Internal Revenue Service

IRS *e-file* Signature Authorization

OMB No. 1545-0074

Social coourity number

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

Submission Identification Number (SID)

Taxpayer's name

Taxpayer's name	Social security number
RANAJIT TRIPATHY	078-13-7563
Spouse's name	Spouse's social security number
SIPRA TRIPATHY	629-77-7850
Part I Tax Return Information – Tax Year Ending December 31, 2022 (Enter	year you are authorizing.)
Enter whole dollars only on lines 1 through 5.	
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.	
1 Adjusted gross income	1 54,708.
2 Total tax	2 2,385.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	· · · · 3 6,227.
4 Amount you want refunded to you	. 4 3,842.
5 Amount you owe	5
Part II Taxpayer Declaration and Signature Authorization (Be sure you get and k	eep 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 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

				FBO firm name		Er	r
X	I authorize	GLOBAL	TAXES	LLC	to enter or generate my PIN	3	ز -

Ent	er fiv i't er	/e di	gits, all ze	but	as
3	7	5	6	3	

8 5

Enter five digits, but don't enter all zeros

0

as mv

7 7

my

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

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

Your signature 🕨

Spouse's PIN: check one box only

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

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 🕨	Da	ate 🕨	•							
	PIN Method Returns Only—continue	bel	w							
Part III Certification and Authentication	 Practitioner PIN Method Only 									
ERO's EFIN/PIN. Enter your six-digit EFIN followe	d by your five-digit self-selected PIN.	2	2		 6 nter a		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 🕨
	n This Form — See Instructions to the IRS Unless Requested To Do So
Experience of Deduction Act Matter and the state of the	

Date

1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		urn	202	2	OMB No. 1545	-0074	IRS Use Only	—Do not w	vrite or staple	in this space.
Filing Status Check only one box.	lf yo	Single X Married filing jointly u checked the MFS box, enter the nation is a child but not your dependent	ame of y							spo	lifying surv use (QSS) s name if th	U
Your first name	and mi	iddle initial	Last na	me						Your so	cial securit	y number
RANAJIT			TRIP	ATHY						078-	13-7563	3
lf joint return, sp	ouse's	s first name and middle initial	Last na	me						Spouse	's social sec	curity number
SIPRA			TRIP	ATHY						629-	77-7850	0
Home address (numbe	er and street). If you have a P.O. box, see	instructio	ons.				A	vpt. no.	Preside	ntial Election	on Campaigr
4465 MIS	SISS	SIPPI ST						U	JNIT 4		here if you,	,
City, town, or po	ost offi	ce. If you have a foreign address, also co	mplete s	paces bel	ow.	Sta	ite	ZIP c	ode			tly, want \$3 Checking a
SAN DIEG	0					CA	<i>H</i>	921	16		ow will not	0
Foreign country	name		F	oreign pr	ovince/state/	coun	ty	Foreig	n postal code	your tax	k or refund.	-
											You	Spouse
Digital Assets		ny time during 2022, did you: (a) rec ange, gift, or otherwise dispose of a									Yes	X No
Standard		eone can claim: You as a de					a dependent	,		,		
Deduction		Spouse itemizes on a separate retur	•		•		·					
Age/Blindness	You:	Were born before January 2, 1	958	Are bl	ind Sp	ouse	: 🗌 Was bor		ore January 2	,	Is bl	
Dependents	(see	instructions):		(2) S	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 oth	her dependents
than four	ISH	IAN TRIPATHY		952	-94-141	1	Son					×
dependents, see instructions											[
and check											[
here 🗌											[[
Income	1a	Total amount from Form(s) W-2, b	ox 1 (se	e instruc	tions) .					. 1a	ı 5	54,708.
	b	Household employee wages not re	eported	on Form	(s) W-2 .					. 1b)	
Attach Form(s) W-2 here, Also	С	Tip income not reported on line 1a	a (see ins	struction	s)					. 10	;	
attach Forms	d	Medicaid waiver payments not rep	orted or	n Form(s) W-2 (see i	nstru	ictions)			. 10	I	
W-2G and	е	Taxable dependent care benefits f	rom For	m 2441,	line 26					. 1e	,	
1099-R if tax was withheld.	f	Employer-provided adoption bene	fits from	n Form 8	839, line 29					. 1f	:	
If you did not	g	Wages from Form 8919, line 6 .								. 1g	I	
get a Form	h	Other earned income (see instruct	ions) .							. 1h	1	0.
W-2, see instructions.	i	Nontaxable combat pay election (s	see instr	ructions)			1 i					
	z	Add lines 1a through 1h								. 1z	:	54,708.
Attach Sch. B	2a	Tax-exempt interest	2a			bТ	axable interest			. 2b		
if required.	3a	Qualified dividends	3a			b C	Ordinary divider	nds .		. 3b		
	4a	IRA distributions	4a			bТ	axable amoun	t		. 4b		
Standard	5a	Pensions and annuities	5a			bТ	axable amoun	t		. 5b		
Deduction for –	6a	Social security benefits	6a			bТ	axable amoun	t		. 6b		
 Single or Married filing 	с	If you elect to use the lump-sum e	lection r	nethod,	check here	(see	instructions)		[
separately, \$12,950	7	Capital gain or (loss). Attach Sche	dule D if	required	d. If not requ	uired	, check here		[7		
 Married filing 	8	Other income from Schedule 1, lin	e10 .							. 8		
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	, and 8.	This is y	our total in	com	e			. 9		54,708.
surviving spouse, \$25,900	10	Adjustments to income from Sche	dule 1, l	ine 26						. 10		
	11	Subtract line 10 from line 9. This is	s your a	djusted	gross inco	me				. 11		54,708.
household, \$19,400	12	Standard deduction or itemized	deducti	ions (fro	m Schedule	A)				. 12		25,900.
 If you checked 	13	Qualified business income deduct					5-A			. 13		
any box under Standard	14	Add lines 12 and 13								. 14	- 2	25,900.
Deduction,	15	Subtract line 14 from line 11. If zer				our ·	taxable incom	е.		. 15		28,808.
see instructions.					,							.,

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

Form **1040** (2022)

