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 Number (SID)

T.....

Taxpayer's name	Social security number							
VENKAT MANNAM	201-29-2099							
Spouse's name	Spouse's social security number							
Part I Tax Return Information – Tax Year Ending December 31, 2022 (Enter year you are a								
	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 73,060.							
2 Total tax	2 1,345.							
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3 16,046.							
4 Amount you want refunded to you	4 14,701.							
5 Amount you owe								

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

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

Taxpayer's PIN: check one box only

X	l authorize	GLOBAL TAXES	LLC	to enter or generate my PIN

Ent		/e di	gits, all ze	but	as
9	2	0	9	9	

my

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

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

Your signature

Date

Spouse's PIN: check one box only

I authorize

to enter or generate my PIN

as mv Enter five digits, but don't enter all zeros

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

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

Spouse's si	Spouse's signature ►										
	Practitioner PIN Method Returns Only—continue	e be	low								
Part III	Certification and Authentication – Practitioner PIN Method Only										
ERO's EFI	N/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.				Dor	n't ei	nter a	all ze	eros		

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

ERO's signature ► Date ►										
	Retain This Form — See Form to the IRS Unless I									
For Paperwork Reduction Act Notice, see your tax retur	n instructions. RAA	REV 03/18/23 PRO	Form 8879 (Rev. 01-2021)							

1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		m 202	2	OMB No. 1545	-0074	IRS Use O	nly—Do no	t write or staple	e in this space.
-		Single Married filing jointly	Married	d filing separately (N	MFS)	Head of	house	hold (HOH)		ualifying su	
Check only one box.		u checked the MFS box, enter the n on is a child but not your dependent	,	our spouse. If you c	heck	ked the HOH or	QSS	box, enter	•	. ,	,
Your first name	and mi	iddle initial	Last nam	ne					Your	social secur	ity number
VENKAT			MANNA	MA					201	-29-209	9
lf joint return, s	oouse's	s first name and middle initial	Last nam	ne					Spous	se's social se	ecurity number
		er and street). If you have a P.O. box, see	instructio	ns.				Apt. no.			tion Campaigr
150 MARK								320		k here if you se if filing ioi	i, or your intly, want \$3
City, town, or p		ce. If you have a foreign address, also co	omplete sp	aces below.	Sta CZ		ZIP c 950		to go	• • •	. Checking a
Foreign country	name		Fo	preign province/state/	coun	ty	Foreig	n postal cod		tax or refund	d
Digital	At ar	ny time during 2022, did you: (a) rec	eive (as a	reward award or	navr	ment for prope	rtv or	services):	or (b) sel	You	Spouse
Assets		ange, gift, or otherwise dispose of a									X No
Standard Deduction	_	eone can claim: You as a de Spouse itemizes on a separate retur	•	· ·		•					
Age/Blindness	You:	Were born before January 2, 1	958	Are blind Spo	ouse	: 🗌 Was bor	n befo	ore Januar	y 2, 1958	B 🗌 Is b	olind
Dependents	s (see	instructions):		(2) Social security	/	(3) Relationsh	ip (4) Check the	box if qu	alifies for (see	e instructions):
lf more than four	(1) Fi	irst name Last name		number		to you		Child tax	credit	Credit for o	other dependents
dependents,]		
see instructions	s ——]		
and check here]		
	1a	Total amount from Form(s) W-2, b	ox 1 (see	instructions)				L		1a	78,189.
Income	b	Household employee wages not re	•	,						1b	
Attach Form(s)	с	Tip income not reported on line 1a	a (see inst	tructions)						1c	
W-2 here. Also attach Forms	d	Medicaid waiver payments not rep			nstru	uctions)				1d	
W-2G and	е	Taxable dependent care benefits f	rom Forn	n 2441, line 26					. [•	1e	
1099-R if tax was withheld.	f	Employer-provided adoption bene	fits from	Form 8839, line 29						1f	
If you did not	g	Wages from Form 8919, line 6 .								1g	
get a Form	h	Other earned income (see instruct	ions) .							1h	0.
W-2, see instructions.	i	Nontaxable combat pay election (s	see instru	ictions)		1 i					
	z	Add lines 1a through 1h								1z	78,189.
Attach Sch. B	2a	Tax-exempt interest	2a		bТ	axable interest	t.		. 1	2b	
if required.	3a	Qualified dividends	3a		b C	Ordinary divide	nds .			3b	
	4a	IRA distributions	4a		bТ	axable amoun	t		. 4	4b	
Standard	5a	Pensions and annuities	5a		bΤ	axable amoun	t		. !	5b	
• Single or	6 a	, _	6a			axable amoun	t		· (6b	
Married filing	С	If you elect to use the lump-sum e			`	,					
separately, \$12,950	7	Capital gain or (loss). Attach Sche		required. If not requ	uired	, check here				7	
 Married filing jointly or 	8	Other income from Schedule 1, lin							· _	8	-5,129.
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7			com	е				9	73,060.
surviving spouse, \$25,900	10	Adjustments to income from Sche							-	10	
 Head of household, 	11	Subtract line 10 from line 9. This is	•	-							73,060.
\$19,400	12	Standard deduction or itemized									12,950.
 If you checked any box under 	13	Qualified business income deduct				95-A	• •		-	13	10 555
Standard Deduction,	14 15	Add lines 12 and 13							-		<u>12,950.</u>
see instructions.	15	Subtract line 14 from line 11. If zer	U UT IESS	, enter -u This is y	our				· []	15	60,110.

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

Form **1040** (2022)

Form 1040 (2022	2)									Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	n(s): 1 🗌 881	4 2 4972	3		16	8	,845.
Credits	17	Amount from Schedule 2, lin	e3					17		
	18	Add lines 16 and 17						18	8	,845.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19		
	20	Amount from Schedule 3, lin	e8					20	7	,500.
	21	Add lines 19 and 20						21	7	,500.
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	1	,345.
	23	Other taxes, including self-er	mployment tax,	from Schedule	e 2, line 21 .			23		0.
	24	Add lines 22 and 23. This is	your total tax					24	1	,345.
Payments	25	Federal income tax withheld	from:							
-	а	Form(s) W-2				25a 16	5,046.			
	b	Form(s) 1099				25b				
	с	Other forms (see instructions	6)			25c				
	d	Add lines 25a through 25c						25d	16	,046.
If you have a	26	2022 estimated tax payment	s and amount a	pplied from 20	21 return .			26		
qualifying child,	27	Earned income credit (EIC)				27				
attach Sch. EIC.	28	Additional child tax credit from	n Schedule 8812	2		28				
	29	American opportunity credit	from Form 8863	3, line 8		29				
	30	Reserved for future use .				30				
	31	Amount from Schedule 3, lin	e15			31				
	32	Add lines 27, 28, 29, and 31.	These are your	total other pa	ayments and ref	undable credits		32		
	33	Add lines 25d, 26, and 32. T	hese are your to	otal payments				33		,046.
Refund	34	If line 33 is more than line 24	, subtract line 2	4 from line 33.	This is the amou	int you overpaid		34		,701.
norana	35a	Amount of line 34 you want I	refunded to you	u. If Form 8888	is attached, che	eck here	. 🗆	35a	14	,701.
Direct deposit?	b	Routing number 3 2 2			c Type: 🛛 🗙	Checking	Savings			
See instructions.	d	Account number 6 9 9	5 7 5 5	3 3						
	36	Amount of line 34 you want a	applied to your	2023 estimate	edtax	36				
Amount	37	Subtract line 33 from line 24								
You Owe		For details on how to pay, go	o to <i>www.ir</i> s.go	v/Payments or	see instructions			37		
	38	Estimated tax penalty (see in	structions) .			38				
Third Party	Do	you want to allow another	person to disc	cuss this retu	m with the IRS				_	
Designee		tructions					•		X No	
	De: nar	signee's		Phone no.			onal identi [.] ber (PIN)	ication		
0:		der penalties of perjury, I declare t	hat I have avamin				()	the bee	t of my kno	
Sign		ief, they are true, correct, and com								
Here	Yo	ur signature		Date	Your occupation		If the	IRS sei	nt you an Id	entity
		5							IN, enter it l	nere
Joint return?					CASHIER A		· ·	inst.)		
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, k	ooth must sign.	Date	Spouse's occupa	tion			nt your spou ection PIN, e	
your records.								inst.)		
	Ph	one no. (682)227-471	1	Email address		AM3@GMAIL.CO				
		eparer's name	Preparer's signat	1	V DIVICA I PIALVIN	Date	PTIN		Check if:	
Paid				-					_	mployed
Preparer		n's name GLOBAL TAX	CES LLC				Phor	ne no.		1
Use Only		n's address 245 ROONE		INSWICK N	J 08816			's EIN		
		1040 for instructions and the late		TIDNITCH IN	BAA	REV 03/18/23 PRO	1 1 11 11			040 (2022)

