Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

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

Submission Identification Number (SID)

Taxpaver's name

Taxpay	yer's name	Social securi	ty numb	er
YUV	VARAJ KOPPURAVURI	319-27	-6685	5
Spouse	e's name	Spouse's soo	ial secu	rity number
_				
Par	t I Tax Return Information – Tax Year Ending December 31, 2022 (En	nter year you a	ire aut	horizing.)
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	56,547.
2	Total tax		2	5,204.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	7,591.
4	Amount you want refunded to you		4	2,387.
5	Amount you owe		5	

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

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

Taxpayer's PIN: check one box only

	1 dutiion20			ERO firm name	to enter of generate my r in	E	I
X	l authorize	GLOBAL T	PAXES	T.T.C	to enter or generate my PIN		/

	s my
7 6 6 8 5	

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

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 signature ►	Date 🕨
Practitioner PIN	Iethod Returns Only—continue below
Part III Certification and Authentication – F	actitioner PIN Method Only
ERO's EFIN/PIN. Enter your six-digit EFIN followed by	our five-digit self-selected PIN. 2 2 4 9 6 6 1 9 8 9

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

ERO's signature >	Date 🕨		
ERO Must Retain This F Don't Submit This Form to the I			
For Paperwork Reduction Act Notice, see your tax return instructions.	BAA	REV 01/28/23 PRO	Form 8879 (Rev. 01-2021)

1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		202	2	OMB No. 1545	-0074	IRS Use Only	∕—Do not w	rite or staple in this space.
	X	Single] Married fil	ing separately (N	1FS)	Head of	house	hold (HOH)		lifying surviving
Check only one box.		u checked the MFS box, enter the nation is a child but not your dependent		spouse. If you ch	neck	ed the HOH or	QSS	box, enter th		use (QSS) aname if the qualifying
Your first name	and mi	iddle initial	Last name						Your so	cial security number
YUVARAJ			KOPPURA	AVURI					319-3	27-6685
If joint return, sp	ouse's	s first name and middle initial	Last name						Spouse	s social security number
Home address (numbe	er and street). If you have a P.O. box, see	instructions.				A	Apt. no.	Preside	ntial Election Campaigr
5217 1/2	,OL	IVA AVENUE								nere if you, or your
City, town, or po	ost offi	ce. If you have a foreign address, also co	mplete space	s below.	Sta	te	ZIP c	ode		if filing jointly, want \$3 this fund. Checking a
LAKEWOOD	1				CZ	A	907	12		ow will not change
Foreign country	name		Foreig	gn province/state/c	count	ty	Foreig	n postal code	your tax	c or refund.
										You Spouse
Digital		ny time during 2022, did you: (a) rece		•			•	,	. ,	
Assets	exch	ange, gift, or otherwise dispose of a	-			_	asset)	? (See instru	uctions.)	🗌 Yes 🛛 No
Standard		eone can claim: You as a de		Vour spouse		•				
Deduction		Spouse itemizes on a separate retur	n or you wer	re a dual-status a	alien					
Age/Blindness	You:	Were born before January 2, 1	958 🗌 Ar	re blind Spo	use	: 🗌 Was bor	n befo	ore January	2, 1958	Is blind
Dependents	s (see	instructions):		(2) Social security		(3) Relationsh	ip (4) Check the b	ox if quali	fies for (see instructions):
If more	(1) Fi	irst name Last name		number		to you		Child tax c	redit	Credit for other dependents
than four										
dependents, see instructions										
and check										
here										
Income	1a	Total amount from Form(s) W-2, be		,					. 1a	,
	b	Household employee wages not re			•				. 1b	
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a							. 1c	
attach Forms	d	Medicaid waiver payments not rep			nstru	ictions)	• •		. 1d	
W-2G and 1099-R if tax	е	Taxable dependent care benefits f		-			• •		. <u>1e</u>	
was withheld.	f	Employer-provided adoption bene					• •		. <u>1f</u>	
If you did not	g	Wages from Form 8919, line 6 .			•		• •		. <u>1g</u>	
get a Form W-2, see	h	Other earned income (see instructi	,		•	· · · ·	···		. 1h	0.
instructions.	I	Nontaxable combat pay election (s	see instruction	ons)	•	<u>1</u> i				
	<u>z</u>	Add lines 1a through 1h	· · · ·	· · · · ·	ь.т				. 1z	,
Attach Sch. B if required.	2a	· · -	2a			axable interest			. 2b	
	<u>3a</u>		3a 4a			ordinary divide axable amoun			. 3b . 4b	
Chandard	4a 5a	-	ња 5а			axable amoun			. 40	
Standard Deduction for –	6a		6a			axable amoun			. 6b	
 Single or Married filing 	c	If you elect to use the lump-sum e								
separately,	7	Capital gain or (loss). Attach Scher						[7	
\$12,950Married filing	8	Other income from Schedule 1, lin							. 8	-7,307.
jointly or	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,							. 9	56,547.
Qualifying surviving spouse,	10	Adjustments to income from Sche		-					. 10	
\$25,900 • Head of	11	Subtract line 10 from line 9. This is							. 11	
household,	12	Standard deduction or itemized	•	-					. 12	
\$19,400 • If you checked	13	Qualified business income deducti				5-A			. 13	
any box under Standard	14	Add lines 12 and 13							. 14	
Deduction,	15	Subtract line 14 from line 11. If zer				axable incom	ie .		. 15	
see instructions.										