Credits 17 Amount from Schedule 2, line 3 17 18 Add lines 16 and 17 18 3, 048. 19 Child tax credit or credit for other dependents from Schedule 8812 19 5.00. 20 Amount from Schedule 3, line 8 20 163. 21 Add lines 19 and 20 21 663. 22 2,385. 23 Other taxes, including self-employment tax, from Schedule 2, line 21 22 2,385. 23 Other taxes, including self-employment tax, from Schedule 2, line 21 23 0. 24 2,385. Payments 25 Federal income tax withheld from: 256 26 26 5 Form(6) W-2 No 256 26 26 2022 estimated tax payments and amount applied from 2021 return 27 28 29 30 30 Reserved for future use 30 30 31 31 31 31 Add lines 226, 28, and 31. These are your total other payments and arount applied from 2021 return 33 6, 227. 29 Add lines 27, 28, 29, and 31. These are your total other payments 33 6, 227. 33 6, 2	Form 1040 (2022	2)									Page 2
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32 Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits 32 33 Add lines 25d, 26, and 32. These are your total payments 33 6, 227. 34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid 34 3, 842. 35a Amount of line 34 you want refunded to you. If Form 8888 is attached, check here 35a 3, 842. 36 Account number 1 1 1 0 0 0 2 5 c Type: Checking Savings 37 Subtract line 34 you want tended to you want 36 Amount of line 34 you want tended to you want 36 Amount of line 34 you want tended to you want 36 38 Subtract line 33 from line 24. This is the amount you owe. 37 Subtract line 34 you want tended to you											
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Direct deposit? See instructions. b Routing number 1 1 1 0 0 0 2 5 c Type: Checking Savings 36 Account number 4 8 0 5 6 2 9 0 7 4 1 36 Amount of line 34 you want applied to your 2023 estimated tax . 36 Amount 37 Subtract line 33 from line 24. This is the amount you owe. For details on how to pay, go to www.irs.gov/Payments or see instructions . 38 Image: See instructions 37 38 Estimated tax penalty (see instructions) . . 38 Image: See instructions . 38 Image: See instructions . 37 No Designee Do you want to allow another person to discuss this return with the IRS? See instructions. Personal identification number (PIN) Image: See instructions No Designee's name Phone no. Personal identification runder (PIN) Image: See instructions. Image: See instructions Image: See instruction PIN, enter it here (see inst.) Joint return? See instructions. See instructions. See is signature. If a joint return, both must sign. Date	Refund						•				
See instructions. d Account number 4 8 0 5 6 2 9 0 7 4 4 4 4 8 4 <	Direct deposit?								oou		
36 Amount of line 34 you want applied to your 2023 estimated tax	See instructions.							cavingo			
Amount You Owe 37 Subtract line 33 from line 24. This is the amount you owe. For details on how to pay, go to www.irs.gov/Payments or see instructions 38 38 Estimated tax penalty (see instructions) 38 Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions Yes. Complete below. X No Designee's name Phone name Phone no. Personal identification number (PIN) Image: See personal identification number (PIN) Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Your signature If the IRS sent you an Identify Protection PIN, enter it here (see inst.) Joint return? See instructions. Keep a copy for your records. Spouse's signature. If a joint return, both must sign. Date Spouse's occupation HOME MAKER If the IRS sent your spouse an Identify Protection PIN, enter it here (see inst.) Phone no. (858) 319-6396 Email address RANAJITTRIPATHY@GMAIL.COM Preparer's name Preparer's signature Date P1N Check if: (see inst.) Self-employed Firm's name GLOBAL TAXES LLC Phone no. (678) 965-9522 Phone no. (678) 965-9522 Firm''							36				
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Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's EIN 84-3171965		Fire	m's name GLOBAL TAX	XES LLC				Pho	ne no. (678)965-	-9522
	Use Uniy	Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firm			
	Go to www.irs.g	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 02/10/23 PRO			Form 10)40 (2022)

Department of the Treasury

Internal Revenue Service

Additional Credits and Payments

OMB No. 1545-0074

Attachment Sequence No. 03

22

20

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

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

	(s) shown on Form 1040, 1040-SR, or 1040-NR				curity number
	AJIT & SIPRA TRIPATHY		078-	13-75	63
Pa	t I Nonrefundable Credits				
1	Foreign tax credit. Attach Form 1116 if required			1	
2	Credit for child and dependent care expenses from Form 244				
-				2	
3	Education credits from Form 8863, line 19			3	
4	Retirement savings contributions credit. Attach Form 8880			4	163.
5	Residential energy credits. Attach Form 5695		• •	5	
6	Other nonrefundable credits:				
а	General business credit. Attach Form 3800	6a		-	
b	Credit for prior year minimum tax. Attach Form 8801	6b			
С	Adoption credit. Attach Form 8839	6c			
d	Credit for the elderly or disabled. Attach Schedule R	6d			
е	Alternative motor vehicle credit. Attach Form 8910	6e			
f	Qualified plug-in motor vehicle credit. Attach Form 8936	6f			
g	Mortgage interest credit. Attach Form 8396	6g			
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h			
i	Qualified electric vehicle credit. Attach Form 8834	6i			
i	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j			
k	Credit to holders of tax credit bonds. Attach Form 8912	6k			
I	Amount on Form 8978, line 14. See instructions	61			
z	Other nonrefundable credits. List type and amount:				
		6z			
7	Total other nonrefundable credits. Add lines 6a through 6z	II		7	
8	Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040				
	line 20		•••	8	163.
			(cc	ontinue	ed on page 2)
For Pa	perwork Reduction Act Notice, see your tax return instructions. BAA	REV 02/10/23	PRO	Schedule	3 (Form 1040) 2022

Schedule 3 (Form 1040) 2022

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 h	Reserved for future use	13g 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	02/10/23 PRO	Schedule 3	(Form 1040) 202

SCHEDULE 8812 (Form 1040)