SCHEDULE	1
(Form 1040)	

Department of the Treasury

Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074 2

Attachment

Internal Revenue Service		Attachment Sequence No. 01	
Name(s) shown on Fo	orm 1040, 1040-SR, or 1040-NR	Your soci	al security number
VENKAT MANNAM	201-29	-2099	

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. Atta	ach Schedule E .	5	-5,129.
6	Farm income or (loss). Attach Schedule F.		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a ()	
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()	
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
I	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
0	Section 951A(a) inclusion (see instructions)	80		
р	Section 461(I) excess business loss adjustment	8p		
q	Taxable distributions from an ABLE account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
S	Nontaxable amount of Medicaid waiver payments included on Form			
	1040, line 1a or 1d	8s ()	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t		
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	l, or 1040-NR, line 8	10	-5,129.

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

Schedule 1 (Form 1040) 2022

Par	t II Adjustments to Income					÷.
11	Educator expenses				11	
12	Certain business expenses of reservists, performing artists, and fee			ernment		
	officials. Attach Form 2106				12	
13	Health savings account deduction. Attach Form 8889				13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903				14	
15	Deductible part of self-employment tax. Attach Schedule SE				15	
16	Self-employed SEP, SIMPLE, and qualified plans				16	
17	Self-employed health insurance deduction				17	
18	Penalty on early withdrawal of savings				18	
19a	Alimony paid				19a	
b	Recipient's SSN					
с	Date of original divorce or separation agreement (see instructions):					
20	IRA deduction				20	
21	Student loan interest deduction				21	
22	Reserved for future use				22	
23	Archer MSA deduction				23	
24	Other adjustments:					
а		24a				
b	Deductible expenses related to income reported on line 8I from the					
		24b				
с	Nontaxable amount of the value of Olympic and Paralympic medals					
	and USOC prize money reported on line 8m	24c				
d	Reforestation amortization and expenses	24d				
е	Repayment of supplemental unemployment benefits under the Trade					
	Act of 1974	24e				
f	Contributions to section 501(c)(18)(D) pension plans	24f				
g	Contributions by certain chaplains to section 403(b) plans	24g				
ĥ	Attorney fees and court costs for actions involving certain unlawful					
		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					
		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					
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a	<u> </u>	<u> </u>	<u></u>	26	
	BAA	REV	03/18/23 PF	20	Schedul	le 1 (Form 1040) 20

Department of the Treasury

Additional Credits and Payments

OMB No. 1545-0074 (0)

2

2

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

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form1040 for instructions and the latest information.					At Se	ttachment equence No. 03	
	(s) shown on Fo Kat Mannam	rm 1040, 1040-SR, or 1040-NR			Your so 201-2	cial se	ecurity number
Par		undable Credits			201-2	59-20	
1	Foreign tax	credit. Attach Form 1116 if required				1	
2	0	hild and dependent care expenses from Form 244	1, lin	e 11. A	Attach	2	
3	Education c	redits from Form 8863, line 19				3	
4	Retirement	savings contributions credit. Attach Form 8880				4	
5	Residential	energy credits. Attach Form 5695				5	
6	Other nonre	fundable credits:					
а	General bus	iness credit. Attach Form 3800	6a				
b	Credit for pr	ior year minimum tax. Attach Form 8801	6b				
С	Adoption cr	edit. Attach Form 8839	6c				
d	Credit for th	e elderly or disabled. Attach Schedule R	6d				
е	Alternative r	notor vehicle credit. Attach Form 8910	6e				
f	Qualified plu	ug-in motor vehicle credit. Attach Form 8936	6f	7	,500.		
g	Mortgage in	terest credit. Attach Form 8396	6g				
h	District of Co	blumbia first-time homebuyer credit. Attach Form 8859	6h				
i	Qualified ele	ectric vehicle credit. Attach Form 8834	6i				
j	Alternative f	uel vehicle refueling property credit. Attach Form 8911	6j				
k	Credit to ho	Iders of tax credit bonds. Attach Form 8912	6k				
Т	Amount on	Form 8978, line 14. See instructions	61				
z	Other nonre	fundable credits. List type and amount:					
			6z				
7	Total other I	nonrefundable credits. Add lines 6a through 6z				7	7,500.
8		through 5 and 7. Enter here and on Form 1040, 1040)-SR,	or 104	0-NR,		
	line 20					8	7,500.
							ied on page 2)
For Pa	perwork Reduct	on Act Notice, see your tax return instructions. BAA	R	EV 03/18/23 I	PRO	schedul	le 3 (Form 1040) 2022

Schedu	le 3 (Form 1040) 2022				Page 2
Par	t II Other Payments and Refundable Credits				
9	Net premium tax credit. Attach Form 8962			9	
10	Amount paid with request for extension to file (see instructions) .			10	
11	Excess social security and tier 1 RRTA tax withheld			11	
12	Credit for federal tax on fuels. Attach Form 4136			12	
13	Other payments or refundable credits:				
а	Form 2439	13a			
b	Credit for qualified sick and family leave wages paid in 2022 from Schedule(s) H for leave taken before April 1, 2021	13b			
С	Reserved for future use	13c			
d	Credit for repayment of amounts included in income from earlier years	13d			
е	Reserved for future use	13e			
f	Deferred amount of net 965 tax liability (see instructions)	13f			
g	Reserved for future use	13g			
h	Credit for qualified sick and family leave wages paid in 2022 from Schedule(s) H for leave taken after March 31, 2021, and before October 1, 2021	13h			
z	Other payments or refundable credits. List type and amount:	13z			
14	Total other payments or refundable credits. Add lines 13a through	13z		14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040 line 31)-SR, (or 1040-NR,	15	
	BAA REV	03/18/23 P	RO	Schedu	ule 3 (Form 1040) 2022

