E 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return

2022	)
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OMB No. 1545-0074

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

Filing Status Check only			_	ed filing separately (M	,	_	•	,	S	pous	se (QSS)	•
one box.	-	u checked the MFS box, enter the na on is a child but not your dependent	-	our spouse. If you ch	neck	ed the HOH or	QSS box, e	nter t	he chil	d's r	name if the	qualifying
Your first name	and mi	ddle initial	Last nar	me					Your	soci	ial security	number
ARCHANA			BAND	ARU					846	5-9	1-0389	
If joint return, s	pouse's	first name and middle initial	Last nar	me					Spot	ıse's	social secu	rity number
JAVED S	IRAA	J	MOHA	MMED					321	L-3	3-0233	
Home address	(numbe	r and street). If you have a P.O. box, see	instruction	ons.			Apt. no.		Pres	ident	tial Election	n Campaign
24 BEECI	H CT										ere if you, o	
City, town, or p	ost offic	ce. If you have a foreign address, also co	mplete sp	paces below.	Sta	te	ZIP code				filing joint his fund. C	y, want \$3
WALNUT (	CREE	ζ			CA	Ā	94596				w will not o	
Foreign countr	y name		F	oreign province/state/c	ount	ty	Foreign posta	l code			or refund.	3.
											You	Spouse
Digital	At ar	ny time during 2022, did you: (a) rece	eive (as	a reward, award, or p	oayr	nent for prope	rty or service	es); c	r (b) se	ell,		
Assets	exch	ange, gift, or otherwise dispose of a	digital a	asset (or a financial ir	ntere	est in a digital	asset)? (See	inst	ruction	s.)	Yes	X No
Standard	Som	eone can claim:	pendent	Your spouse	as	a dependent		/				
Deduction		Spouse itemizes on a separate retur	n or you	were a dual-status a	alien							
Age/Blindnes	you:	☐ Were born before January 2, 1	958	Are blind <b>Spo</b>	use	: Was bor	n before Jar	nuary	2, 195	8	☐ Is blir	nd
Dependent	s (see	instructions):		(2) Social security	- 4	(3) Relationsh	ip (4) Chec	k the	box if q	ualifie	es for (see in	nstructions):
If more		rst name Last name		number	4	to you		d tax	credit	C	redit for othe	r dependents
than four	AYA	AN ALI MOHAMMED		858-86-1751	1	Son		X				1
dependents,												1
see instruction and check	s							〒			Ī	1
here	]							一			Ī	1
Incomo	1a	Total amount from Form(s) W-2, be	ox 1 (see	e instructions)						1a	24	6 <b>,</b> 719.
Income	b	Household employee wages not re								1b		.,
Attach Form(s)	C	Tip income not reported on line 1a							.	1c		-
W-2 here. Also attach Forms	d	Medicaid waiver payments not rep			-	ictions)				1d		
W-2G and	е	Taxable dependent care benefits f							.	1e		
1099-R if tax	f	Employer-provided adoption bene			Ċ					1f		
was withheld.	g	Wages from Form 8919, line 6 .								1g		
If you did not get a Form	h	Other earned income (see instructi			•			•	.	1h		0.
W-2, see	i	Nontaxable combat pay election (s				1 41	1	•				
instructions.	z	Add lines 1a through 1h	occ mon	dottoris)						1z	24	6,719.
Attach Cab D	2a		2a		h T	axable interest			.  -	2b		151.
Attach Sch. B if required.	3a		3a			ordinary divider				3b		
	4a		4a			axable amoun		•		4b		
	5a	100	5a			axable amoun				5b		
Standard Deduction for—	25. 50		6a			axable amoun						
Single or	6a		1000000					٠	i l	6b		
Married filing separately,	C	If you elect to use the lump-sum e				5		•	HF	_	1	
\$12,950	7	Capital gain or (loss). Attach Scheo						•	ᄔ	7	_	- 600
Married filing jointly or	8	Other income from Schedule 1, lin								8		5 <b>,</b> 620.
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,								9	28	2,490.
\$25,900 spouse,	10	Adjustments to income from Sche								10		463.
Head of household,	11	Subtract line 10 from line 9. This is	•	-					.	11		2,027.
\$19,400	12	Standard deduction or itemized								12	2	5 <b>,</b> 900.
If you checked any box under	13	Qualified business income deducti							.	13		
Standard	14	Add lines 12 and 13							•	14		5 <b>,</b> 900.
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer	o or less	s, enter -0 This is yo	our t	taxable incom	ie		•	15	25	6 <b>,</b> 127.
	1	*										

Form 1040 (2022	2)			Page <b>2</b>
Tax and	16	Tax (see instructions). Check if any from Form(s): 1  8814 2 4972 3	16	49,141.
Credits	17	Amount from Schedule 2, line 3	17	· · · · · · · · · · · · · · · · · · ·
3134113	18	Add lines 16 and 17	18	49,141.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	2,000.
	20	Amount from Schedule 3, line 8	20	·
	21	Add lines 19 and 20	21	2,000.
	22	Subtract line 21 from line 18. If zero or less, enter -0	22	47,141.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	1,190.
	24	Add lines 22 and 23. This is your <b>total tax</b>	24	48,331.
Payments	25	Federal income tax withheld from:		
-	а	Form(s) W-2		
	b	Form(s) 1099		
	С	Other forms (see instructions)		
	d	Add lines 25a through 25c	25d	22,631.
If you have a	26	2022 estimated tax payments and amount applied from 2021 return	26	
qualifying child,	27	Earned income credit (EIC)		
attach Sch. EIC.	28	Additional child tax credit from Schedule 8812		
	29	American opportunity credit from Form 8863, line 8		
	30	Reserved for future use		
	31	Amount from Schedule 3, line 15		
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32	375.
	33	Add lines 25d, 26, and 32. These are your total payments	33	23,006.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	34	
	35a		35a	
Direct deposit? See instructions.	b	Routing number X X X X X X X X X X C Type: Checking Savings		
	d	Account number X X X X X X X X X X X X X X X X X X X		
A	36	Amount of line 34 you want applied to your 2023 estimated tax 36		
Amount You Owe	37	Subtract line 33 from line 24. This is the <b>amount you owe</b> .	07	25 205
rou Owe	00	For details on how to pay, go to www.irs.gov/Payments or see instructions	37	25,395.
TILL I D. I	38	Estimated tax penalty (see instructions)		
Third Party Designee		o you want to allow another person to discuss this return with the IRS? See structions	elow.	X No
Designee		esignee's Phone Personal identific		
		no. number (PIN)		
Sign		nder penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the		
Here		elief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which p		3
	Yo			it you an Identity N, enter it here
Joint return?		SOFTWARE ENGINEER (see in		THE PROPERTY OF THE PROPERTY O
See instructions.	Sp		RS sen	t your spouse an
Keep a copy for your records.				ction PIN, enter it here
your records.		SOFTWARE ENGINEER (See in	St.)	
		none no. (925) 663-9744 Email address ARCHANABANDARU89@GMAIL.COM		Oh a ala ifa
Paid		reparer's name Preparer's signature Date PTIN	700	Check if:
Preparer		M PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/02/2023 P02082		Self-employed
Use Only				678) 965-9522
	Fin	rm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's	LIN	<u>84-3</u> 171965

# SCHEDULE 1 (Form 1040)

### **Additional Income and Adjustments to Income**

OMB No. 1545-0074

2022

Attachment
Seguence No. 01

Department of the Treasury Internal Revenue Service

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

ARCHANA BANDARU & JAVED SIRAAJ MOHAMMED

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

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

Sequence No. 01

Your social security number
846-91-0389

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	0.
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	34,570.
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta	ach Schedule E .	5	
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	-	
	Section 951(a) inclusion (see instructions)	8n		
0	Section 951A(a) inclusion (see instructions)	80	-	
р	Section 461(I) excess business loss adjustment	8p	-	
q	Taxable distributions from an ABLE account (see instructions)	8q 8r	-	
r	Scholarship and fellowship grants not reported on Form W-2 Nontaxable amount of Medicaid waiver payments included on Form	or	-	
S	1040, line 1a or 1d	8s (		
	Pension or annuity from a nonqualifed deferred compensation plan or	os (		
t	a nongovernmental section 457 plan	8t		
	Wages earned while incarcerated	8u	-	
		ou		
2	Other income. List type and amount:  Other Income from box 3 of 1099-Misc 1,050.	8z 1,050.		
9	Total other income. Add lines 8a through 8z		9	1,050.
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR		10	35,620.

