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▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury
Internal Revenue Service

Calendar Year —
Due **04/18/2023**

2023 Form 1040-ES Payment Voucher 1

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **United States Treasury.** Write your social security number and '2023 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

| | |
|--|------|
| Amount of estimated tax you are paying by check or money order.....▶ | 655. |
|--|------|

REV 03/09/23 PRO 1555

008-49-0219 485-91-7573
HITISH CHAPPIDI
RENUKA NAMANA
303 CHIQUITA AVE APT 2
MOUNTAIN VIEW CA 94041

INTERNAL REVENUE SERVICE
PO BOX 802502
CINCINNATI OH 45280-2502

008490219 WN CHAP 30 0 202312 430

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Department of the Treasury
Internal Revenue Service

Calendar Year —
Due **06/15/2023**

2023 Form 1040-ES Payment Voucher 2

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **United States Treasury.** Write your social security number and '2023 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

| | |
|--|------|
| Amount of estimated tax you are paying by check or money order.....▶ | 655. |
|--|------|

REV 03/09/23 PRO 1555

008-49-0219 485-91-7573
HITISH CHAPPIDI
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Department of the Treasury
Internal Revenue Service

Calendar Year —
Due **09/15/2023**

2023 Form 1040-ES Payment Voucher 3

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **United States Treasury.** Write your social security number and '2023 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

| | |
|--|-------------|
| Amount of estimated tax you are paying by check or money order.....▶ | 655. |
|--|-------------|

REV 03/09/23 PRO 1555

008-49-0219 485-91-7573
 HITISH CHAPPIDI
 RENUKA NAMANA
 303 CHIQUITA AVE APT 2
 MOUNTAIN VIEW CA 94041

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 PO BOX 802502
 CINCINNATI OH 45280-2502

008490219 WN CHAP 30 0 202312 430

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Department of the Treasury
Internal Revenue Service

Calendar Year —
Due **01/16/2024**

2023 Form 1040-ES Payment Voucher 4

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **United States Treasury.** Write your social security number and '2023 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

| | |
|--|------|
| Amount of estimated tax you are paying by check or money order.....▶ | 655. |
|--|------|

REV 03/09/23 PRO 1555

008-49-0219 485-91-7573
HITISH CHAPPIDI
RENUKA NAMANA
303 CHIQUITA AVE APT 2
MOUNTAIN VIEW CA 94041

INTERNAL REVENUE SERVICE
PO BOX 802502
CINCINNATI OH 45280-2502

IRS e-file Signature Authorization

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

Submission Identification Number (SID) ▶

| | |
|---|--|
| Taxpayer's name HITISH CHAPPIDI | Social security number 008-49-0219 |
| Spouse's name RENUKA NAMANA | Spouse's social security number 485-91-7573 |

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 | 293,994. |
| 2 Total tax | 2 | 41,315. |
| 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | 3 | 42,827. |
| 4 Amount you want refunded to you | 4 | 1,512. |
| 5 Amount you owe | 5 | |

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

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

Taxpayer's PIN: check one box only

- I authorize GLOBAL TAXES LLC to enter or generate my PIN as my signature on the income tax return (original or amended) I am now authorizing. 9 0 2 1 9
ERO firm name
Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

- I authorize GLOBAL TAXES LLC to enter or generate my PIN as my signature on the income tax return (original or amended) I am now authorizing. 1 7 5 7 3
ERO firm name
Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication – Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 2 2 4 9 6 6 1 9 8 9
Don't enter all zeros

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

ERO's signature ▶ _____ Date ▶ _____

ERO Must Retain This Form – See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

Filing Status [] Single [X] Married filing jointly [] Married filing separately (MFS) [] Head of household (HOH) [] Qualifying surviving spouse (QSS)
Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:

Your first name and middle initial: HITISH; Last name: CHAPPIDI; Your social security number: 008-49-0219
If joint return, spouse's first name and middle initial: RENUKA; Last name: NAMANA; Spouse's social security number: 485-91-7573
Home address (number and street): 303 CHIQUITA AVE; Apt. no.: 2; Presidential Election Campaign: [] You [] Spouse
City, town, or post office: MOUNTAIN VIEW; State: CA; ZIP code: 94041
Foreign country name: ; Foreign province/state/county: ; Foreign postal code: ;

Digital Assets At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) [] Yes [X] No

Standard Deduction Someone can claim: [] You as a dependent [] Your spouse as a dependent [] Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: [] Were born before January 2, 1958 [] Are blind Spouse: [] Was born before January 2, 1958 [] Is blind

Dependents (see instructions): Table with columns for (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Child tax credit, Credit for other dependents

Income Table with rows 1a through 1z. 1a Total amount from Form(s) W-2, box 1 (see instructions) 293,246. 1b Household employee wages not reported on Form(s) W-2. 1c Tip income not reported on line 1a (see instructions). 1d Medicaid waiver payments not reported on Form(s) W-2 (see instructions). 1e Taxable dependent care benefits from Form 2441, line 26. 1f Employer-provided adoption benefits from Form 8839, line 29. 1g Wages from Form 8919, line 6. 1h Other earned income (see instructions). 1i Nontaxable combat pay election (see instructions). 1z Add lines 1a through 1h 293,246.

Attach Sch. B if required. Table with rows 2a through 15. 2a Tax-exempt interest. 2b Taxable interest. 2c Qualified dividends 191. 2d Ordinary dividends. 2e Taxable amount. 2f IRA distributions. 2g Taxable amount. 2h Pensions and annuities 30,250. 2i Social security benefits. 2j Taxable amount. 2k If you elect to use the lump-sum election method, check here (see instructions) []. 2l Capital gain or (loss). Attach Schedule D if required. If not required, check here []. 2m Other income from Schedule 1, line 10. 2n Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 293,994. 2o Adjustments to income from Schedule 1, line 26. 2p Subtract line 10 from line 9. This is your adjusted gross income 293,994. 2q Standard deduction or itemized deductions (from Schedule A) 25,900. 2r Qualified business income deduction from Form 8995 or Form 8995-A. 2s Add lines 12 and 13 25,900. 2t Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income 268,094.

**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
HITISH CHAPPIDI & RENUKA NAMANA

Your social security number
008-49-0219

Part I Tax

| | | | |
|----------|--|----------|----|
| 1 | Alternative minimum tax. Attach Form 6251 | 1 | 0. |
| 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 | 0. |

Part II Other Taxes

| | | | |
|-----------|--|-----------|-----|
| 4 | Self-employment tax. Attach Schedule SE | 4 | |
| 5 | Social security and Medicare tax on unreported tip income. Attach Form 4137 | 5 | |
| 6 | Uncollected social security and Medicare tax on wages. Attach Form 8919 | 6 | |
| 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 <input type="checkbox"/> | 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 | 27. |
| 12 | Net investment income tax. Attach Form 8960 | 12 | 28. |
| 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 | |

(continued on page 2)

Part II Other Taxes *(continued)*

| | | | |
|-----------|---|------------|-----------|
| 17 | Other additional taxes: | | |
| a | Recapture of other credits. List type, form number, and amount: _____ | 17a | |
| b | Recapture of federal mortgage subsidy, if you sold your home see instructions | 17b | |
| c | 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 | |
| e | 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 | 17g | |
| 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 | 17j | |
| k | Golden parachute payments | 17k | |
| l | Tax on accumulation distribution of trusts | 17l | |
| 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 | |
| o | Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR | 17o | |
| p | 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 taxes . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b | | 21 |

**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
HITISH CHAPPIDI & RENUKA NAMANA

Your social security number
008-49-0219

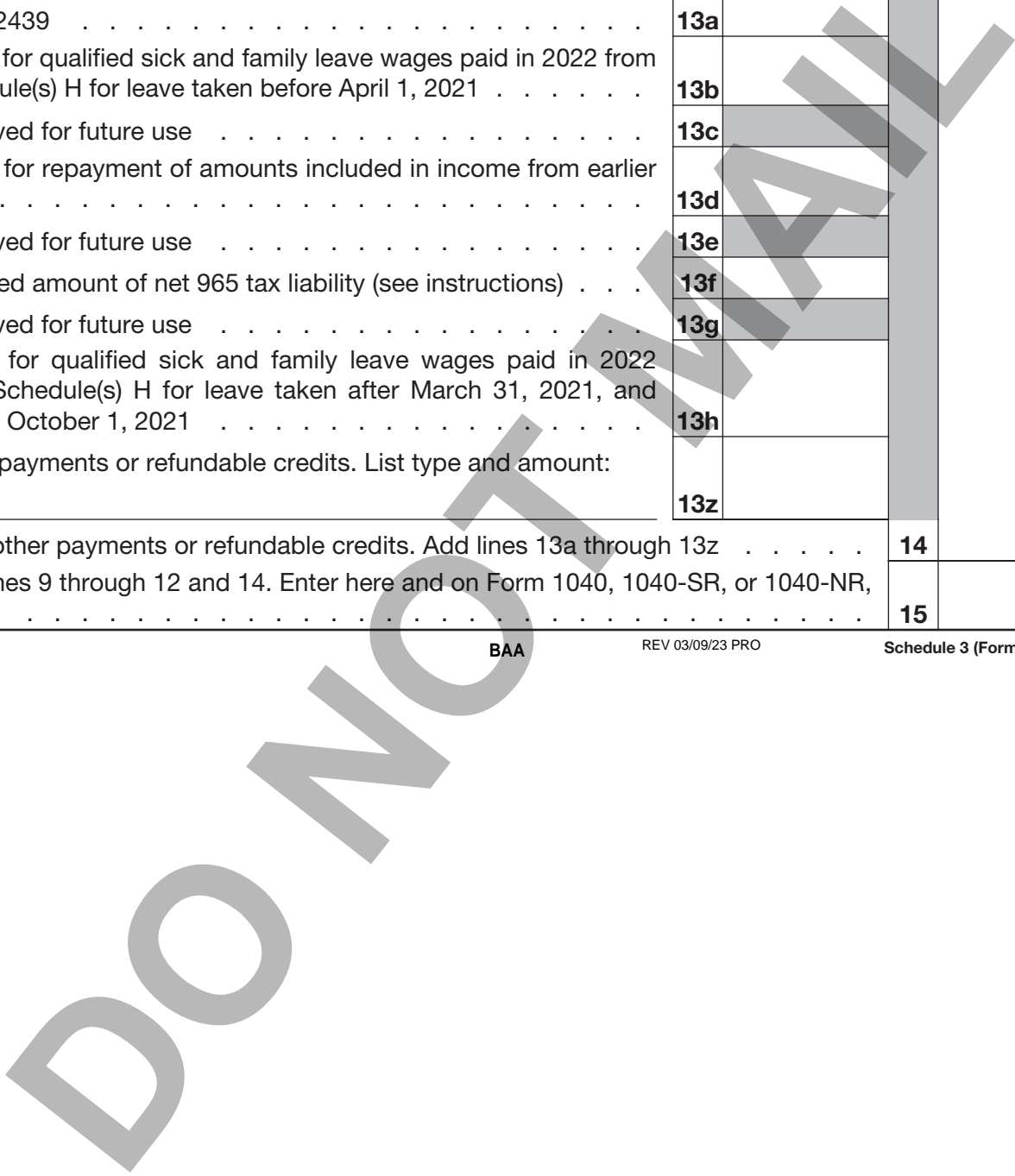
Part I Nonrefundable Credits

| | | | |
|----------|--|-----------|---------|
| 1 | Foreign tax credit. Attach Form 1116 if required | 1 | 10,737. |
| 2 | Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441 | 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: | | |
| a | General business credit. Attach Form 3800 | 6a | |
| b | Credit for prior year minimum tax. Attach Form 8801 | 6b | |
| c | Adoption credit. Attach Form 8839 | 6c | |
| d | Credit for the elderly or disabled. Attach Schedule R | 6d | |
| e | 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 | |
| j | Alternative fuel vehicle refueling property credit. Attach Form 8911 | 6j | |
| k | Credit to holders of tax credit bonds. Attach Form 8912 | 6k | |
| l | Amount on Form 8978, line 14. See instructions | 6l | |
| z | Other nonrefundable credits. List type and amount: _____ _____ | 6z | |
| 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-SR, or 1040-NR, line 20 | 8 | 10,737. |