	DULE E	Supplemental Income and Loss											o. 1545-0074		
(Form	Form 1040) (From rental real estate, royalties, partne epartment of the Treasury Attach to Form 104						corporati	ons, es	states,	trusts, REMI	Cs, etc.)	20	22		
					Attach to Form 1040							Attachment			
	Revenue Service			Go to www	.irs.gov/ScheduleE f	or instru	uctions an	d the la	itest in	formation.			ce No. 13		
	shown on return											al security	number		
	AT MANNAM	0.1			tel Deel Estate e		valtiaa				201-2	9-2099			
Part	Note: If yo	ou ar	e in th	ne business of i	tal Real Estate a renting personal prope 835 on page 2, line 40	erty, use		c . See	e instruc	ctions. If you	are an indi [,]	vidual, rep	ort farm		
	Did you make ar	iy pa	ayme	nts in 2022 th	nat would require yo	ou to file Form(s) 1099? See instructions									
Bİ	f "Yes," did you	orv	will yo	ou file require	ed Form(s) 1099?							. 🗌 Ye	es 🗌 No		
1a	Physical addr	ress	of ea	ach property ((street, city, state, Z	IP code	e)								
Α	59A-8/5-7	/1,	PLO'	T NO:96 P	ATAMATA, VIJAY	AWADA	A ANDHR	A PR	ADESI	H IN 520	008				
В					,										
С															
1b	Type of Prope (from list below		2		ntal real estate prop ort the number of fai				Fa	ir Rental Days	Persor Da		QJV		
Α	3	,		personal use	e days. Check the C	JV box	k only	Α		365		0			
В					the requirements to			В							
С				qualified joir	nt venture. See instr	uctions	5.	С							
Туре	of Property:	•					•				•				
	Single Family R			e 3 Vaca	tion/Short-Term Re	ntal	5 Land			Self-Rental					
2	Multi-Family Re	side	ence	4 Com	mercial		6 Roya	lties	8	Other (desc	ribe)				
										Propert	ies:				
Incom	ie:							Α		В			С		
3	Rents received	. k				3		6	90.						
4	Royalties rece	ived				4									
Exper															
5															
6				-											
7	-					-		7	85.						
8															
9 10															
11	•														
12	-					12									
13			-												
14	Repairs					14		1.5	21.						
15	·					15			45.						
16						16									
17						17		1,8	68.						
18	Depreciation e	xpe	nse c	or depletion		18									
19	Other (list)					19									
20	Total expenses	s. Ao	dd lin	ies 5 through	19	20		5,8	19.						
21					nd/or 4 (royalties). It										
	result is a (loss file Form 6198				find out if you must	21		-5,1	29.						
22					ter limitation, if any	,	((、	/			
02-				-			(5,12	29.)	() 690.	(
23a b	Total of all amounts reported on line 3 for all rental pro Total of all amounts reported on line 4 for all royalty p							• •	23a 23b		090.				
c								• •	230 23c						
d									23d						
e	Total of all amounts reported on line 20 for all propert								23e	[5,819.				
24					wn on line 21. Do n				L		. 24				
25		-			21 and rental real est		-					(5,129.		
26		-	-		y income or (loss).										
					on page 2 do not										

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2022

26

-5,129.

-5,129.

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



Qualified Plug-in Electric Drive Motor Vehicle Credit

(Including Qualified Two-Wheeled Plug-in Electric Vehicles and New Clean Vehicles)

Attach to your tax return.

OMB No. 1545-2137

Attachment Sequence No. 69

Go to www.irs.gov/Form8936 for instructions and the latest information.

Identifying number

Name(s) shown on return VENKAT MANNAM

Department of the Treasury

Internal Revenue Service

201-29-2099

Note: This credit is for qualified plug-in electric drive motor vehicles placed in service before 2023, qualified two-wheeled plug-in electric vehicles acquired before but placed in service in 2022, and new clean vehicles placed in service after 2022. See separate instructions for vehicle definitions and other requirements.

Part	Tentative Credit			
	separate column for each vehicle. If you need more colum dditional Forms 8936 and include the totals on lines 12 and		(a) Vehicle 1 2022	(b) Vehicle 2
1	Year, make, and model of vehicle	1	TESLA MODEL Y	
2	Vehicle identification number (see instructions)	2	7SAYGDEE9PF630298	
3	Enter date vehicle was placed in service (MM/DD/YYYY)	3	12/16/2022	
4a	If the vehicle is a two-wheeled vehicle, enter the cost of the vehicle. If the vehicle has at least four wheels, see instructions	4a	7,500.	
b	Phase-out percentage (see instructions)	4b	100.00 %	%
с	Tentative credit. Multiply line 4a by line 4b	4c	7,500.	

Next: If you did NOT use your vehicle for business or investment purposes and did not have a credit from a partnership or S corporation, skip Part II and go to Part III. All others, go to Part II.

Part	II Credit for Business/Investment Use Part of	Vehio	cle		
5	Business/investment use percentage (see instructions)	5		%	%
6	Multiply line 4c by line 5. If the vehicle has at least four wheels, leave lines 7 through 10 blank and go to line 11	6			
7	Section 179 expense deduction (see instructions) .	7			
8	Subtract line 7 from line 6	8			
9	Multiply line 8 by 10% (0.10)	9			
10	Maximum credit per vehicle	10	2,5	500	2,500
11	For vehicles with four or more wheels, enter the amount from line 6. If the vehicle is a two-wheeled vehicle, enter the smaller of line 9 or line 10	11			
12	Add columns (a) and (b) on line 11		1	12	
13	Qualified plug-in electric drive motor vehicle credit from p (see instructions)		13		
14	Business/investment use part of credit. Add lines S corporations, stop here and report this amount on Sch amount on Form 3800, Part III, line 1y	e K. All others, report this	14		

Note: Complete Part III to figure any credit for the personal use part of the vehicle.

Part III Credit for Personal Use Part of Vehicle

			(a) Vehicle 1		(b) Vehicle 2
15	If you skipped Part II, enter the amount from line 4c. If you completed Part II, subtract line 6 from line 4c. If the vehicle has at least four wheels, leave lines 16 and 17 blank and go to line 18	15	7,5	00.	
16	Multiply line 15 by 10% (0.10)	16			
17	Maximum credit per vehicle. If you skipped Part II, enter \$2,500. If you completed Part II, subtract line 11 from line 10	17			
18	For vehicles with four or more wheels placed in service before 2023, enter the amount from line 15. If the vehicle is a two-wheeled vehicle, enter the smaller of line 16 or line 17. For vehicles placed in service after 2022, see instructions	18	7,5	00.	
19	Add columns (a) and (b) on line 18			19	7,500.
20	Enter the amount from Form 1040, 1040-SR, or 1040-NR	, line ⁻	18	20	8,845.
21	Personal credits from Form 1040, 1040-SR, or 1040-NR (see ir	structions)	21	
22	Subtract line 21 from line 20. If zero or less, enter -0- an the personal use part of the credit		22	8,845.	
23	Personal use part of credit. Enter the smaller of lin Schedule 3 (Form 1040), line 6f. If line 22 is smaller than li			23	7,500.