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	(s): 1 🗌 881	4 2 4972	3		16	5,204.
Credits	17	Amount from Schedule 2, lir	ne3					17	
	18	Add lines 16 and 17						18	5,204.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lir	ne8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	5,204.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21			23	0.
	24	Add lines 22 and 23. This is	your total tax					24	5,204.
Payments	25	Federal income tax withheld							
	а	Form(s) W-2				25a	7,591.		
	b	Form(s) 1099				25b			
	с	Other forms (see instruction	s)			25c			
	d	Add lines 25a through 25c						25d	7,591.
If you have a	26	2022 estimated tax paymen	ts and amount a	pplied from 20	21 return			26	
If you have a qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit from				28			
	29	American opportunity credit	from Form 8863	3, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lir				31			
	32	Add lines 27, 28, 29, and 31				undable credits		32	
	33	Add lines 25d, 26, and 32. T	hese are your to	otal payments				33	7,591.
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amou	nt you overpaid		34	2,387.
Refutio	35a	Amount of line 34 you want				•		35a	2,387.
Direct deposit?	b	Routing number 1 2 1					Savings		
See instructions.	d	Account number 3 2 5					0		
	36	Amount of line 34 you want	applied to your	2023 estimate	ed tax	36			
Amount	37	Subtract line 33 from line 24	. This is the am	ount vou owe					
You Owe	•	For details on how to pay, g						37	
	38	Estimated tax penalty (see in	nstructions) .			38			
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?	See			
Designee			•				Complete	below.	X No
-		signee's		Phone			sonal identi	fication	
	nai			no.			nber (PIN)		
Sign		der penalties of perjury, I declare t ief, they are true, correct, and corr							
Here		· · ·							nt you an Identity
	fO	ur signature		Date	Your occupation				IN, enter it here
Joint return?					DATABASE A	DMINISTRAT	OR (see	inst.)	
See instructions.	Sp	ouse's signature. If a joint return,	both must sign.	Date	Spouse's occupati	ion			nt your spouse an
Keep a copy for your records.								tity Prote inst.)	ection PIN, enter it here
your rooordo.							`	insi.)	
		one no. (347) 330-657		Email address	YUVARAJKOPPUF	1	1		Oh a shi ifi
Paid		eparer's name	Preparer's signat			Date	PTIN	0 7 0 0	Check if:
Preparer		I PRIYA RAM SAGAR GUPTA TALLAM		KAM SAGAR	GUPTA TALLAM	02/09/2023	P0208		Self-employed
Use Only		m's name GLOBAL TA			- 0001.0				(678) 965-9522
			Y CT E BRU	NSWICK N			Firm	's EIN	84-3171965
Go to wanter inc. ~	ov/Form	1010 for instructions and the late	et information			DEV/ 04/00/00 DEC			Form 1040 (2022)

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

BAA REV 01/28/23 PRO

Form **1040** (2022)

SCHEDULE	1
(Form 1040)	

Department of the Treasury

Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074 20 22

Attachment Sequence No. **01** Internal Revenue Service Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number YUVARAJ KOPPURAVURI 319-27-6685

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2 a	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. Att	ach Schedule E .	5	-7,307.
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		8n		
Ο	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-SF	i, or 1040-NR, line 8	10	-7,307.

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	-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	
24	Other adjustments:			
а	Jury duty pay (see instructions)	24a		
b	Deductible expenses related to income reported on line 8I from the			
	rental of personal property engaged in for profit	24b		
С	Nontaxable amount of the value of Olympic and Paralympic medals			
	and USOC prize money reported on line 8m	24c		
d	Reforestation amortization and expenses	24d		
е	Repayment of supplemental unemployment benefits under the Trade			
	Act of 1974	24e		
f	Contributions to section 501(c)(18)(D) pension plans	24f		
g	Contributions by certain chaplains to section 403(b) plans	24g		
h	Attorney fees and court costs for actions involving certain unlawful			
	discrimination claims (see instructions)	24h		
i	Attorney fees and court costs you paid in connection with an award			
	from the IRS for information you provided that helped the IRS detect			
	tax law violations	24i		
j	Housing deduction from Form 2555	24j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form			
	1041)	24k		
Z	Other adjustments. List type and amount:			
		24z		
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income			
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26	
	BAA	REV 01/28/23 PRO	Schedule 1 (Fo	rm 1040) 2022

SCHEDULE E	
(Form 1040)	

Supplemental Income and Loss

OMB No. 1545-0074

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.