Credits for Qualifying Children and Other Dependents

OMB No. 1545-0074

2022

Attach to	Form	1040.	1040-SR.	or 1040-NR.
/		,	1010 011,	01 10 10 1111

	Department of the Treasury Internal Revenue Service Go to www.irs.gov/Schedule8812 for instructions and the latest information.				
Name(s	s) shown on return	Your s	ocial s	ecurity number	
RANA	JIT & SIPRA TRIPATHY	078-	13-1	7563	
Pa	rt I Child Tax Credit and Credit for Other Dependents				
1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR		1	54,708.	
2a	Enter income from Puerto Rico that you excluded				
b	Enter the amounts from lines 45 and 50 of your Form 2555	0.			
c	Enter the amount from line 15 of your Form 4563				
d	Add lines 2a through 2c		2d	0.	
3	Add lines 1 and 2d		3	54,708.	
4	Number of qualifying children under age 17 with the required social security number 4	0			
5	Multiply line 4 by \$2,000		5		
6	Number of other dependents, including any qualifying children who are not under age				
	17 or who do not have the required social security number	1			
	Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. res	ident			
	alien. Also, do not include anyone you included on line 4.				
7	Multiply line 6 by \$500		7	500.	
8	Add lines 5 and 7		8	500.	
9	Enter the amount shown below for your filing status.				
	• Married filing jointly—\$400,000				
	• All other filing statuses— $$200,000 \int \dots $		9	400,000.	
10	Subtract line 9 from line 3.				
	• If zero or less, enter -0				
	• If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For				
	example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc.	· · L	10	0.	
11	Multiply line 10 by 5% (0.05)	-	11	0.	
12	Is the amount on line 8 more than the amount on line 11?		12	500.	
	○ No. STOP. You cannot take the child tax credit, credit for other dependents, or additional child tax of Skip Parts II-A and II-B. Enter -0- on lines 14 and 27.	redit.			
	Yes. Subtract line 11 from line 8. Enter the result.				
13			13	0.005	
13 14	Enter the amount from the Credit Limit Worksheet A	_	13	<u>2,885.</u> 500.	
14	Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.	· · [14	500.	

If the amount on line 12 is more than the amount on line 14, you may be able to take the additional child tax credit on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-NR through line 27 (also complete Schedule 3, line 11) before completing Part II-A.

For Paperwork Reduction Act Notice, see your tax return instructions. Schedule 8812 (Form 1040) 2022 REV 02/10/23 PRO BAA

Schedu	le 8812 (Form 1040) 2022		Page 2
Part	II-A Additional Child Tax Credit for All Filers		
Cautio	on: If you file Form 2555, you cannot claim the additional child tax credit.		
15	Check this box if you do not want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on lin	e 27	🗌
16a	Subtract line 14 from line 12. If zero, stop here ; you cannot take the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27	16a	0.
b 17 18a b 19 20	Number of qualifying children under 17 with the required social security number:	16b 17 20	
Part	 No. If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the smaller of line 17 or line 20 on line 27. Yes. If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21. 	ts of I	Puerto Rico
21	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see instructions. 21		
22	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13		
23	Add lines 21 and 22 .		
24	1040 and 1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27, and Schedule 3 (Form 1040), line 11.		
	1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11. 24		
25	Subtract line 24 from line 23. If zero or less, enter -0	25	
26	Enter the larger of line 20 or line 25	26	
Dort	Next, enter the smaller of line 17 or line 26 on line 27. I-C Additional Child Tax Credit		
		27	
27	This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28	27	
	BAA REV 02/10/23 PRO Sci	nedule 8	812 (Form 1040) 2022

Form 8880

Department of the Treasury

Internal Revenue Service

Credit for Qualified Retirement Savings Contributions

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

Go to www.irs.gov/Form8880 for the latest information.

OMB No. 1545-0074 Attachment Sequence No. 54 Your social security number

(b) Your spouse

1,633.

078-13-7563

(a) You

1,633.

1,633.

1,633.

1,633.

54,708.

REV 02/10/23 PRO

7

1

2

3

4

5

6

8

Name(s) shown on return RANAJIT & SIPRA TRIPATHY

You cannot take this credit if either of the following applies.



10 11 12 • The amount on Form 1040, 1040-SR, or 1040-NR, line 11, is more than \$34,000 (\$51,000 if head of household; \$68,000 if married filing jointly).

• The person(s) who made the qualified contribution or elective deferral (a) was born after January 1, 2005; (b) is claimed as a dependent on someone else's 2022 tax return; or (c) was a student (see instructions).

- Traditional and Roth IRA contributions, and ABLE account contributions by the 1 designated beneficiary for 2022. Do not include rollover contributions
- 2 Elective deferrals to a 401(k) or other qualified employer plan, voluntary employee contributions, and 501(c)(18)(D) plan contributions for 2022 (see instructions)
- 3 4 Certain distributions received after 2019 and before the due date (including extensions) of your 2022 tax return (see instructions). If married filing jointly, include both spouses' amounts in both columns. See instructions for an exception . . .
- Subtract line 4 from line 3. If zero or less, enter -0- 5
- 6 In each column, enter the **smaller** of line 5 or \$2,000
- 7 Add the amounts on line 6. If zero, stop; you can't take this credit .
- 8 Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 11* .
- 9 Enter the applicable decimal amount from the table below.

If line 8 is—		A	us is—				
Over-	But not over—	Married filing jointly Enter or	Head of household	Single, Married filing separately, or Qualifying surviving spouse			
	\$20,500	0.5	0.5	0.5			
\$20,500	\$22,000	0.5	0.5	0.2			
\$22,000	\$30,750	0.5	0.5	0.1	9	х	.1
\$30,750	\$33,000	0.5	0.2	0.1			
\$33,000	\$34,000	0.5	0.1	0.1			
\$34,000	\$41,000	0.5	0.1	0.0			
\$41,000	\$44,000	0.2	0.1	0.0			
\$44,000	\$51,000	0.1	0.1	0.0			
\$51,000	\$68,000	0.1	0.0	0.0			
\$68,000		0.0	0.0	0.0			
Note: If line 9 is zero, stop; you can't take this credit.							
Multiply line 7 by line 9							163.
Limitation based on tax liability. Enter the amount from the Credit Limit Worksheet in the instructions							,048.
-		-		maller of line 10 or line 11 he			
id on Sched	ule 3 (Form 10	40), line 4			· 12		163.