REV 03/18/23 PRO Form **8936** (Rev. 1-2023)

		FORM
2022 California e-file Signatu	re Authorization for Individuals	8879
Your name	Your SSN or ITIN	
VENKAT MANNAM	201-29-2099	9
Spouse's/RDP's name	Spouse's/RDP's SS	N or ITIN
Part I Tax Return Information (whole dollars only)		
1 California adjusted gross income (AGI). See instructions		
2 Amount You Owe. See instructions		4051
3 Refund or No Amount Due. See instructions		4051
Part II Taxpayer Declaration and Signature Authorization (Be sur	re you obtain and keep a copy of your return.)	
income tax return. If applicable, I authorize an electronic funds withdra and on form FTB 8455, California e-file Payment Record for Individuals agrees with the direct deposit authorization stated on my return. If I hav domestic partner (RDP) as an agent to authorize an electronic funds wi provider to transmit my complete return to the Franchise Tax Board (FT to my ERO, intermediate service provider, and/or transmitter the rea return, I understand that if the FTB does not receive full and timely pay penalties. I acknowledge that I have read and consent to the Electronic	gree with the information and amounts shown on the corresponding lines awal of the amount on line 2 and/or the estimated tax payments as shown s, or a comparable form. If applicable, I declare that direct deposit refund we filed a joint return, this is an irrevocable appointment of the other spo ithdrawal or direct deposit. I authorize my ERO, transmitter, or intermedia TB). If the processing of my return or refund is delayed, I authorize the ason(s) for the delay or the date when the refund was sent. If I am filing ment of my tax liability, I remain liable for the tax liability and all applicab Funds Withdrawal Consent included on the copy of my electronic incom	n on my return amount on line 3 use/registered ate service FTB to disclose a balance due le interest and e tax return. I hav
selected a personal identification number (PIN) as my signature for my Taxpayer's PIN: check one box only	y electronic income tax return and, if applicable, my Electronic Funds Wit	ndrawal Consent.
X authorize GLOBAL TAXES LLC	to enter my PIN 9	2 0 9 9
ERO firm nam		enter all zeros
as my signature on my 2022 e-filed California individual income ta		
_	tax return. individual income tax return. Check this box only if you are entering your	own PIN and you
I will enter my PIN as my signature on my 2022 e-filed California i return is filed using the Practitioner PIN method. The ERO must c	tax return. individual income tax return. Check this box only if you are entering your complete Part III below.	
 ☐ I will enter my PIN as my signature on my 2022 e-filed California is return is filed using the Practitioner PIN method. The ERO must c Your signature ▶ 	tax return. individual income tax return. Check this box only if you are entering your complete Part III below.	
 □ I will enter my PIN as my signature on my 2022 e-filed California i return is filed using the Practitioner PIN method. The ERO must c Your signature ▶ Spouse's/RDP's PIN: check one box only 	tax return. individual income tax return. Check this box only if you are entering your complete Part III below. Date	
 ☐ I will enter my PIN as my signature on my 2022 e-filed California is return is filed using the Practitioner PIN method. The ERO must c Your signature ▶ 	tax return. individual income tax return. Check this box only if you are entering your complete Part III below. Date to enter my PIN Do not	
I will enter my PIN as my signature on my 2022 e-filed California is return is filed using the Practitioner PIN method. The ERO must c Your signature Spouse's/RDP's PIN: check one box only I authorize	tax return. individual income tax return. Check this box only if you are entering your complete Part III below. Date to enter my PIN to enter my PIN Do not tax return. rnia individual income tax return. Check this box only if you are enter	enter all zeros
 I will enter my PIN as my signature on my 2022 e-filed California is return is filed using the Practitioner PIN method. The ERO must c Your signature 	tax return. individual income tax return. Check this box only if you are entering your complete Part III below. Date to enter my PIN to enter my PIN Do not tax return. rnia individual income tax return. Check this box only if you are enter	enter all zeros
 □ I will enter my PIN as my signature on my 2022 e-filed California is return is filed using the Practitioner PIN method. The ERO must c Your signature ▶	tax return. individual income tax return. Check this box only if you are entering your complete Part III below Date to enter my PIN neto enter my PIN Do not tax return. rnia individual income tax return. Check this box only if you are enter RO must complete Part III below Date	t enter all zeros
I will enter my PIN as my signature on my 2022 e-filed California is return is filed using the Practitioner PIN method. The ERO must c Your signature Spouse's/RDP's PIN: check one box only I authorize	tax return. individual income tax return. Check this box only if you are entering your complete Part III below Date to enter my PIN neto enter my PIN Do not tax return. rnia individual income tax return. Check this box only if you are enter RO must complete Part III below Date	t enter all zeros
I will enter my PIN as my signature on my 2022 e-filed California is return is filed using the Practitioner PIN method. The ERO must c Your signature Spouse's/RDP's PIN: check one box only I authorize	tax return. individual income tax return. Check this box only if you are entering your complete Part III below Date to enter my PIN neto enter my PIN Do not tax return. rnia individual income tax return. Check this box only if you are enter RO must complete Part III below Date	enter all zeros
 □ I will enter my PIN as my signature on my 2022 e-filed California is return is filed using the Practitioner PIN method. The ERO must c Your signature ▶ Spouse's/RDP's PIN: check one box only □ I authorize ERO firm nam as my signature on my 2022 e-filed California individual income ta as my signature on my 2022 e-filed California individual income ta I will enter my PIN as my signature on my 2022 e-filed Californ nam ay our return is filed using the Practitioner PIN method. The ERO Spouse's/RDP's signature ▶ Practitioner PIN Mether ERO's Electronic Filer Identification Number (EFIN)/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 	tax return. individual income tax return. Check this box only if you are entering your complete Part III below	ing your own PII

2022	California	a Re	sident	Income	Tax	Retu	rn			540
				APE			ATTACH	FEDERAL	RETURN	
201-29-20 VENKAT		NNAM					22			
150 MARKE' MILPITAS	T STREET	CA	95035		APT	320)			
06-09-199	9									

		Enter your county at time of filing (see instructions)
e	$oldsymbol{igstar}$	SANTA CLARA
enc		If your address above is the same as your principal/physical residence address at the time of filing, check this box • ×
side		If not, enter below your principal/physical residence address at the time of filing.
Be		Street address (number and street) (If foreign address, see instructions.) Apt. no/ste. no.
pal	ightarrow	
Principal Residence	\bullet	
P		City State ZIP code
	ullet	
		If your California filing status is different from your federal filing status, check the box here
tus	1	X Single 4 Head of household (with qualifying person). See instructions.
Filing Status	2	Married/BDP filing jointly. See instr. 5 Qualifying surviving spouse/BDP. Enter year spouse/BDP died.
	2	Married/RDP filing jointly. See instr. 5 Qualifying surviving spouse/RDP. Enter year spouse/RDP died.
iii ii		See instructions.
	3	Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here.
	6	If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See instr
	- Fo	r line 7, line 8, line 9, and line 10: Multiply the number you enter in the box by the pre-printed dollar amount for that line.
S	7	Personal: If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked Whole dollars only
tior		box 2 or 5, enter 2 in the box. If you checked the box on line 6, see instructions. (\odot 7 1 X \$140 = (\odot \$ 140
Exemptions	8	Blind: If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2
Exe	9	if both are visually impaired, enter 2
	9	if both are 65 or older, enter 2. See instructions
		REV 03/18/23 PRO
		175 3101224 Form 540 2022 Side 1