	<u>6</u> 01	
	Attachmer Sequence	13

VUURALT KOPPURAUNT 319-27-6685 Part 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 anation and ask from Form 4836 on page 2, the 40. Note: If you are an individual, report farm anation or loss from Form 4836 on page 2, the 40. Note: If you are an individual, report farm anation or loss from Form 4836 on page 2, the 40. Yes Note: If you are an individual, report farm anation or loss from Form 4836 on page 2, the 40. Yes Note: If you are an individual, report farm anation of galaxies of each property (street, city, state, ZIP code) A 1 Physical address of each property (street, city, state, ZIP code) Fair Rental Days QuV B) shown on return							al security	
Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report farm income or loss from Form 4803 on gape 2, line 4. A Did you make any payments in 2022 that would require you to file Form(5) 1099? See instructions. \refstyress No It *Yes; * 1d you are with you are an individual, report farm (5) 1099? See instructions. \refstyress No It Physical address of each property (street, city, state, ZIP code) It Fair Rental Personal Use 0. QUV A 3 2 For each rental real estate property listed above, report the number of fair cental and a code above, report the number of fair cental and a code above, report the number of fair cental and code above, report the number of fair cental above, report the numbe	YUVA							319-2	7-6685	
A Did you make any payments in 2022 that would require you to file Form(s) 1099? Image: See instructions Image: See instruction	Part	Note: If you are in the business of renting persor	al property,		le C. See	instructi	ons. If you a	are an indiv	/idual, rep	oort farm
B H*Yes,* did your will you file required Form(s) 10997 Yes No 1a Physical address of each property (street, city, state, ZIP code) A 2 - 29, MATINBAZAR, VINUKONDA GUNTUR ANDRRA PRADESH IN 522647 B C Topo of Property 2 For each nertal real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to his as a qualified joint venture. See instructions. A 3 65 0 C Type of Property: 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental 2 Multi-Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental 2 Multi-Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental 2 Multi-Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental 2 Multi-Family Residence 3 Vacation/Short-Term Rental 6 Royalties 8 Other (describe) 1 Single Family Residence 4 Commercial 6 Royalties 6 Other (describe) 6 Auto and travel (see instructions) 6 - - - 7 Celeaning and maintenance	ΑΓ			file Form(s)	10992 5	ee instr	uctions		Ye	es X No
1a Physical address of each property (street, city, state, ZIP code) A 2 - 29, KATNBAZAR, VINUKONDA GUNTUR ANDERA PRADESH IN 522647 B C C C C Fair Rental Personal Use days. Check the OJV box only if you meet the requirements to file as a qualified joint venture. See instructions. A 3 as b C Type of Property: 3 Single Family Residence 3 Vacation/Short-Term Rental 6 Royalties 8 Other (describe) Income: A B C C C Single Family Residence 4 Vacation/Short-Term Rental 6 Royalties 8 Other (describe) C Income: A B C 3 632. C A dot and travel (see instructions) 6 A B C S Adventing and maintenace 7 1, 758. C C B Commissions 8 C S C S A dot and travel (see instructions) 6 C C C C B Commissions 8 C S S C S S C <th< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></th<>										
A 2-29, MAINBAZAR, VINUKONDA GUNTUR ANDHRA PRADESH IN 522647 B C Ib Type of Property (from list below) 2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions. Fair Rental Days Personal Use Days QJV Type of Property: 1 Single Family Residence 3 Vacation/Short-Term Rental 4 Commercial 5 Land 6 Royatties 7 Self-Rental 8 Other (describe) - - Income: 3 A 632. -									<u></u>	
B Fair Rental call estate property listed above, report the number of fair rental and personal use days. Check the QV box only a 365 0 Personal Use Days QvV B	1a			,						
C Type of Property (from list below) 2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only A 365 0 0 B		2-29, MAINBAZAR, VINUKONDA GUNTUR	ANDHRA	PRADESH	IN 52	2647				
Ib Type of Property (rrom list below) 2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions. Fair Rental Days Personal Use Days QJV Type of Property: 1 Single Family Residence 3 Vacation/Short-Term Rental 6 5 Land 7 Self-Rental 8 0 0 Income: 3 A B C 0 0 0 Income: 3 A B C 0 0 0 A to and travel (see instructions) 4 6 6 0 0 0 6 Auto and travel (see instructions) 6 0 0 0 0 0 1 Management fees 11 1, 758. 0 0 0 0 1 Management fees 14 1, 598. 10 0										
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B if you meet the requirements to file as a qualified joint venture. See instructions. B C C Type of Property: 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental 2 Multi-Family Residence 4 Commercial 6 Royalties 7 Self-Rental Income: A 8 C 3 A Rents received 4						L		Da	•	
B Qualified joint venture. See instructions. B C Type of Property: 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental 2 Multi-Family Residence 4 Commercial 5 Land 7 Self-Rental 3 Rents received 4 6 Royalties 8 Other (describe) Income: 3 632. 4 Reparts received 4 6 6 4 Royalties received 4 6 6 5 Advertising 5 6 7 1,758. 6 Auto and travel (see instructions) 6 7 1,758. 7 Cleaning and maintenance 9 10 11 1,344. 10 Legal and other professional fees 10 12 14 11 Management fees 15 1,172. 14 1,598. 15 Supplies 15 1,172. 14 1,598. 16 Taxes 11 2,067. 18 19 11 10 Other (list) 19 12 -7,307.							365		0	
Type of Property: 1 Single Family Residence 3 Vacation/Short-Term Rental 6 Royatiles 8 Other (describe) Income: A B C B C 3 Rents received 4 Commercial 6 8 Other (describe) Income: A B C C C C 3 Rents received 4 C C C C 4 Royatiles received 4 C <td></td>										
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2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe) Income: A B C 3 Rents received 4 632. 632. 4 Royalties received 4 632. 632. 5 Advertising 5 6 6 6 Auto and travel (see instructions) 6 7 1,758. 7 Cleaning and maintenance 7 1,758. 6 9 Insurance 9 6 6 10 Legal and other professional fees 10 11 1,344. 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 6 13 Other interest 13 14 1,598. 15 14 Repairs 14 1,598. 15 1,172. 16 18 Depreciation expense or depletion 18 19 14 14 14 14 19 Other (list) 19 12 17 2,067. 18 12 12 12 12 12 12 12 12 12 12 12 12 12 14 14			D	5 1		7 0				
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26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result				-		ntor tot			(7 307 1
									<u>\</u>	1,301.)
1000, in rate in, in, iv, and intervent page 2 to not apply to you, also effect this attount of 1	20									
Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 . 26 -7, 307.								1 1		-7,307.