(continued on 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 |
| 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 | |
| c | Reserved for future use | 13c | |
| d | Credit for repayment of amounts included in income from earlier years | 13d | |
| e | Reserved for future use | 13e | |
| f | Deferred amount of net 965 tax liability (see instructions) | 13f | |
| g | Reserved for future use | 13g | |
| h | Credit for qualified sick and family leave wages paid in 2022 from Schedule(s) H for leave taken after March 31, 2021, and before October 1, 2021 | 13h | |
| z | Other payments or refundable credits. List type and amount: _____ | 13z | |
| 14 | Total other payments or refundable credits. Add lines 13a through 13z | | 14 |
| 15 | Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31 | | 15 |



**SCHEDULE D
(Form 1040)**

Capital Gains and Losses

OMB No. 1545-0074

2022

Department of the Treasury
Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/ScheduleD for instructions and the latest information.
Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

Attachment
Sequence No. **12**

Name(s) shown on return

HITISH CHAPPIDI & RENUKA NAMANA

Your social security number

008-49-0219

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes No

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses—Generally Assets Held One Year or Less (see instructions)

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

| | (d) Proceeds (sales price) | (e) Cost (or other basis) | (g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g) | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) |
|--|----------------------------------|---------------------------------|---|---|
| 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . | | | | |
| 1b Totals for all transactions reported on Form(s) 8949 with Box A checked | 8,675. | 9,203. | 34. | -494. |
| 2 Totals for all transactions reported on Form(s) 8949 with Box B checked | | | | |
| 3 Totals for all transactions reported on Form(s) 8949 with Box C checked | | | | |
| 4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 | | | | 4 |
| 5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 | | | | 5 |
| 6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions | | | | 6 () |
| 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back | | | | 7 -494. |

Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year (see instructions)

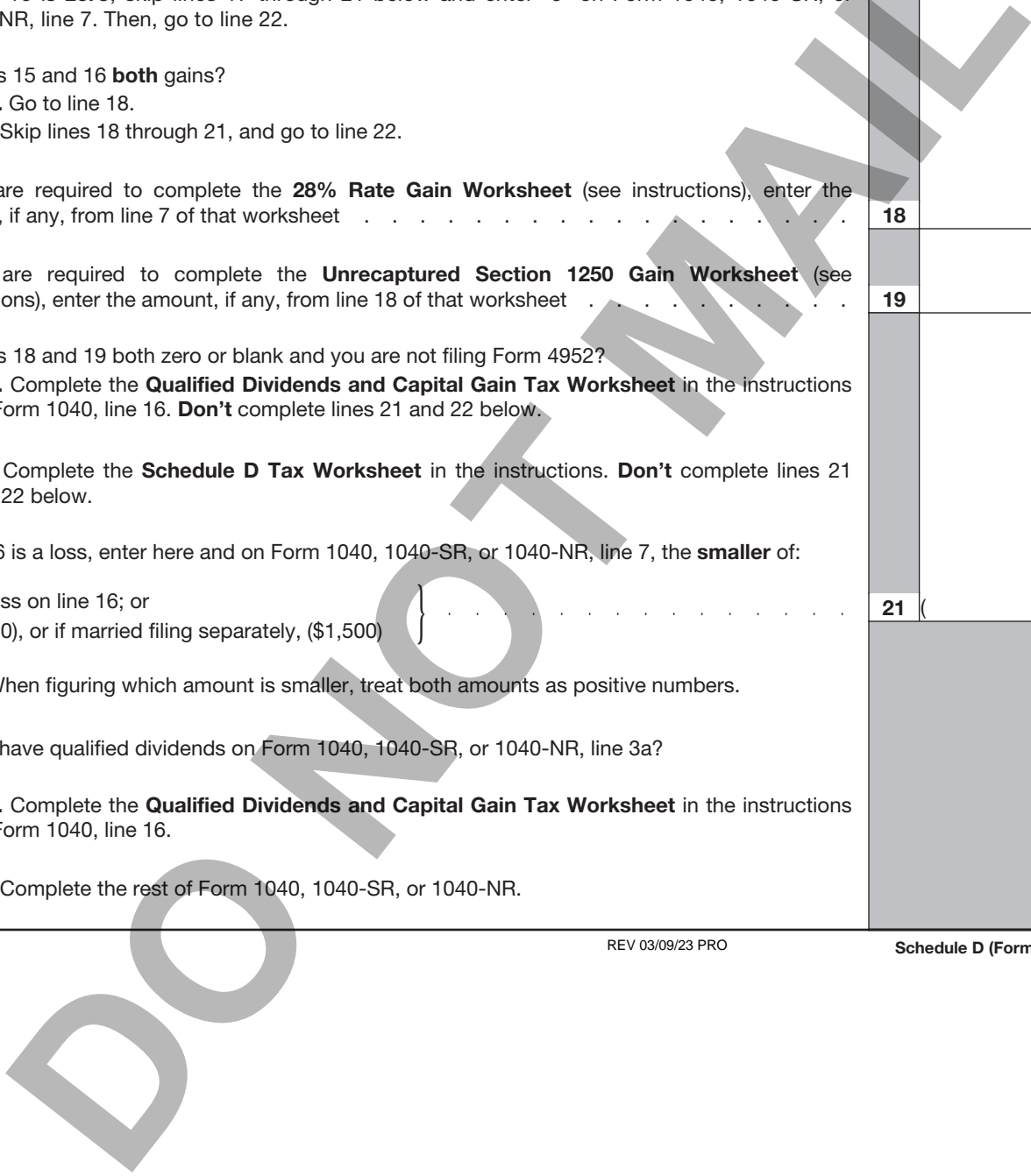
See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

| | (d) Proceeds (sales price) | (e) Cost (or other basis) | (g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g) | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) |
|---|----------------------------------|---------------------------------|--|---|
| 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . | | | | |
| 8b Totals for all transactions reported on Form(s) 8949 with Box D checked | | | | |
| 9 Totals for all transactions reported on Form(s) 8949 with Box E checked | | | | |
| 10 Totals for all transactions reported on Form(s) 8949 with Box F checked | | | | |
| 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 | | | | 11 |
| 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 | | | | 12 |
| 13 Capital gain distributions. See the instructions | | | | 13 |
| 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions | | | | 14 () |
| 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III on the back | | | | 15 |

Part III Summary

| | | | |
|-----------|--|-----------|----------|
| 16 | Combine lines 7 and 15 and enter the result | 16 | -494. |
| | <ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. | | |
| 17 | Are lines 15 and 16 both gains? <input type="checkbox"/> Yes. Go to line 18. <input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22. | | |
| 18 | If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet | 18 | |
| 19 | If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet | 19 | |
| 20 | Are lines 18 and 19 both zero or blank and you are not filing Form 4952? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. <input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below. | | |
| 21 | If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: <ul style="list-style-type: none"> • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) } | 21 | (494.) |
| | Note: When figuring which amount is smaller, treat both amounts as positive numbers. | | |
| 22 | Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? <input checked="" type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. <input type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR. | | |



Sales and Other Dispositions of Capital Assets

Department of the Treasury
Internal Revenue Service

Go to www.irs.gov/Form8949 for instructions and the latest information.
File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return: **HITISH CHAPPIDI & RENUKA NAMANA**
Social security number or taxpayer identification number: **008-49-0219**

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (A)** Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (B)** Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (C)** Short-term transactions not reported to you on Form 1099-B

| 1 | (a) Description of property (Example: 100 sh. XYZ Co.) | (b) Date acquired (Mo., day, yr.) | (c) Date sold or disposed of (Mo., day, yr.) | (d) Proceeds (sales price) (see instructions) | (e) Cost or other basis See the Note below and see <i>Column (e)</i> in the separate instructions. | Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See the separate instructions. | | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g). |
|------------------|--|---|--|--|--|---|--------------------------------|---|
| | | | | | | (f) Code(s) from instructions | (g) Amount of adjustment | |
| | Interactive Brokers LLC | 01/01/22 | 12/31/22 | 8,675. | 9,203. | W | 34. | -494. |
| | | | | | | | | |
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| | | | | | | | | |
| 2 Totals. | Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked). | | | 8,675. | 9,203. | | 34. | -494. |

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Foreign Tax Credit
 (Individual, Estate, or Trust)

Attach to Form 1040, 1040-SR, 1040-NR, 1041, or 990-T. COPY 1
 Go to www.irs.gov/Form1116 for instructions and the latest information.

Name HITISH CHAPPIDI & RENUKA NAMANA Identifying number as shown on page 1 of your tax return 008-49-0219

Use a separate Form 1116 for each category of income listed below. See *Categories of Income* in the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below.

- a Section 951A category income c Passive category income e Section 901(j) income g Lump-sum distributions
 b Foreign branch category income d General category income f Certain income re-sourced by treaty

h Resident of (name of country) USA

Note: If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to more than one foreign country or U.S. possession, use a separate column and line for each country or possession.

