 1 (Str Address Line 2 (Ap		TGOMERY Id Political Subdivis IO PO Box) IO PO Box) MD	ction 26. sion (See Instru		MONTGOMER		r fiscal year
with For	FILING STATUS		gle (If you can be clai		•		Maryland County	itatus 6.)	
	CHECK ONE BOX ► See Instruction 1 if you are required to file.	3.	rried filing joint return rried filing separately, ad of household alifying widow(er) with pendent taxpayer (Ent	Spouse SSN I	nild		_ e Instruction 7.)		
PART-YEAR RESIDENT See Instruction 26. Dates of Maryland Residence (MM DD YYYY) FROM 01012022 TO 05312022 To 05312022								1 2	

MARYLAND **FORM 502**

RESIDENT INCOME TAX RETURN



2022 Page 2

NAME REVATHI	VEERLA	
EXEMPTIONS See Instruction 10. Check appropriate box(es). NOTE: If	A.▶X Yourself ▶ Spouse Enter number checked See Instruction 10 A.\$	3200 .00
you are claiming dependents, you must attach the Dependents'	B. ▶ 65 or over ▶ 65 or over ▶ Blind ▶ Blind Enter number checked X \$1,000	.00
Information Form 502B to this form to receive		
the applicable exemption amount	D. Enter Total Exemptions (Add A, B and C.)	3200 .00
MARYLAND HEALTH CARE	Check here ▶ ☐ If you do not have health care coverage DOB (mm/dd/yyyy) ▶ _	
COVERAGE	Check here ► If your spouse does not have health care coverage DOB (mm/dd/yyyy) ►	
See Instruction 3.	I authorize the Comptroller of Maryland to share information from this tax return Maryland Health Benefit Exchange for the purpose of determining pre-eligibility health care coverage. E-mail address ▶	
		(1006 00
INCOME	1. Adjusted gross income from your federal return	61086 .00
See Instruction 11.	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.) ▶ 1d00	
	1e. Place a "Y" in this box if the amount of your investment income is more than \$10,300 . ▶	
	2. Tax-exempt interest on state and local obligations (bonds) other than Maryland ▶ 2.	
ADDITIONS	3. State retirement pickup	
TO MARYLAND	4. Lump sum distributions (from worksheet in Instruction 12.)	
INCOME	5. Other additions (Enter code letter(s) from Instruction 12.) ► 5.	
See Instruction 12.	6. Total additions (Add lines 2 through 5. See instructions.) ▶ 6.	
	7. Total federal adjusted gross income and Maryland additions (Add lines 1 and 6.)	
	8. Taxable refunds, credits or offsets of state and local income taxes included in line 1 ▶ 8.	.00
SUBTRACTIONS	9. Child and dependent care expenses	00
FROM	10a. Pension exclusion from worksheet (13A) Yourself ▶ Spouse ▶ ▶ 10a.	.00
MARYLAND		$\cap \cap$
INCOME	 10b. Pension exclusion from worksheet (13E)	.00
See Instruction 13.	12. Income received during period of nonresidence (See Instruction 26.) ▶ 12.	
	13. Subtractions from attached Form 502SU	
	14. Two-income subtraction from worksheet in Instruction 13▶ 14.	.00
	15. Total subtractions (Add lines 8 through 14. See instructions.)	
	16. Maryland adjusted gross income (Subtract line 15 from line 7.)	16760 .00
	All taxpayers must select one method and check the appropriate box.	
DEDUCTION	STANDARD DEDUCTION METHOD (Enter amount on line 17.) ITEMIZED DEDUCTION METHOD (Complete lines 17a and 17b.)	
METHOD	17a. Total federal itemized deductions (from line 17, federal Schedule A) . ▶ 17a.	.00
See Instruction 16.	17b. State and local income taxes (See Instruction 14.) ▶ 17b.	
	Subtract line 17b from line 17a and enter amount on line 17.	
	17. Deduction amount (Part-year residents see Instruction 26 (I and m).) ▶ 17.	658 .00
	18. Net income (Subtract line 17 from line 16.)	16102 .00
	19. Exemption amount from Exemptions area (See Instruction 10.)	070
	20. Taxable net income (Subtract line 19 from line 18.)	15224 .00