* See Pub. 590-A for the amount to enter if you claim any exclusion or deduction for foreign earned income, foreign housing, or income from Puerto Rico or for bona fide residents of American Samoa.

For Paperwork Reduction Act Notice, see your tax return instructions. BAA Form 8880 (2022)

	8867	Paid Preparer's Due Diligence Checkli	st	OMB	No. 1545	-0074
Form		Earned Income Credit (EIC). American Opportunity Tax Credit (AO	TC).	For tax year		
Rev. No	ovember 2022)	Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACT Credit for Other Dependents (ODC)), and Head of Household (HOH) Fili	C) and Ta Status		20	
	nent of the Treasury Revenue Service	To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 104 Go to www.irs.gov/Form8867 for instructions and the latest inform	0-PR, or 1040-SS.	Attach Seque	iment ence No.	70
Гахрауе	er name(s) shown on	return	Taxpayer identificatio	n number		
	AJIT & SIPF	A TRIPATHY	078-13-756	-		
Prepare	r's name		Preparer tax identifica	ation numb	ber	
		I SAGAR GUPTA TALLAM	P02082703			
Part		gence Requirements				
		propriate box for the credit(s) and/or HOH filing status claimed on the ret ned (check all that apply).		e the rela		arts I–V HOH
1		ete the return based on information for the applicable tax year provided obtained by you? (See instructions if relying on prior year earned income.)		Yes X	No	N/A
2	worksheets for 1040) instructi worksheet(s) t	claimed on the return, did you complete the applicable EIC and/or (und in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Scher ions, and/or the AOTC worksheet found in the Form 8863 instruction hat provides the same information, and all related forms and schedules	dule 8812 (Form s, or your own			
-	claimed?			X		
3	the following.	v the knowledge requirement? To meet the knowledge requirement, you				
	determine th	taxpayer, ask questions, and contemporaneously document the taxpaye at the taxpayer is eligible to claim the credit(s) and/or HOH filing status.	·			
	status and to	mation to determine that the taxpayer is eligible to claim the credit(s) are figure the amount(s) of any credit(s)		X		
4	information rea	nation provided by the taxpayer or a third party for use in preparing asonably known to you, appear to be incorrect, incomplete, or inconsi- ons 4a and 4b. If " No ," go to question 5.)	stent? (If "Yes,"		X	
а	Did you make	reasonable inquiries to determine the correct, complete, and consistent ir	formation? .			
b	you asked, wh	mporaneously document your inquiries? (Documentation should includ nom you asked, when you asked, the information that was provided, and d on your preparation of the return.)	the impact the			
5	Did you satisfy keep a copy o applicable wor 8867 and any taxpayer that y	the record retention requirement? To meet the record retention require f your documentation referenced in question 4b, a copy of this Form 886 (ksheet(s), a record of how, when, and from whom the information used applicable worksheet(s) was obtained, and a copy of any document(s) you relied on to determine eligibility for the credit(s) and/or HOH filing st	ment, you must 7, a copy of any to prepare Form provided by the			
	the amount(s) List those doc	of the credit(s)		X		
6	credit(s) and/o	e taxpayer whether he/she could provide documentation to substantiate r HOH filing status and the amount(s) of any credit(s) claimed on the red for audit?		X		
7	Did you ask the	e taxpayer if any of these credits were disallowed or reduced in a previous	s year?	X		
а		e disallowed or reduced, go to question 7a; if not, go to question 8.) ete the required recertification Form 8862?				

8 If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040)?

For Paperwork Reduction Act Notice, see separate instructions.

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Form 8867 (Rev. 11-2022)

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Form 8	867 (Rev. 11-2022)			Page 2
Part	II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go	to Part	III.)	
9a	Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)	Yes	No	N/A
b	Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?			
С	Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?			
Part	III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not or ODC, go to Part IV.)	claim C	CTC, A	CTC,
10	Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	Yes X	No	N/A
11	Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?	X		
12	Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?	X		
Part	IV Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC	, go tc	Part \	/.)
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the que tuition and related expenses for the claimed AOTC?	alified	Yes	No
Part		is, go to	o Part	VI.)
14	Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the ta and provided more than half of the cost of keeping up a home for the year for a qualifying person?		Yes	No
Part	VI Eligibility Certification		•	
	You will have complied with all due diligence requirements for claiming the applicable credit(s) and on the return of the taxpayer identified above if you:	/or HOI	H filing	status
	A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responsion your notes, review adequate information to determine if the taxpayer is eligible to claim the credit status and to figure the amount(s) of the credit(s);	nses on (s) and/c	n the ret or HOH	turn or filing
	B. Complete this Form 8867 truthfully and accurately and complete the actions described in this check credit(s) claimed and HOH filing status, if claimed;	list for a	any app	licable
	C. Submit Form 8867 in the manner required; and			
	D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 88 Document Retention.	67 instr	uctions	under
	1. A copy of this Form 8867.			

2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.

-

- 3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
- 4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
- 5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).

If you have not complied with all due diligence requirements, you may have to pay a penalty for each failure to comply related to a claim of an applicable credit or HOH filing status (see instructions for more information).

15	Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and	Yes	No
	complete?	×	

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Form 8867 (Rev. 11-2022)