-7,307.

			DO NOT MAIL TH	HIS FORM T	O THE FTE
TAXABLE YEAR					FORM
2022	California e-file Signature Au	uthorization fo	or Individua	als	8879
Your name	~			SSN or ITIN	
YUVARAJ KOI				-27-6685	
Spouse's/RDP's nam	le		Spou	se's/RDP's SSN (or ITIN
Part I Tax Retu	rn Information (whole dollars only)				
	ted gross income (AGI). See instructions				
2 Amount You Ow	ve. See instructions			2	1511
3 Refund or No Ai	mount Due. See instructions			3	1511
	er Declaration and Signature Authorization (Be sure you obta perjury, I declare that I have examined a copy of my individual				
income tax return. I and on form FTB 84 agrees with the dire domestic partner (F provider to transmit to my ERO, interme return, I understand penalties. I acknowl	er (ITIN), and the amounts shown in Part I above agree with t If applicable, I authorize an electronic funds withdrawal of the 455, California e-file Payment Record for Individuals, or a corr ect deposit authorization stated on my return. If I have filed a j RDP) as an agent to authorize an electronic funds withdrawal of t my complete return to the Franchise Tax Board (FTB). If the ediate service provider, and/or transmitter the reason(s) for d that if the FTB does not receive full and timely payment of m ledge that I have read and consent to the Electronic Funds Wil identification number (PIN) as my signature for my electronic	amount on line 2 and/or the aparable form. If applicable, oint return, this is an irrevo or direct deposit. I authorize processing of my return or the delay or the date whe y tax liability, I remain liable thdrawal Consent included	e estimated tax payme , I declare that direct do boable appointment of t e my ERO, transmitter, r refund is delayed, I a en the refund was sent e for the tax liability an on the copy of my elect	nts as shown oi eposit refund ar the other spouse or intermediate authorize the FT . If I am filing a d all applicable ctronic income t	n my return nount on line 3 e/registered service B to disclose balance due interest and ax return. I have
Taxpayer's PIN: che					awar oonsont.
I authorize _G	LOBAL TAXES LLC		to enter my F	PIN 7 6	6 8 5
	ERO firm name			Do not ei	nter all zeros
as my signatu	ire on my 2022 e-filed California individual income tax return.				
	PIN as my signature on my 2022 e-filed California individual using the Practitioner PIN method. The ERO must complete P		nis box only if you are o	entering your ov	wn PIN and you
Your signature		Date			
Spouse's/RDP's PII	N: check one box only				
🗌 I authorize			to enter my F	PIN	
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as my signatu	re on my 2022 e-filed California individual income tax return.				
	ny PIN as my signature on my 2022 e-filed California individent in the second state of the second state of the the second state of the second stat		neck this box only if y	/ou are entering	g your own PIN
Spouse's/RDP's sig	inature 🕨		Date 🕨		
	Practitioner PIN Method Ret	turns Only continue belov			
Part III Certific	cation and Authentication — Practitioner PIN Method Only				
	iler Identification Number (EFIN)/PIN. EFIN followed by your five-digit self-selected PIN.	2 2 2	4 9 6 6 Do not enter all zeros	1 9 8	9
I certify that the abo confirm that I am s e-file Providers.	ove numeric entry is my PIN, which is my signature for the 2 submitting this return in accordance with the requirements of	022 California individual in	come tax return for th	e taxpayer(s) in 2022 Handboo	dicated above. k for Authorize
e-me Providers.					
	۶	Nate 🕨	02/09/2023		