MARYLAND **FORM 502**

RESIDENT INCOME TAX RETURN



2022 Page 3

	ERLA	THI VE
671	Maryland tax (from Tax Table or Computation Worksheet Schedules I or II)	21.
·	Earned income credit (EIC) (See Instruction 18.)	22.
	Check this box if you are claiming the Maryland Earned Income Credit, but do not qualify for the federal Earned Income Credit.	ON
	Check this box if you are claiming the Maryland Earned Income Credit with a qualifying child.	
·	Poverty level credit (See Instruction 18.) ≥ 23	23.
	Other income tax credits for individuals from Part AA, line 14 of Form 502CR (Attach Form 502CR.) 24.	
	Business tax creditsYou must file this form electronically to claim business tax credits	25.
	Total credits (Add lines 22 through 25.)	
<u>671</u> •	Maryland tax after credits (Subtract line 26 from line 21.) If less than 0, enter 0 27.	27.
400	Local tax (See Instruction 19 for tax rates and worksheet.) Multiply line 20 by	28.
487.	your local tax rate .0 0320 or use the Local Tax Worksheet	(
	Local earned income credit (from Local Earned Income Credit Worksheet in Instruction 19.) 29. $$	TION 29.
·	Local poverty level credit (from Local Poverty Level Credit Worksheet in Instruction 19.) 30	30.
·	Local tax credit from Part BB, line 1 of Form 502CR (Attach Form 502CR.)	31.
·	Total credits (Add lines 29 through 31.)	32.
487 ·	Local tax after credits (Subtract line 32 from line 28.) If less than 0, enter 0	33.
1158 ·	Total Maryland and local tax (Add lines 27 and 33.)	34.
.00	Contribution to Chesapeake Bay and Endangered Species Fund ▶ 35.	∣ 35.
00	Contribution to Developmental Disabilities Services and Support Fund ▶ 36.	IONS 36.
00	Contribution to Maryland Cancer Fund	²⁰ . 37 .
- • • • • • • • • • • • • • • • • • • •	Contribution to Fair Campaign Financing Fund ▶ 38	38.
1158	Total Maryland income tax, local income tax and contributions (Add lines 34 through 38.) . 39.	39.
40.65	Total Maryland and local tax withheld (Enter total from your W-2 and 1099 forms	40.
1267.	and attach if MD tax is withheld.)	
	2022 estimated tax payments, amount applied from 2021 return, payment made	41.
	with an extension request, and Form MW506NRS	
·	Refundable earned income credit (from worksheet in Instruction 21)	
	Refundable income tax credits from Part CC, line 10 of Form 502CR	43.
	(Attach Form 502CR and/or Schedule K-1 (Forms 510/511), if applicable. See Instruction 21.) 43.	
1267.	Total payments and credits (Add lines 40 through 43.)	
	Balance due (If line 39 is more than line 44, subtract line 44 from line 39.	45.
1 0 0	See Instruction 22.)	
·	Overpayment (If line 39 is less than line 44, subtract line 39 from line 44.)	
	Amount of overpayment TO BE APPLIED TO 2023 ESTIMATED TAX	
100	Amount of overpayment TO BE REFUNDED TO YOU	48.
109.	(Subtract line 47 from line 46.) See line 51	
	Check here if you are attaching Form 502UP. Enter interest charges from line 18,	49.
•		
	TOTAL AMOUNT DUE (Add lines 45 and 49.)	UE 50.
	IF \$1 OR MORE, PAY IN FULL WITH THIS RETURN. INCLUDE FORM PV 50.	



RESIDENT INCOME TAX RETURN



2022 Page 4

225020313

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 $\frac{1}{2} \left(\frac{1}{2} \right) = \frac{1}{2} \left(\frac{1}{2} \right) \left(\frac{1}{2} $	owing. 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 outsid	e 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	
	CODE NUMBERS (3 digits per line)
Instruction 24.) Under penalties of perjury, I declare that I have examined this	seive your 1099G Income Tax Refund statement electronically (See s return, including accompanying schedules and statements and to applete. If prepared by a person other than taxpayer, the declaration is
Your signature Date	Spouse's signature Date
GLOBAL TAXES LLC Printed name of the Preparer / or Firm's name	245 ROONEY CT Street address of preparer or Firm's address
SYAM PRIYA RAM SAGAR GUPTA TALLAM Signature of preparer other than taxpayer (Required by Law)	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