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

Schedule 1 (Form 1040) 2022

Schedule 1 (Form 1040) 2022 Page **2** 

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	463	· .
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	Student loan interest deduction	22		
23		23		
24	Other adjustments:			
а	Jury duty pay (see instructions)	_		
b	Deductible expenses related to income reported on line 8l from the			
	rental of personal property engaged in for profit	_		
С	Nontaxable amount of the value of Olympic and Paralympic medals			
	and USOC prize money reported on line 8m	_		
d	Reforestation amortization and expenses	_		
е	Repayment of supplemental unemployment benefits under the Trade			
	Act of 1974	4		
f	Contributions to section 501(c)(18)(D) pension plans	-		
g	Contributions by certain chaplains to section 403(b) plans	-		
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)			
		-		
- 1	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			
	Housing deduction from Form 2555	-		
J	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	-		
k	1041)			
_		-		
Z	Other adjustments. List type and amount:			
25	Total other adjustments. Add lines 24a through 24z	25		
25 26	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . Enter here and on	25		—
20	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a	26	463	₹
	Total 10-0 of 10-0 of 1, life 10, of Form 10-0 ivit, life 10a	20		•

### SCHEDULE 2 (Form 1040)

Department of the Treasury Internal Revenue Service

### **Additional Taxes**

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

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

OMB No. 1545-0074

2022

Attachment Sequence No. 02

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
ARCHANA BANDARU & JAVED SIRAAJ MOHAMMED

Your social security number 846-91-0389

Par	t I Tax			
1	Alternative minimum tax. Attach Form 6251	1		
2	Excess advance premium tax credit repayment. Attach Form 8962	2		
3	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17	3		
Par	t II Other Taxes			
4	Self-employment tax. Attach Schedule SE	4		926.
5	Social security and Medicare tax on unreported tip income.  Attach Form 4137			
6	Uncollected social security and Medicare tax on wages. Attach Form 8919			
7	Total additional social security and Medicare tax. Add lines 5 and 6	7		
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required.			
	If not required, check here	8		
9	Household employment taxes. Attach Schedule H	9		
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required	10		
11	Additional Medicare Tax. Attach Form 8959	11		258.
12	Net investment income tax. Attach Form 8960	12		6.
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12	13		
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares	14		
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000	15		
16	Recapture of low-income housing credit. Attach Form 8611	16		
	(co	ontini	ued on p	page 2)

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

Schedule 2 (Form 1040) 2022

Schedule 2 (Form 1040) 2022 Page **2** 

## Part II Other Taxes (continued)

17	Other additional taxes:			
а	Recapture of other credits. List type, form number, and amount:			
		17a		
b	Recapture of federal mortgage subsidy, if you sold your home	. <b></b> .		
	see instructions	17b		
	Additional tax on HSA distributions. Attach Form 8889	17c		
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d		
е	Additional tax on Archer MSA distributions. Attach Form 8853.	17e		
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f		
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	<b>1</b> 7g		
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h		
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17i		
j	Section 72(m)(5) excess benefits tax	<b>17</b> j		
k	Golden parachute payments	17k		
I	Tax on accumulation distribution of trusts	171		
m	Excise tax on insider stock compensation from an expatriated corporation	17m		
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n		
0	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	17o		
р	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p		
q	Any interest from Form 8621, line 24	17q		
z	Any other taxes. List type and amount:			
		17z		
18	Total additional taxes. Add lines 17a through 17z		 18	
19	Reserved for future use		 19	
20	Section 965 net tax liability installment from Form 965-A	20		
21	Add lines 4, 7 through 16, and 18. These are your total other taxed			
	on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b.		 21	1,190.

# SCHEDULE 3 (Form 1040)

Department of the Treasury Internal Revenue Service

## **Additional Credits and Payments**

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

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

OMB No. 1545-0074

2022

Attachment Sequence No. 03

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
ARCHANA BANDARU & JAVED SIRAAJ MOHAMMED

Your social security number 846-91-0389

Par	Nonrelundable Credits			
1	Foreign tax credit. Attach Form 1116 if required		1	
2	Credit for child and dependent care expenses from Form 2441, I Form 2441	ine 11. Attach	2	
3	Education credits from Form 8863, line 19		3	
4	Retirement savings contributions credit. Attach Form 8880		4	
5	Residential energy credits. Attach Form 5695	,	5	
6	Other nonrefundable credits:			
а	General business credit. Attach Form 3800 6a			
b	Credit for prior year minimum tax. Attach Form 8801 6th			
С	Adoption credit. Attach Form 8839			
d	Credit for the elderly or disabled. Attach Schedule R 6c			
е	Alternative motor vehicle credit. Attach Form 8910 66			
f	Qualified plug-in motor vehicle credit. Attach Form 8936 61	<b>&gt;</b>		
g	Mortgage interest credit. Attach Form 8396	J		
h	District of Columbia first-time homebuyer credit. Attach Form 8859 6h	1		
i	Qualified electric vehicle credit. Attach Form 8834 6i			
j	Alternative fuel vehicle refueling property credit. Attach Form 8911 6j			
k	Credit to holders of tax credit bonds. Attach Form 8912 6kg	3		
I	Amount on Form 8978, line 14. See instructions 61			
Z	Other nonrefundable credits. List type and amount:			
	62	2		
7	Total other nonrefundable credits. Add lines 6a through 6z		7	
8	Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040-SF	R, or 1040-NR,	•	
	line 20		8	
		(CC	ntin	ued on page 2)

Schedule 3 (Form 1040) 2022 Page **2** 

### Part 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 . . . . . . . . . . . . . . . 11 375. 12 Credit for federal tax on fuels. Attach Form 4136 . . . 12 13 Other payments or refundable credits: **a** 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 13c d Credit for repayment of amounts included in income from earlier 13d **e** Reserved for future use . . . . . . . . . . . . 13e f Deferred amount of net 965 tax liability (see instructions) . . . 13f 13g h Credit for qualified sick and family leave wages paid in 2022 from Schedule(s) H for leave taken after March 31, 2021, and 13h **z** Other payments or refundable credits. List type and amount: 13z Total other payments or refundable credits. Add lines 13a through 13z . . . . . 14 14 Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, 15 15 375.

# SCHEDULE C (Form 1040)

# Profit or Loss From Business (Sole Proprietorship)

OMB No. 1545-0074 Attachment

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/ScheduleC for instructions and the latest information. Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships must generally file Form 1065. Sequence No. 09

	IANA BANDARU					-91 <b>-</b> 0389
ARCI		on, including product or service (se	e instri	ictions)		r code from instructions
	Timolpar basiness of professio	in, morading product of convice (co	0 1110111		Line	i code irom mondonono
С	Business name. If no separate	business name, leave blank.			D Emp	loyer ID number (EIN) (see instr.)
E	Business address (including su	uite or room no.)				
_	City, town or post office, state					
F			) [	Other (specify)		
G	Did you "materially participate	" in the operation of this business	, <u> </u>	Other (specify) 2022? If "No," see instructions for li	mit on lo	osses . Yes No
Н						
I				n(s) 1099? See instructions		
J	If "Yes," did you or will you file	e required Form(s) 1099?				Yes No
Part					7.	
1	Form W-2 and the "Statutory e		hecked	this income was reported to you or		34,570.
3					3	34,570.
4		42)			4	1/0/01
5		rom line 3			5	34,570.
6		al and state gasoline or fuel tax cre			6	, , ,
7					7	34,570.
Part		penses for business use of yo	our ho	me <b>only</b> on line 30.		
8	Advertising	8	18	Office expense (see instructions)	18	
9	Car and truck expenses		19	Pension and profit-sharing plans	19	
	(see instructions)	9	20	Rent or lease (see instructions):		
10	Commissions and fees .	10	a	Vehicles, machinery, and equipment	20a	
11	Contract labor (see instructions)	11	b	Other business property	20b	
12	Depletion	12	21	Repairs and maintenance		
13	Depreciation and section 179 expense deduction (not		22	Supplies (not included in Part III)		
	included in Part III) (see		23	Taxes and licenses	23	
	instructions)	13	24	Travel and meals:		
14	Employee benefit programs		а	Travel	24a	
45	(other than on line 19) .	14	b	Deductible meals (see	046	
15	Insurance (other than health)	15	25	instructions)	24b 25	
16	Interest (see instructions): Mortgage (paid to banks, etc.)	16a	26	Wages (less employment credits)	26	
a b		16b	27a	Other expenses (from line 48) .	27a	
17	Other	17	b	Reserved for future use		
28		ses for business use of home. Add	1000	Principal and the Street Stree	28	
29		act line 28 from line 7		_	29	34,570.
30				nses elsewhere. Attach Form 8829		, , , , , , , , , , , , , , , , , , ,
00	unless using the simplified me	A STATE OF THE STA	o oxpo	noce dicemicre. Attach i cim dele		
	Simplified method filers only	: Enter the total square footage of	(a) you	ır home:		
	and (b) the part of your home i	used for business:		. Use the Simplified		
	Method Worksheet in the instr	ructions to figure the amount to en	ter on l	ine 30	30	
31	Net profit or (loss). Subtract I	line 30 from line 29.		,		
	checked the box on line 1, see	edule 1 (Form 1040), line 3, and constructions.) Estates and trusts,			31	34,570.
	• If a loss, you must go to line			J		
32	If you have a loss, check the b	oox that describes your investment	in this	activity. See instructions.		
	SE, line 2. (If you checked the Form 1041, line 3.	e loss on both <b>Schedule 1 (Form</b> box on line 1, see the line 31 instructions at attach <b>Form 6198.</b> Your loss ma	tions.)	Estates and trusts, enter on	32a 32b	☐ All investment is at risk. ☐ Some investment is not at risk.