Υοι	ır na	me: MANNAM	Your SSN or ITIN:	201-29-2099										
	10	Dependents: Do not include Dependent	yourself or your spouse/RDP.	endent 2	Dependent 3									
		First Name		endent 2										
S		Last Name 💿												
Exemptions		SSN. See												
Exem		instructions. Dependent's relationship												
		to you												
	Tota	al dependent exemptions		● 10 X \$433 = ④										
	11	Exemption amount: Add lin	e 7 through line 10. Transfer this am	ount to line 32	1\$ 140									
	12	State wages from your fede	ral • • 12	77679 _00										
	10				73060 .00									
	13 14	California adjustments – sul	s income from federal Form 1040 or btractions. Enter the amount from So	chedule CA (540),										
	15	Subtract line 14 from line 13	3. If less than zero, enter the result ir	n parentheses.	.00									
some	16		ditions. Enter the amount from Sche		73060									
Taxable Income					.00									
Faxab	17	California adjusted gross ind	come. Combine line 15 and line 16 .	• 17	73060 .00									
	18		itemized deductions from Schedule standard deduction shown below for											
		Iarger of Your California standard deduction shown below for your filing status: • Single or Married/RDP filing separately												
		If Married/RDP fi	5202 .00											
	19	Subtract line 18 from line 17 If less than zero, enter -0-	7. This is your taxable income .	• 19	67858 _00									
	31	Tax. Check the box if from:	X Tax Table	x Rate Schedule										
	32	Examption cradite. Enter the	● FTB 3800 ● FT e amount from line 11. If your federa	B 3803 • 31	3068 .00									
Тах	52				140 .00									
F	33	Subtract line 32 from line 3	1. If less than zero, enter -0	(•) 33	2928 _00									
	34	Tax. See instructions. Check	k the box if from: • Schedule G	G-1 • FTB 5870A • 34										
	35	Add line 33 and line 34		• 35	2928 .00									
edits	40	Nonrefundable Child and De	ependent Care Expenses Credit. See i	instructions • 40	.00									
Special Credits	43	Enter credit name	code	and amount • 43										
Spec	44	Enter credit name	code	and amount • 44	.00									
		011 0 F F/2 2222			REV 03/18/23 PRO									
		Side 2 Form 540 2022	175 310)2224										

You	r nar	ne:	MANNAM] Your SSN or I	TIN:	201-29-2	099				
Ś	45	To cl	laim more than two credits. See instr	ructions. Attach Sc	hedul	e P (540)	•	45			. 00
redit	46	Noni	refundable Renter's Credit. See instru	uctions			•	46			. 00
Special Credits	47	Add	line 40 through line 46. These are yo	our total credits				⁾ 47			. 00
Spe	48		tract line 47 from line 35. If less than							2928	. 00
(es	61	Alter	rnative Minimum Tax. Attach Schedul	le P (540)			•	61			<u>00</u>
Other Taxes	62	Men	tal Health Services Tax. See instruction	ons			•	62			- 00
Oth	63	Othe	er taxes and credit recapture. See inst	tructions			•	63			. 00
	64	Add	line 48, line 61, line 62, and line 63.	This is your total t	ax		•	64		2928	. 00
	71	Calif	fornia income tax withheld. See instru	uctions			•	71		6979	. 00
	72	2022	2 California estimated tax and other p	ayments. See inst	ructio	ns	•	72			. 00
	73		nholding (Form 592-B and/or Form 59								- 00
ents	74		ess SDI (or VPDI) withheld. See instru								- 00
Payments	75		ned Income Tax Credit (EITC). See ins								. 00
	76		ng Child Tax Credit (YCTC). See instru								. 00
	77		er Youth Tax Credit (FYTC). See instr								. 00
	78	Add	line 71 through line 77. These are yo instructions	our total payments.				78		6979	. 00
×											
Use Tax	91		Tax. Do not leave blank. See instruct ne 91 is zero, check if: (•) 🗙 No	tions				bligatio	0 .00		
_							your use lax l	Juliyatit	JII UII ECIIY LO GDIFA.		
ISR Penaltv	92	See	bu and your household had full-year h instructions. Medicare Part A or C co bu did not check the box, see instruct	overage is qualifyin			e •	×]		
IS Pen		-	vidual Shared Responsibility (ISR) Pe		ions .				.00		
										6979	
Due	93	-	ments balance. If line 78 is more thar							0979	00
Overpaid Tax/Tax Due	94 95	Payn	Tax balance. If line 91 is more than ments after Individual Shared Respor	ne 92,			6070	- 00			
aid Ta	96	Indiv	tract line 92 from line 93	Balance. If line 92	is mo	re than line 93,	_	95		6979	. 00
Verp			tract line 93 from line 92				0			4051	<u> 00</u>
0	97		rpaid tax. If line 95 is more than line (03/18/23 PRO	64, subtract line 64	4 from	n line 95		97		4051	. 00
				175	310	3224			Form 540 2022	Side 3	

You	ur nar	ne:	MANNAM	Your SSN or ITIN:	201-29-2099		I	
-	y 98	Amo	unt of line 97 you want applied to you	ur 2023 estimated tax		● 98	0	. 00
Overpaid	و 99 و	Over	paid tax available this year. Subtract I	ine 98 from line 97		● 99	4051	. 00
0,5	- 100	Tax o	lue. If line 95 is less than line 64, sub	tract line 95 from line 64	ł	🖲 100		. 00
						<u>Code</u>	Amount	
		Califo	ornia Seniors Special Fund. See instru	ictions		● 400		. 00
		Alzhe	imer's Disease and Related Dementia	a Voluntary Tax Contribut	ion Fund	● 401		- 00
		Rare	and Endangered Species Preservatio	n Voluntary Tax Contribu	tion Program	● 403		. 00
		Califo	ornia Breast Cancer Research Volunta	ry Tax Contribution Fund	l	• 405		. 00
		Califo	ornia Firefighters' Memorial Voluntary	v Tax Contribution Fund .		• 406		- 00
		Emei	gency Food for Families Voluntary Ta	x Contribution Fund		• 407		- 00
		Califo	ornia Peace Officer Memorial Foundat	ion Voluntary Tax Contri	bution Fund	• 408		- 00
		Califo	ornia Sea Otter Voluntary Tax Contrib	ution Fund		• 410		- 00
		Califo	ornia Cancer Research Voluntary Tax	Contribution Fund		• 413		. 00
utions		Scho	ol Supplies for Homeless Children Vo	oluntary Tax Contribution	Fund	• 422		. 00
Contributions		State	Parks Protection Fund/Parks Pass P	urchase		• 423		. 00
ပိ		Prote	ect Our Coast and Oceans Voluntary T	ax Contribution Fund		• 424		- 00
		Кеер	Arts in Schools Voluntary Tax Contri	bution Fund		• 425		. 00
		Prev	ention of Animal Homelessness and C	Cruelty Voluntary Tax Cor	ntribution Fund	● 431		. 00
		Califo	ornia Senior Citizen Advocacy Volunta	ary Tax Contribution Fund	1	• 438		- 00
		Nativ	e California Wildlife Rehabilitation Vo	luntary Tax Contribution	Fund	• 439		- 00
		Rape	Kit Backlog Voluntary Tax Contributi	on Fund		• 440		- 00
		Suici	de Prevention Voluntary Tax Contribu	tion Fund		• 444		- 00
		Ment	al Health Crisis Prevention Voluntary	Tax Contribution Fund		• 445		- 00
		Califo	ornia Community and Neighborhood	Tree Voluntary Tax Contri	ibution Fund	• 446		. 00
	110	Add	amounts in code 400 through code 4	46. This is your total con	tribution	• 110		. 00
unt	111	AMO	UNT YOU OWE. If you do not have an	amount on line 99, add lin	e 94, line 96, line 100, a	and line 110. S	See instructions. Do not send cash.	
Amount			to: FRANCHISE TAX BOARD, PO B Online – Go to ftb.ca.gov/pay for mo		TO CA 94267-0001	• 111		. 00