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

COM/RAD-009 REV 02/13/23 PRO

## 2022 California e-file Signature Authorization for Individuals ## 879 ## PATH VEERLA 13.2-35-56.03 ## Source*RPDF* SSN or TIN 13.2-35-56.03 ## PATH Tax Return Information (whole dollars only) 1	TAXABLE YEAR			FORM
REVATEJ VEERLA Spouses/RDPs same Part I Tax Return Information (whole dolars only.) 1 California adjusted gross income (AGI). See instructions	2022	California e-file Signature Au	uthorization for Individuals	8879
Part I Tax Return Information (whole dollars only) 1 California adjusted gross income (AGI), See instructions 2 Amount You Ove. See instructions 3 Into I Part II Taxyayer 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 3, 1202, and to the best of my knowledge and belief, it is true, correct, and complete. If further declare that the information I provided to my electronic return originator (ERIO), transmitter, or intermediate service provider, including my name, address, and social security number (SSN) or individual tax intentification methor (TIRI), and the amounts shown in Part 1 above agree with the information and amounts shown in less 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 not more than \$455, California e-IRIP enzyment Record for Individuals, or a comparable form. I 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 not more than \$455, California e-IRIP enzyment Record for Individuals, or a comparable form it applicable, indeed that the entyment of the object of the advance	Your name		Your SSN or ITIN	
Part I Tax Return Information (whole dollars only) 1 California adjusted gross income (AGI), See instructions 2 2 3 Amount You Ow. See instructions 3 1161 Part II Taxpeyre Declaration and Signature Authorization. Be sure you obtain and keep a copy of your return.) Whole penalties of perpury. I declare that I have examined a copy of my individual income bax return and accompanying schedules and statements for the lax year ending December 01, 2022, and to the best of my knowledge and helid, it is true, correct, and complete. I further destare that the information is copy of my individual income bax return and accompanying schedules and statements for the lax year ending. December 01, 2022, and to the best of my knowledge and helid, it is true, correct, and complete. I further destare that the information is complete. I further destare that the information is complete in the property of the amount on line 3 gardes with the information and amounts shown on the correct and complete. I further destare that direct deposits arthrofice an electronic funds withdrawal of the amount on line 3 gardes with the information about on the property of the amount on line 3 gardes with the information deposit arthrofice an electronic property of the transmit my complete return to the Franchise Res Board (FIB). If the processing of my return or refund is delayed, almost deposits arthrofice an electronic property of the property o	REVATHI VE	EERLA	132-85-6503	
1 S1267 2 Amount You Ove, See instructions 2 Amount You Ove, See instructions 3 Intent Over No Amount Due. See instructions and Signature Authorization (Be sure you obtain and keep a copy of your return.) Under penalties of perjuny, I declare that I have examined a copy of my individual income tax return and accompanying schedules and stalements for the tax you not penalties of the penalties of perjuny, I declare that of the best of my knowledge and belief is is true, correct, and complete Intent educate that 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 value intention of the other amounts shown in Part I above agree with the information and amounts shown on the correction inclined withindrawal of the amount on line 2 and/or the estimated tax penalties intended and on more TER 485, Caldroniae elle Penalties Intended in a submirer an electronic funds withindrawal of direct deposit, I authorize an electronic funds withindrawal or direct deposit, I authorize an ellegation of the part	Spouse's/RDP's nar	me	Spouse's/RDP's SSN	l or ITIN
2 Amount You Owe. See instructions	Part I Tax Ret	urn Information (whole dollars only)		
Part II Tayaper 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 01, 2022, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the information is provided to my electronic return originator (FRO), transmitter, or intermediate service provider, including my name, address, and social security number (SSN) or individual kinder income tax return (TRIQ), 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 torm IFB a955, Caldinnia—a line Payment Record for Individuals, or a comparable form. If applicable, elegost refund amount on line 3 agrees with the direct depost authorization stated on my return. If I have filled a joint return, this is an irrevocable appointment of the other spotes agreed provider to transmit my complete return to the Franchise Tax Board (FIB). If the processing of my return or return of the other spotes provider to transmit my complete return to the Franchise Tax Board (FIB) if the processing of my return or return of the other spotes provider to transmit my complete return to the Franchise Tax Board (FIB) if the processing of my return or return of the other spotes provider to transmit my complete return to the Franchise Tax Board (FIB) if the processing of my return or return of the color and the provider and the transmitter the reason(s) for the dealy or the fate when the return of my FRO, intermediate service provider, and/or transmitter the reason(s) for the dealy or the fate when the return of the provider to	1 California adju	sted gross income (AGI). See instructions	1	51267
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 in provided to my electronic return originator. (ERU), and the amounts shown in Part I above agree with the information and amounts shown on the corresponding lines of my electronic function. It applicable, I california e-like Payment Record for Individuals x, or a comparable form. If applicable, I california e-like Payment Record for Individuals, or a comparable form. If applicable, I california e-like Payment Record for Individuals, or a comparable form. If applicable, I california e-like Payment Record for Individuals, or a comparable form. If applicable, I california e-like Payment Record for Individuals, or a comparable form. If applicable, I declare that direct deposit authorize an electronic funds withdrawal or direct deposit. I authorize my ERO, transmitter, or interned asserting to direct expension of my return. If have filed paint return, this is an invention of the electronic of the electronic necessary. In a state of the electronic payment of the electronic included on the copy of my electronic incomentax return. In a selectronic incomentax return and, if applicable, my Electronic funds withdrawal Consent included on the copy of my electronic incomentax return. I will enter my PIN as my signature on my 2022 e-filed California individual income tax return. Check this box only if you are entering your own PIN and you return is filed using the Practitioner PIN method. The ERO must complete Part III bellow. Part III Cartification and Authentication — Practitioner PIN Method Returns Only—				
Under penalties of perjuny. 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 provided to my dectroin or turn originator (ERO), transmitter, or intermediate service provider, including my name, address, and social security number (SNI) 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. I applicable, lathorize an electronic funds withdrawal of the mount on line 2 and/or the estimated tax payments as shown on my return and on form FTB 9455, California e-file Payment Record for Individuals, or a comparable form. If applicable, I declare that direct deposit return damount on line 3 and/or the estimated tax payments as shown on my return. If the well-deal joint return, this is an invencedable appointment the other sposser/engistered domestic partner (RDP) as an agent to authorize an electronic funds withdrawal or direct deposit and the other sposser/engistered domestic partner (RDP) as an agent to authorize an electronic funds withdrawal or direct deposit. I authorize my ERO, transmitter, or intermediate service to my ERO, intermediate service provider, to transmitter the reason(s) for the debay or the date when the return dawas sent. If I am filing a balance due return, understand that if the FTB does not receive full and timely appearance in the statistic payment of my tax liability. I remain liability. It remain liability for the statistic provider to transmitter the reason(s) for the debay or the date when the return dawas sent. If I am filing a balance due return, understand that if the FTB does not receive full and timely appearance in the statistic provider to transmitter and the statistic provider to the control of the statistic provider to the	3 Refund or No <i>i</i>	Amount Due. See instructions	3	1161
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 in provided to my electronic return originator (FBO), transmitter, or intermediate service provider, including my name, address, and social security number (SRIV) not individual six dientification number (ITIN), and the amounts shown in Part I above agree with the information and amounts shown on the corresponding lines of my electronic increase that return it applicable. I declare that direct deposit return and on form FTB 8455. California - file Payment Record for Individuals, or a comparable form. If applicable, I declare that direct deposit return 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, a authorize my ETD, transmitter, or intermediate service provider to transmit my complete return to the Franchise Tax Board (FTB). These field a joint return or trehm is delayed, a funding the provider, and/or transmitter the reason(s) for the delay or the date when the refund was sent. If 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. Jacknowledge that I have read and consent to the Electronic Punds Withdrawal Consent included on the copy of my electronic Funds Withdrawal Consent included on the copy of my electronic funds Withdrawal Consent. Taxpayer's PIN: check one box only I authorize GLOBAL TAXES LLC ERO firm name 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 you return is filed using the Practitioner PIN method. The ERO must complete Part III below. Part III Certification and Authentication — Pract	Part II Taxpay	yer Declaration and Signature Authorization (Be sure you obta	ain and keep a copy of your return.)	
Taxpayer's PIN: check one box only I authorize GLOBAL TAXES LLC ERO firm name 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 you return is filed using the Practitioner PIN method. The ERO must complete Part III below. Your signature ▶	income tax return. and on form FTB 8 agrees with the did domestic partner (provider to transm to my ERO, intern return, I understar penalties. I acknow	If applicable, I authorize an electronic funds withdrawal of the 8455, California e-file Payment Record for Individuals, or a conrect deposit authorization stated on my return. If I have filed a jack (RDP) as an agent to authorize an electronic funds withdrawal with my complete return to the Franchise Tax Board (FTB). If the mediate service provider, and/or transmitter the reason(s) found that if the FTB does not receive full and timely payment of my wledge that I have read and consent to the Electronic Funds Wi	amount on line 2 and/or the estimated tax payments as shown a parable form. If applicable, I declare that direct deposit refund a joint return, this is an irrevocable appointment of the other spou or direct deposit. I authorize my ERO, transmitter, or intermediar processing of my return or refund is delayed, I authorize the Firthe delay or the date when the refund was sent. If I am filling by tax liability, I remain liable for the tax liability and all applicable thdrawal Consent included on the copy of my electronic income	on my return amount on line 3 se/registered te service FTB to disclose a balance due e interest and tax return. I have
ERO firm name 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 you return is filed using the Practitioner PIN method. The ERO must complete Part III below. Your signature Date				
ERO firm name 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 you 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 I authorize ERO firm name 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. 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 PI and your return is filed using the Practitioner PIN method. The ERO must complete Part III below. Spouse's/RDP's signature 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. Do not enter all zeros Level of the selected pin as your own PIN method only by our five-digit self-selected PIN. Do not enter all zeros Level of the selected pin on the supplies pindicated above. Confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and FTB Pub. 1345, 2022 Handbook for Authorize e-file Providers.	■ I authorize □	GLOBAL TAXES LLC	to enter my PIN 5 6	5 5 0 3
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 you return is filed using the Practitioner PIN method. The ERO must complete Part III below. Date Date Date Date Do not enter my PIN Do not enter all zeros	_			enter all zeros
Your signature Date Spouse's/RDP's PIN: check one box only I authorize	as my signat	ture on my 2022 e-filed California individual income tax return.		
Spouse's/RDP's PIN: check one box only I authorize				own PIN and you
ERO firm name as my signature on my 2022 e-filed California individual income tax return. I will enter my PIN as my signature on my 2022 e-filed California individual income tax return. Check this box only if you are entering your own Pli and your return is filed using the Practitioner PIN method. The ERO must complete Part III below. Spouse's/RDP's signature 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. 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. confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and FTB Pub. 1345, 2022 Handbook for Authorize e-file Providers.	Your signature	•	Date	
ERO firm name as my signature on my 2022 e-filed California individual income tax return. I will enter my PIN as my signature on my 2022 e-filed California individual income tax return. Check this box only if you are entering your own Pli and your return is filed using the Practitioner PIN method. The ERO must complete Part III below. Spouse's/RDP's signature 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. 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. confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and FTB Pub. 1345, 2022 Handbook for Authorize e-file Providers.	Spouse's/RDP's P	PIN: check one box only		
ERO firm name as my signature on my 2022 e-filed California individual income tax return. I will enter my PIN as my signature on my 2022 e-filed California individual income tax return. Check this box only if you are entering your own Pli and your return is filed using the Practitioner PIN method. The ERO must complete Part III below. Spouse's/RDP's signature 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. 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. confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and FTB Pub. 1345, 2022 Handbook for Authorize e-file Providers.	. Lauthorize	·	to enter my PIN	
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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. confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and FTB Pub. 1345, 2022 Handbook for Authorize e-file Providers.				9
ERO's signature ▶ Date ▶	confirm that I am		2022 California individual income tax return for the taxpayer(s)	
	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 fro	om your federal filing status,	check the box here	
	1	X Single	4 Head of househ	old (with qualifying person). S	ee instructions.
Filling	2	Married/RDP filing jointly. See instr.	5 Qualifying survi	iving spouse/RDP. Enter year s	pouse/RDP died.
⊥ທ			See instructions	3.	
	3	Married/RDP filing separately. Enter	spouse's/RDP's SSN or ITIN	above and full name here	
	6	If someone can claim you (or your spouse/	RDP) as a dependent, check	the box here. See instr	. • 6
•	For	r line 7, line 8, line 9, and line 10: Multiply the	number you enter in the box	by the pre-printed dollar amour	nt for that line. Whole dollars only
	7	Personal: If you checked box 1, 3, or 4 abo			,
		checked box 2 or 5, enter 2. If you checked	● \$ 140		
	8	Blind: If you (or your spouse/RDP) are visu	•	O V 0440	
	9	if both are visually impaired, enter 2 Senior: If you (or your spouse/RDP) are 65		8 X \$140 =	•\$
	9	if both are 65 or older, enter 2. See instruct		9 X \$140 =	(a) \$
ns	10	Dependents: Do not include yourself or yo	ur spouse/RDP.	<u> </u>	-
<u> </u>		Dependent 1	Dependent 2		Dependent 3
Exemptions		First Name	•		
Û		Last Name	•	•	
		SSN. See instructions.	•	•	
		Dependent's relationship to you	•	•	
	Total	dependent exemptions		● 10 X \$433 = ●	\$