BAA

Schedule C (Form 1040) 2022 Page **2** 

Part	Cost of Goods Sold (see instructions)			
33	Method(s) used to value closing inventory: <b>a</b> Cost <b>b</b> Lower of cost or market <b>c</b> Other (attach	n exp	lanation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation	?	☐ Yes	☐ No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35		
36	Purchases less cost of items withdrawn for personal use	36		
37	Cost of labor. Do not include any amounts paid to yourself	37		
38	Materials and supplies	38		
39	Other costs	39		
40	Add lines 35 through 39	40		
41	Inventory at end of year	41		
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42		
Part		uck		
43	When did you place your vehicle in service for business purposes? (month/day/year)			
44	Of the total number of miles you drove your vehicle during 2022, enter the number of miles you used your vehicle	hicle	for:	
а	Business b Commuting (see instructions) c Oth	ner _		
45	Was your vehicle available for personal use during off-duty hours?		Ye	s No
46	Do you (or your spouse) have another vehicle available for personal use?		Ye	s No
47a	Do you have evidence to support your deduction?		.  \[ \text{Ye}	s No
b	If "Yes," is the evidence written?		. 🗌 Ye	s No
Part				
40	Table No. 1 Company Co	40		
48	<b>Total other expenses.</b> Enter here and on line 27a	48		

# SCHEDULE SE (Form 1040)

Department of the Treasury Internal Revenue Service

### **Self-Employment Tax**

Go to www.irs.gov/ScheduleSE for instructions and the latest information.
Attach to Form 1040, 1040-SR, or 1040-NR.

OMB No. 1545-0074

2022
Attachment
Sequence No. 17

Name of person with self-employment income (as shown on Form 1040, 1040-SR, or 1040-NR)

ARCHANA BANDARU

Social security number of person with **self-employment** income

846-91-0389

Part	Self-Employment Tax		
	If your only income subject to self-employment tax is <b>church employee income</b> , see instructions for how the definition of church employee income.	v to re	eport your income
Α	If you are a minister, member of a religious order, or Christian Science practitioner <b>and</b> you filed Form \$400 or more of <b>other</b> net earnings from self-employment, check here and continue with Part I	4361	I, but you had
Skip li	nes 1a and 1b if you use the farm optional method in Part II. See instructions.		
1a	Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A	1a	
b	If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AH	1b	( )
Skip li	ne 2 if you use the nonfarm optional method in Part II. See instructions.		
2	Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). See instructions for other income to report or if you are a minister or member of a religious order	2	<u>3</u> 4,570.
3	Combine lines 1a, 1b, and 2	3	34,570.
4a	If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3 .	4a	31,925.
	Note: If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.		
b	If you elect one or both of the optional methods, enter the total of lines 15 and 17 here	4b	
С	Combine lines 4a and 4b. If less than \$400, <b>stop</b> ; you don't owe self-employment tax. <b>Exception:</b> If		
	less than \$400 and you had <b>church employee income</b> , enter -0- and continue	4c	31,925.
5a	definition of church employee income		
b	Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0	5b	0.
6	Add lines 4c and 5b	6	31,925.
7	Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2022	7	147,000
8a	Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$147,000 or more, skip lines 8b through 10, and go to line 11		
b	Unreported tips subject to social security tax from Form 4137, line 10 8b		
С	Wages subject to social security tax from Form 8919, line 10 8c		
d	Add lines 8a, 8b, and 8c	8d	
9	Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11	9	
10	Multiply the <b>smaller</b> of line 6 or line 9 by 12.4% (0.124)	10	
11	Multiply line 6 by 2.9% (0.029)	11	926.
12	Self-employment tax. Add lines 10 and 11. Enter here and on Schedule 2 (Form 1040), line 4	12	926.
13	Deduction for one-half of self-employment tax.		
	Multiply line 12 by 50% (0.50). Enter here and on Schedule 1 (Form 1040),		
	line 15		
Part	II Optional Methods To Figure Net Earnings (see instructions)		
	Optional Method. You may use this method only if (a) your gross farm income¹ wasn't more than		
\$9,060	0, <b>or (b)</b> your net farm profits² were less than \$6,540.		
14	Maximum income for optional methods	14	6,040
15	Enter the <b>smaller</b> of: two-thirds (2/3) of gross farm income <sup>1</sup> (not less than zero) <b>or</b> \$6,040. Also, include		
	this amount on line 4b above	15	
	rm Optional Method. You may use this method only if (a) your net nonfarm profits <sup>3</sup> were less than \$6,540		
	so less than 72.189% of your gross nonfarm income, and (b) you had net earnings from self-employment		
	east \$400 in 2 of the prior 3 years. <b>Caution:</b> You may use this method no more than five times.	40	
16	Subtract line 15 from line 14	16	
17	Enter the <b>smaller</b> of: two-thirds (2/3) of gross nonfarm income <sup>4</sup> (not less than zero) <b>or</b> the amount on		
1	line 16. Also, include this amount on line 4b above	17	v. 1.4. ooda ^
	Sch. F, line 9; and Sch. K-1 (Form 1065), box 14, code B.  3 From Sch. C, line 31; and Sch. K-1 (Form 1065), box 14, code A—minus the amount 4 From Sch. C, line 7; and Sch. K-1 (Form 1065)	00), DO 5) bos	x 14, code A. 14 code C
you w	Sch. F, line 34; and Sch. K-1 (Form 1065), box 14, code A—minus the amount \ 4 From Sch. C, line 7; and Sch. K-1 (Form 1065) ould have entered on line 1b had you not used the optional method.	J, DUX	, oode O.

### SCHEDULE 8812 (Form 1040)

# Credits for Qualifying Children and Other Dependents

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

2022

OMB No. 1545-0074

Attachment Sequence No. **47** 

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Schedule8812 for instructions and the latest information.

Name(s) shown on return Your social security number ARCHANA BANDARU & JAVED SIRAAJ MOHAMMED 846-91-0389 **Child Tax Credit and Credit for Other Dependents** Part I Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR 1 1 282,027. Enter income from Puerto Rico that you excluded . . . . . 2a Enter the amounts from lines 45 and 50 of your Form 2555 . . . 2b c Enter the amount from line 15 of your Form 4563 . . . . 2c Add lines 2a through 2c . . . . . . . . . . . . . . . . . 2d 3 3 282,027. 4 Number of qualifying children under age 17 with the required social security number 5 5 2,000. Number of other dependents, including any qualifying children who are not under age Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4. 7 7 Add lines 5 and 7 . . . . . . . . . . . . . . 8 8 2,000. Enter the amount shown below for your filing status. • Married filing jointly—\$400,000 • All other filing statuses—\$200,000 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. 10 0. 11 11 0. 12 Is the amount on line 8 more than the amount on line 11? . . . 12 2,000. No. STOP. You cannot take the child tax credit, credit for other dependents, or additional child tax credit. Skip Parts II-A and II-B. Enter -0- on lines 14 and 27. **Yes.** Subtract line 11 from line 8. Enter the result. 13 Enter the amount from the Credit Limit Worksheet A 13 49,141. Enter the smaller of line 12 or 13. This is your child tax credit and credit for other dependents . . . 2,000. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19. 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.