Part I Taxable Income or Loss From Sources Outside the United States (for category checked above)

| i | Enter the name of the foreign country or U.S. possession | Foreign Country or U.S. Possession | | | Total (Add cols. A, B, and C.) |
|--|--|------------------------------------|---|---|-----------------------------------|
| | | A | B | C | |
| | United Kingdom | | | | |
| 1a | Gross income from sources within country shown above and of the type checked above (see instructions): <u>WAGES</u> | | | | |
| | | 60,693. | | | 1a 60,693. |
| b | Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source. See instructions <input type="checkbox"/> | | | | |
| Deductions and losses (Caution: See instructions.): | | | | | |
| 2 | Expenses definitely related to the income on line 1a (attach statement) | | | | |
| 3 | Pro rata share of other deductions not definitely related: | | | | |
| a | Certain itemized deductions or standard deduction (see instructions) | 25,900. | | | |
| b | Other deductions (attach statement) | | | | |
| c | Add lines 3a and 3b | 25,900. | | | |
| d | Gross foreign source income (see instructions) | 60,693. | | | |
| e | Gross income from all sources (see instructions) | 294,488. | | | |
| f | Divide line 3d by line 3e (see instructions) | 0.2061 | | | |
| g | Multiply line 3c by line 3f | 5,338. | | | |
| 4 | Pro rata share of interest expense (see instructions): | | | | |
| a | Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions) | | | | |
| b | Other interest expense | | | | |
| 5 | Losses from foreign sources | | | | |
| 6 | Add lines 2, 3g, 4a, 4b, and 5 | 5,338. | | | 6 5,338. |
| 7 | Subtract line 6 from line 1a. Enter the result here and on line 15, page 2 | | | | 7 55,355. |

Part II Foreign Taxes Paid or Accrued (see instructions)

| Country | Credit is claimed for taxes (you must check one) (j) <input checked="" type="checkbox"/> Paid (k) <input type="checkbox"/> Accrued | Foreign taxes paid or accrued | | | | | | | (t) Other foreign taxes paid or accrued | (u) Total foreign taxes paid or accrued (add cols. (q) through (t)) |
|----------|--|-------------------------------|---------------|-------------------------|--------------|---|---------------|-------------------------|---|---|
| | | In foreign currency | | | | In U.S. dollars | | | | |
| | | (l) Date paid or accrued | (m) Dividends | (n) Rents and royalties | (o) Interest | (p) Other foreign taxes paid or accrued | (q) Dividends | (r) Rents and royalties | | |
| A | UNITED KINGDOM | | | | | | | | 20,787. | 20,787. |
| B | | | | | | | | | | |
| C | | | | | | | | | | |
| 8 | Add lines A through C, column (u). Enter the total here and on line 9, page 2 | | | | | | | | | 8 20,787. |

Part III Figuring the Credit

| | | | | |
|-----------|---|-----------|----------|---------|
| 9 | Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I | 9 | 20,787. | |
| 10 | Enter the sum of any carryover of foreign taxes (from Schedule B, line 3, column (xiv)) plus any carrybacks to the current tax year (If your income was section 951A category income (box a above Part I), leave line 10 blank.) | 10 | | |
| 11 | Add lines 9 and 10 | 11 | 20,787. | |
| 12 | Reduction in foreign taxes (see instructions) | 12 | () | |
| 13 | Taxes reclassified under high tax kickout (see instructions) | 13 | | |
| 14 | Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit | 14 | | 20,787. |
| 15 | Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I. See instructions | 15 | 55,355. | |
| 16 | Adjustments to line 15 (see instructions) | 16 | | |
| 17 | Combine the amounts on lines 15 and 16. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 18 through 24. However, if you are filing more than one Form 1116, you must complete line 20.) | 17 | 55,355. | |
| 18 | Individuals: Enter the amount from line 15 of your Form 1040, 1040-SR, or 1040-NR. Estates and trusts: Enter your taxable income without the deduction for your exemption | 18 | 268,094. | |
| | Caution: If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions. | | | |
| 19 | Divide line 17 by line 18. If line 17 is more than line 18, enter "1" | 19 | | 0.2065 |
| 20 | Individuals: Enter the total of Form 1040, 1040-SR, or 1040-NR, line 16, and Schedule 2 (Form 1040), line 2. Estates and trusts: Enter the amount from Form 1041, Schedule G, line 1a; or the total of Form 990-T, Part II, lines 2, 3, 4, and 6. Foreign estates and trusts should enter the amount from Form 1040-NR, line 16. See instructions | 20 | | 51,997. |
| | Caution: If you are completing line 20 for separate category g (lump-sum distributions), or, if you file Form 8978, Partner's Additional Reporting Year Tax, see instructions. | | | |
| 21 | Multiply line 20 by line 19 (maximum amount of credit) | 21 | | 10,737. |
| 22 | Increase in limitation (section 960(c)) | 22 | | |
| 23 | Add lines 21 and 22 | 23 | | 10,737. |
| 24 | Enter the smaller of line 14 or line 23. If this is the only Form 1116 you are filing, skip lines 25 through 32 and enter this amount on line 33. Otherwise, complete the appropriate line in Part IV. See instructions | 24 | | 10,737. |

Part IV Summary of Credits From Separate Parts III (see instructions)

| | | | | |
|-----------|--|-----------|--|---------|
| 25 | Credit for taxes on section 951A category income | 25 | | |
| 26 | Credit for taxes on foreign branch category income | 26 | | |
| 27 | Credit for taxes on passive category income | 27 | | |
| 28 | Credit for taxes on general category income | 28 | | |
| 29 | Credit for taxes on section 901(j) income | 29 | | |
| 30 | Credit for taxes on certain income re-sourced by treaty | 30 | | |
| 31 | Credit for taxes on lump-sum distributions | 31 | | |
| 32 | Add lines 25 through 31 | 32 | | |
| 33 | Enter the smaller of line 20 or line 32 | 33 | | 10,737. |
| 34 | Reduction of credit for international boycott operations. See instructions for line 12 | 34 | | |
| 35 | Subtract line 34 from line 33. This is your foreign tax credit . Enter here and on Schedule 3 (Form 1040), line 1; Form 1041, Schedule G, line 2a; or Form 990-T, Part III, line 1a | 35 | | 10,737. |

**SCHEDULE B
(Form 1116)**

(Rev. December 2022)

Department of the Treasury
Internal Revenue Service

Foreign Tax Carryover Reconciliation Schedule

For calendar year 20____, or other tax year beginning____, 20____, and ending____, 20____.

See separate instructions.
Attach to Form 1116.

Go to www.irs.gov/Form1116 for instructions and the latest information.

COPY 1

OMB No. 1545-0121

Name

HITISH CHAPPIDI & RENUKA NAMANA

Identifying number as shown
on page 1 of your tax return
008-49-0219

Use a separate Schedule B (Form 1116) for each applicable category of income listed below. See instructions. Check only one box on each schedule.

Check the box for the same separate category code as that shown on the Form 1116 to which this Schedule B is attached.

- a Reserved for future use c Passive category income e Section 901(j) income g Lump-sum distributions
- b Foreign branch category income d General category income f Certain income re-sourced by treaty
- h If box e is checked, enter the country code for the sanctioned country. See instructions _____
- i If box f is checked, enter the country code for the treaty country. See instructions _____

| Foreign Tax Carryover Reconciliation | (i) 10th Preceding Tax Year | (ii) 9th Preceding Tax Year | (iii) 8th Preceding Tax Year | (iv) 7th Preceding Tax Year | (v) 6th Preceding Tax Year | (vi) 5th Preceding Tax Year | (vii) Subtotal (add columns (i) through (vi)) |
|---|-----------------------------------|-----------------------------------|------------------------------------|-----------------------------------|----------------------------------|-----------------------------------|--|
| 1 Foreign tax carryover from the prior tax year (enter amounts from the appropriate columns of line 8 of the prior year Schedule B (see instructions)) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 2 Adjustments to line 1 (enter description—see instructions): | | | | | | | |
| a Carryback adjustment (see instructions) | | | | | | | |
| b Adjustments for section 905(c) redeterminations (see instructions) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| c | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| d | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| e | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| f | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| g | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 3 Adjusted foreign tax carryover from prior tax year (combine lines 1 and 2) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 4 Foreign tax carryover used in current tax year (enter as a negative number) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 5 Foreign tax carryover expired unused in current tax year (enter as a negative number) | 0. | | | | | | 0. |
| 6 Foreign tax carryover generated in current tax year | | | | | | | |
| 7 Actual or estimated amount of line 6 to be carried back to prior tax year (enter as a negative number) | | | | | | | |
| 8 Foreign tax carryover to the following tax year. Combine lines 3 through 7. | -0- | 0. | 0. | 0. | 0. | 0. | 0. |

| Foreign Tax Carryover Reconciliation (<i>continued</i>) | | (viii) Subtotal from page 1 (enter the amounts from column (vii) on page 1) | (ix) 4th Preceding Tax Year | (x) 3rd Preceding Tax Year | (xi) 2nd Preceding Tax Year | (xii) 1st Preceding Tax Year | (xiii) Current Tax Year | (xiv) Totals (add columns (viii) through (xiii)) |
|---|--|--|-----------------------------------|----------------------------------|-----------------------------------|------------------------------------|-------------------------------|---|
| 1 | Foreign tax carryover from the prior tax year (enter amounts from the appropriate columns of line 8 of the prior year Schedule B (see instructions)) | 0. | 0. | 0. | 0. | 0. | | 0. |
| 2 | Adjustments to line 1 (enter description—see instructions): | | | | | | | |
| a | Carryback adjustment (see instructions) | | | | | 0. | | 0. |
| b | Adjustments for section 905(c) redeterminations (see instructions) | 0. | 0. | 0. | 0. | 0. | | 0. |
| c | | 0. | 0. | 0. | 0. | 0. | | 0. |
| d | | 0. | 0. | 0. | 0. | 0. | | 0. |
| e | | 0. | 0. | 0. | 0. | 0. | | 0. |
| f | | 0. | 0. | 0. | 0. | 0. | | 0. |
| g | | 0. | 0. | 0. | 0. | 0. | | 0. |
| 3 | Adjusted foreign tax carryover from prior tax year (combine lines 1 and 2). Include the column (xiv) total on the current year Form 1116, Part III, line 10. | 0. | 0. | 0. | 0. | 0. | | 0. |
| 4 | Foreign tax carryover used in current tax year (enter as a negative number) | 0. | 0. | 0. | 0. | 0. | | 0. |
| 5 | Foreign tax carryover expired unused in current tax year (enter as a negative number) | 0. | | | | | | 0. |
| 6 | Foreign tax carryover generated in current tax year | | | | | | 10,050. | 10,050. |
| 7 | Actual or estimated amount of line 6 to be carried back to prior tax year (enter as a negative number) | | | | | | 0. | 0. |
| 8 | Foreign tax carryover to the following tax year. Combine lines 3 through 7. | 0. | 0. | 0. | 0. | 0. | 10,050. | 10,050. |

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REV 03/09/23 PRO

Schedule B (Form 1116) (Rev. 12-2022)

Form **1116**

Foreign Tax Credit
(Individual, Estate, or Trust)

Department of the Treasury
Internal Revenue Service

Attach to Form 1040, 1040-SR, 1040-NR, 1041, or 990-T. COPY 1
Go to www.irs.gov/Form1116 for instructions and the latest information.

2022
Attachment
Sequence No. **19**

Name HITISH CHAPPIDI & RENUKA NAMANA Identifying number as shown on page 1 of your tax return 008-49-0219

Use a separate Form 1116 for each category of income listed below. See *Categories of Income* in the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below.

- a** Section 951A category income **c** Passive category income **e** Section 901(j) income **g** Lump-sum distributions
b Foreign branch category income **d** General category income **f** Certain income re-sourced by treaty

h Resident of (name of country) USA

Note: If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to more than one foreign country or U.S. possession, use a separate column and line for each country or possession.