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

REV 03/18/23 PRO

175 3104224

You	r nan	ne:	MANNAM		Your SSN o	or ITIN:	201-29-	-209	9				
pui	112 113		est, late return penalties, and rpayment of estimated tax.	d late pay	ment penalties	\$			112				.00
est a laltie	113												
Interest and Penalties		Chec	k the box:	05 attache	ed • 🛄	FTB 58051	attached .		• 113				.00
-	114	Total	amount due. See instruction	ns. Enclos	se, but do not	staple, an	y payment .		114				. 00
	115	REFL	IND OR NO AMOUNT DUE.	Subtract 1	the sum of line	e 110, line	112, and lin	ne 113	from line 99. Se	e instruct	tions.		
		Mail	to: FRANCHISE TAX BOARD	, PO BOX	(942840, SAC	RAMENT	0 CA 94240-	0001	• 115			4051	. 00
sit			the information to authorize							ich a void	ed checł	k or a deposit slip.	
Depc			nstructions. Have you verifi • the following amount of my		-				•	shown bel	OW:		
ect [/ 01	 Type 	y totana (011.		
l Dir		• R	autina auahan	ecking	Account nu	Imber				• 116	Direct	deposit amount	
Refund and Direct Deposit		32	22271627	vings	6995755	533						4051	- 00
func		Thor		÷	115) is outbor	izad far di	raat danaait	into ti	ha account about	n halow:			
Re		i ne r	emaining amount of my refu • Type	una (ime	i i o) is autior		rect deposit		ne account snow	II below:			
		• R	outing number	ecking	Account nu	Imber]			• 117	Direct	deposit amount	
				vings									. 00
				ingo									
Voter Info.		F											
			oter registration information See the instructions to find o		-		-						
Our	orivacv	notice	can be found in annual tax book	lets or onlin	ie. Go to ftb.ca.c	10v/privacv	to learn about	our pri	vacv policv stateme	nt, or go to	ftb.ca.go	v/forms and search fo	or 1131
Unde	er pena	alties o	EN-SP, Franchise Tax Board Priv f perjury, I declare that I have e										elief, it
	ie, cor signat		nd complete.			Date		S	pouse's/RDP's sigr	ature (if a j	joint tax re	eturn, both must sign))
			• Your email address. Enter	only one e	mail address.						Pref	ferred phone number	
Ci	gn										682	2274714	
	ere		Paid preparer's signature (de	claration o	of preparer is ba	ased on all	information of	of whi	ch preparer has a	ny knowle	dge)		
to fo	unlaw rge_a	tul	Firm's name (or yours, if self-	employed)								PTIN	
RDF			GLOBAL TAXES	LLC									
-	ature.		Firm's address									Firm's FEIN	
Join ⁻ retu			245 ROONEY C	ГЕВ	RUNSWIC	K NJ	08816						
See instr	uctior	ıs.	Do you want to allow another person to discuss this tax return with us? See instructions									× No	
			Print Third Party Designee's N					000 1	11311 0010113			ne Number	
				amo									
											LREV 03/1	8/23 PRO	
					175	3105	5224	Г		Fr		2022 Side 5	
						J T U J				10			

CA (540)

2022 California Adjustments — Residents

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

Na	Name(s) as shown on tax return SSN or ITIN					
	ENKAT MANNAM		201292099			
P a Se	art I Income Adjustment Schedule ction A – Income from federal Form 1040 or 1040-SR	A	Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions	
1	a Total amount from federal Form(s) W-2, box 1. See instructions 1a		78189	۲	۲	
	 b Household employee wages not reported on federal Form(s) W-2 1b 	$ \mathbf{O} $		۲	۲	
	c Tip income not reported on line 1a 1c	$ \mathbf{O} $		۲	۲	
	d Medicaid waiver payments not reported on federal Form(s) W-2. See instructions 1d	$ \mathbf{O} $		۲	۲	
	e Taxable dependent care benefits from federal Form 2441, line 26 1e			۲	۲	
	f Employer-provided adoption benefits from federal Form 8839, line 29 1f	$ \mathbf{O} $		۲	۲	
	g Wages from federal Form 8919, line 6 1 g	۲		۲	۲	
	${\bf h}~$ Other earned income. See instructions $\ldots \ldots {\bf 1} {\bf h}$	ullet	0	۲	۲	
	i Nontaxable combat pay election. See instructions1i				۲	
	z Add line 1a through line 1i1z	۲	78189	۲	۲	
2	Taxable interest. a 🔍 2b			\odot	\odot	
3	Ordinary dividends. See instructions. a 🕘 3b	۲		۲	۲	
4	IRA distributions. See instructions. a • 4b	۲		۲	۲	
5	Pensions and annuities. See instructions. a • 5b			۲	$\begin{tabular}{ l l l l l l l l l l l l l l l l l l l$	
6	Social security benefits. a • 6b	۲		۲		
	Capital gain or (loss). See instructions		(0.10)	۲	۲	
	ction B – Additional Income from federal Schedule 1	(For	m 1040)			
1	Taxable refunds, credits, or offsets of state and local income taxes	۲		۲		
2	a Alimony received. See instructions	۲			۲	
3	Business income or (loss). See instructions 3	۲		۲	۲	
	Other gains or (losses)			۲	۲	
5			-5129	۲	۲	
6	Farm income or (loss)6	۲		۲	۲	
7	Unemployment compensation7	۲		۲		

REV 03/18/23 PRO

L



Section B – Additional Income Continued	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
8 Other income: a Federal net operating loss8a	• ()		۲
b Gambling	۲	۲	
c Cancellation of debt	۲	\odot	\odot
d Foreign earned income exclusion from federal Form 2555	• ()		۲
e Income from federal Form 8853 8e	۲		۲
f Income from federal Form 8889	۲	۲	
g Alaska Permanent Fund dividends	۲		
h Jury duty pay8h	۲		
i Prizes and awards8i	۲		
j Activity not engaged in for profit income 8j	۲		
k Stock options8k	۲		\odot
I Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property 81	۲		
m Olympic and Paralympic medals and USOC prize money	۲		
n IRC Section 951(a) inclusion 8 n	۲	۲	
o IRC Section 951A(a) inclusion	۲	۲	
p IRC Section 461(I) excess business loss adjustment 8p	۲	۲	۲
q Taxable distributions from an ABLE account 8q	۲		
r Scholarship and fellowship grants not reported on federal Form(s) W-2 8r	۲		
s Nontaxable amount of Medicaid waiver payments included on federal Form 1040, line 1a or line 1d8s	• ()		
t Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental IRC Section 457 plan 8t	۲		
u Wages earned while incarcerated 8 u	\odot		
z Other income. List type and amount.			
8z	۲	۲	$\textcircled{\bullet}$