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California Resident Income Tax Return 2022

		APE	ATTACH FEDERAL RETURN
		27-6685 KOPP RAJ KOPPURAVURI	22
		1/20LIVA AVENUE WOOD CA 90712	
08	-06	6-1992	
Principal Residence	۲	Enter your county at time of filing (see instructions) LOS ANGELES If your address above is the same as your principal/physical residence address at the If not, enter below your principal/physical residence address at the time of filing.	
Principal I	۲	Street address (number and street) (If foreign address, see instructions.) City	Apt. no/ste. no.
Filing Status	1 2 3		ualifying person). See instructions. e/RDP. Enter year spouse/RDP died.
	6	If someone can claim you (or your spouse/RDP) as a dependent, check the box her	
Exemptions		if both are visually impaired, enter 2	Whole dollars only 07 1 X \$140 = \textcircled{o} \$ 140 08 X \$140 = \textcircled{o} \$ \$ 09 X \$140 = \textcircled{o} \$ \$
		1/J 3101224	Form 540 2022 Side 1

Υοι	ır naı	me: KOPP	UF	RAVURI		You	ur SSN	or ITIN:	319-	27-668	5				
	10	Dependents: D		ot include yo Dependent 1	urself	or your sp	ouse/RE		endent 2				Dependent 3		
		First Name	ullet					•							
SU		Last Name	ullet					•							
Exemptions		SSN. See instructions.						•				•			
Exe		Dependent's relationship to you	•					•							
	Tota	I dependent exe	emp	otions					(• 10	X \$4	133 = 🤇	\$		
	11	Exemption an	nou	Int: Add line	7 throu	gh line 10	. Transfe	r this am	ount to li	ne 32			1 \$	14	10
	12	State wages f Form(s) W-2,	ron bo	n your federa x 16			• 1	2		63	854	00			
	13	Enter federal a										12		56547	. 00
	13 14	California adju	ustr	nents – subt	ractions	s. Enter th	e amoun	it from Sc	hedule C	A (540),					
	15	Part I, line 27 Subtract line	14 f	from line 13.	If less t	than zero,	enter th	e result ir	n parenth	eses.		14		56547	<u>00</u>
come	16	See instructio California adju										15			• 00
Taxable Income		Part I, line 27	, CO	lumn C								16			. 00
Taxat	17	California adju		-)		56547	00
	18	larger of	′ou Sir Ma	r California it r California si ngle or Marrie urried/RDP filin urried/RDP filin	andard ed/RDP g jointly	l deductio filing sep , Head of h	n shown arately. ousehold	i below fo 	r your fil 	ing status: 	\$5, /RDP. \$10,	202		5202	. 00
	19	Subtract line If less than ze	18 f	irom line 17.	This is	your taxa	ble inco	me.	,					51345	. 00
	31	Tax. Check the	e bo	ox if from:	×	Tax Table		Tax	k Rate Sc	hedule					
	32	Exemption cre	tihe	• s Enter the a		FTB 3800 from line				 ore than	(31		1742	<u>00</u>
Тах	02	\$229,908, see										32		140	. 00
	33	Subtract line 3	32 f	irom line 31.	If less t	than zero,	enter -0					33		1602	. 00
	34	Tax. See instr	ucti	ions. Check t	he box	if from: ●	S	chedule G	i-1 •	FTB 5	870A	34			. 00
	35	Add line 33 ar	nd I	ine 34								35		1602	. 00
edits	40	Nonrefundabl	e Cl	hild and Dep	endent	Care Expe	nses Cre	edit. See i	nstructio	ns		4 0			. 00
Special Credits	43	Enter credit na	ame	9				code		and amo	ount	43			. 00
Speci	44	Enter credit n	ame	e				code		and am	ount (• 44			. 00
		Side 2 Form S	540	2022		17	5	310	2224	Г			REV 01/24/23 PRO		