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Schedule 8812 (Form 1040) 2022

Schedule 8812 (Form 1040) 2022

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 line	27 .		
16a	Subtract line 14 from line 12. If zero, <b>stop here</b> ; you cannot take the additional child tax credit. Skip Parts II-A			
	and II-B. Enter -0- on line 27	16a		0.
b	Number of qualifying children under 17 with the required social security number: x \$1,500.			
	Enter the result. If zero, <b>stop here</b> ; you cannot claim the additional child tax credit. Skip Parts II-A and II-B.			
	Enter -0- on line 27	16b		
	<b>TIP:</b> The number of children you use for this line is the same as the number of children you used for line 4.			
17	Enter the <b>smaller</b> of line 16a or line 16b	17		
18a	Earned income (see instructions)			
b	Nontaxable combat pay (see instructions)			
19	Is the amount on line 18a more than \$2,500?		7	
	No. Leave line 19 blank and enter -0- on line 20.			
	Yes. Subtract \$2,500 from the amount on line 18a. Enter the result 19			
20	Multiply the amount on line 19 by $15\%$ (0.15) and enter the result	20		
	Next. On line 16b, is the amount \$4,500 or more?			
	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.			
Part	II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Resident	s of P	uerto Ric	0
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	-		
22	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form			
••	1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13 . 22	-		
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.			
25	1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11.  Subtract line 24 from line 23. If zero or less, enter -0	25		
25 26	Enter the <b>larger</b> of line 20 or line 25	26		
40	Next, enter the smaller of line 25 or line 25	20		
Part	II-C Additional Child Tax Credit			
27	This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28.	27		
41	This is your additional child tax credit. Either this amount on Forth 1040, 1040-5K, of 1040-NK, line 28.	41		

(Rev. November 2022)

Department of the Treasury Internal Revenue Service

Taxpayer name(s) shown on return

Paid Preparer's Due Diligence Checklist

Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC),
Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and
Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status

To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS. Go to www.irs.gov/Form8867 for instructions and the latest information.

OMB No. 1545-0074 For tax year 20 Attachment Sequence No. 70

Taxpayer identification number

ARCI	HANA BANDARU & JAVED SIRAAJ MOHAMMED	846-91-0389	9		
reparer	's name	Preparer tax identifica	tion numb	per	
SYAN	1 PRIYA RAM SAGAR GUPTA TALLAM	P02082703			
Part	Due Diligence Requirements				
	check the appropriate box for the credit(s) and/or HOH filing status claimed on the retubenefit(s) claimed (check all that apply).		the rel		arts I–V HOH
1	Did you complete the return based on information for the applicable tax year provided to reasonably obtained by you? (See instructions if relying on prior year earned income.)	by the taxpayer	Yes	No	N/A
2	If credits are claimed on the return, did you complete the applicable EIC and/or C worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Sched 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions worksheet(s) that provides the same information, and all related forms and schedules claimed?	ule 8812 (Form s, or your own	×		
3	Did you satisfy the knowledge requirement? To meet the knowledge requirement, you nathe following.  • Interview the taxpayer, ask questions, and contemporaneously document the taxpayer				
	determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status.  • Review information to determine that the taxpayer is eligible to claim the credit(s) and status and to figure the amount(s) of any credit(s)	d/or HOH filing	×		
4	Did any information provided by the taxpayer or a third party for use in preparing information reasonably known to you, appear to be incorrect, incomplete, or inconsist answer questions 4a and 4b. If "No," go to question 5.)	the return, or tent? (If " <b>Yes</b> ,"		×	
а	Did you make reasonable inquiries to determine the correct, complete, and consistent inf	ormation? .			
b	Did you contemporaneously document your inquiries? (Documentation should include you asked, whom you asked, when you asked, the information that was provided, and information had on your preparation of the return.)	the impact the			
5	Did you satisfy the record retention requirement? To meet the record retention requirer keep a copy of your documentation referenced in question 4b, a copy of this Form 8867 applicable worksheet(s), a record of how, when, and from whom the information used to 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) processes that you relied on to determine eligibility for the credit(s) and/or HOH filling states.	ment, you must f, a copy of any o prepare Form provided by the			
	the amount(s) of the credit(s)		×		
	List those documents provided by the taxpayer, if any, that you relied on:				
6	Did you ask the taxpayer whether he/she could provide documentation to substantiate excredit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return is selected for audit?	eturn if his/her	X		
7	Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous		X		
-	(If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)	,			
а	Did you complete the required recertification Form 8862?				
8	If the taxpayer is reporting self-employment income, did you ask questions to prepare a				
	correct Schedule C (Form 1040)?		×		

Form 88	867 (Rev. 11-2022)			Page 2
Part	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		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	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?	×		
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			Part \	/.)
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the quatuition and related expenses for the claimed AOTC?		Yes	No
Part	V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing statu	s, go to	Part	VI.)
14	Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax 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 respo in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) status and to figure the amount(s) of the credit(s);	nses on s) and/o	the ret or HOH	turn or filing
	<ul> <li>B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checkled credit(s) claimed and HOH filling status, if claimed;</li> </ul>	ist for a	ny 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
	<ol> <li>A copy of this Form 8867.</li> <li>The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.</li> </ol>			
	<ol><li>Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).</li></ol>	's eligib	ility for	the
	<ol><li>A record of how, when, and from whom the information used to prepare this form and the applica obtained.</li></ol>	ble worl	ksheet(	s) was
	<ol><li>A record of any additional information you relied upon, including questions you asked and the tax determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount</li></ol>	payer's int(s) of	respon the cre	ses, to edit(s).
	If you have not complied with all due diligence requirements, you may have to pay a penalty for eac related to a claim of an applicable credit or HOH filing status (see instructions for more information	h failur ).	e to co	mply
15	Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct complete?	t, and	Yes	No
		0.000		

# 8959 Form

Department of the Treasury Internal Revenue Service

### **Additional Medicare Tax**

If any line does not apply to you, leave it blank. See separate instructions.

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

Go to www.irs.gov/Form8959 for instructions and the latest information.

OMB No. 1545-0074

2022

Attachment
Sequence No. 71

Name(s) shown on return

ARCHANA BANDARU & JAVED SIRAAJ MOHAMMED

Your social security number

846-91-0389

Part	Additional Medicare Tax on Medicare Wages		
1	Medicare wages and tips from Form W-2, box 5. If you have more than one		
	Form W-2, enter the total of the amounts from box 5		
2	Unreported tips from Form 4137, line 6		
3	Wages from Form 8919, line 6		
4	Add lines 1 through 3		
5	Enter the following amount for your filing status:		
	Married filing jointly		
	Married filing separately \$125,000		
	Single, Head of household, or Qualifying surviving spouse \$200,000 5 250,000.		
6	Subtract line 5 from line 4. If zero or less, enter -0	6	0.
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to		_
	Part II	7	0.
Part			
8	Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you		
_	had a loss, enter -0- (Form 1040-PR or 1040-SS filers, see instructions.) . 8 31, 925.		
9	Enter the following amount for your filing status:		
	Married filing jointly		
	Married filing separately		
40	Single, Head of household, or Qualifying surviving spouse \$200,000 9 250,000. Enter the amount from line 4		
10	KINNELLE STATE OF THE STATE OF		
11 12	Subtract line 10 from line 9. If zero or less, enter -0	12	20 611
	Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and	12	28,644.
13	go to Part III	13	258.
Part			230:
14	Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14		
17	(see instructions)		
15	Enter the following amount for your filing status:		
	Married filing jointly		
	Married filing separately		
	Single, Head of household, or Qualifying surviving spouse \$200,000		
16	Subtract line 15 from line 14. If zero or less, enter -0	16	
17	Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (0.009).		
	Enter here and go to Part IV	17	
Part I			
18	Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 11 (Form 1040-PR		
	or 1040-SS filers, see instructions), and go to Part V	18	258.
Part			
19	Medicare tax withheld from Form W-2, box 6. If you have more than one Form		
00	W-2, enter the total of the amounts from box 6		
20	Enter the amount from line 1		
21	Multiply line 20 by 1,45% (0.0145). This is your regular Medicare tax		
00	withholding on Medicare wages		
22	Subtract line 21 from line 19. If zero or less, enter -0 This is your Additional Medicare Tax withholding on Medicare wages	22	1
00		22	1.
23	Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions)	23	
24	Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this amount with	20	
<b>4</b> +	federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (Form 1040-PR or		
	1040-SS filers, see instructions)	24	1.

BAA

## Form **8960**

Department of the Treasury

### Net Investment Income Tax— Individuals, Estates, and Trusts

Attach to your tax return.