REV 03/18/23 PRO



Se	tion B – Additional Income Continued	A	Federal Amounts (taxable amounts from your federal tax return)		B Subtractions See instructions	C Additions See instructions
9	a Total other income. Add lines 8a through 8z. 9a			۲		۲
	b1 Disaster loss deduction from form FTB 3805V. 9b1			$oldsymbol{O}$		
	b2 NOL deduction from form FTB 3805V 9b2			ullet		
	b3 NOL from form FTB 3805Z, 3807, or 3809 9b3			ullet		
10	Total. Combine Section A, line 1z through line 7, and Section B, line 1 through line 7, and line 9a in column A and column C. Add Section A, line 1z through line 7, and Section B, line 1 through line 7, line 9a, and line 9b1 through line 9b3 in column B (as applicable). See instructions	۲	73060	۲		۲
	ction C – Adjustments to Income n federal Schedule 1 (Form 1040)					
11	Educator expenses			۲		
12	Certain business expenses of reservists, performing artists, and fee-basis government officials12			۲		۲
13	Health savings account deduction	ullet				
14	Moving expenses. Attach form FTB 3913. See instructions					۲
15	Deductible part of self-employment tax. See instructions			۲		
16	Self-employed SEP, SIMPLE, and qualified plans16	ullet				
17	Self-employed health insurance deduction. See instructions			ullet		
18	Penalty on early withdrawal of savings 18	ullet				
19	a Alimony paid19a	$oldsymbol{ightarrow}$				\odot
	b Recipient's: SSN •					
	Last Name 🖲					
20	IRA deduction			ullet		۲
21	Student loan interest deduction					۲
22	Reserved for future use					
23	Archer MSA deduction	$oldsymbol{igstar}$				

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Section C – Adjustments to Income Continued	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
24 Other adjustments: a Jury duty pay	۲		
 b Deductible expenses related to income reported on line 8I from the rental of personal property engaged in for profit	۲	۲	۲
c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	۲	۲	
d Reforestation amortization and expenses24d			
e Repayment of supplemental unemployment benefits under the federal Trade Act of 1974 24e	•		
f Contributions to IRC Section 501(c)(18)(D) pension plans24f	•	۲	۲
g Contributions by certain chaplains to IRC Section 403(b) plans	\odot	۲	•
h Attorney fees and court costs for actions involving certain unlawful discrimination claims	\odot		
i Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations24i	۲	۲	
j Housing deduction from federal Form 2555 24 j	$\textcircled{\bullet}$		
k Excess deductions of IRC Section 67(e) expenses from federal Schedule K-1 (Form 1041)24k	•		
z Other adjustments. List type and amount.			
۰ 24z	$\textcircled{\bullet}$	\odot	
	۲	۲	٢
26 Add line 11 through line 23 and line 25 in columns A, B, and C. See instructions	۲	۲	۲
27 Total. Subtract line 26 from line 10 in columns A, B, and C. See instructions27	• 73060	۲	۲

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Part II	Adjustments to	Federal Itemized	Deductions
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	-				7	
Che	eck the box if you did NOT itemize for federal but will itemi	ze for	California			
			A Federal Amounts (from federal Schedule A (Form 1040))		B Subtractions See instructions	C Additions See instructions
Me	dical and Dental Expenses See instructions.		x n			
1	Medical and dental expenses • 1					
2	Enter amount from federal Form 1040 or 1040-SR, line 11	2				
3	Multiply line 2 by 7.5% (0.075) (•) 5480	3				
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter 0)			\odot
	a State and local income tax or general sales taxes	5a 🖲) 7822	۲	7822	
	b State and local real estate taxes	ib 🖲)			
	c State and local personal property taxes	ic 💽				
	d Add line 5a through line 5c	ōd 🖲	7822			
	 e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) in column A. Enter the amount from line 5a, column B in line 5e, column B. Enter the difference from line 5d and line 5e, column A in line 5e, column C	5e 🗨) 7822		7822	• 0
6	Other taxes. List type ④ 6	5)	۲		۲
7	Add line 5e and line 6) 7822		7822	• C
	a Home mortgage interest and points reported to you on federal Form 1098	Ba 🦲)			
	b Home mortgage interest not reported to you on federal Form 1098	3b 🦲)			۲
	c Points not reported to you on federal Form 1098	Bc 🖲)			۲
	d Reserved for future use	3d				
	e Add line 8a through line 8c	Be 🖲)			۲
9	Investment interest)	۲		۲
10	Add line 8e and line 9))	$ \mathbf{O} $		۲