Υοι	ır nar	me: VEERLA Your SSN or ITIN: 132-85-6503	-	
	11	Exemption amount: Add line 7 through line 10	• 11 \$	140
	12	Total California wages from your federal Form(s) W-2, box 16	. 00	
me	13 14	Enter federal AGI from federal Form 1040, 1040-SR, or 1040-NR, line 11	13	61086 .00
le Inco	15	Part II, line 27, column B	15	61086 .00
Total Taxable Income	16	California adjustments – additions. Enter the amount from Schedule CA (540NR), Part II, line 27, column C	• 16	00
Tota	17 18	Adjusted gross income from all sources. Combine line 15 and line 16	• 17	61086 .00
	19	Part III, line 30; OR Your California standard deduction . See instructions	• 18	5202 .00
_		enter -0-	19	55884 _00
	31	Tax. Check the box if from:		
	32	FTB 3800 FTB 3803	• 31	2087 .00
	35	CA Taxable Income from Schedule CA (540NR), Part IV, line 5.	• 35	46901 .00
ncome	36	CA Tax Rate. Divide line 31 by line 19		
able I	37	CA Tax Before Exemption Credits. Multiply line 35 by line 36	37	1749 .00
CA Taxable Income	38	CA Exemption Credit Percentage. Divide line 35 by line 19. If more than 1, enter 1.0000		
	39	CA Prorated Exemption Credits. Multiply line 11 by line 38. If the amount on line 13 is more than \$229,908, see instructions	39	118 _00
	40	CA Regular Tax Before Credits. Subtract line 39 from line 37. If less than zero, enter -0	40	1631 .00
	41	Tax. See instructions. Check the box if from: Schedule G-1 FTB 5870A	• 41	. 00
	42	Add line 40 and line 41	• 42	1631 .00
its	50 51	Nonrefundable Child and Dependent Care Expenses Credit. See instructions. Attach form FTB 3506	• 50 .00	. 00
Special Credits	52 53	Credit for dependent parent. See instructions • 52 Credit for senior head of household. See instructions • 53	. 00	
Sp	54	Credit percentage. Enter the amount from line 38 here. If more than 1, enter 1.0000. See instructions		
	55	Credit amount. See instructions	• 55	. 00