You	r nar	me: KOPPURAVURI	Your SSN or ITIN:	319-27-6685				
Ś	45	To claim more than two credits. See inst	ructions. Attach Schedule	P (540)	• 45			. 00
Special Credits	46	Nonrefundable Renter's Credit. See instru	uctions		. • 46			. 00
cial C	47	Add line 40 through line 46. These are yo	our total credits		. • 47			. 00
Spe	48	Subtract line 47 from line 35. If less than			Г		1602	. 00
					Γ			
xes	61	Alternative Minimum Tax. Attach Schedu			Г			• 00
Other Taxes	62	Mental Health Services Tax. See instructi	ons		● 62 _			• 00
ot	63	Other taxes and credit recapture. See ins	tructions		● 63 _			- 00
	64	Add line 48, line 61, line 62, and line 63.	This is your total tax		. • 64		1602	. 00
	71	California income tax withheld. See instru	uctions		. • 71		3113	. 00
	72	2022 California estimated tax and other p	payments. See instruction	S	. • 72			. 00
	73	Withholding (Form 592-B and/or Form 5	93). See instructions		. • 73			. 00
ents	74	Excess SDI (or VPDI) withheld. See instr	uctions		. • 74			. 00
Payments	75	Earned Income Tax Credit (EITC). See ins			Γ			. 00
	76	Young Child Tax Credit (YCTC). See instr			Г			. 00
	77	Foster Youth Tax Credit (FYTC). See instr			Г			. 00
	78	Add line 71 through line 77. These are yo See instructions	our total payments.		Г		3113	. 00
ах	91	Use Tax. Do not leave blank. See instruc	tiono	• 91		0.00		
Use Tax	31		use tax is owed.		e tax obligatior	directly to CDTFA.		
	92	If you and your household had full-year						
ISR Penaltv		See instructions. Medicare Part A or C co If you did not check the box, see instruct	overage is qualifying healt		. • X			
Pen		Individual Shared Responsibility (ISR) Po		• 92		_ 00		
	0.0	Deumente balance 16 line 20 i		from line 70			3113	. 00
Due	93	Payments balance. If line 78 is more than			Г			
Overpaid Tax/Tax Due	94 95	Use Tax balance. If line 91 is more than Payments after Individual Shared Respor	nsibility Penalty. If line 93	is more than line 92,	Γ		3113	• 00
aid Ta	96	subtract line 92 from line 93 Individual Shared Responsibility Penalty			• 95 L		2112	. 00
verpá		subtract line 93 from line 92			• 96 L			. 00
0	97	Overpaid tax. If line 95 is more than line	64, subtract line 64 from	line 95	• 97		1511	. 00
		REV 01/24/23 PRO	175 3103	3224		Form 540 2022	Side 3	

You	ur nar	ne:	KOPPURAVURI	Your SSN or ITIN:	319-27-6685		I	
	<u>98</u>	Amo	unt of line 97 you want applied to you	ur 2023 estimated tax		• 98	0	. 00
	ב 99 ק	Over	paid tax available this year. Subtract I	ine 98 from line 97		• 99	1511	. 00
0) 1	- 100	Tax	due. If line 95 is less than line 64, sub	tract line 95 from line 64	4	• 100		. 00
						<u>Code</u>	Amount	
		Calif	ornia Seniors Special Fund. See instru	ictions		• 400		<u> 00 </u>
		Alzhe	eimer's Disease and Related Dementia	Noluntary Tax Contribut	tion Fund	• 401		. 00
		Rare	and Endangered Species Preservatio	n Voluntary Tax Contribu	ition Program	• 403		. 00
		Calif	ornia Breast Cancer Research Volunta	ry Tax Contribution Func	1	• 405		<u> 00 </u>
		Calif	ornia Firefighters' Memorial Voluntary	Tax Contribution Fund .		• 406		- 00
		Emei	rgency Food for Families Voluntary Ta	x Contribution Fund		• 407		. 00
		Calif	ornia Peace Officer Memorial Foundat	ion Voluntary Tax Contri	bution Fund	• 408		. 00
		Calif	ornia Sea Otter Voluntary Tax Contrib	ution Fund		• 410		<u> 00 </u>
		Calif	ornia Cancer Research Voluntary Tax	Contribution Fund		• 413		. 00
itions		Scho	ol Supplies for Homeless Children Vo	oluntary Tax Contribution	Fund	• 422		. 00
Contributions		State	Parks Protection Fund/Parks Pass P	urchase		• 423		<u> 00 </u>
ပိ		Prote	ect Our Coast and Oceans Voluntary T	ax Contribution Fund		• 424		<u> 00 </u>
		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
		Calif	ornia Senior Citizen Advocacy Volunta	ry Tax Contribution Fund	d	• 438		. 00
		Nativ	ve California Wildlife Rehabilitation Vo	luntary Tax Contribution	Fund	• 439		. 00
		Rape	e Kit Backlog Voluntary Tax Contributi	on Fund		• 440		. 00
		Suici	de Prevention Voluntary Tax Contribu	tion Fund		• 444		. 00
		Ment	al Health Crisis Prevention Voluntary	Tax Contribution Fund		• 445		. 00
		Calif	ornia Community and Neighborhood ⁻	Tree Voluntary Tax Contr	ibution Fund	• 446		. 00
	110	Add	amounts in code 400 through code 4	46. This is your total cor	ntribution	• 110		. 00
unt	گ ^ا 111	AMO	UNT YOU OWE. If you do not have an	amount on line 99, add lir	ne 94, line 96, line 100, a	nd line 110. S	See instructions. Do not send cash.	
Amount			to: FRANCHISE TAX BOARD, PO B		ITO CA 94267-0001	• 111		. 00