2022 Attachment

OMB No. 1545-2227

Go to www.irs.gov/Form8960 for instructions and the latest information. Internal Revenue Service Sequence No. 72 Name(s) shown on your tax return Your social security number or EIN ARCHANA BANDARU & JAVED SIRAAJ MOHAMMED 846-91-0389 Part I Investment Income ☐ Section 6013(g) election (see instructions) ☐ Section 6013(h) election (see instructions) Regulations section 1.1411-10(g) election (see instructions) 1 151. 2 2 3 3 Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see 4a Adjustment for net income or loss derived in the ordinary course of a non-34,570. section 1411 trade or business (see instructions) . . . . . . . . . . . . . . . 4b 4c 0. Net gain or loss from disposition of property (see instructions) . . . . . 5a Net gain or loss from disposition of property that is not subject to net 5b Adjustment from disposition of partnership interest or S corporation stock (see 5d 6 Adjustments to investment income for certain CFCs and PFICs (see instructions) 6 Other modifications to investment income (see instructions) . . . . . 7 7 Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7. . . . 8 151. Part II Investment Expenses Allocable to Investment Income and Modifications State, local, and foreign income tax (see instructions) . . . Miscellaneous investment expenses (see instructions) . . . . 9c 9d Additional modifications (see instructions) . . . . . . 10 10 Total deductions and modifications. Add lines 9d and 10 . 11 11 Part III Tax Computation Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, complete lines 13-17. 12 12 151. Individuals: Modified adjusted gross income (see instructions) . . . . . . 13 282,027. 250,000. 14 15 Subtract line 14 from line 13. If zero or less, enter -0- . . . . . . . . 15 32,027. 16 16 151. Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). Enter here and include 17 17 6. **Estates and Trusts:** Deductions for distributions of net investment income and deductions under Undistributed net investment income. Subtract line 18b from line 18a (see 18c 19a Highest tax bracket for estates and trusts for the year (see instructions) . . . 19b c Subtract line 19b from line 19a. If zero or less, enter -0- . . . . . . . . . 20 20 Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.038). Enter here and 21

21

TAXABLE YEAR

# **2022 California Resident Income Tax Return**

540

APE

ATTACH FEDERAL RETURN

846-91-0389

BAND

321-33-0233

22

ARCHANA JAVEDSIRAAJ BANDARU MOHAMMED

24 BEECH CT

WALNUT CREEK

CA 94596

05-28-1989 08-27-1986

		Enter your county at time of filing (see instructions)
oce	•	CONTRA COSTA
oue		If your address above is the same as your principal/physical residence address at the time of filing, check this box • ×
sid		If not, enter below your principal/physical residence address at the time of filing.
Be		Street address (number and street) (If foreign address, see instructions.)  Apt. no/ste. no.
pal	•	• Apartosonio
Principal Residence		
P		City State ZIP code
	$\odot$	
		If your California filing status is different from your fadoral filing status, shock the box have
		If your California filing status is different from your federal filing status, check the box here
<u>s</u>	1	Single 4 Head of household (with qualifying person). See instructions.
Filing Status		
S	2	X Married/RDP filing jointly. See instr. 5 Qualifying surviving spouse/RDP. Enter year spouse/RDP died.
i		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.
<b>S</b>	• 10 7	Personal: If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked
ioi	•	box 2 or 5, enter 2 in the box. If you checked the box on line 6, see instructions.   7   2   X \$140 = • \$
npt	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
		if both are 65 or older, enter 2. See instructions

175

3101224

Form 540 2022 **Side 1** 

Υοι	r nar	ne:	BANI	DAF	RU	Your SSN or	ITIN:	846-9	91-0389				
	10 [	Depen	dents: [		ot include yourself or yo Dependent 1	ur spouse/RDP.		ndent 2			Dependent 3		
		First	Name	•	AYAAN ALI		Dehe	ilueilt 2		•			
ns		Last	Name	•	MOHAMMED								
Exemptions			. See uctions.	•	858861751		•			•			
Ĕ			endent's ionship	•	SON					•			
	Total	•		kemp	otions	*********			10 1	X \$433 = (	\$	43	33
	11	Exem	ption a	mou	ı <b>nt:</b> Add line 7 through li	ne 10. Transfer t	this amo	ount to lin	e 32	1	1\$	71	.3
	12	State Form	wages (s) W-2	from	n your federal x 16	• 12			147930	0 .00			
	13				usted gross income from					13		282027	. 00
	14				nents – subtractions. En Iumn B					• 14		0	<b>.</b> 00
ne	15				rom line 13. If less than					15		282027	. 00
axable Income	16				nents – additions. Enter Iumn C					• 16			. 00
xable	17	Califo	ornia ad	juste	ed gross income. Combir	ne line 15 and lir	ne 16			• 17		282027	. 00
T <sub>e</sub>	18	Enter large	r of	Your	r California <b>itemized ded</b> r California <b>standard ded</b> ngle or Married/RDP filin	luction shown b	elow for	r your fili	ng status:		•		
					urried/RDP filing jointly, Hea					,		10404	. 00
	19	Subti	ract line	18 f	rom line 17. This is your enter -0	taxable incom	e.					271623	.00
			_	1556			7			55550			
	31	Tax. (	Check th	ne bo	ox if from:	Table	× Tax	Rate Sch	nedule				
	32	Fyem	intion c	redit	FTB s. Enter the amount from	3800 • _			ore than	● 31		18768	. 00
ax	UL.				structions	,				• 32		713	<b>.</b> 00
	33	Subti	ract line	32 f	rom line 31. If less than	zero, enter -0				• 33		18055	<b>.</b> 00
	34	Tax. S	See inst	ructi	ons. Check the box if fro	om:  Sch	edule G	-1	FTB 5870A	• 34			<b>.</b> 00
	35	Add I	ine 33 a	and li	ine 34					• 35		18055	<b>.</b> 00
ts	40	Nonr	ofundah	ole Ci	hild and Dependent Care	Evnancae Cradi	it Con in	netruotion	c	<b>A</b> 40			. 00
Special Credits								ISLI UULIUI					.00
ecial	43		credit r				code •		and amount.				
Sp	44	Enter	credit ı	name	9		code •		and amount.	• 44	REV 02/17/23 PRO		<b>.</b> 00

You	r nan	ne:	BANDARU	Your SSN or ITIN:	846-91-0389				
S	45	To cl	aim more than two credits. See instr	uctions. Attach Schedule	P (540)	• 45	j		. 00
Sredit	46	Nonr	efundable Renter's Credit. See instru	ctions		• 46	j		<b>.</b> 00
Special Credits	47	Add	line 40 through line 46. These are you	ur total credits		• 47	,		<b>.</b> 00
Spe	48	Subt	ract line 47 from line 35. If less than	zero, enter -O		• 48		18055	. 00
es	61	Alter	native Minimum Tax. Attach Schedule	e P (540)		• 61			<b>.</b> 00
Other Taxes	62	Ment	al Health Services Tax. See instruction	ns		• 62			<b>.</b> 00
Othe	63	Othe	r taxes and credit recapture. See inst	ructions		• 63			<b>.</b> 00
	64	Add	line 48, line 61, line 62, and line 63. 1	his is your total tax		• 64		18055	<b>.</b> 00
	71	Califo	ornia income tax withheld. See instru	ctions		• 71		10319	<b>.</b> 00
	72	2022	California estimated tax and other pa	ayments. See instruction	s	• 72			<b>.</b> 00
	73	With	holding (Form 592-B and/or Form 59	3). See instructions		73			<b>.</b> 00
Payments	2 5 74	Exce	ss SDI (or VPDI) withheld. See instru	ctions		• 74			<b>.</b> 00
Payn	75	Earn	ed Income Tax Credit (EITC). See inst	ructions		• 75			<b>.</b> 00
	76	Youn	g Child Tax Credit (YCTC). See instru	ctions		• 76			. 00
	77 78	Add	er Youth Tax Credit (FYTC). See instru line 71 through line 77. These are you nstructions	ur total payments.					. 00
Use Tax	91		Tax. Do not leave blank. See instructions of the second se	ons	● <b>91</b> You paid your us	se tax oblig	O ation directly to CI		
ISR Penaltv	92	See i	u and your household had full-year h instructions. Medicare Part A or C co u did not check the box, see instructi	verage is qualifying heal ons.	th care coverage		×		
_	<u> </u>	Indiv	idual Shared Responsibility (ISR) Pe	nalty. See instructions	• 92			.00	
One	93	Payn	nents balance. If line 78 is more than	line 91, subtract line 91	from line 78	● 93		10319	00
Overpaid Tax/Tax Due	94 95	Payn	Tax balance. If line 91 is more than I nents after Individual Shared Responsact line 92 from line 93	sibility Penalty. If line 93	is more than line 92,			10319	00
verpaid	96	Indiv	idual Shared Responsibility Penalty E ract line 93 from line 92	Balance. If line 92 is mor	e than line 93,	0			. 00
Ó	97		paid tax. If line 95 is more than line 6 02/17/23 PRO	4, subtract line 64 from	line 95	• 97			<b>.</b> 00