You	ır nar	ne:	VEERLA		Your SSN o	or ITIN:	132-	35-6503	_	•		
	58	Ente	r credit name			code •		and amount	• 58			00
inued	59	Ente	r credit name			code •		and amount	• 59			00
Special Credits continued	60	To cl	aim more than	two credits. See instr	• 60			00				
redits	61	Non	refundable Ren	iter's Credit. See instru	• 61			00				
cial C	62	Add	line 50 and line	e 55 through 61. Thes	62			00				
Spe	63			om line 42. If less than			1631	00				
_								_				
S	71	Alter	native Minimu	m Tax. Attach Schedul	e P (540NR).				• 71			00
Other Taxes	72	Mental Health Services Tax. See instructions										00
Othe	73	Othe	r taxes and cre	edit recapture. See inst	ructions				• 73			00
	74	Add	line 63, line 71		1631	00						
	04	0-1:4							. 01		2792	00
	81			ax withheld. See instru							•	00
	82			tax and other paymen								
ts	83			592-B and/or Form 59	,							00
Payments	84	Exce	ss SDI (or VPI	OI) withheld. See instru	uctions				• 84			00
Ра	85	Earn	ed Income Tax	Credit (EITC). See ins	tructions				• 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	h line 87. These are yo	ur total payme	ents. See ir	nstructio	ns	88		2792	00
ISR Penalty	91	See i	nstructions. M	usehold had full-year h ledicare Part A or C co k the box, see instructi	verage is quali				• >	x		
ISB		Indiv	ridual Shared F	Responsibility (ISR) Pe	nalty. See inst	ructions .		• 91		. 00		
Overpaid Tax/Tax Due	92 93	subt Indiv	ract line 91 fro ridual Shared F	ividual Shared Respon m line 88		91 is mor	 re than li		9293			00
id Ta	101	Over	paid tax. If line	92 is more than line 7	⁷ 4, subtract lin	ie 74 from	line 92.		① 101		1161 .	00
verpa	102	Amo	unt of line 101	you want applied to y	our 2023 estin	nated tax			102		0	00
0	103		paid tax availal 12/03/23 PRO	ble this year. Subtract	line 102 from	line 101			• 103		1161 .	00

175 3133224 Form 540NR 2022 **Side 3**

VEERLA 132-85-6503 Your SSN or ITIN: Your name: 00 **Code** Amount 00 • 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..... . 00 406 . 00 Emergency Food for Families Voluntary Tax Contribution Fund 407 . 00 California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund..... . 00 . 00 • 413 . 00 School Supplies for Homeless Children Voluntary Tax Contribution Fund • 422 . 00 423 . 00 . 00 Keep Arts in Schools Voluntary Tax Contribution Fund..... **425** . 00 Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund • 431 . 00 438 . 00 Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund..... **439** . 00 Rape Kit Backlog Voluntary Tax Contribution Fund..... . 00 Suicide Prevention Voluntary Tax Contribution Fund 00 Mental Health Crisis Prevention Voluntary Tax Contribution Fund..... . 00 California Community and Neighborhood Tree Voluntary Tax Contribution Fund • 446 . 00 120 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**.