Part I Taxable Income or Loss From Sources Outside the United States (for category checked above)

| i | Enter the name of the foreign country or U.S. possession | Foreign Country or U.S. Possession | | | Total (Add cols. A, B, and C.) |
|--|--|------------------------------------|---|---|-----------------------------------|
| | | A | B | C | |
| 1a | Gross income from sources within country shown above and of the type checked above (see instructions): | | | | 1a |
| b | Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source. See instructions <input type="checkbox"/> | | | | |
| Deductions and losses (Caution: See instructions.): | | | | | |
| 2 | Expenses definitely related to the income on line 1a (attach statement) | | | | |
| 3 | Pro rata share of other deductions not definitely related: | | | | |
| a | Certain itemized deductions or standard deduction (see instructions) | | | | |
| b | Other deductions (attach statement) | | | | |
| c | Add lines 3a and 3b | | | | |
| d | Gross foreign source income (see instructions) | | | | |
| e | Gross income from all sources (see instructions) | | | | |
| f | Divide line 3d by line 3e (see instructions) | | | | |
| g | Multiply line 3c by line 3f | | | | |
| 4 | Pro rata share of interest expense (see instructions): | | | | |
| a | Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions) | | | | |
| b | Other interest expense | | | | |
| 5 | Losses from foreign sources | | | | |
| 6 | Add lines 2, 3g, 4a, 4b, and 5 | | | | 6 |
| 7 | Subtract line 6 from line 1a. Enter the result here and on line 15, page 2 | | | | 7 |

Part II Foreign Taxes Paid or Accrued (see instructions)

| Country | Credit is claimed for taxes (you must check one) (j) <input checked="" type="checkbox"/> Paid (k) <input type="checkbox"/> Accrued | Foreign taxes paid or accrued | | | | | | | (u) Total foreign taxes paid or accrued (add cols. (q) through (t)) | | | |
|----------|--|-------------------------------|---------------|-------------------------|--------------|---|---------------|-------------------------|---|--------------|---|---------|
| | | In foreign currency | | | | In U.S. dollars | | | | | | |
| | | (l) Date paid or accrued | (m) Dividends | (n) Rents and royalties | (o) Interest | (p) Other foreign taxes paid or accrued | (q) Dividends | (r) Rents and royalties | | (s) Interest | (t) Other foreign taxes paid or accrued | |
| A | UNITED KINGDOM | | | | | | | | | 20,787. | 20,787. | |
| B | | | | | | | | | | | | |
| C | | | | | | | | | | | | |
| 8 | Add lines A through C, column (u). Enter the total here and on line 9, page 2 | | | | | | | | | | 8 | 20,787. |

Part III Figuring the Credit

| | | | | |
|-----------|---|-----------|----------|---------|
| 9 | Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I | 9 | 20,787. | |
| 10 | Enter the sum of any carryover of foreign taxes (from Schedule B, line 3, column (xiv)) plus any carrybacks to the current tax year (If your income was section 951A category income (box a above Part I), leave line 10 blank.) | 10 | | |
| 11 | Add lines 9 and 10 | 11 | 20,787. | |
| 12 | Reduction in foreign taxes (see instructions) | 12 | () | |
| 13 | Taxes reclassified under high tax kickout (see instructions) | 13 | | |
| 14 | Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit | 14 | | 20,787. |
| 15 | Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I. See instructions | 15 | | |
| 16 | Adjustments to line 15 (see instructions) | 16 | | |
| 17 | Combine the amounts on lines 15 and 16. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 18 through 24. However, if you are filing more than one Form 1116, you must complete line 20.) | 17 | 55,355. | |
| 18 | Individuals: Enter the amount from line 15 of your Form 1040, 1040-SR, or 1040-NR. Estates and trusts: Enter your taxable income without the deduction for your exemption | 18 | 293,994. | |
| 19 | Caution: If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions. Divide line 17 by line 18. If line 17 is more than line 18, enter "1" | 19 | | 0.1883 |
| 20 | Individuals: Enter the total of Form 1040, 1040-SR, or 1040-NR, line 16, and Schedule 2 (Form 1040), line 2. Estates and trusts: Enter the amount from Form 1041, Schedule G, line 1a; or the total of Form 990-T, Part II, lines 2, 3, 4, and 6. Foreign estates and trusts should enter the amount from Form 1040-NR, line 16. See instructions Caution: If you are completing line 20 for separate category g (lump-sum distributions), or, if you file Form 8978, Partner's Additional Reporting Year Tax, see instructions. | 20 | | 45,712. |
| 21 | Multiply line 20 by line 19 (maximum amount of credit) | 21 | | 8,608. |
| 22 | Increase in limitation (section 960(c)) | 22 | | |
| 23 | Add lines 21 and 22 | 23 | | 8,608. |
| 24 | Enter the smaller of line 14 or line 23. If this is the only Form 1116 you are filing, skip lines 25 through 32 and enter this amount on line 33. Otherwise, complete the appropriate line in Part IV. See instructions | 24 | | 8,608. |

Part IV Summary of Credits From Separate Parts III (see instructions)

| | | | | |
|-----------|--|-----------|--|--------|
| 25 | Credit for taxes on section 951A category income | 25 | | |
| 26 | Credit for taxes on foreign branch category income | 26 | | |
| 27 | Credit for taxes on passive category income | 27 | | |
| 28 | Credit for taxes on general category income | 28 | | |
| 29 | Credit for taxes on section 901(j) income | 29 | | |
| 30 | Credit for taxes on certain income re-sourced by treaty | 30 | | |
| 31 | Credit for taxes on lump-sum distributions | 31 | | |
| 32 | Add lines 25 through 31 | 32 | | |
| 33 | Enter the smaller of line 20 or line 32 | 33 | | 8,608. |
| 34 | Reduction of credit for international boycott operations. See instructions for line 12 | 34 | | |
| 35 | Subtract line 34 from line 33. This is your foreign tax credit . Enter here and on Schedule 3 (Form 1040), line 1; Form 1041, Schedule G, line 2a; or Form 990-T, Part III, line 1a | 35 | | 8,608. |

**SCHEDULE B
(Form 1116)**

Foreign Tax Carryover Reconciliation Schedule

For calendar year 20____, or other tax year beginning____, 20____, and ending____, 20____.

OMB No. 1545-0121

(Rev. December 2022)

See separate instructions.

Attach to Form 1116.

COPY 1

Department of the Treasury
Internal Revenue Service

Go to www.irs.gov/Form1116 for instructions and the latest information.

Name

Identifying number as shown on page 1 of your tax return
008-49-0219

HITISH CHAPPIDI & RENUKA NAMANA

Use a separate Schedule B (Form 1116) for each applicable category of income listed below. See instructions. Check only one box on each schedule.

Check the box for the same separate category code as that shown on the Form 1116 to which this Schedule B is attached.

- a Reserved for future use
 - b Foreign branch category income
 - c Passive category income
 - d General category income
 - e Section 901(j) income
 - f Certain income re-sourced by treaty
 - g Lump-sum distributions
- h If box e is checked, enter the country code for the sanctioned country. See instructions
- i If box f is checked, enter the country code for the treaty country. See instructions

| Foreign Tax Carryover Reconciliation | (i) 10th Preceding Tax Year | (ii) 9th Preceding Tax Year | (iii) 8th Preceding Tax Year | (iv) 7th Preceding Tax Year | (v) 6th Preceding Tax Year | (vi) 5th Preceding Tax Year | (vii) Subtotal (add columns (i) through (vi)) |
|---|--------------------------------|--------------------------------|---------------------------------|--------------------------------|-------------------------------|--------------------------------|---|
| 1 Foreign tax carryover from the prior tax year (enter amounts from the appropriate columns of line 8 of the prior year Schedule B (see instructions)) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 2 Adjustments to line 1 (enter description—see instructions): | | | | | | | |
| a Carryback adjustment (see instructions) | | | | | | | |
| b Adjustments for section 905(c) redeterminations (see instructions) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| c | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| d | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| e | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| f | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| g | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 3 Adjusted foreign tax carryover from prior tax year (combine lines 1 and 2) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 4 Foreign tax carryover used in current tax year (enter as a negative number) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 5 Foreign tax carryover expired unused in current tax year (enter as a negative number) | 0. | | | | | | 0. |
| 6 Foreign tax carryover generated in current tax year | | | | | | | |
| 7 Actual or estimated amount of line 6 to be carried back to prior tax year (enter as a negative number) | | | | | | | |
| 8 Foreign tax carryover to the following tax year. Combine lines 3 through 7. | -0- | 0. | 0. | 0. | 0. | 0. | 0. |

| Foreign Tax Carryover Reconciliation (<i>continued</i>) | | (viii) Subtotal from page 1 (enter the amounts from column (vii) on page 1) | (ix) 4th Preceding Tax Year | (x) 3rd Preceding Tax Year | (xi) 2nd Preceding Tax Year | (xii) 1st Preceding Tax Year | (xiii) Current Tax Year | (xiv) Totals (add columns (viii) through (xiii)) |
|---|--|--|-----------------------------------|----------------------------------|-----------------------------------|------------------------------------|-------------------------------|---|
| 1 | Foreign tax carryover from the prior tax year (enter amounts from the appropriate columns of line 8 of the prior year Schedule B (see instructions)) | 0. | 0. | 0. | 0. | 0. | | 0. |
| 2 | Adjustments to line 1 (enter description—see instructions): | | | | | | | |
| a | Carryback adjustment (see instructions) | | | | | 0. | | 0. |
| b | Adjustments for section 905(c) redeterminations (see instructions) | 0. | 0. | 0. | 0. | 0. | | 0. |
| c | | 0. | 0. | 0. | 0. | 0. | | 0. |
| d | | 0. | 0. | 0. | 0. | 0. | | 0. |
| e | | 0. | 0. | 0. | 0. | 0. | | 0. |
| f | | 0. | 0. | 0. | 0. | 0. | | 0. |
| g | | 0. | 0. | 0. | 0. | 0. | | 0. |
| 3 | Adjusted foreign tax carryover from prior tax year (combine lines 1 and 2). Include the column (xiv) total on the current year Form 1116, Part III, line 10. | 0. | 0. | 0. | 0. | 0. | | 0. |
| 4 | Foreign tax carryover used in current tax year (enter as a negative number) | 0. | 0. | 0. | 0. | 0. | | 0. |
| 5 | Foreign tax carryover expired unused in current tax year (enter as a negative number) | 0. | | | | | | 0. |
| 6 | Foreign tax carryover generated in current tax year | | | | | | 12,179. | 12,179. |
| 7 | Actual or estimated amount of line 6 to be carried back to prior tax year (enter as a negative number) | | | | | | 0. | 0. |
| 8 | Foreign tax carryover to the following tax year. Combine lines 3 through 7. | 0. | 0. | 0. | 0. | 0. | 12,179. | 12,179. |

BAA

REV 03/09/23 PRO

Schedule B (Form 1116) (Rev. 12-2022)

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

HITISH CHAPPIDI & RENUKA NAMANA

Your social security number

008-49-0219

Part I Alternative Minimum Taxable Income (See instructions for how to complete each line.)