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 28 Combine line 26 and line 27. 28 29 Is your federal AGI (Form 540, line 13) more than the amount shown below for your filing status? Single or married/RDP filing separately	Part II Adjustments to Federal Itemized Deductions Continued	A Federal Amounts (from federal Schedule A (Form 1040))	B Subtractions See instructions	C Additions See instructions
11 Gifts by each or check. 11 12 Other than by cash or check. 12 13 Carryover from prior year. 13 14 Add line 11 through line 13 14 15 Casualty or their bicsces) (other than net qualified disaster losses). Attach federal Form 4684. See instructions. 15 Casualty or their bicsces (other than net qualified disaster losses). Attach federal Form 4684. See instructions. 16 Other -transmits in federal instructions. 17 Add lines 4, 7, 10, 14, 15, and 16 in column B plus column C 18 Total. Combine line 17 column A less column B plus column C 19 Dray instructions in the denial instructions. 19 Dray instructions in the column B plus column C 19 Dray instructions in the column A less column B plus column C 19 Dray instructions in the column A less column B plus column C 19 Dray instructions in the column B plus column C 11 Outrins A, B, and C. 12 Other requesses and Certain Miscelianeous Deductions 19 Unreinbursed employee expenses: job travel, union dues, job education, etc. Attach federal Form 2106 if required. See instructions 10 Tar anount from foderal Form 1040 11 Other anount from dotral Form 1040 11 Ordina anount from dotral Form 1040 12 Other andjustments. See instructions. Specify. 13 Total time 24 from line 22. If line 24 is more than line 22, enter 0. 14 Multiply line 23 by 2% (0.02). If less than zero, enter 0. 15 Subtract line 24 from line 22. If line 24 is more t	Gifts to Charity			1
13 Carryover from prior year. 14 Add line 11 through line 13 14 Add line 11 through line 13 14 Add line 11 through line 13 15 Casually and Theil tosses 16 Casually and Theil tosses 17 Add lines 4, 7, 10, 14, 15, and 16 in 18 Total. Combine line 17 column A less column B plus column C 19 Trada C. 19 Trada C. 19 Unreimbursed employee expenses: job travel, union dues, job education, etc. Attach federal Form 2106 if required. See instructions 19 Unreimbursed employee expenses: job travel, union dues, job education, etc. Attach federal Form 2106 if required. See instructions 19 Unreimbursed employee expenses: job travel, union dues, job education, etc. Attach federal Form 2106 if required. See instructions 10 Ty apreparation fees 21 Other sequences: investment, safe deposit box, etc. List type 22 0 23 Enter amount from federal Form 1040 0 73060 24 24 1461 25 26 27 Other adjustments. See instructions. Specify. (*) 28 29 29 20 Syour federal Adj. (form 540, line 13) more than the amount shown below for your filing status? 30 Single or married/RDP filing sparately 23 Status 8F7 24 Married/RDP filing sparately 25 26 <td></td> <td>۲</td> <td>•</td> <td>•</td>		۲	•	•
14 Add line 11 through line 13 14 Add line 11 through line 13 15 Casually or theft lossies) (other than net qualified disaster lossies). Attach federal Form 4684. See instructions	12 Other than by cash or check 12	۲	•	•
Casualty and Thett Losses Comparison Comparison <t< td=""><td>13 Carryover from prior year</td><td>۲</td><td>•</td><td>٠</td></t<>	13 Carryover from prior year	۲	•	٠
15 Casialty or theft loss(se) (other than net qualified disaster losses). Attach federal Form 4684. See instructions 15 ● ● 16 Other Temized Deductions ● ● ● 16 Other Temized Deductions ● ● ● ● 17 Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C		۲	۲	۲
16 Otherfrom list in federal instructions. 16 17 columns A, B, and C. 18 Total. Combine line 17 column A less column B plus column C 19 Unreimbursed employee expenses: job travel, union dues, job education, etc. 19 Unreimbursed employee expenses: job travel, union dues, job education, etc. 19 Attach federal Form 2106 if required. See instructions 20 Tax preparation fees. 21 Other expenses: investment, safe deposit 22 0 23 Chier anount from fiederal Form 1040 or 1400-SR, line 11 73060 24 1461 25 26 26 27 26 27 28 20 27 28 20 29 30 Enter the larger of the amount on line 28 on line 29. Yes. Complete the themized Deductions Worksheet in the instructions for Schedule CA (540), line 29. 29 30 Enter the larger of the amount on line 29 or your standard deduction listed below: Single or maried/RDP filing geparately. Single or maried/RDP filing separately. Single or maried/RDP filing sep	15 Casualty or theft loss(es) (other than net qualified disaster			۲
17 Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C,	Other Itemized Deductions			
columns A, B, and C.	16 Other—from list in federal instructions 16			
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 20 Tax preparation fees. 21 Other expenses: investment, safe deposit box, etc. List type 22 O 23 Enter amount from federal Form 1040 or 1040-SR, line 11 73060 24 Multiply line 23 by 2% (0.02). If less than zero, enter 0. © 24 1461 25 Subtract line 24 from line 22. If line 24 is more than line 22, enter 0. © 27 26 Total Itemized Deductions. Add line 18 and line 25 © 26 27 Other adjustments. See instructions. Specify. © 27 28 Combine line 26 and line 27. © 28 29 Is your federal AGI (Form 540, line 13) more than the amount shown below for your filing status? Single or married/RDP filing separately \$24, \$345, 867 Married/RDP filing jointly or qualifying surviving spouse/RDP. \$345, 821 No. Transfer the amount on line 28 to line 29. Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540), line 29. © 29 30 Exercise RDP filing separately. See instructions \$5,202 Married/RDP filing ipointy, here of household, or qualifying surviving spouse/RDP . \$10,404 Transfer the amount on line 29 or yo	17 Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C	 7822 	2 • 7822	
19 Unreimbursed employee expenses: job travel, union dues, job education, etc. Attach federal Form 2106 if required. See instructions 19 20 Tax preparation fees. 21 21 22 23 24 24 25 26 26 27 28 29 20 20 20 21 21 21 22 23 24 2	18 Total. Combine line 17 column A less column B plus co	olumn C		0 18 0
Attach federal Form 2106 if required. See instructions 	Job Expenses and Certain Miscellaneous Deductions			
21 Other expenses: investment, safe deposit box, etc. List type	19 Unreimbursed employee expenses: job travel, union due Attach federal Form 2106 if required. See instructions .	es, job education, etc.	19	-
21 Other expenses: investment, safe deposit box, etc. List type	20 Tax preparation fees		2 0	
22 Add line 19 through line 21 ② 22 ② 23 Enter amount from federal Form 1040 or 1040-SR, line 11 ③ ⑦ 3060 24 Multiply line 23 by 2% (0.02). If less than zero, enter 0. ③ 24 ② 24 ○ 1461 25 1461 26 52 26 Total Itemized Deductions. Add line 18 and line 25 27 ○ 26 28 ○ 27 28 ○ 27 29 Is your federal AGI (Form 540, line 13) more than the amount shown below for your filing status? Single or married/RDP filing separately \$22,908 Head of household \$344,867 Mostried/RDP filing jointly or qualifying surviving spouse/RDP \$459,821 No. Transfer the amount on line 28 to line 29. Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540), line 29 29 30 Enter the larger of the amount on line 29 or your standard deduction listed below: Single or married/RDP filing iointly, head of household, or qualifying surviving spouse/RDP Single or married/RDP filing iointly, head of household, or qualifying surviving spouse/RDP 30	21 Other expenses: investment sofe denosit			
or 1040-SR, line 11 (a) 73060 24 Multiply line 23 by 2% (0.02). If less than zero, enter 0	22 Add line 19 through line 21		① 22 0	_
 25 Subtract line 24 from line 22. If line 24 is more than line 22, enter 0. 25	23 Enter amount from federal Form 1040 or 1040-SR, line 11	73060		
26 Total Itemized Deductions. Add line 18 and line 25 26 Total Itemized Deductions. Specify. 27 Other adjustments. See instructions. Specify. 27	24 Multiply line 23 by 2% (0.02). If less than zero, enter 0.		• 24 1461	-
 27 Other adjustments. See instructions. Specify. 27 28 Combine line 26 and line 27. 28 29 Is your federal AGI (Form 540, line 13) more than the amount shown below for your filing status? Single or married/RDP filing separately. \$229,908 Head of household. \$344,867 Married/RDP filing jointly or qualifying surviving spouse/RDP. \$459,821 No. Transfer the amount on line 28 to line 29. Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540), line 29. 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 Transfer the amount on line 30 to Form 540, line 18. 	25 Subtract line 24 from line 22. If line 24 is more than line	e 22, enter 0		0 25 0
 28 Combine line 26 and line 27. 29 Is your federal AGI (Form 540, line 13) more than the amount shown below for your filing status? Single or married/RDP filing separately	26 Total Itemized Deductions. Add line 18 and line 25			0 26 0
 29 Is your federal AGI (Form 540, line 13) more than the amount shown below for your filing status? Single or married/RDP filing separately	27 Other adjustments. See instructions. Specify.			
Single or married/RDP filing separately	28 Combine line 26 and line 27			0 28 0
Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540), line 29 29 30 Enter the larger of the amount on line 29 or your standard deduction listed below: Single or married/RDP filing separately. See instructions	Single or married/RDP filing separately Head of household Married/RDP filing jointly or qualifying surviving s	- 	\$229,908 \$344,867	
Single or married/RDP filing separately. See instructions		he instructions for Schedule (CA (540), line 29	0 29 0
REV 03/18/23 PRO	Single or married/RDP filing separately. See instru Married/RDP filing jointly, head of household, or qu	uctionsualifying surviving spouse/RD	\$5,202 DP \$10,404	30 5202
	mansier the amount on the Jo to Form J40, the 10			× ••• 5202
	Side 6 Schedule CA (540) 2022 175	7736224	REV 03/18/23 PRC	