Pay Online – Go to **ftb.ca.gov/pay** for more information. . 00 Mail to: FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001. • 121

REV 02/03/23 PRO

Your nam	ne: VEE	ERLA		Your SSN or ITIN:	132-85-6	503		
alties alties		ment of estima		yment penalties	F attached			.00
_	Total amou	unt due. See in		ose, but do not staple, a				.00
125	REFUND (OR NO AMOUN	NT DUE. Subtract	line 120 from line 103.	See instructions	S.		
	Mail to: FF	1161 .00						
	See instru	ctions. Have y	ou verified the r	deposit of your refund i outing and account nur (line 125) is authorized	nbers? Use who	le dollars only.		cor a deposit slip.
ct D	. D. II		Type	- Account number			a 400 Direct o	langait amount
Dire		ng number	× Checking	• Account number	• 126 Direct deposit amount			
and	2113	91825	Savings	43618131				1161 .00
Refund and Direct Deposit	The remain	ning amount o	of my refund (line	125) is authorized for (direct deposit int	to the account shown	below:	
	• Routin	ng number	Type Checking Savings	Account number			• 127 Direct o	deposit amount
Voter Info.	For voter r	registration info	ormation, check	the box and go to sos.c	a.gov/elections	s. See instructions		
IMPORTA	NT: Attach	a copy of you	r complete federa	al return.				
IMPORTA	NT: Attach	a copy of you	r complete federa	al return.				v/forms and search for 1131 when instructed.
IMPORTA Our privacy to locate FTE	.NT: Attach notice can b B 1131 EN-S	n a copy of your be found in annual BP, Franchise Tax l eriury. I declare	ir complete federa Il tax booklets or onli Board Privacy Notici e that I have exar	al return. ine. Go to ftb.ca.gov/privac e on Collection. To request to	y to learn about ou his notice by mail,	r privacy policy statemen call 800.338.0505 and er	t, or go to ftb.ca.go tter form code 948 v	
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175 3135224

Form 540NR 2022 **Side 5**

TAXABLE YEAR

2022

California Adjustments — Nonresidents or Part-Year Residents

SCHEDULE

CA (540NR)

Important: Attach this schedule behind Form	n 540NR, Side 5 a	s a supporting Ca	lifornia schedule.					
Name(s) as shown on tax return				SSN or I				
REVATHI VEERLA 132856503								
Part I Residency Information. Complete all line	es that apply to you a	nd your spouse/RDP t	for taxable year 2022	•				
During 2022:								
1 My California (CA) Residency (Check one)								
a Myself: ◉ Nonresident ◉ X Part-Year R	esident 💿 Reside	nt b Spous	se: 💿 Nonresiden	t 💿 Part-Year Re	esident 💿 Resident			
			Yourself		Spouse/RDP			
2 a I was domiciled in (enter two letter code, see in	nstructions)			M D (•)				
b I was in the military and stationed in (enter two letter code)								
4 I became a CA nonresident (enter new state of re								
5 I was a CA nonresident the entire year (enter stat	,		_					
6 The number of days I spent in CA for any purpos				214 •				
7 I owned a home/property in CA (enter Y for Yes,				N •				
8 Before 2022: I was a CA resident for the period of	n t 101 1 1 0 <i>)</i>		1 /					
bolloto Locali. I was a off tooldone for the ported of	,,		• / /	·_	'			
Part II Income Adjustment Schedule	Α	В	C	D	E			
Section A — Income from federal Form 1040 or 1040-SR	Federal Amounts (taxable amounts from	Subtractions See instructions	Additions See instructions	Total Amounts Using CA Law	CA Amounts (income earned or			
from lederal Form 1040 or 1040-SR	your federal tax return)	(difference between	(difference between	As If You Were a	received as a CA			
		CA & federal law)	CA & federal law)	CA Resident (subtract col. B from	resident and income earned or received			
				col. A; add col. C	from CA sources			
4 - Total and a state of the st				to the result)	as a nonresident)			
1 a Total amount from federal Form(s) W-2, box 1. See instructions	68027	•			7 (•) 51267			
b Household employee wages not reported	_							
on federal Form(s) W-2	O	•	•	•	•			
c Tip income not reported on line 1a 1c	lacksquare	lacktriangle	•		•			
d Medicaid waiver payments not reported								
on federal Form(s) W-2. See instr 1d	•	•	•	•	•			
e Taxable dependent care benefits from federal Form 2441, line 26 1e	•	•	•	•	•			
f Employer-provided adoption benefits								
from federal Form 8839, line 29 1f	•	•	•	•	•			
g Wages from federal Form 8919, line 6 1g	•	•	•	•	•			
h Other earned income. See instructions 1h	0	•	•		\circ			
i Nontaxable combat pay election.								
See instructions			•	•	•			
z Add line 1a through line 1i 1z	• 68027	ledow	•	● 6802 ⁻	7 ● 51267			
2 Taxable interest, a 2b		•	•	•	•			
3 Ordinary dividends. See instructions.			0					
a • 3b	lacktriangle	\odot	•	•	•			
4 IRA distributions. See instructions.								
a 💿 4b	lacktriangle	\odot	•	•	•			
5 Pensions and annuities. See								
instructions. a 5b	$ oldsymbol{\odot} $	lacktriangle	•	•	•			
6 Social security benefits.								
a 💿 6b	$ oldsymbol{ \odot} $	lacktriangle						
7 Capital gain or (loss). See instructions 7	(e)	•	•	•	•			
			10	10				