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

REV 01/24/23 PRO

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You	r nan	ne:	KOPPURAV	URI		Your SSN	or ITIN:	319-27-	-668	35	_				
and ies			rest, late return pe erpayment of estil			rment penalti	es				112				. 00
Interest and Penalties		Cheo	ck the box:	FTB 58	305 attach	ed	FTB 5805	F attached .			113				.00
	114	Total	l amount due. See	e instructio	ons. Enclo	se, but do no	ot staple, ar	ny payment .			114				. 00
	115	REF	UND OR NO AMO	UNT DUE.	. Subtract	the sum of li	ne 110, lin	e 112, and lir	ne 113	3 from line	99. See	instruct	tions.		
		Mail	to: FRANCHISE T	TAX BOARI	D, PO BO)	(942840, S <i>i</i>	ACRAMENT	TO CA 94240	-0001		115			1511	. 00
Refund and Direct Deposit		See	n the information instructions. Hav r the following an	e you verif nount of m	fied the ro	outing and a	count num	ibers? Use w	vhole	dollars only	y.			k or a deposit sli	0.
Direc		• F	Routing number	Type Ch	recking	 Account r 	number					• 116	Direct of	deposit amount	
and		12	21000358		Ū	325119	84396	9						1511	. 00
əfund		The	remaining amoun		ivings fund (line	115) is auth	orized for d	irect denosit	into t	he account	t shown	helow.			
Ä			Routing number	Type Ch	necking Ivings	Account r]				Direct	deposit amount	. 00
Voter Info.		For \	voter registration	informatio	on, check t	he box and g	jo to sos.c ;	a.gov/electic	ons. S	ee instruct	ions				
IMPO		ANT: S	See the instruction	ns to find c	out if you s	should attach	a copy of	your complet	te fede	eral tax retu	urn.				
Our p	rivacy ate FT	NT: S notice B 113	See the instruction e can be found in anr 1 EN-SP, Franchise T	ns to find c 1ual tax book Tax Board Pri	out if you s klets or onlin ivacy Notice	should attach ne. Go to ftb.ca on Collection.	a copy of gov/privacy To request th	your complet to learn about his notice by ma	te fede t our pr ail, call	eral tax retu ivacy policy : 800.338.050	urn. statement, 05 and ent	or go to er form c	ftb.ca.go	w/forms and search when instructed.	
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CA (540)

2022 California Adjustments — Residents

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

Nar	ne(s) as shown on tax return				SSN or ITIN
	JVARAJ KOPPURAVURI				319276685
Pa Sei	rt I Income Adjustment Schedule stion 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	$ \mathbf{O} $	63854	۲	۲
	b Household employee wages not reported on federal Form(s) W-2 1b	$ \overline{} $		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			\odot	\odot
	e Taxable dependent care benefits from federal Form 2441, line 261e	$ \overline{} $		۲	۲
	f Employer-provided adoption benefits from federal Form 8839, line 291f	$ \overline{} $		۲	۲
	g Wages from federal Form 8919, line 6 1 g	$ \mathbf{O} $		۲	۲
	h Other earned income. See instructions $\ldots\ldots$. 1h	ullet	0	۲	۲
	i Nontaxable combat pay election. See instructions1i				۲
	z Add line 1a through line 1i1z	$ \mathbf{O} $	63854	۲	۲
2	Taxable interest. a • 2b	ullet		\odot	۲
3	Ordinary dividends. See instructions. a 93b			۲	\odot
	IRA distributions. See instructions. a • 4b			۲	۲
	Pensions and annuities. See instructions. a • 5 b	$ \overline{} $		۲	•
	Social security benefits. a • 6b	$ \mathbf{O} $		۲	
	Capital gain or (loss). See instructions			۲	۲
	tion B – Additional Income from federal Schedule 1 Taxable refunds, credits, or offsets of state	(For	m 1040)		
'	and local income taxes			۲	
2	a Alimony received. See instructions 2a				•
3	Business income or (loss). See instructions 3	$ \mathbf{O} $		۲	۲
	Other gains or (losses)	$ \mathbf{O} $		۲	۲
	Rental real estate, royalties, partnerships, S corporations, trusts, etc	$ \mathbf{O} $	-7307	۲	۲
6	Farm income or (loss)6	$ \mathbf{O} $		۲	۲
7	Unemployment compensation	۲		۲	

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Section B – Additional Income Continued	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
8 Other income: a Federal net operating loss	• ()		۲
b Gambling 8b	۲	۲	
c Cancellation of debt 8c	\odot	\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 income8j	۲		
k Stock options8k	۲		
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-28r	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	\odot	\bullet

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Se	ction 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			۲		
	b2 NOL deduction from form FTB 3805V 9b2			۲		
	b3 NOL from form FTB 3805Z, 3807, or 3809 9b3			$ \mathbf{O} $		
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	56547	۲		۲
Se fro	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 officials 12	۲		۲		۲
	0	ullet				
						۲
15	Deductible part of self-employment tax. See instructions			۲		
16	Self-employed SEP, SIMPLE, and qualified plans16	$oldsymbol{igstar}$				
17	Self-employed health insurance deduction. See instructions			۲		
18	Penalty on early withdrawal of savings					
19	a Alimony paid19a					۲
	b Recipient's: SSN •					
	Last Name 🖲					
20	IRA deduction 20					۲
21	Student loan interest deduction	۲				۲
22	Reserved for future use					
23	Archer MSA deduction	$oldsymbol{igstar}$				