| | | | |
|-----------|--|-----------|----------|
| 1 | Enter the amount from Form 1040 or 1040-SR, line 15, if more than zero. If Form 1040 or 1040-SR, line 15, is zero, subtract line 14 of Form 1040 or 1040-SR from line 11 of Form 1040 or 1040-SR and enter the result here. (If less than zero, enter as a negative amount.) | 1 | 268,094. |
| 2a | If filing Schedule A (Form 1040), enter the taxes from Schedule A, line 7; otherwise, enter the amount from Form 1040 or 1040-SR, line 12 | 2a | 25,900. |
| b | Tax refund from Schedule 1 (Form 1040), line 1 or line 8z | 2b | () |
| c | Investment interest expense (difference between regular tax and AMT) | 2c | () |
| d | Depletion (difference between regular tax and AMT) | 2d | () |
| e | Net operating loss deduction from Schedule 1 (Form 1040), line 8a. Enter as a positive amount | 2e | () |
| f | Alternative tax net operating loss deduction | 2f | () |
| g | Interest from specified private activity bonds exempt from the regular tax | 2g | () |
| h | Qualified small business stock, see instructions | 2h | 0. |
| i | Exercise of incentive stock options (excess of AMT income over regular tax income) | 2i | () |
| j | Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A) | 2j | () |
| k | Disposition of property (difference between AMT and regular tax gain or loss) | 2k | 0. |
| l | Depreciation on assets placed in service after 1986 (difference between regular tax and AMT) | 2l | () |
| m | Passive activities (difference between AMT and regular tax income or loss) | 2m | () |
| n | Loss limitations (difference between AMT and regular tax income or loss) | 2n | () |
| o | Circulation costs (difference between regular tax and AMT) | 2o | () |
| p | Long-term contracts (difference between AMT and regular tax income) | 2p | () |
| q | Mining costs (difference between regular tax and AMT) | 2q | () |
| r | Research and experimental costs (difference between regular tax and AMT) | 2r | () |
| s | Income from certain installment sales before January 1, 1987 | 2s | () |
| t | Intangible drilling costs preference | 2t | () |
| 3 | Other adjustments, including income-based related adjustments | 3 | () |
| 4 | Alternative minimum taxable income. Combine lines 1 through 3. (If married filing separately and line 4 is more than \$776,100, see instructions.) | 4 | 293,994. |

Part II Alternative Minimum Tax (AMT)

| | | | |
|-----------|--|-----------|----------|
| 5 | Exemption. IF your filing status is... AND line 4 is not over... THEN enter on line 5... Single or head of household \$ 539,900 \$ 75,900 Married filing jointly or qualifying widow(er) 1,079,800 118,100 Married filing separately 539,900 59,050 If line 4 is over the amount shown above for your filing status, see instructions. | 5 | 118,100. |
| 6 | Subtract line 5 from line 4. If more than zero, go to line 7. If zero or less, enter -0- here and on lines 7, 9, and 11, and go to line 10. | 6 | 175,894. |
| 7 | • If you are filing Form 2555, see instructions for the amount to enter. • If you reported capital gain distributions directly on Form 1040 or 1040-SR, line 7; you reported qualified dividends on Form 1040 or 1040-SR, line 3a; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured for the AMT, if necessary), complete Part III on the back and enter the amount from line 40 here. • All others: If line 6 is \$206,100 or less (\$103,050 or less if married filing separately), multiply line 6 by 26% (0.26). Otherwise, multiply line 6 by 28% (0.28) and subtract \$4,122 (\$2,061 if married filing separately) from the result. | 7 | 45,712. |
| 8 | Alternative minimum tax foreign tax credit (see instructions) | 8 | 8,608. |
| 9 | Tentative minimum tax. Subtract line 8 from line 7 | 9 | 37,104. |
| 10 | Add Form 1040 or 1040-SR, line 16 (minus any tax from Form 4972), and Schedule 2 (Form 1040), line 2. Subtract from the result Schedule 3 (Form 1040), line 1 and any negative amount reported on Form 8978, line 14 (treated as a positive number). If zero or less, enter -0-. If you used Schedule J to figure your tax on Form 1040 or 1040-SR, line 16, refigure that tax without using Schedule J before completing this line. See instructions | 10 | 41,260. |
| 11 | AMT. Subtract line 10 from line 9. If zero or less, enter -0-. Enter here and on Schedule 2 (Form 1040), line 1 | 11 | 0. |

Part III Tax Computation Using Maximum Capital Gains Rates

Complete Part III only if you are required to do so by line 7 or by the Foreign Earned Income Tax Worksheet in the instructions.

| | | | |
|---|---|-----------|----------|
| 12 | Enter the amount from Form 6251, line 6. If you are filing Form 2555, enter the amount from line 3 of the worksheet in the instructions for line 7 | 12 | 175,894. |
| 13 | Enter the amount from line 4 of the Qualified Dividends and Capital Gain Tax Worksheet in the Instructions for Form 1040 or the amount from line 13 of the Schedule D Tax Worksheet in the Instructions for Schedule D (Form 1040), whichever applies (as refigured for the AMT, if necessary). See instructions. If you are filing Form 2555, see instructions for the amount to enter | 13 | 191. |
| 14 | Enter the amount from Schedule D (Form 1040), line 19 (as refigured for the AMT, if necessary). See instructions. If you are filing Form 2555, see instructions for the amount to enter | 14 | |
| 15 | If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 13. Otherwise, add lines 13 and 14, and enter the smaller of that result or the amount from line 10 of the Schedule D Tax Worksheet (as refigured for the AMT, if necessary). If you are filing Form 2555, see instructions for the amount to enter | 15 | 191. |
| 16 | Enter the smaller of line 12 or line 15 | 16 | 191. |
| 17 | Subtract line 16 from line 12 | 17 | 175,703. |
| 18 | If line 17 is \$206,100 or less (\$103,050 or less if married filing separately), multiply line 17 by 26% (0.26). Otherwise, multiply line 17 by 28% (0.28) and subtract \$4,122 (\$2,061 if married filing separately) from the result | 18 | 45,683. |
| 19 | Enter: <ul style="list-style-type: none"> • \$83,350 if married filing jointly or qualifying widow(er), • \$41,675 if single or married filing separately, or • \$55,800 if head of household. | 19 | 83,350. |
| 20 | Enter the amount from line 5 of the Qualified Dividends and Capital Gain Tax Worksheet or the amount from line 14 of the Schedule D Tax Worksheet, whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the amount from Form 1040 or 1040-SR, line 15; if zero or less, enter -0-. If you are filing Form 2555, see instructions for the amount to enter | 20 | 267,903. |
| 21 | Subtract line 20 from line 19. If zero or less, enter -0- | 21 | 0. |
| 22 | Enter the smaller of line 12 or line 13 | 22 | 191. |
| 23 | Enter the smaller of line 21 or line 22. This amount is taxed at 0% | 23 | 0. |
| 24 | Subtract line 23 from line 22 | 24 | 191. |
| 25 | Enter: <ul style="list-style-type: none"> • \$459,750 if single, • \$258,600 if married filing separately, • \$517,200 if married filing jointly or qualifying widow(er), or • \$488,500 if head of household. | 25 | 517,200. |
| 26 | Enter the amount from line 21 | 26 | 0. |
| 27 | Enter the amount from line 5 of the Qualified Dividends and Capital Gain Tax Worksheet or the amount from line 21 of the Schedule D Tax Worksheet, whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the amount from Form 1040 or 1040-SR, line 15; if zero or less, enter -0-. If you are filing Form 2555, see instructions for the amount to enter | 27 | 267,903. |
| 28 | Add line 26 and line 27 | 28 | 267,903. |
| 29 | Subtract line 28 from line 25. If zero or less, enter -0- | 29 | 249,297. |
| 30 | Enter the smaller of line 24 or line 29 | 30 | 191. |
| 31 | Multiply line 30 by 15% (0.15) | 31 | 29. |
| 32 | Add lines 23 and 30 | 32 | 191. |
| If lines 32 and 12 are the same, skip lines 33 through 37 and go to line 38. Otherwise, go to line 33. | | | |
| 33 | Subtract line 32 from line 22 | 33 | 0. |
| 34 | Multiply line 33 by 20% (0.20) | 34 | 0. |
| If line 14 is zero or blank, skip lines 35 through 37 and go to line 38. Otherwise, go to line 35. | | | |
| 35 | Add lines 17, 32, and 33 | 35 | |
| 36 | Subtract line 35 from line 12 | 36 | |
| 37 | Multiply line 36 by 25% (0.25) | 37 | |
| 38 | Add lines 18, 31, 34, and 37 | 38 | 45,712. |
| 39 | If line 12 is \$206,100 or less (\$103,050 or less if married filing separately), multiply line 12 by 26% (0.26). Otherwise, multiply line 12 by 28% (0.28) and subtract \$4,122 (\$2,061 if married filing separately) from the result | 39 | 45,732. |
| 40 | Enter the smaller of line 38 or line 39 here and on line 7. If you are filing Form 2555, do not enter this amount on line 7. Instead, enter it on line 4 of the worksheet in the instructions for line 7 | 40 | 45,712. |

Health Savings Accounts (HSAs)

Department of the Treasury
Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form8889 for instructions and the latest information.

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

Social security number of HSA beneficiary.
If both spouses have HSAs, see instructions.
008-49-0219

HITISH CHAPPIDI

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

Part I HSA Contributions and Deduction. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

| | | |
|-----------|--|---|
| 1 | Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2022. See instructions | <input type="checkbox"/> Self-only <input checked="" type="checkbox"/> Family |
| 2 | HSA contributions you made for 2022 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2022. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions | 2 0. |
| 3 | If you were under age 55 at the end of 2022 and, on the first day of every month during 2022, you were, or were considered, an eligible individual with the same coverage, enter \$3,650 (\$7,300 for family coverage). All others , see the instructions for the amount to enter | 3 7,300. |
| 4 | Enter the amount you and your employer contributed to your Archer MSAs for 2022 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2022, also include any amount contributed to your spouse's Archer MSAs | 4 0. |
| 5 | Subtract line 4 from line 3. If zero or less, enter -0- | 5 7,300. |
| 6 | Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2022, see the instructions for the amount to enter | 6 7,300. |
| 7 | If you were age 55 or older at the end of 2022, married, and you or your spouse had family coverage under an HDHP at any time during 2022, enter your additional contribution amount. See instructions | 7 |
| 8 | Add lines 6 and 7 | 8 7,300. |
| 9 | Employer contributions made to your HSAs for 2022 | 9 7,300. |
| 10 | Qualified HSA funding distributions | 10 |
| 11 | Add lines 9 and 10 | 11 7,300. |
| 12 | Subtract line 11 from line 8. If zero or less, enter -0- | 12 0. |
| 13 | HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions. | 13 0. |

Part II HSA Distributions. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

| | | |
|------------|--|-------------------|
| 14a | Total distributions you received in 2022 from all HSAs (see instructions) | 14a 1,589. |
| b | Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions | 14b |
| c | Subtract line 14b from line 14a | 14c 1,589. |
| 15 | Qualified medical expenses paid using HSA distributions (see instructions) | 15 1,589. |
| 16 | Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8f | 16 0. |
| 17a | If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here <input type="checkbox"/> | |
| b | Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c | 17b |

Part III Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

| | | |
|-----------|--|-----------|
| 18 | Last-month rule | 18 |
| 19 | Qualified HSA funding distribution | 19 |
| 20 | Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f | 20 |
| 21 | Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d | 21 |

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.