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		Α	В	C	D	E
Sect	ion 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)
	Taxable refunds, credits, or offsets of state and local income taxes	•	•			
	a Alimony received. See instructions 2a	<u> </u>		•	•	(a)
	Business income or (loss). See instructions 3	•	•	•	•	•
	Other gains or (losses) 4	•	•	•	•	•
	Rental real estate, royalties, partnerships, S corporations, trusts, etc	● -6941	•	•	● -6941	•
	Farm income or (loss) 6	•	•	•	•	•
7	Unemployment compensation	•	•			
	Other income:					
	a Federal net operating loss 8a	_	•		•	•
	· · · · · · · · · · · · · · · · · · ·	(a)	OO		•	_
	c Cancellation of debt 8c d Foreign earned income exclusion	•	•	•	•	•
	from federal Form 2555	()		•		
	e Income from federal Form 8853 8e	•		•	•	•
	f Income from federal Form 8889 8f	•	•			
	g Alaska Permanent Fund dividends 8g	•			•	•
	h Jury duty pay8h	•			•	•
	i Prizes and awards 8i	•			•	•
	j Activity not engaged in for profit income 8j	•			•	•
	k Stock options	••		•	•	•
	m Olympic and Paralympic medals and USOC prize money 8m	_			•	•
	n IRC Section 951(a) inclusion 8n	_	•			
	o IRC Section 951A(a) inclusion 80	•	•			
	p IRC Section 461(I) excess business loss adjustment 8p		•	•	•	•
	q Taxable distributions from an ABLE account	•			•	•
	r Scholarship and fellowship grants not reported on federal Form(s) W-2	•			•	•
	waiver payments included on federal Form 1040, line 1a or line 1d 8s t Pension or annuity from a nonqualified deferred compensation	()			•	•
	plan or a nongovernmental IRC Section 457 plan 8t	•			•	•
	u Wages earned while incarcerated 8u	•			•	•
	z Other income. List type and amount.					
	● 8z	•	lacktriangle	•	•	•
9	a Total other income. Add line 8a	_	•	•	•	•
	through line 8z	•				REV 02/03/23 PRO

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			Α	В	С	D	E
Sec	tion 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)
		9b1		•		•	•
		9b2		•		•	•
		9b3		•		•	•
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	61086	•	•	61086	51267
Sec	tion C — Adjustments to Income from federal Schedule 1 (Form 104	10)				,	
11	Educator expenses	11	•	•			
	Certain business expenses of reservists,						
	performing artists, and fee-basis government officials	12	•	•	•	•	•
12	3	13	<u>•</u>	•			
14	Moving expenses. Attach form FTB 3913.	10	<u> </u>				
•		14	•		•	•	•
		15	•	•		•	•
		16	lacktriangle			•	•
17	Self-employed health insurance deduction. See instructions.	17	•	•		•	•
	, ,	18	lacktriangle			•	•
19	a Alimony paid. b Enter recipient's:						
	SSN •	19a					
20		.ou 20	<u> </u>	•	•	•	•
21		21	<u> </u>		•	•	•
			<u> </u>				
		22					
	Archer MSA deduction	23	•			<u> </u>	•
24	Other adjustments: a Jury duty pay	24a	•			•	•
	b Deductible expenses related to income reported on line 81 from the rental of personal property engaged in for profit	2 4 h	•	•	•	•	•
	c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m			•			
	d Reforestation amortization and expenses	24d	•	•		•	•
		24e	•			•	•
	f Contributions to IRC Section 501(c)(18)(D) pension plans	24f	•	•	•	•	•
	g Contributions by certain chaplains to IRC Section 403(b) plans	24g	•	•	•	•	•
	h Attorney fees and court costs for actions involving certain unlawful discrimination claims	24h	•			•	•