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Form 540 2022 **Side 3** 

Your	nan	ne:	BANDARU	Your SSN or ITIN:	846-91-0389	_	ı		
e -	98	Amo	unt of line 97 you want applied to you	ur <b>2023</b> estimated tax		• 98		. 0	00
erpaic Fax D	99	Over	paid tax available this year. Subtract I	ine 98 from line 97		• 99		. 0	)0
aX C	100	Tax o	unt of line 97 you want applied to you paid tax available this year. Subtract I due. If line 95 is less than line 64, sub	tract line 95 from line 64	1	• 100	7736	. 0	)0
			<del></del>			<u>Code</u>	Amount		_
		Califo	ornia Seniors Special Fund. See instru	uctions		• 400		. 0	00
		Alzhe	eimer's Disease and Related Dementia	a Voluntary Tax Contribut	tion Fund	• 401		<u>.</u> 0	)0
		Rare	and Endangered Species Preservatio	n Voluntary Tax Contribu	ition Program	• 403		. 0	)0
		Califo	ornia Breast Cancer Research Volunta	ry Tax Contribution Fund	1	• 405		. 0	)0
		Califo	ornia Firefighters' Memorial Voluntary	Tax Contribution Fund .		• 406		. 0	)0
		Emer	gency Food for Families Voluntary Ta	x Contribution Fund		• 407		<u>.</u> 0	)0
		Califo	ornia Peace Officer Memorial Foundat	ion Voluntary Tax Contri	bution Fund	• 408		. 0	)0
		Califo	ornia Sea Otter Voluntary Tax Contrib	ution Fund		• 410		. 0	)0
		Califo	ornia Cancer Research Voluntary Tax	Contribution Fund		• 413		. 0	)0
ions		Scho	ol Supplies for Homeless Children Vo	oluntary Tax Contribution	Fund	• 422		<b>.</b> 0	)0
Contributions		State	Parks Protection Fund/Parks Pass P	urchase		• 423		<b>.</b> 0	)0
Son		Prote	ect Our Coast and Oceans Voluntary T	ax Contribution Fund		• 424		. 0	00
		Keep	Arts in Schools Voluntary Tax Contri	bution Fund		• 425		<b>.</b> 0	00
		Preve	ention of Animal Homelessness and C	Cruelty Voluntary Tax Cor	ntribution Fund	• 431		. 0	00
			ornia Senior Citizen Advocacy Volunta					. 0	)0
			e California Wildlife Rehabilitation Vo					. 0	
			Kit Backlog Voluntary Tax Contributi					. 0	
			de Prevention Voluntary Tax Contribu					. 0	
								.0	
			al Health Crisis Prevention Voluntary					Г	
			ornia Community and Neighborhood	»-				.0	
	110	Add	amounts in code 400 through code 4	46. This is your total cor	ntribution	• 110		<u>.</u> 0	10
Amount You Owe	111		UNT YOU OWE. If you do not have an					Γ	$\neg$
Yen Yen			to: <b>FRANCHISE TAX BOARD, PO B</b> Online – Go to <b>ftb.ca.gov/pay</b> for mo		TO CA 94267-0001.	• 111	7736	<u> </u>	)0

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Your na	ame:	BANDARU	Your SSN or ITIN:	846-91-0389	_		
112 8 au 113		est, late return penalties, and late pa erpayment of estimated tax.	yment penalties		112		.00
Interest and Penalties	Chec	k the box:  FTB 5805 attac	ned • FTB 5805	F attached	• 113		158 .00
트 <sup>교</sup>	<b>4</b> Total	amount due. See instructions. Enclo	ose, but <b>do not</b> staple, an	y payment	114		7894 .00
118	5 REFL		the sum of line 110, line	e 112, and line 113 from line	e 99. See instru	ections.	
		to: <b>Franchise tax Board</b> , <b>Po Bo</b>					.00
ct Deposit	Fill ir See i	n the information to authorize direct nstructions. <b>Have you verified the r</b> r the following amount of my refund	deposit of your refund in outing and account num	to one or two accounts. <b>Do</b> <b>bers?</b> Use whole dollars on	<b>not</b> attach a voly.		
Refund and Direct Deposit	• F	touting number	Account number		• 11	<b>16</b> Direct dep	posit amount
Refu		ermaining amount of my refund (line  Type  Checking  Savings	• 115) is authorized for d  • Account number	irect deposit into the accoun		r: I <b>7</b> Direct dep	posit amount
Voter Info.	For v	oter registration information, check	the box and go to sos.ca	a.gov/elections. See instruc	tions		
Our privacto locate f	cy notice FTB 113 <sup>-</sup> nalties c orrect, a	See the instructions to find out if you can be found in annual tax booklets or on I EN-SP, Franchise Tax Board Privacy Notic of perjury, I declare that I have examined and complete.	ine. Go to <b>ftb.ca.gov/privacy</b> e on Collection. To request th	to learn about our privacy policy is notice by mail, call 800.338.05 companying schedules and sta	statement, or go 505 and enter form tements, and to the	he best of my l	
		Your email address. Enter only one	email address.			Preferre	ed phone number
Cian						1 —	639744
Sign Here		Paid preparer's signature (declaration	of preparer is based on al	I information of which prepare	er has any knowl	ledge)	
		SYAM PRIYA RAM S	AGAR GUPTA TA	ALLAM			
It is unla to forge	а	Firm's name (or yours, if self-employed	))				• PTIN
spouse's		GLOBAL TAXES LLC					P02082703
signatur		Firm's address		Firm's FEIN			
Joint tax return? See	(	245 ROONEY CT E	BRUNSWICK NJ	08816			843171965
instruction	ions. Do you want to allow another person to discuss this tax return with us? See instructions ●						× No
		Print Third Party Designee's Name				Telephone I	Number
						DEV 02/47/23	2.000

### **California Adjustments — Residents** 2022

**CA (540)** 

lm	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					
Α	BANDARU & J MOHAMMED			846910389					
Pa Se	art I Income Adjustment Schedule ction A – Income from federal Form 1040 or 1040-SR	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	<b>C</b> Additions See instructions					
1	a Total amount from federal Form(s) W-2, box 1. See instructions 1a		•	•					
	<ul><li>b Household employee wages not reported on federal Form(s) W-2</li></ul>	•	•	•					
	c Tip income not reported on line 1a 1c	•	•	•					
	<b>d</b> Medicaid waiver payments not reported on federal Form(s) W-2. See instructions <b>1d</b>	•	•	0					
	e Taxable dependent care benefits from federal Form 2441, line 26 1e	•	•	•					
	f Employer-provided adoption benefits from federal Form 8839, line 29	•	•	•					
	g Wages from federal Form 8919, line 61g	•	•	•					
	h Other earned income. See instructions 1h	<ul><li>0</li></ul>	•	•					
	i Nontaxable combat pay election. See instructions			•					
	z Add line 1a through line 1i1z	246719	•	•					
		<ul><li>151</li></ul>	0	<u> </u>					
	Ordinary dividends. See instructions. a   3b	•	$\bullet$	•					
4	IRA distributions. See instructions. a   4b	•	•	•					
5	Pensions and annuities. See instructions. a • 5b	0	•	•					
6	Social security benefits. a • 6b	0	•						
	Capital gain or (loss). See instructions	•	•	•					
		(Form 1040)							
1	Taxable refunds, credits, or offsets of state and local income taxes	<ul><li>0</li></ul>	<ul><li>0</li></ul>						
2	a Alimony received. See instructions 2a	•		•					
3	Business income or (loss). See instructions. $\dots$ 3	34570	•	•					
	Other gains or (losses)	•	•	•					
b	Rental real estate, royalties, partnerships, S corporations, trusts, etc	•	•	•					
6	Farm income or (loss)	•	•	•					
7	Unemployment compensation	•	•						