Name(s) shown on return

HITISH CHAPPIDI & RENUKA NAMANA

Your social security number

008-49-0219

Part I 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 | 1 | 253,052. | |
| 2 | Unreported tips from Form 4137, line 6 | 2 | | |
| 3 | Wages from Form 8919, line 6 | 3 | | |
| 4 | Add lines 1 through 3 | 4 | 253,052. | |
| 5 | Enter the following amount for your filing status: Married filing jointly \$250,000 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 | | 3,052. |
| 7 | Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II | 7 | | 27. |

Part II Additional Medicare Tax on Self-Employment Income

| | | | | |
|-----------|--|-----------|--|--|
| 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 | | |
| 9 | Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying surviving spouse \$200,000 | 9 | | |
| 10 | Enter the amount from line 4 | 10 | | |
| 11 | Subtract line 10 from line 9. If zero or less, enter -0- | 11 | | |
| 12 | Subtract line 11 from line 8. If zero or less, enter -0- | 12 | | |
| 13 | Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and go to Part III | 13 | | |

Part III Additional Medicare Tax on Railroad Retirement Tax Act (RRTA) Compensation

| | | | | |
|-----------|--|-----------|--|--|
| 14 | Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 (see instructions) | 14 | | |
| 15 | Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying surviving spouse \$200,000 | 15 | | |
| 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 IV Total Additional Medicare Tax

| | | | | |
|-----------|---|-----------|--|-----|
| 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 | | 27. |
|-----------|---|-----------|--|-----|

Part V Withholding Reconciliation

| | | | | |
|-----------|--|-----------|----------|------|
| 19 | Medicare tax withheld from Form W-2, box 6. If you have more than one Form W-2, enter the total of the amounts from box 6 | 19 | 4,147. | |
| 20 | Enter the amount from line 1 | 20 | 253,052. | |
| 21 | Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages | 21 | 3,669. | |
| 22 | Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages | 22 | | 478. |
| 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 federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (Form 1040-PR or 1040-SS filers, see instructions) | 24 | | 478. |

Net Investment Income Tax— Individuals, Estates, and Trusts

Attach to your tax return.

Go to www.irs.gov/Form8960 for instructions and the latest information.

Name(s) shown on your tax return

HITISH CHAPPIDI & RENUKA NAMANA

Your social security number or EIN

008-49-0219

- 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 | Taxable interest (see instructions) | | 1 | 1,051. |
| 2 | Ordinary dividends (see instructions) | | 2 | 191. |
| 3 | Annuities (see instructions) | | 3 | |
| 4a | Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see instructions) | 4a | | |
| b | Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions) | 4b | | |
| c | Combine lines 4a and 4b | | 4c | |
| 5a | Net gain or loss from disposition of property (see instructions) | 5a | | -494. |
| b | Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions) | 5b | | |
| c | Adjustment from disposition of partnership interest or S corporation stock (see instructions) | 5c | | |
| d | Combine lines 5a through 5c | | 5d | -494. |
| 6 | Adjustments to investment income for certain CFCs and PFICs (see instructions) | | 6 | |
| 7 | Other modifications to investment income (see instructions) | | 7 | |
| 8 | Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7 | | 8 | 748. |

Part II Investment Expenses Allocable to Investment Income and Modifications

| | | | | |
|----|---|-----------|-----------|--|
| 9a | Investment interest expenses (see instructions) | 9a | | |
| b | State, local, and foreign income tax (see instructions) | 9b | | |
| c | Miscellaneous investment expenses (see instructions) | 9c | | |
| d | Add lines 9a, 9b, and 9c | | 9d | |
| 10 | Additional modifications (see instructions) | | 10 | |
| 11 | Total deductions and modifications. Add lines 9d and 10 | | 11 | |

Part III Tax Computation

| | | | | |
|----------------------------|---|------------|-----------|------|
| 12 | Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, complete lines 13–17. Estates and trusts, complete lines 18a–21. If zero or less, enter -0- | | 12 | 748. |
| Individuals: | | | | |
| 13 | Modified adjusted gross income (see instructions) | 13 | 293,994. | |
| 14 | Threshold based on filing status (see instructions) | 14 | 250,000. | |
| 15 | Subtract line 14 from line 13. If zero or less, enter -0- | 15 | 43,994. | |
| 16 | Enter the smaller of line 12 or line 15 | | 16 | 748. |
| 17 | Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). Enter here and include on your tax return (see instructions) | | 17 | 28. |
| Estates and Trusts: | | | | |
| 18a | Net investment income (line 12 above) | 18a | | |
| b | Deductions for distributions of net investment income and deductions under section 642(c) (see instructions) | 18b | | |
| c | Undistributed net investment income. Subtract line 18b from line 18a (see instructions). If zero or less, enter -0- | 18c | | |
| 19a | Adjusted gross income (see instructions) | 19a | | |
| b | 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- | 19c | | |
| 20 | Enter the smaller of line 18c or line 19c | | 20 | |
| 21 | Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.038). Enter here and include on your tax return (see instructions) | | 21 | |



221010013

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

Print Using Blue or Black Ink Only.

HITISH First Name MI CHAPPIDI Last Name 008490219 SSN/Taxpayer Identification Number

RENUKA Spouse's First Name MI NAMANA Spouse's Last Name 485917573 SSN/Taxpayer Identification Number

Part I Tax Return Information (whole dollars only)

- 1. Amount of overpayment to be applied to 2023 estimated tax 1. .00
2. Amount of overpayment to be refunded to you REFUND 2. 1154 .00
3. Total amount due (Pay in full by April 15, 2023. See instructions.) 3. .00

Part II Taxpayer Declaration and Signature Authorization

Under penalties of perjury, I declare that I have compared the information contained on my electronic return with the information that I provided to my Electronic Return Originator (ERO) or entered on-line and that the name(s) and amounts described above agree with the amounts shown on the corresponding lines of my 2022 Maryland electronic income tax return.

Your PIN: check one box only

[X] I authorize GLOBAL TAXES LLC to enter or generate my PIN 90219 as my signature on my tax year 2022 electronically filed income tax return.

[] I will enter my PIN as my signature on my tax year 2022 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method.

Your signature _____ Date _____

Spouse's PIN: check one box only

[X] I authorize GLOBAL TAXES LLC to enter or generate my PIN 17573 as my signature on my tax year 2022 electronically filed income tax return.

[] I will enter my PIN as my signature on my tax year 2022 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method.

Spouse's signature _____ Date _____

Practitioner PIN Method Returns Only

Part III Certification and Authentication - Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 22249661989

I certify this numeric entry is my PIN, which is my signature for the tax year 2022 electronically filed income tax return for the taxpayer(s). I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and the Maryland MeF Handbook for Authorized e-file Providers.

ERO's signature _____ Date 03162023

DO NOT MAIL



225050013

OR FISCAL YEAR BEGINNING _____ 2022, ENDING _____

Print Using Blue or Black Ink Only

008490219 Social Security Number 485917573 Spouse's Social Security Number

HITISH First Name MI

CHAPPIDI Last Name

RENUKA Spouse's First Name MI

NAMANA Spouse's Last Name

Does your name match the name on your social security card? If not, to ensure you get credit for your personal exemptions, contact SSA at 1-800-772-1213 or visit www.ssa.gov.

303 CHIQUITA AVE Current Mailing Address Line 1 (Street No. and Street Name or PO Box) Maryland County

2 Current Mailing Address Line 2 (Apt No., Suite No., Floor No.) City, Town or Taxing Area

MOUNTAIN VIEW City or Town CA 94041 State ZIP Code + 4

Foreign Country Name Foreign Province/State/County

Foreign Postal Code

FILING STATUS See Instruction 1 to determine if you are required to file.

- CHECK ONE BOX 1. Single (If you can be claimed on another person's tax return, use Filing Status 6.) 2. Married filing joint return or spouse had no income 3. Married filing separately, Spouse's SSN 4. Head of household 5. Qualifying widow(er) with dependent child 6. Dependent taxpayer (Enter 0 in Exemption Box (A) - See Instruction 8.)

RESIDENCE INFORMATION See Instruction 9.

Enter 2-letter state code for your state of legal residence. CA
If PA resident, enter both County and City, Borough or Township
Were you a resident of another state for the entire year of 2022? If no, attach explanation.
Are you or your spouse a member of the military?
Did you file a Maryland income tax return for 2021? Yes No
Dates you resided in Maryland for 2022. If none, enter "NONE": FROM 01012022 TO 04032022 (MMDDYYYY).

EXEMPTIONS See Instruction 10. Check appropriate box(es). NOTE: If you are claiming dependents, you must attach the Dependents' Information Form 502B to this form in order to receive the applicable exemption amount.

- A. Yourself Spouse Enter number checked 2 See Instruction 10 A. \$ 0.00
B. 65 or over 65 or over
Blind Blind Enter number checked X \$1,000 B. \$.00
C. Enter number from line 3 of Dependent Form 502B See Instruction 10 C. \$.00
D. Enter Total Exemptions (Add A, B and C.) Total Amount D. \$ 0.00



225050113

Name HITISH CHAPPIDI & RENUKA NAMANA SSN 008490219

INCOME AND ADJUSTMENTS INFORMATION

Table with 4 columns: Line number, (1) FEDERAL INCOME (LOSS), (2) MARYLAND INCOME (LOSS), (3) NON-MARYLAND INCOME (LOSS). Rows include Wages, salaries, tips, etc.; Taxable interest income; Dividend income; Taxable refunds, credits or offsets of state and local income taxes; Alimony received; Business income or (loss); Capital gain or (loss); Other gains or (losses); Taxable amount of pensions, IRA distributions, and annuities; Rents, royalties, partnerships, estates, trusts, etc.; Farm income or (loss); Unemployment compensation (insurance); Taxable amount of Social Security and Tier 1 Railroad Retirement benefits; Other income (including lottery or other gambling winnings); Total income; Total adjustments to income from federal return; Adjusted gross income.

ADDITIONS TO INCOME

Table with 4 columns: Line number, Description, Amount. Rows include Non-Maryland loss and adjustments; Other; Total additions; Total federal adjusted gross income and Maryland additions.

SUBTRACTIONS FROM INCOME

Table with 4 columns: Line number, Description, Amount. Rows include Taxable Military Income of Nonresident; Other; Total subtractions; Maryland adjusted gross income before subtraction of non-Maryland income.

DEDUCTION METHOD See Instruction 15. (All taxpayers must select one method and check the appropriate box.)

Table with 4 columns: Line number, Description, Amount. Rows include Standard Deduction Method (checked); Itemized Deduction Method; Total federal itemized deductions; State and local income taxes; Net itemized deductions; Deduction amount; Net income; Total exemption amount; Enter your AGI factor; Maryland exemption allowance; Taxable net income.

MARYLAND TAX COMPUTATION - COMPLETE FORM 505NR BEFORE CONTINUING.