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	A	В	C	D	E
Section C — Adjustments to Income Continued	Federal Amounts (taxable amounts from your federal tax return)		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 f information you provided that helped the IRS detect tax law violations	or	•			
j Housing deduction from federal Form 2555	24j 🗨	•			
k Excess deductions of IRC Section 67(e) expenses from federal Schedule K-1 (Form 1041)	24k •			•	•
z Other adjustments. List type and amount.					
•	24z		•		
25 Total other adjustments. Add line 24a through line 24z	25	•	•	•	•
26 Add line 11 through line 23 and line 25 in each column, A through E	26	•	•	•	•
27 Total. Subtract line 26 from line 10 in each column, A through E. See instructions 2	e 7 • 61086	•	•	61086	• 5126
Part III Adjustments to Federal Itemized D Check the box if you did NOT itemize for federal bu			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					
2 Enter amount from federal Form 1040 or 1					
3 Multiply line 2 by 7.5% (0.075)					
4 Subtract line 3 from line 1. If line 3 is more	than line 1, enter 0		1 ●		<u> </u>
Taxes You Paid			4638	4638	
		h2			
5a State and local income tax or general sales				1030	
5b State and local real estate taxes		5 t) •	1030	
5b State and local real estate taxes5c State and local personal property taxes		5l			
5b State and local real estate taxes5c State and local personal property taxes5d Add line 5a through line 5c		51 50 50			
 5b State and local real estate taxes 5c State and local personal property taxes 5d Add line 5a through line 5c 5e Enter the smaller of line 5d or \$10,000 (\$5,0) 	000 if married filing separa				
 5b State and local real estate taxes 5c State and local personal property taxes 5d Add line 5a through line 5c 5e Enter the smaller of line 5d or \$10,000 (\$5,0 Enter the amount from line 5a, column B in 	000 if married filing separa line 5e, column B		1		
 5b State and local real estate taxes 5c State and local personal property taxes 5d Add line 5a through line 5c 5e Enter the smaller of line 5d or \$10,000 (\$5,000 Enter the amount from line 5a, column B in Enter the difference from line 5d and line 5e 	000 if married filing separa line 5e, column B , column A in line 5e, colu		4638 4638 4638		
 5b State and local real estate taxes 5c State and local personal property taxes 5d Add line 5a through line 5c 5e Enter the smaller of line 5d or \$10,000 (\$5,0) Enter the amount from line 5a, column B in Enter the difference from line 5d and line 5e 	000 if married filing separa line 5e, column B		4638 4638 4638	4638	•••
 5b State and local real estate taxes 5c State and local personal property taxes 5d Add line 5a through line 5c 5e Enter the smaller of line 5d or \$10,000 (\$5,6 Enter the amount from line 5a, column B in Enter the difference from line 5d and line 5e 6 Other taxes. List type 7 Add line 5e and line 6 	000 if married filing separa line 5e, column B		4638 4638 4638	4638	•••
 5b State and local real estate taxes	000 if married filing separa line 5e, column B		4638 4638 4638 4638 4638	4638	•••
5b State and local real estate taxes	000 if married filing separa line 5e, column B	56	4638 4638 4638 4638 4638	4638	••••
5b State and local real estate taxes	000 if married filing separa line 5e, column B , , column A in line 5e, colu ed to you on federal Form u on federal Form 1098	56	4638 4638 4638 4638 4638	4638	
5b State and local real estate taxes	000 if married filing separa line 5e, column B , , column A in line 5e, colu ed to you on federal Form u on federal Form 1098	56	4638 4638 4638 4638 4638	46384638	••••••
5b State and local real estate taxes	2000 if married filing separa line 5e, column B	56 56 56 56 56 56 56 56 56 56 56 56 56 5	4638 4638 4638 4638 4638	● 4638● 4638	••••••
5b State and local real estate taxes	2000 if married filing separa line 5e, column B , column A in line 5e, colu ed to you on federal Form u on federal Form 1098.	56	4638 4638 4638 4638 4638	● 4638● 4638● ●	•••••••••
5b State and local real estate taxes	ooo if married filing separa line 5e, column B , , column A in line 5e, colu ed to you on federal Form u on federal Form 1098	56 56 56 56 56 56 56 56 56 56 56 56 56 5	4638 4638 4638 4638 4638	● 4638● 4638	••••••
5b State and local real estate taxes	2000 if married filing separa line 5e, column B	56 56 56 56 56 56 56 56 56 56 56 56 56 5	4638 4638 4638 4638	 4638 4638 4638 	 • • • • • • • • • •
5b State and local real estate taxes	2000 if married filing separa line 5e, column B , column A in line 5e, colu ed to you on federal Form u on federal Form 1098.	56	4638 4638 4638 4638	 ● 4638 ● 4638 ● 4638 ● 6 ● 6 ● 7 ● 8 ● 9 ● 9 ● 9 	 O O<
5b State and local real estate taxes	ooo if married filing separa line 5e, column B	56	4638 4638 4638 4638 6 7 4638	 4638 4638 4638 	
5b State and local real estate taxes	2000 if married filing separa line 5e, column B	56 56 56 56 56 56 56 56 56 56 56 56 56 5	4638 4638 4638 4638 4638	 ● 4638 ● 4638 ● 4638 ● 6 ● 6 ● 7 ● 8 ● 9 ● 9 ● 9 	 • • • • • • • • • •

Pa	Adjustments to Federal Itemized Deductions Continued	A Federal Amounts (from federal Schedule A (Form 1040))	B Subtractions See instructions	C Additions See instructions
Cas	sualty and Theft Losses			
15	Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions		•	•
0th	ner Itemized Deductions			
16	Other—from list in federal instructions		•	•
<u>17</u>	Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C	4638	4638	0
18	Total. Combine line 17 column A less column B plus column C		18	0
Jol	b Expenses and Certain Miscellaneous Deductions			
19	Unreimbursed employee expenses: job travel, union dues, job education, etc. Attach federal Form 2106 if required. See instructions			
20	Tax preparation fees			
21	Other expenses: investment, safe deposit box, etc. List type 21	0		
22	Add line 19 through line 21	0		
23	Enter amount from federal Form 1040 or 1040-SR, line 11 61086		l	
24	Multiply line 23 by 2% (0.02). If less than zero, enter 0			
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	0
27	Other adjustments. See instructions. Specify.			
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 fine Single or married/RDP filing separately	229,908 344,867		
	Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540	DNR), line 29	• 29	0
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	5202
Pa	rt IV California Taxable Income			
1 2	California AGI. Enter your California AGI from Part II, line 27, column E			51267
3	Deduction Percentage. Divide Part II, line 27, column E by Part II, line 27, column D. Carry to four places. If the result is greater than 1.0000, enter 1.0000. If less than zero, enter -0-		0 8 3 9 3	
	California Itemized/Standard Deductions. Multiply line 2 by the percentage on line 3 California Taxable Income. Subtract line 4 from line 1. Transfer this amount to Form 540Ni		_	4366
-	zero, enter -0- REV 02/03/23 PRO		5_	46901