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ction B – Additional Income Continued	A	Federal Amounts (taxable amounts from your federal tax return)	В	<b>Subtractions</b> See instructions	C Additions See instructions	3
Other income: a Federal net operating loss8a	•	( )			•	
<b>b</b> Gambling	•		•			
c Cancellation of debt 8c			•		•	
d Foreign earned income exclusion from federal Form 2555	•	( )			0	
e Income from federal Form 8853 8e	•				0	
f Income from federal Form 88898f	•		•			
g Alaska Permanent Fund dividends8g	•					
h Jury duty pay8h	•					
i Prizes and awards8i	•					
${\bf j}$ Activity not engaged in for profit income ${\bf 8j}$	•					
k Stock options8k	•				•	
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 money8m						
n IRC Section 951(a) inclusion8n	•		•			
o IRC Section 951A(a) inclusion80	0		•			
p IRC Section 461(I) excess business loss adjustment 8p	•		•		•	
q Taxable distributions from an ABLE account 8q	0					
r Scholarship and fellowship grants not reported on federal Form(s) W-28r	0					
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	•					
u Wages earned while incarcerated8u	•					
<b>z</b> Other income. List type and amount.						
OTHER INCOME FROM BOX 3 OF 1099-MISC	•	1050	$\odot$		•	

Section B – Additional Continued	Income	Α	Federal Amounts (taxable amounts from your		Subtractions See instructions	C Additions See instructions	
			federal tax return)		Occ mondenations	Oct motivations	
9 a Total other inco	ome. Add lines 8a through 8z. <b>9a</b>	•	1050	•		•	
<b>b1</b> Disaster loss de	duction from form FTB 3805V 9b1			•			
<b>b2</b> NOL deduction	from form FTB 3805V 9b2			•			
<b>b3</b> NOL from form	FTB 3805Z, 3807, or 3809 <b>9b3</b>			•			
and Section B, line 1 in column A and colu through line 7, and S line 9a. and line 9b1	tion A, line 1z through line 7, through line 7, and line 9a umn C. Add Section A, line 1z Section B, line 1 through line 7, through line 9b3 in column B instructions	•	282490	•	0	0	
Section C – Adjustm from federal Schedule				9			
11 Educator expenses	s <b>11</b>	•		0			
	spenses of reservists, performing is government officials <b>12</b>	•		•		•	
13 Health savings acc	count deduction	•		•			
<b>14</b> Moving expenses. See instructions .	Attach form FTB 3913	•				•	
15 Deductible part of See instructions.		•	463	0			
16 Self-employed SEP	SIMPLE, and qualified plans16	•					
17 Self-employed hea See instructions.	alth insurance deduction. 	0		•			
18 Penalty on early with	thdrawal of savings 18	0					
<b>19 a</b> Alimony paid.	19a	0				•	
<b>b</b> Recipient's: SS	N •						
Last Name   _							
<b>20</b> IRA deduction	20	•		•		•	
21 Student loan intere	st deduction21	•				•	
22 Reserved for future	use22						
23 Archer MSA deduct	tion23	•					

ection C – Adjustments to Income Continued	A	Federal Amounts (taxable amounts from your federal tax return)	В	<b>Subtractions</b> See instructions	<b>C</b> Additions See instructions
4 Other adjustments: a Jury duty pay	•				
b Deductible expenses related to income reported on line 8I from the rental of personal property engaged in for profit	•		•		•
c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	•		•		
d Reforestation amortization and expenses24d	•		•		
e Repayment of supplemental unemployment benefits under the federal Trade Act of 1974 <b>24e</b>	•				
f Contributions to IRC Section 501(c)(18)(D) pension plans	•		•		•
g Contributions by certain chaplains to IRC Section 403(b) plans	•		•		•
h Attorney fees and court costs for actions involving certain unlawful discrimination claims 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 federal Form 2555 <b>24</b> 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.					
<ul><li>●24z</li></ul>	•		•		•
Total other adjustments. Add line 24a through line 24z	0		•		•
Add line 11 through line 23 and line 25 in columns A, B, and C. See instructions	0	463	•		•
7 Total. Subtract line 26 from line 10 in columns A, B, and C. See instructions	•	282027	•	0	•

Che	ck the box if you did NOT itemize for federal but will iter	nize f	or Ca	Ralifornia		Subtractions See instructions	C Additions See instruct	tions
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   282027	2						
3	Multiply line 2 by 7.5% (0.075) ● 21152							
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter 0		•				•	
	es You Paid  a State and local income tax or general sales taxes.	.5a	•	11945	0	11945		
	<b>b</b> State and local real estate taxes	. <mark>5</mark> b	•					
	c State and local personal property taxes	.5c	•					
	<b>d</b> Add line 5a through line 5c	.5d	•	11945				
	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			10000	•	11945	•	1945
6	Other taxes. List type	6	0		•		•	
7	Add line 5e and line 6	.7	•	10000	•	11945	•	1945
	rest You Paid  a Home mortgage interest and points reported to you on federal Form 1098	.8a	•				•	
	b Home mortgage interest not reported to you on federal Form 1098	.8b	•				•	
	c Points not reported to you on federal Form 1098.	.8c	•				•	
	d Reserved for future use	.8d						
	e Add line 8a through line 8c		•		•		•	
	Investment interest		•		•		•	
10	Add line 8e and line 9	10	$\odot$		•		•	

	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
	ts to Charity			
11	Gifts by cash or check	•	•	•
12	Other than by cash or check	•	•	•
13	Carryover from prior year13	•	•	•
	Add line 11 through line 13	•	•	•
	sualty and Theft Losses Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions15	•	•	0
0th	er Itemized Deductions			77
16	Other—from list in federal instructions <b>16</b>	•		•
17	Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C	<ul><li>10000</li></ul>	<ul><li>11945</li></ul>	5 • 1945
18	Total. Combine line 17 column A less column B plus co	lumn C		<ul><li>18</li></ul>
Jok	Expenses and Certain Miscellaneous Deductions			
20	Unreimbursed employee expenses: job travel, union due Attach federal Form 2106 if required. See instructions .  Tax preparation fees		<ul><li>19</li><li>20</li></ul>	_
21	Other expenses: investment, safe deposit box, etc. List type		<b>2</b> 1	)
	Add line 19 through line 21		<b>22</b>	)
23	Enter amount from federal Form 1040 or 1040-SR, line 11	282027		
24	Multiply line 23 by 2% (0.02). If less than zero, enter 0 .		<b>24</b> 5641	<u>L</u>
25	Subtract line 24 from line 22. If line 24 is more than line	e 22, enter 0		<b>● 25</b>
26	<b>Total Itemized Deductions.</b> Add line 18 and line 25			<b>● 26</b>
20				
27	Other adjustments. See instructions. Specify.			<b>●</b> 27
27	Other adjustments. See instructions. Specify.  Combine line 26 and line 27			
27 28	Combine line 26 and line 27  Is your federal AGI (Form 540, line 13) more than the Single or married/RDP filing separately	amount shown below for you	ur filing status? \$229,908 \$344,867 \$459,821	
27 28	Combine line 26 and line 27  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	amount shown below for you	ur filing status? \$229,908 \$344,867 \$459,821	
27 28 29	Combine line 26 and line 27  Is your federal AGI (Form 540, line 13) more than the Single or married/RDP filing separately	amount shown below for you spouse/RDP	ur filing status?\$229,908\$344,867\$459,821 A (540), line 29	<ul><li>● 28</li></ul>

TAXABLE YEAR

2022

## **Underpayment of Estimated Tax** by Individuals and Fiduciaries

CALIFORNIA FORM

5805

Attach this form to the back of your Form 540, Form 540NR, or Form 541. Also, check the box for underpayment of estimated tax located on Form 540, line 113; Form 540NR, line 123; or Form 541, line 44, whichever applies.

SSN, ITIN, or FEIN Name(s) as shown on return BANDARU & J MOHAMMED 846910389

IMPORTANT: In most cases, the Franchise Tax Board (FTB) can figure the penalty for you and you do not have to complete this form. See General Information B.

If you meet any of the following conditions, you do not owe a penalty for underpayment of estimated tax. Do not complete or file this form if:

- The amount of your tax liability (not including tax on lump-sum distributions and accumulation distribution of trusts) less credits (including the withholding credit) but not including estimated tax payments for either 2021 or 2022 was less than \$500 (or less than \$250 if married/RDP filing a separate return).
- Your 2021 return was for a full 12 months (or would have been if you were required to file) and you did not have any tax liability on that return.
- The amount of your withholding plus your estimated tax payments, if paid in the required installments, is at least 90% of the tax shown on your 2022 return or 100% of the tax shown on your 2021 return (110% if California adjusted gross income (AGI) was more than \$150,000 or \$75,000 if married/RDP filing a separate return) and you are not using the annualized income installment method. Taxpayers with California AGI equal to or greater than \$1,000,000 (or \$500,000 if married/RDP filling a separate return) must use the tax shown on their 2022 tax return if they do not meet one of the two conditions above.