Table with 4 columns: Line number, Description, Amount. Rows include Maryland tax; Special nonresident tax; Total Maryland tax; Poverty level credit.



225050213

Name HITISH CHAPPIDI & RENUKA NAMANA SSN 008490219

Table with 3 columns: Line number, Description, and Amount. Includes lines 34-53 for tax credits, contributions, and total amount due.

DIRECT DEPOSIT OF REFUND (See Instruction 22.) Verify that all account information is correct and clearly legible. If you are requesting direct deposit of your refund, complete the following. For Splitting Direct Deposit, use Form 588.

- Check here if this refund will go to an account outside of the United States.
Check here if you authorize the State of Maryland to issue your refund by direct deposit.

54a. Type of account: Checking Savings
54b. Routing Number (9-digits)
54c. Account Number
54d. Name(s) as it appears on the bank account

Check here if you authorize your preparer to discuss this return with us. Check here if you authorize your paid preparer not to file electronically. Check here if you agree to receive your 1099G Income Tax Refund statement electronically (See Instruction 25). Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements and to the best of my knowledge and belief it is true, correct and complete. If prepared by a person other than taxpayer, the declaration is based on all information of which the preparer has any knowledge.

Your signature Date Spouse's signature Date
6692908990 Taxpayer(s) daytime phone number
245 ROONEY CT Street address of Preparer/Firm
E BRUNSWICK NJ 08816 City, State, ZIP Code + 4
SYAM PRIYA RAM SAGAR GUPTA TALLAM Signature of Preparer other than taxpayer (Required by Law)
GLOBAL TAXES LLC Printed name of the Preparer/Firm's name
6789659522 Telephone number of Preparer
P02082703 Preparer's PTIN (Required by law)

CODE NUMBERS (3 digits per line)



225050313

For returns filed without payments, mail your completed return to:

Comptroller of Maryland
Revenue Administration Division
110 Carroll Street
Annapolis, MD 21411-0001

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

For returns filed with payments, attach check or money order to Form PV. Make checks payable to Comptroller of Maryland. Do not attach Form PV or check/money order to Form 505. Place Form PV with attached check/money order on TOP of Form 505 and mail to:

Comptroller of Maryland
Payment Processing
PO Box 8888
Annapolis, MD 21401-8888

DO NOT MAIL

MARYLAND FORM 505NR

NONRESIDENT INCOME TAX CALCULATION ATTACH TO YOUR TAX RETURN



22505N013

2022

Print Using Blue or Black Ink Only

HITISH First Name, CHAPPIDI Last Name, 008490219 Social Security Number, RENUKA Spouse's First Name, NAMANA Spouse's Last Name, 485917573 Spouse's Social Security Number

If you are filing Form 505, use the Form 505NR Instructions appearing on page 2 of this form. If you are filing Form 515, use the Form 505NR Instructions appearing in Instruction 18 of the Form 515 Instructions.

PART I - CALCULATION OF TAX WITHOUT ALLOWING CERTAIN MODIFICATIONS

1. Enter Taxable net income from Form 505, line 31 (or Form 515, line 32) 1. 289638 .00
2. Enter tax from Tax Table or Computation Worksheet Schedules I or II. Continue to Part II. 2. 14503 .00

PART II - CALCULATION OF MARYLAND TAX

3. Enter your federal adjusted gross income from Form 505 (or Form 515), line 17 (Column 1) 3. 293994 .00
3a. Earned Income (See instructions.) 3a. 293246 .00
4. Enter your federal adjusted gross income plus additions from Form 505 (or 515) line 21. 4. 294488 .00
5. Enter the Taxable Military Income of a Nonresident from line 22 of Form 505. 5. .00
6a. Enter your subtractions from line 23 of Form 505 or Form 515 6a. .00
6b. Enter non-Maryland income from Form 505 (or 515) not included on lines 5 or 6a of this form (See instructions.) 6b. 206350 .00
7. Add lines 5 through 6b. 7. 206350 .00
8. Maryland Adjusted Gross Income. Subtract line 7 from line 4. 8. 88138 .00

If you are using the standard deduction, recalculate the standard deduction based on the income on line 8 and enter on line 8a .8a. 4850 .00

9. Maryland Income Factor. Divide line 8 by line 3. The factor cannot exceed 1.000000 and cannot be less than 0. If line 8 is 0 or less, the factor is 0. If line 8 is greater than 0 and line 3 is 0 or less, the factor is 1.000000. 9. 299795
10. Deduction amount. If you are using the standard deduction, multiply the standard deduction on line 8a by line 9 of this form and enter on line 10a .10a. 1454 .00 If you are itemizing your deductions, multiply the deduction on Form 505, line 26d, by line 9 of this form and enter on line 10b .10b. .00

Form 515 Users, see Instruction 18 in Form 515 Instructions.

11. Net income (Subtract line 10a or 10b from line 8.) 11. 86684 .00
12. Exemption amount. Multiply the total exemption amount on Form 505, line 28 (or Form 515, line 29) by line 9. 12. 0 .00
13. Maryland Taxable Net Income (Subtract line 12 from line 11.) 13. 86684 .00
14. Enter the tax amount from line 2 of this form. 14. 14503 .00
15. Maryland Nonresident factor: Divide the amount on line 13 on this form by line 1. If more than 1.000000, enter 1.000000. If 0 or less, the factor is 0. 15. 299284
16. Maryland Tax. Multiply line 14 by line 15. Enter this amount on Form 505, line 32a (Form 515, line 33). 16. 4341 .00
17. Special nonresident tax. Multiply line 13 of this form by 0.0225. Enter this amount on Form 505, line 32b. If line 13 is 0 or less, enter 0. 17. 1950 .00

FOR FORM 515 FILERS ONLY.

If you are: (1) a nonresident employed in Maryland and (2) you are a resident of a local jurisdiction that imposes a local income or earnings tax on Maryland residents, then you must file a Form 515 to report and pay a tax on your Maryland wages. Form 515 filers pay a local income tax instead of the Special Nonresident Tax.

18. Local Income Tax. Multiply line 13 of this form by the local rate of the Maryland county (or Baltimore City) where you are employed. Enter this amount on Form 515, line 39. If line 13 is 0 or less, enter 0. 18. .00

TAXABLE YEAR

FORM

2022

California e-file Signature Authorization for Individuals

8879

Table with 2 columns: Name/Spouse's name and SSN/ITIN. Rows include HITISH CHAPPIDI (008-49-0219) and RENUKA NAMANA (485-91-7573).

Part I Tax Return Information (whole dollars only)

Table with 3 rows: 1 California adjusted gross income (AGI) 301294, 2 Amount You Owe, 3 Refund or No Amount Due 11456.

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

Under penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2022, and to the best of my knowledge and belief, it is true, correct, and complete.

Taxpayer's PIN: check one box only

- I authorize GLOBAL TAXES LLC to enter my PIN 90219 as my signature on my 2022 e-filed California individual income tax return. I will enter my PIN as my signature on my 2022 e-filed California individual income tax return.

Your signature Date

Spouse's/RDP's PIN: check one box only

- I authorize GLOBAL TAXES LLC to enter my PIN 17573 as my signature on my 2022 e-filed California individual income tax return. I will enter my PIN as my signature on my 2022 e-filed California individual income tax return.

Spouse's/RDP's signature Date

Practitioner PIN Method Returns Only -- continue below

Part III Certification and Authentication — Practitioner PIN Method Only

ERO's Electronic Filer Identification Number (EFIN)/PIN.

Enter your six-digit EFIN followed by your five-digit self-selected PIN.

Table with 11 cells containing digits: 2, 2, 2, 4, 9, 6, 6, 1, 9, 8, 9.

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the 2022 California individual income tax return for the taxpayer(s) indicated above.

ERO's signature Date 03/16/2023

2022 California Resident Income Tax Return

540

APE

ATTACH FEDERAL RETURN

008-49-0219 CHAP 485-91-7573
HITISH CHAPPIDI
RENUKA NAMANA

22

303 CHIQUITA AVE APT 2
MOUNTAIN VIEW CA 94041

11-10-1993 04-24-1997

Principal Residence

Enter your county at time of filing (see instructions)

SANTA CLARA

If your address above is the same as your principal/physical residence address at the time of filing, check this box

If not, enter below your principal/physical residence address at the time of filing.

Street address (number and street) (If foreign address, see instructions.)

Apt. no/ste. no.

City

State

ZIP code

If your California filing status is different from your federal filing status, check the box here

Filing Status

- 1 Single
- 2 Married/RDP filing jointly. See instr.
- 3 Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here.
- 4 Head of household (with qualifying person). See instructions.
- 5 Qualifying surviving spouse/RDP. Enter year spouse/RDP died.

6 If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See instr.

Exemptions

For 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

- 7 **Personal:** If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2 in the box. If you checked the box on line 6, see instructions. 7 X \$140 = \$
- 8 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2. 8 X \$140 = \$
- 9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2. See instructions. 9 X \$140 = \$

REV 03/10/23 PRO

Your name: Your SSN or ITIN:

10 Dependents: Do not include yourself or your spouse/RDP.

| | Dependent 1 | Dependent 2 | Dependent 3 |
|---------------------------------|----------------------|----------------------|----------------------|
| First Name | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Last Name | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| SSN. See instructions. | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Dependent's relationship to you | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Total dependent exemptions ● 10 X \$433 = ● \$

11 Exemption amount: Add line 7 through line 10. Transfer this amount to line 32 ● 11 \$

12 State wages from your federal Form(s) W-2, box 16 ● 12 .00

13 Enter federal adjusted gross income from federal Form 1040 or 1040-SR, line 11 ● 13 .00

14 California adjustments – subtractions. Enter the amount from Schedule CA (540), Part I, line 27, column B. ● 14 .00

15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions ● 15 .00

16 California adjustments – additions. Enter the amount from Schedule CA (540), Part I, line 27, column C. ● 16 .00

17 California adjusted gross income. Combine line 15 and line 16. ● 17 .00

18 Enter the larger of {
 Your California **itemized deductions** from Schedule CA (540), Part II, line 30; **OR**
 Your California **standard deduction** shown below for your filing status:
 • Single or Married/RDP filing separately. \$5,202
 • Married/RDP filing jointly, Head of household, or Qualifying surviving spouse/RDP. \$10,404
 If Married/RDP filing separately or the box on line 6 is checked, **STOP**. See instructions ● 18 .00

19 Subtract line 18 from line 17. This is your **taxable income**. If less than zero, enter -0- ● 19 .00

31 Tax. Check the box if from: Tax Table Tax Rate Schedule

● FTB 3800 ● FTB 3803 ● 31 .00

32 Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$229,908, see instructions. ● 32 .00