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ction C – Adjustments to Income Continued	A Federal Amounts (taxable amounts from federal tax return)	your B Subtractions See instructions	C Additions See instructions
Other adjustments: a Jury duty pay 24a	۲		
 b Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit	۲	۲	•
c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m24c	۲	۲	
d Reforestation amortization and expenses24d	\odot		
e Repayment of supplemental unemployment benefits under the federal Trade Act of 197424e	•		
f Contributions to IRC Section 501(c)(18)(D) pension plans24f	٢	•	•
g Contributions by certain chaplains to IRC Section 403(b) plans24g	۲	۲	۲
h Attorney fees and court costs for actions involving certain unlawful discrimination claims	۲		
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	•	
j Housing deduction from federal Form 2555 24 j	\odot		
k Excess deductions of IRC Section 67(e) expenses from federal Schedule K-1 (Form 1041)24k	•		
z Other adjustments. List type and amount.			
<u>و</u> 24z	۲	\odot	\odot
Total other adjustments. Add line 24a through line 24z	۲	۲	۲
Add line 11 through line 23 and line 25 in columns A, B, and C. See instructions	۲	۲	۲
Total. Subtract line 26 from line 10 in columns A, B, and C. See instructions27	565	47 🔍	\odot

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Part II Adjustments to Federal Itemized Deduct	ions
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]			
Che	ck the box if you did NOT itemize for federal but will item	ize f	or Ca	Federal Amounts		R Subtractions		Additions	
				(from federal Schedule A (Form 1040))		D See instructions		See instructions	
Me	dical and Dental Expenses See instructions.								
1	Medical and dental expenses •	1							
2	Enter amount from federal Form 1040 or 1040-SR, line 11 • 56547	2							
3	Multiply line 2 by 7.5% (0.075) (•) 4241	3							
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter 0	4	ullet				۲		
	es You Paid a State and local income tax or general sales taxes	5a	۲	3815	۲	3815			
	b State and local real estate taxes	5b	•						
	${\boldsymbol{c}}$ State and local personal property taxes $\ldots\ldots\ldots$	5c	•						
	d Add line 5a through line 5c	5d	•	3815					
	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		3815		3815	۲		0
6	Other taxes. List type •	ŀ	•				•		
		ŀ			-				
	Add line 5e and line 6	7		3815		3815	$oldsymbol{O}$		0
	 a Home mortgage interest and points reported to you on federal Form 1098 	8a	$ \mathbf{O} $				۲		
	b Home mortgage interest not reported to you on federal Form 1098	8b					۲		
	c Points not reported to you on federal Form 1098	8c							
	d Reserved for future use	8d							
	e Add line 8a through line 8c	8e			۲		۲		
9	Investment interest	9			۲		۲		
10	Add line 8e and line 91	0	۲		۲		۲		

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Pa	rt II Adjustments to Federal Itemized Deductions Continued	A	Federal Amounts (from federal Schedule A (Form 1040))		B Subtractions See instructions		C Additions See instructions
Gif	ts to Charity						
	Gifts by cash or check			۲		۲	
12	Other than by cash or check	$ \mathbf{O} $		۲		۲	
13	Carryover from prior year			۲		۲	
14	Add line 11 through line 1314					۲	
	casualty and Theft Losses Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions15					۲	
Oth	er Itemized Deductions						
	Other—from list in federal instructions 16	۲		۲		۲	
17	Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C 17		3815		3815	۲	0
18	Total. Combine line 17 column A less column B plus co	lumn	C			18	0
Job	Expenses and Certain Miscellaneous Deductions						
19	Unreimbursed employee expenses: job travel, union due Attach federal Form 2106 if required. See instructions .	es, jol	o education, etc.) 19			
20	Tax preparation fees) 20			
21	Other expenses: investment, safe deposit box, etc. List type •) 21	0		
22	Add line 19 through line 21) 22	0		
					0		
23	Enter amount from federal Form 1040 or 1040-SR, line 11		56547				
			50547				
24	Multiply line 23 by 2% (0.02). If less than zero, enter 0.			24	1131		
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. •					27	
28	Combine line 26 and line 27					28	0
29	Is your federal AGI (Form 540, line 13) more than the Single or married/RDP filing separately Head of household Married/RDP filing jointly or qualifying surviving s No. Transfer the amount on line 28 to line 29.			. \$229,9 . \$344.8	908 367		
	Yes. Complete the Itemized Deductions Worksheet in th	e ins	tructions for Schedule CA	(540), l	ine 29 🏵	29	0
30	Enter the larger of the amount on line 29 or your stand Single or married/RDP filing separately. See instru Married/RDP filing jointly, head of household, or qu	iction ialifyi	s ng surviving spouse/RDP	\$10,4	104		
	Transfer the amount on line 30 to Form 540, line 18					30	5202
					REV 01/24/23 PRO		
	Side 6 Schedule CA (540) 2022 175	I	7736224	I			