Form W-7
(Rev. August 2019)
Department of the Treasury Internal Revenue Service

Application for IRS Individual Taxpayer Identification Number

Department of the Treas Internal Revenue Service		See se	eparate instruc		ermanen	it reside	ents.			
An IRS individual	l taxpayer identification nu	mber (ITIN) is f	or U.S. feder	al tax p	urposes	only.			be (check one	
 Before you begin Don't submit th 	:: is form if you have, or are eli	iaible to aet a L	I.S. social sec	uritv nur	nher (S.S	SN/)			or a new ITIN an existing IT	
	ubmitting Form W-7. Read			-						
	ederal tax return with Form								o, u, c, i, oi	9, y ou
_	alien required to get an ITIN to	-				,		,		
b 🗌 Nonresident	alien filing a U.S. federal tax re	turn								
c 🗌 U.S. residen	nt alien (based on days present	in the United Sta	ates) filing a U.	S. federal	tax retur	n				
d 🛛 Dependent o	d 🛛 Dependent of U.S. citizen/resident alien 🍸 If d, enter relationship to U.S. citizen/resident alien (see instructions) 🕨 SON									
e Spouse of U.S. citizen/resident alien										63
f 🗌 Nonresident	alien student, professor, or res	earcher filing a U.S	S. federal tax re							
- ·	spouse of a nonresident alien he	olding a U.S. visa								
h 🗌 Other (see ir										
	on for a and f : Enter treaty count		liddle name	and	treaty art					
Name	1a First name ISHAN		liquie name				name IPATHY			
(see instructions) Name at birth if	1b First name	M	liddle name				name			
different ►						Laor	lano			
Applicant's	2 Street address, apartment	number, or rural re	oute number. If	you hav	e a P.O. I	box, see	e separate i	nstruc	tions.	
Mailing	4465 MISSISSIPP	I ST UNIT 4	1							
Address	City or town, state or province, and country. Include ZIP code or postal code where appropriate.									
	SAN DIEGO				CA	USZ		9	2116	
Foreign (non-	3 Street address, apartment number, or rural route number. Don't use a P.O. box number.									
U.S.) Address	City or town, state or province, and country. Include postal code where appropriate.									
(see instructions)										
Birth	4 Date of birth (month / day / ye	ar) Country of bir	th	City and	d state or	province	e (optional)	5 🗙	Male	
Information	06/05/2013	INDIA							-	
Other Information	6a Country(ies) of citizenship INDIA	6b Foreign tax	x I.D. number (i	any)	6с Туре Н4	of U.S. v	<i>i</i> isa (if any), n R29672		, and expiration 04/08/	
	6d Identification document(s) submitted (see instructions) 🛛 Passport 🗌 Driver's license/State I.D.									
	USCIS documentation Other Date of entry into									
					11 /00 /	0000	the United			
	Issued by: INDIA	No.: V343796			11/07/		(MM/DD/Y	YYY):	07/18/2	2015
	6e Have you previously receiv		nternal Revenue	e Service	Number	(IRSN)?				
	X Yes. Complete line 61		. list on a sheet	and atta	ch to this	form (se	e instruction	ns).		
	6f Enter ITIN and/or IRSN ►	ITIN 952-94	-1411		IR	SN		,		and
	name under which it was i	ssued►ISH	AN					TRI	PATHY	
			irst name		Middle n	ame		L	ast name	
	6g Name of college/university	or company (see	instructions) >							
	City and state				Length of	stay 🕨				
Sign Here	Under penalties of perjury, I (ap documentation and statements, a information with my acceptance ag	and to the best of	my knowledge a	nd belief,	it is true,	correct,	and complete	e. I aut	horize the IRS	mpanying to share
Keep a copy for your records.	Signature of applicant (if delegate, see instructions)				Date (month / day / year) Phone number					
	Name of delegate, if appl	icable (type or prir	rint) Delegate's relationship [to applicant			Parent Power o	Parent Court-appointed guardian Power of attorney			
Acceptance	Signature			Date (month / day / year)			Phone			
Agent's	Name and title (type or pr	int)	Name of c				Fax			
Use ONLY		iiiy		unpany		EIN PTIN Office code				
			1			0.000				

REV 02/10/23 PRO

FORM

TAXABLE YEAR _____

2022	California e-file Signature Au	uthorization for In	dividuals	8879
Your name			Your SSN or	ITIN
RANAJIT Spouse's/RDP's	TRIPATHY name		078-13-	7563 P's SSN or ITIN
SIPRA TR	REPATHY Return Information (whole dollars only)		629-77-	/850
	djusted gross income (AGI). See instructions		1	54708
2 Amount You	u Owe. See instructions			
3 Refund or N	No Amount Due. See instructions			3139
Part II Tax	payer Declaration and Signature Authorization (Be sure you obta	in and keep a copy of your return.)		
income tax retu and on form FT agrees with the domestic partne provider to tran to my ERO, into return, I unders penalties. I acki	umber (ITIN), and the amounts shown in Part I above agree with t urn. If applicable, I authorize an electronic funds withdrawal of the FB 8455, California e-file Payment Record for Individuals, or a com e direct deposit authorization stated on my return. If I have filed a j er (RDP) as an agent to authorize an electronic funds withdrawal of hsmit my complete return to the Franchise Tax Board (FTB). If the ermediate service provider, and/or transmitter the reason(s) for stand that if the FTB does not receive full and timely payment of m nowledge that I have read and consent to the Electronic Funds Wit conal identification number (PIN) as my signature for my electronic	amount on line 2 and/or the estima aparable form. If applicable, I declar oint return, this is an irrevocable ap or direct deposit. I authorize my ER processing of my return or refund the delay or the date when the re y tax liability, I remain liable for the thdrawal Consent included on the c	tted tax payments as s re that direct deposit r opointment of the othe O, transmitter, or inter is delayed, I authoriz fund was sent. If I am tax liability and all ap opy of my electronic i	hown on my return efund amount on line 3 er spouse/registered rmediate service te the FTB to disclose a filing a balance due plicable interest and ncome tax return. I have
Taxpayer's PIN	I: check one box only			
I authorize				3 7 5 6 3
	ERO firm name nature on my 2022 e-filed California individual income tax return.		Γ)o not enter all zeros
_				
	r my PIN as my signature on my 2022 e-filed California individual filed using the Practitioner PIN method. The ERO must complete P		iniy it you are entering) your own PIN and your
Your signature	<u> </u>	Date		
Spouse's/RDP'	's PIN: check one box only			
I authorize	e <u>Global Taxes llc</u>		_to enter my PIN	7 7 8 5 0
as my sig	ERO firm name nature on my 2022 e-filed California individual income tax return.		[)o not enter all zeros
	er my PIN as my signature on my 2022 e-filed California indivi- return is filed using the Practitioner PIN method. The ERO must c		s box only if you are	entering your own PIN
Spouse's/RDP's	s signature 🕨	Date	•	
		turns Only continue below		
Part III Ce	rtification and Authentication — Practitioner PIN Method Only			
	ic Filer Identification Number (EFIN)/PIN. digit EFIN followed by your five-digit self-selected PIN.	2 2 2 4 9 Do not ei	6 6 1 9	8 9
I certify that the confirm that I a e-file Providers	e above numeric entry is my PIN, which is my signature for the 2 am submitting this return in accordance with the requirements of 3.	022 California individual income ta	x return for the taxpa	yer(s) indicated above. I landbook for Authorized
ERO's signature	e ▶	Date	/24/2023	