Pai	<b>Questions</b> . All filers must complete this part. Estates and Trusts, see General information E.								
1	Are you requesting a waiver of the penalty? If "Yes," provide an explanation below and be sure to check the box on Form 540, line 113; Form 540NR, line 123; or Form 541, line 44. If you need additional space, attach a statement. See General Information C								
2	Did you use the annualized income installment method? If "Yes," see instructions for Part III and be sure to check the box on Form 540, line 113; Form 540NR, line 123; or Form 541, line 44								
3 Was your California withholding not withheld in equal installments and are you able to show the actual amounts withheld per period and the actual dates withheld?									
	N/A								
	If "Yes," enter the actual uneven amounts withheld on the spaces provided below. The total of the four amounts must equal the total								
	withholding reported on Form 540, line 71 and line 73; Form 540NR, line 81 and line 83; or Form 541, line 29 and line 31.								
	4/15/22 • \$ ;								
	9/15/22 • \$   1/15/23 • \$   .								
4	For estates and trusts: Was the date of death less than two years from the end of the taxable year?								
	See General Information E Yes No								

REV 02/17/23 PRO

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_								
Pa	Required Annual Payment. All filers must complete this part.							
1	Current year tax. Enter your 2022 tax after credits. See instructions							
2	Multiply line 1 by 90% (.90)							
3	Withholding taxes. <b>Do not</b> include any estimated tax payments on this line. See instructions							
4	Subtract line 3 from line 1. If less than \$500 (or less than \$250 if married/RDP filing a separate return), stop here. You do not owe the penalty. <b>Do not</b> file form FTB 5805							
5	Enter the tax shown on your 2021 tax return. See instructions. (110% (1.10) of that amount if the adjusted gross income shown on that return is more than \$150,000, or if married/RDP filing a separate return for 2022, more than \$75,000).							
6	Required annual payment. Enter the <b>smaller</b> of line 2 or line 5. (If your California AGI is equal to or greater than \$1,000,000/\$500,000 for married/RDP filing a separate return, use line 2)							
Short Method  Caution: See the instructions to find out if you can use the short method. If you answered "Yes" to Question 2 in Part I, skip this part and go to Part III.  If you answered "No" to Question 2 in Part I and you cannot use the short method, go to Worksheet II, Regular Method to Figure Your  Underpayment and Penalty, on page 4 of the instructions.								
7	Enter the amount, if any, from Part II, line 3 above							
8	Enter the total amount, if any, of estimated tax payments you made							
9	Add line 7 and line 8							
10	Total underpayment for the year. Subtract line 9 from line 6. If zero or less, stop here.  You do not owe the penalty. <b>Do not</b> file form FTB 5805							
11	Multiply line 10 by .02672055							
12	<ul> <li>If the amount on line 10 was paid on or after 4/15/23, enter -0</li> <li>If the amount on line 10 was paid before 4/15/23, enter the result of the following computation:         <ul> <li>Amount on line 10</li> <li>Number of days paid before 4/15/23</li> <li>Number of days paid before 4/15/23</li> </ul> </li> </ul>							
13	PENALTY. Subtract line 12 from line 11. Enter the result here and on Form 540, line 113; Form 540NR, line 123; or Form 541, line 44. Also, check the box for "FTB 5805." ▶							

### Part III Annualized Income Installment Method Schedule.

Use this schedule ONLY if you earned taxable income at an UNEVEN RATE during 2022 (see Example A). If you earned your income at approximately the same rate each month (see Example B), then you should not complete this schedule. If you choose to figure the penalty, see Worksheet II, on page 4 of the instructions.

**Example A:** If you were a commissioned salesperson who earned no income during the first three months of the year, earned most of your income during the following six months, and earned very little during the last three months, you should complete this schedule. You may be able to benefit by using the annualized income installment method. The required installment of estimated tax figured using the annualized method may be less than your required installment figured using the required installment method.

**Example B**: If you worked all year and earned a monthly salary that did not change much during the year, you should not complete this schedule.

EXC	<b>mple B</b> : If you worked all year and earned a monthly salary	that did not change in	lucii during the year, yo	ou should not complet	e tills schedule.
con	complete this schedule correctly, you must first applete Side 2, Part II, line 1 through line 6.				
sho	ates and trusts, <b>do not</b> use the period ending dates wn to the right. Instead, use the following: 2/28/22, 0/22, 7/31/22, and 11/30/22.	(a)	(b)	(c)	(d)
Fiso	al year filers must adjust dates accordingly.	1/1/22 to 3/31/22	1/1/22 to 5/31/22	1/1/22 to 8/31/22	1/1/22 to 12/31/22
1	Enter your California adjusted gross income (AGI) for each period. Form 540NR filers, see instructions. Estates or Trusts, enter the amount from Form 541,				
2	line 20 attributable to each period. See instructions <b>1</b> Annualization amounts. Estates or Trusts,				
	see instructions	4	2.4	1.5	1
3	Annualized income. Multiply line 1 by line 2				
4	Enter your itemized deductions for the period shown in each				
	column. If you do not itemize deductions, enter -0- here and on line 6. Estates or Trusts, enter -0- here, skip to line 9,				
	and enter the amount from line 3 on line 9 $\dots \dots \qquad {\bf 4}$				
5	Annualization amounts	4	2.4	1.5	1
6	Annualized itemized deductions. Multiply line 4 by line 5.				
7	See instructions				
,	or Form 540NR, line 18. Enter the total standard				
	deduction amount in each column. See instructions 7				
8	Enter line 6 or line 7, whichever is larger				
9	Subtract line 8 from line 3				
10	Figure the tax on the amount in each column of line 9 using				
	the tax table or the tax rate schedule in the instructions for Form 540, Form 540NR, or Form 541. Also, include any tax				
	from form FTB 3803. Estates or Trusts, see instructions $$ 10				
11	Enter the total amount of exemption credits from your 2022 Form 540, line 32 or Form 541, line 22. If you filed				
	Form 540NR, see instructions				
12	Subtract line 11 from line 10. Form 540NR filers,				
13	complete Worksheet I on page 3 of the instructions 12 Enter the total credit amount from your 2022 Form 540,				
	line 47; or Form 541, line 23. Form 540NR filers,				
	see instructions				

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Part III Annualized Income Installment Method Schedule. continued							
		(a) 1/1/22 to 3/31/22	(b) 1/1/22 to 5/31/22	(c) 1/1/22 to 8/31/22	(d) 1/1/22 to 12/31/22		
14							
	If zero or less, enter -0	1					
	b Enter the alternative minimum tax and mental health tax. See instructions	1					
	montal notice and one montal actions and the second action and the second action actions and the second action actions are second actions as a second action action actions are second actions as a second action ac						
	c Add line 14a and line 14b						
	d Enter the excess SDI from Form 540, line 74						
	or Form 540NR, line 84	1					
	e Subtract line 14d from line 14c.  If zero or less, enter -0	a .					
	11 2010 01 1000, 01101 0	<b>'</b>					
15	Applicable percentage	27%	63%	63%	90%		
16	Multiply line 14e by line 15	j					
Cor	nplete line 17 through line 23 of each column before you go	o to the next column.					
	Enter the combined amounts shown on line 23						
	from all preceding columns	7					
18	Subtract line 17 from line 16. If zero or less,						
	enter -0 18	3					
19	Enter 30% of the amount shown on form FTB 5805,						
	Part II, line 6 in columns (a & d), enter 40% of the						
	amount on line 6 in column b, enter -0- in column c 19 Enter the amount from line 22 from						
2U	the preceding column						
	the preceding column						
21	Add line 19 and line 20						
22	Subtract line 18 from line 21. If zero or less,						
	enter -0 22						
23	Enter line 18 or line 21, whichever is less, for each column.	Transfer these amounts t	o Worksheet II, line 1, o	n page 4 of the instruct	ions.		
	(a) (t 1/1/22 to 3/31/22 1/1/22 to	) 5/31/22	(c) 1/1/22 to 8/31/22	1/1/	(d) 22 to 12/31/22		
			, -,, -, -, -				
	•	•		• <u> </u>			

If you use the annualized income installment method for one payment due date, you must use it for all payment due dates. This schedule automatically selects the smaller of your annualized income installment or your regular installment.