540

2022 California Resident Income Tax Return

APE	ATTACH FEDERAL RETURN
078-13-7563 TRIP 629-77-7850 RANAJIT TRIPATHY SIPRA TRIPATHY	22
4465 MISSISSIPPI ST SAN DIEGO CA 92116	APT UNIT
10-26-1984 06-28-1990	

		Enter your county at time of filing (see instructions)							
Principal Residence	\bigcirc	SAN DIEGO							
	Ŭ	If your address above is the same as your principal/physical residence address at the time of filing, check this box $\dots \odot \times$							
		If not, enter below your principal/physical residence address at the time of filing.							
Ses									
alF		Street address (number and street) (If foreign address, see instructions.) Apt. no/ste. no.							
cip	ullet	\odot							
rin									
Δ.	_	City State ZIP code							
	$oldsymbol{O}$								
		If your California filing status is different from your federal filing status, check the box here							
(0)	1	Single 4 Head of household (with qualifying person). See instructions.							
atus		Single 4 Head of household (with qualitying person). See instructions.							
Filing Status	2 X Married/RDP filing jointly. See instr. 5 Qualifying surviving spouse/RDP. Enter year spouse/RDP died.								
ng	-								
		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. Whole dollars only							
ns	7	Personal: If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked							
tio		box 2 or 5, enter 2 in the box. If you checked the box on line 6, see instructions. $\bigcirc 7$ 2 X \$140 = \bigcirc \$ 280							
du	8	Blind: If you (or your spouse/RDP) are visually impaired, enter 1;							
Exemptions	•	if both are visually impaired, enter 2							
ш	9	Senior: If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2. See instructions							
		REV 02/03/23 PRO							
		175 3101224 Form 540 2022 Side 1							

Υοι	ır na	me: TRIE	PAT	ГНҮ	Your SSN	or ITI	N: 078-1	L3-7563				
	10	Dependents: I	Do n	ot include yourself or y Dependent 1	our spouse/RI)ependent 2			Dependent 3		
		First Name	۲	ISHAN		\odot			۲			
suc		Last Name	۲	TRIPATHY		•						
Exemptions		SSN. See instructions.	•	952941411		•			•			
Ĕ		Dependent's relationship to you	۲	SON		•						
	Tota	I dependent ex	xem	ptions				010 1 X	\$433 = 🤅	\$	43	33
	11	Exemption a	imoi	unt: Add line 7 through l	ne 10. Transfe	er this	amount to lin	e 32	🖲 1	1 \$	71	3
	12	State wages	fron bo	m your federal ox 16		12		54708	. 00			
											54708	00
	13 14			usted gross income fron ments – subtractions. Er					. • 13		54700	. 00
	15	Part I, line 2	7, cc	olumn B from line 13. If less thar					. • 14			. 00
me	10	See instructi	ons						. 15		54708	. 00
Taxable Income	16		-	ments – additions. Enter olumn C					. • 16			. 00
Ixabl	17	California ad	juste	ed gross income. Combi	ne line 15 and	line 1	6		. • 17		54708	. 00
Та	18	larger of	You • Si • Ma	r California itemized de r California standard de ngle or Married/RDP filin arried/RDP filing jointly, He	duction showr ng separately. ad of household	n belov I, or Qu	v for your filir ialifying survivi	ng status: ng spouse/RDP. \$	\$5,202	•	10404	
	19	Subtract line	18	arried/RDP filing separately from line 17. This is you enter -0	r taxable inco	me.			18. 19		44304	• 00 • 00
	31	Tax. Check t	he b	ox if from:	Table		Tax Rate Sch					
	32	Exemption c	redit	● FTE ts. Enter the amount froi	3800 ● n line 11. If vo	LLL Dur fed		ore than	• • 31		684	. 00
Тах	-			istructions.					. 🖲 32		713	. 00
F	33	Subtract line	32	from line 31. If less thar	zero, enter -C)			. 🖲 33		0	. 00
	34	Tax. See inst	ruct	tions. Check the box if fr	om: • S	chedu	le G-1 •	FTB 5870A.	• 34			. 00
	35	Add line 33 a	and I	line 34					. • 35		0	. 00
edits	40	Nonrefundat	ole C	child and Dependent Car	e Expenses Cr	edit. S	ee instruction	S	• 40			. 00
al Cr	43	Enter credit I	nam	e		cod	e •	and amount	• 43			.00
Special Credits	44	Enter credit	nam	е		cod	e •	and amount	. • 44			- 00
		Side 2 Form	540) 2022	175	3	102224		. —	REV 02/03/23 PRO		

You	r nar	me: TRIPATHY	Your SSN or ITIN:	078-13-7563				
6	45	To claim more than two credits. See inst	tructions. Attach Schedul	e P (540)	. • 45			. 00
Special Credits	46	Nonrefundable Renter's Credit. See instr	. • 46			. 00		
ecial (47	Add line 40 through line 46. These are y	. • 47			. 00		
Spe	48	Subtract line 47 from line 35. If less that	n zero, enter -0		. • 48		0	. 00
					Γ			
sex	61	Alternative Minimum Tax. Attach Schedu			Г			. 00
Other Taxes	62	Mental Health Services Tax. See instruct	ions		. • 62			<u> 00</u>
Oth	63	Other taxes and credit recapture. See ins	structions		. • 63			• 00
	64	Add line 48, line 61, line 62, and line 63.	This is your total tax		. ● 64		0	. 00
	71	California income tax withheld. See instr	uctions		. • 71		3139	. 00
	72	2022 California estimated tax and other	payments. See instructio	ns	. • 72			. 00
	73	Withholding (Form 592-B and/or Form 5	593). See instructions		. • 73			. 00
ents	74	Excess SDI (or VPDI) withheld. See inst	ructions		. • 74			. 00
Payments	75	Earned Income Tax Credit (EITC). See in			Γ			. 00
	76	Young Child Tax Credit (YCTC). See inst			Γ			. 00
	77	Foster Youth Tax Credit (FYTC). See inst			Γ			. 00
	78	Add line 71 through line 77. These are y See instructions	our total payments.				3139	. 00
Use Tax	91	Use Tax. Do not leave blank. See instruct				0.00		
⊃ 		If line 91 is zero, check if:	o use tax is owed. 💿	You paid your use	tax obligation	directly to CDTFA.		
alt ₽	92	If you and your household had full-year See instructions. Medicare Part A or C c	overage is qualifying hea		. • ×			
ISR Penaltv		If you did not check the box, see instruct Individual Shared Responsibility (ISR) P		• 92		- 00		
					Γ			
oue	93	Payments balance. If line 78 is more that	n line 91, subtract line 9 [.]	1 from line 78	. • 93		3139	- 00
Overpaid Tax/Tax Due	94 95	Use Tax balance. If line 91 is more than Payments after Individual Shared Respo	. • 94			- 00		
id Tax	96	subtract line 92 from line 93			. • 95		3139	. 00
verpai		subtract line 93 from line 92.			. • 96			. 00
ó	97	Overpaid tax. If line 95 is more than line	64, subtract line 64 from	n line 95	. • 97		3139	. 00
		REV 02/03/23 PRO	175 310	3224		Form 540 2022	Side 3	

Υοι	ır nar	ne:	TRIPATHY	Your SSN or ITIN:	078-13-7563			
d	98	Amo	unt of line 97 you want applied to yo	ur 2023 estimated tax		● 98	0.00)
Overpaid Tax/Tax Due	5 99	Over	paid tax available this year. Subtract	line 98 from line 97		● 99	3139.00)
	100	Tax o	lue. If line 95 is less than line 64, su	otract line 95 from line 64	4)
						<u>Code</u>	Amount	- -
		Califo	ornia Seniors Special Fund. See instr	uctions		• 400)
		Alzhe	imer's Disease and Related Dementi	a Voluntary Tax Contribu	tion Fund	• 401	.00)
		Rare	and Endangered Species Preservation	on Voluntary Tax Contribu	ution Program	• 403	.00)
		Califo	ornia Breast Cancer Research Volunt	ary Tax Contribution Fund	d	• 405	.00)
		Califo	ornia Firefighters' Memorial Voluntar	y Tax Contribution Fund .		• 406	.00)
		Emer	gency Food for Families Voluntary Ta	ax Contribution Fund		• 407)
		Califo	ornia Peace Officer Memorial Founda	tion Voluntary Tax Contri	bution Fund	• 408)
		Califo	ornia Sea Otter Voluntary Tax Contrib	ution Fund		• 410)
		Califo	ornia Cancer Research Voluntary Tax	Contribution Fund		• 413)
utions		Scho	ol Supplies for Homeless Children V	oluntary Tax Contributior	n Fund	• 422)
Contributions		State	Parks Protection Fund/Parks Pass F	urchase		• 423)
ပိ		Prote	ect Our Coast and Oceans Voluntary	Fax Contribution Fund		• 424)
		Кеер	Arts in Schools Voluntary Tax Contr	ibution Fund		• 425)
		Preve	ention of Animal Homelessness and (Cruelty Voluntary Tax Co	ntribution Fund	• 431)
		Califo	ornia Senior Citizen Advocacy Volunt	ary Tax Contribution Fun	d	• 438)
		Nativ	e California Wildlife Rehabilitation Vo	oluntary Tax Contribution	Fund	• 439)
		Rape	Kit Backlog Voluntary Tax Contribut	ion Fund		• 440)
		Suici	de Prevention Voluntary Tax Contrib	ution Fund		• 444)
		Ment	al Health Crisis Prevention Voluntary	Tax Contribution Fund		• 445)
		Califo	ornia Community and Neighborhood	Tree Voluntary Tax Contr	ibution Fund	• 446)
	110	Add	amounts in code 400 through code 4	146. This is your total cor	ntribution	• 110)
Amount	111	Mail	UNT YOU OWE. If you do not have an to: FRANCHISE TAX BOARD, PO E	OX 942867, SACRAMEN			See instructions. Do not send cash.)

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

REV 02/03/23 PRO

You	r nan	ne:	TRIPATHY		Your SSN	or ITIN:	078-13	-756	53					
σ	112	Inter	est, late return pe	enalties, and late p	payment penaltie	es				112				. 00
Interest and Penalties	113	Unde	erpayment of esti	mated tax.										
Pena		Chec	ck the box:	FTB 5805 atta	iched	FTB 5805	iF attached			113				00
-		Total	amount due. See	e instructions. En	close, but do no	t staple, a	ny payment			114				. 00
	115	REFL	UND OR NO AMO	UNT DUE. Subtra	act the sum of li	ne 110, lin	e 112, and I	ine 113	3 from line	99. See	instruc	tions.		
		Mail	to: FRANCHISE 1	TAX BOARD, PO E	BOX 942840, SA	CRAMEN	FO CA 9424	0-0001		115			313	9 .00
Refund and Direct Deposit		See i	instructions. Hav	to authorize direc e you verified the nount of my refun	routing and ac	count nun	nbers? Use	whole o	dollars only	/.			k or a deposit	slip.
Direct		• R	Routing number	• Type	 Account n 	umber					• 116	Direct	deposit amour	nt
and E			11000025	× Checking	488055		4					Diroot	313	
nnd				Savings	L									
Ref		The r	remaining amoun	t of my refund (lin • Type	ne 115) is autho	orized for c	lirect deposi	it into t	he account	shown	below:			
		● R	Routing number	Checking	Account n	umber		٦			• 117	Direct	deposit amour	nt
				Savings										. 00
	ORTA	ANT: S	See the instructio	information, chec ns to find out if yo nual tax booklets or c	u should attach	a copy of	your comple	ete fede	eral tax retu	ırn.				rch for 1131
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CA (540)

2022 California Adjustments — Residents

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

Na	me(s) as shown on tax return				SSN or ITIN
	ANAJIT & SIPRA TRIPATHY				078137563
	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	$ \mathbf{O} $	54708	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	$ \mathbf{O} $		۲	۲
	f Employer-provided adoption benefits from federal Form 8839, line 29 1f	$ \mathbf{O} $		۲	۲
	${\bf g}~$ Wages from federal Form 8919, line 6 ${\bf 1g}$	$ \mathbf{O} $		۲	۲
	h Other earned income. See instructions $\ldots\ldots$. 1h	ullet	0	\odot	۲
	i Nontaxable combat pay election. See instructions1i				۲
	z Add line 1a through line 1i1z	۲	54708	۲	۲
2	Taxable interest. a • 2b	۲		۲	۲
3	Ordinary dividends. See instructions. a	$ \mathbf{O} $		۲	۲
4	IRA distributions. See instructions. a • 4b	۲		۲	۲
5	Pensions and annuities. See instructions. a • 5 b			۲	۲
6	Social security benefits. a • 6b	۲		۲	
	Capital gain or (loss). See instructions7			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 2a	$ \mathbf{O} $			۲
3	Business income or (loss). See instructions 3	۲		۲	۲
	Other gains or (losses)	۲		۲	۲
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc 5	۲		۲	۲
6	Farm income or (loss)6	۲		۲	۲
7	Unemployment compensation7	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	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 pay 8h	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	\odot	
o IRC Section 951A(a) inclusion	۲	۲	
p IRC Section 461(I) excess business loss adjustment 8p	۲	۲	
q Taxable distributions from an ABLE account 8q	\odot		
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	۲	\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			$ \mathbf{O} $		۲
	b1 Disaster loss deduction from form FTB 3805V. 9b1			ullet		
	b2 NOL deduction from form FTB 3805V 9b2			ullet		
	b3 NOL from form FTB 3805Z, 3807, or 3809 9b3					
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	54708	۲		۲
Se fro	ction C – Adjustments to Income n federal Schedule 1 (Form 1040)					
11	Educator expenses					
12	Certain business expenses of reservists, performing artists, and fee-basis government officials 12			۲		۲
13	Health savings account deduction13	$oldsymbol{igstar}$				
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	$oldsymbol{ightarrow}$				
17	Self-employed health insurance deduction. See instructions			۲		
18	Penalty on early withdrawal of savings 18					
19	a Alimony paid					۲
	b Recipient's: SSN •					
	Last Name 🖲					
20	IRA deduction			$ \mathbf{O} $		
21	Student loan interest deduction					
22	Reserved for future use					
23	Archer MSA deduction					

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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 pay24a	۲		
 b Deductible expenses related to income reported on line 8l 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	•	•
g Contributions by certain chaplains to IRC Section 403(b) plans	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 violations 24 i	۲	•	
j Housing deduction from federal Form 2555 24 j			
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		\odot	\odot
i Total other adjustments. Add line 24a through line 24z	۲	۲	۲
6 Add line 11 through line 23 and line 25 in columns A, B, and C. See instructions	۲	۲	۲
7 Total. Subtract line 26 from line 10 in columns A, B, and C. See instructions	54708		۲

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Part II Adjustments to Federal Itemized Deductio
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					7		
Che	ck the box if you did NOT itemize for federal but will itemi	ze fo	or California		B Subtractions See instructions		C Additions 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 • 54708	2					
3	Multiply line 2 by 7.5% (0.075) (•) 4103	3					
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter 0	4	۲			۲	
	a State and local income tax or general sales taxes	5a	3758	۲	3758		
	b State and local real estate taxes	5b	۲				
	c State and local personal property taxes	5c					
	d Add line 5a through line 5c	5d	3758				
	 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, 		- 2750		2750		
	column A in line 5e, column C	5e	3758		3758	۲	0
6	Other taxes. List type ④	6	۲			۲	
7	Add line 5e and line 6	7	3758		3758	۲	0
	 a Home mortgage interest and points reported to you on federal Form 1098 	8a (•			۲	
	b Home mortgage interest not reported to you on federal Form 1098	8b	۲			۲	
	c Points not reported to you on federal Form 1098	Bc	۲			ullet	
	d Reserved for future use	8d					
	e Add line 8a through line 8c	8e	۲	۲		۲	
9	Investment interest	9	•			۲	
10	Add line 8e and line 91	0	۲	$ \mathbf{O} $		۲	

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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
Gifts to Charity			
11 Gifts by cash or check. 11	•	۲	\odot
12 Other than by cash or check12		۲	۲
13 Carryover from prior year 13	•	۲	۲
14 Add line 11 through line 1314		\odot	۲
 Casualty and Theft Losses 15 Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions15 		۲	۲
Other Itemized Deductions			-
16 Other—from list in federal instructions 16		۲	۲
17 Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C 17	3758	3758	• 0
18 Total. Combine line 17 column A less column B plus c	olumn C		0 18 0
Job Expenses and Certain Miscellaneous Deductions			
19 Unreimbursed employee expenses: job travel, union de Attach federal Form 2106 if required. See instructions	ues, job education, etc.	9 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		0 22 0	-
23 Enter amount from federal Form 1040 or 1040-SR, line 11	54708		-
24 Multiply line 23 by 2% (0.02). If less than zero, enter 0)	24 1094	-
25 Subtract line 24 from line 22. If line 24 is more than line	ne 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			0 28 0
 29 Is your federal AGI (Form 540, line 13) more than the Single or married/RDP filing separately	-	\$229,908	
Yes. Complete the Itemized Deductions Worksheet in	the instructions for Schedule CA	A (540), line 29	0 29 0
30 Enter the larger of the amount on line 29 or your star Single or married/RDP filing separately. See inst Married/RDP filing jointly, head of household, or o	ructions qualifying surviving spouse/RDP	\$10,404	<u></u>
Transfer the amount on line 30 to Form 540, line 18			0 30 10404
		REV 02/03/23 PRC)
Side 6 Schedule CA (540) 2022 175	7726004		·
Side 6 Schedule CA (540) 2022 175	7736224	1	