33 Subtract line 32 from line 31. If less than zero, enter -0- ● 33 .00

34 Tax. See instructions. Check the box if from: ● Schedule G-1 ● FTB 5870A. . . ● 34 .00

35 Add line 33 and line 34. ● 35 .00

40 Nonrefundable Child and Dependent Care Expenses Credit. See instructions. ● 40 .00

43 Enter credit name code ● and amount. . . ● 43 .00

44 Enter credit name code ● and amount. . . ● 44 .00

REV 03/10/23 PRO

Your name: Your SSN or ITIN:

| | | | | | | |
|------------------------|----|--|----------------------------------|----|------------------------------------|-----|
| Special Credits | 45 | To claim more than two credits. See instructions. Attach Schedule P (540). | <input type="radio"/> | 45 | <input type="text"/> | .00 |
| | 46 | Nonrefundable Renter's Credit. See instructions | <input type="radio"/> | 46 | <input type="text"/> | .00 |
| | 47 | Add line 40 through line 46. These are your total credits | <input checked="" type="radio"/> | 47 | <input type="text" value="5932"/> | .00 |
| | 48 | Subtract line 47 from line 35. If less than zero, enter -0- | <input checked="" type="radio"/> | 48 | <input type="text" value="14348"/> | .00 |

| | | | | | | |
|--------------------|----|---|-----------------------|----|------------------------------------|-----|
| Other Taxes | 61 | Alternative Minimum Tax. Attach Schedule P (540) | <input type="radio"/> | 61 | <input type="text"/> | .00 |
| | 62 | Mental Health Services Tax. See instructions | <input type="radio"/> | 62 | <input type="text"/> | .00 |
| | 63 | Other taxes and credit recapture. See instructions | <input type="radio"/> | 63 | <input type="text"/> | .00 |
| | 64 | Add line 48, line 61, line 62, and line 63. This is your total tax. | <input type="radio"/> | 64 | <input type="text" value="14348"/> | .00 |

| | | | | | | |
|-----------------|----|--|----------------------------------|----|------------------------------------|-----|
| Payments | 71 | California income tax withheld. See instructions | <input type="radio"/> | 71 | <input type="text" value="25804"/> | .00 |
| | 72 | 2022 California estimated tax and other payments. See instructions | <input type="radio"/> | 72 | <input type="text"/> | .00 |
| | 73 | Withholding (Form 592-B and/or Form 593). See instructions | <input type="radio"/> | 73 | <input type="text"/> | .00 |
| | 74 | Excess SDI (or VPMI) withheld. See instructions | <input type="radio"/> | 74 | <input type="text"/> | .00 |
| | 75 | Earned Income Tax Credit (EITC). See instructions | <input type="radio"/> | 75 | <input type="text"/> | .00 |
| | 76 | Young Child Tax Credit (YCTC). See instructions | <input type="radio"/> | 76 | <input type="text"/> | .00 |
| | 77 | Foster Youth Tax Credit (FYTC). See instructions | <input type="radio"/> | 77 | <input type="text"/> | .00 |
| | 78 | Add line 71 through line 77. These are your total payments. See instructions | <input checked="" type="radio"/> | 78 | <input type="text" value="25804"/> | .00 |

| | | | | | | |
|----------------|--|---|-----------------------|----|--------------------------------|-----|
| Use Tax | 91 | Use Tax. Do not leave blank. See instructions. | <input type="radio"/> | 91 | <input type="text" value="0"/> | .00 |
| | If line 91 is zero, check if: <input checked="" type="checkbox"/> No use tax is owed. <input type="checkbox"/> You paid your use tax obligation directly to CDTFA. | | | | | |

| | | | | | | |
|--------------------|----|--|-----------------------|-------------------------------------|----------------------|-----|
| ISR Penalty | 92 | If you and your household had full-year health care coverage, check the box. See instructions. Medicare Part A or C coverage is qualifying health care coverage. If you did not check the box, see instructions. | <input type="radio"/> | <input checked="" type="checkbox"/> | | |
| | 92 | Individual Shared Responsibility (ISR) Penalty. See instructions | <input type="radio"/> | 92 | <input type="text"/> | .00 |

| | | | | | | |
|-----------------------------|----|--|----------------------------------|----|------------------------------------|-----|
| Overpaid Tax/Tax Due | 93 | Payments balance. If line 78 is more than line 91, subtract line 91 from line 78 | <input checked="" type="radio"/> | 93 | <input type="text" value="25804"/> | .00 |
| | 94 | Use Tax balance. If line 91 is more than line 78, subtract line 78 from line 91 | <input checked="" type="radio"/> | 94 | <input type="text"/> | .00 |
| | 95 | Payments after Individual Shared Responsibility Penalty. If line 93 is more than line 92, subtract line 92 from line 93. | <input checked="" type="radio"/> | 95 | <input type="text" value="25804"/> | .00 |
| | 96 | Individual Shared Responsibility Penalty Balance. If line 92 is more than line 93, subtract line 93 from line 92. | <input checked="" type="radio"/> | 96 | <input type="text"/> | .00 |
| | 97 | Overpaid tax. If line 95 is more than line 64, subtract line 64 from line 95. | <input checked="" type="radio"/> | 97 | <input type="text" value="11456"/> | .00 |

Your name: Your SSN or ITIN:

| | | | | | | |
|-----------------------------|-----|---|---|-----|------------------------------------|-----|
| Overpaid Tax/Tax Due | 98 | Amount of line 97 you want applied to your 2023 estimated tax | ● | 98 | <input type="text" value="0"/> | .00 |
| | 99 | Overpaid tax available this year. Subtract line 98 from line 97 | ● | 99 | <input type="text" value="11456"/> | .00 |
| | 100 | Tax due. If line 95 is less than line 64, subtract line 95 from line 64 | ● | 100 | <input type="text"/> | .00 |

| | | Code | Amount | | |
|--|---|-------------|----------------------|----------------------|-----|
| Contributions | California Seniors Special Fund. See instructions | ● | 400 | <input type="text"/> | .00 |
| | Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund | ● | 401 | <input type="text"/> | .00 |
| | Rare and Endangered Species Preservation Voluntary Tax Contribution Program | ● | 403 | <input type="text"/> | .00 |
| | California Breast Cancer Research Voluntary Tax Contribution Fund | ● | 405 | <input type="text"/> | .00 |
| | California Firefighters' Memorial Voluntary Tax Contribution Fund | ● | 406 | <input type="text"/> | .00 |
| | Emergency Food for Families Voluntary Tax Contribution Fund | ● | 407 | <input type="text"/> | .00 |
| | California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund | ● | 408 | <input type="text"/> | .00 |
| | California Sea Otter Voluntary Tax Contribution Fund | ● | 410 | <input type="text"/> | .00 |
| | California Cancer Research Voluntary Tax Contribution Fund | ● | 413 | <input type="text"/> | .00 |
| | School Supplies for Homeless Children Voluntary Tax Contribution Fund | ● | 422 | <input type="text"/> | .00 |
| | State Parks Protection Fund/Parks Pass Purchase | ● | 423 | <input type="text"/> | .00 |
| | Protect Our Coast and Oceans Voluntary Tax Contribution Fund | ● | 424 | <input type="text"/> | .00 |
| | Keep Arts in Schools Voluntary Tax Contribution Fund | ● | 425 | <input type="text"/> | .00 |
| | Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund | ● | 431 | <input type="text"/> | .00 |
| | California Senior Citizen Advocacy Voluntary Tax Contribution Fund | ● | 438 | <input type="text"/> | .00 |
| | Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund | ● | 439 | <input type="text"/> | .00 |
| | Rape Kit Backlog Voluntary Tax Contribution Fund | ● | 440 | <input type="text"/> | .00 |
| | Suicide Prevention Voluntary Tax Contribution Fund | ● | 444 | <input type="text"/> | .00 |
| Mental Health Crisis Prevention Voluntary Tax Contribution Fund | ● | 445 | <input type="text"/> | .00 | |
| California Community and Neighborhood Tree Voluntary Tax Contribution Fund | ● | 446 | <input type="text"/> | .00 | |
| 110 | Add amounts in code 400 through code 446. This is your total contribution | ● | 110 | <input type="text"/> | .00 |

Amount You Owe 111 **AMOUNT YOU OWE.** If you do not have an amount on line 99, add line 94, line 96, line 100, and line 110. See instructions. **Do not send cash.**
 Mail to: **FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001** ● 111 .00
 Pay Online – Go to **ftb.ca.gov/pay** for more information.

REV 03/10/23 PRO

Your name: Your SSN or ITIN:

Interest and Penalties
112 Interest, late return penalties, and late payment penalties 112 .00
113 Underpayment of estimated tax.
Check the box: FTB 5805 attached FTB 5805F attached 113 .00
114 Total amount due. See instructions. Enclose, but **do not** staple, any payment 114 .00

115 **REFUND OR NO AMOUNT DUE.** Subtract the sum of line 110, line 112, and line 113 from line 99. See instructions.
Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001**..... 115 .00

Refund and Direct Deposit
Fill in the information to authorize direct deposit of your refund into one or two accounts. **Do not** attach a voided check or a deposit slip. See instructions. **Have you verified the routing and account numbers?** Use whole dollars only.
All or the following amount of my refund (line 115) is authorized for direct deposit into the account shown below:
● Routing number ● Type Checking Savings ● Account number ● 116 Direct deposit amount .00
The remaining amount of my refund (line 115) is authorized for direct deposit into the account shown below:
● Routing number ● Type Checking Savings ● Account number ● 117 Direct deposit amount .00

Voter Info.
For voter registration information, check the box and go to sos.ca.gov/elections. See instructions

IMPORTANT: See the instructions to find out if you should attach a copy of your complete federal tax return.
Our privacy notice can be found in annual tax booklets or online. Go to ftb.ca.gov/privacy to learn about our privacy policy statement, or go to ftb.ca.gov/forms and search for 1131 to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form code 948 when instructed.

Under penalties of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Your signature Date Spouse's/RDP's signature (if a joint tax return, both must sign)

Your email address. Enter only one email address.
 Preferred phone number

Sign Here

It is unlawful to forge a spouse's/RDP's signature.

Joint tax return? See instructions.

Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge)

Firm's name (or yours, if self-employed) ● PTIN

Firm's address ● Firm's FEIN

Do you want to allow another person to discuss this tax return with us? See instructions. Yes No

Print Third Party Designee's Name Telephone Number

2022 California Adjustments – Residents

CA (540)

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

Name(s) as shown on tax return: **HITISH CHAPPIDI & RENUKA NAMANA** SSN or ITIN: **008490219**

Part I Income Adjustment Schedule
Section 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 | <input checked="" type="radio"/> 293246 | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| b Household employee wages not reported on federal Form(s) W-2 1b | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| c Tip income not reported on line 1a 1c | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| d Medicaid waiver payments not reported on federal Form(s) W-2. See instructions 1d | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| e Taxable dependent care benefits from federal Form 2441, line 26 1e | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| f Employer-provided adoption benefits from federal Form 8839, line 29 1f | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| g Wages from federal Form 8919, line 6. 1g | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| h Other earned income. See instructions 1h | <input checked="" type="radio"/> 0 | <input checked="" type="radio"/> | <input checked="" type="radio"/> 7300 |
| i Nontaxable combat pay election. See instructions 1i | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| z Add line 1a through line 1i. 1z | <input checked="" type="radio"/> 293246 | <input checked="" type="radio"/> | <input checked="" type="radio"/> 7300 |
| 2 Taxable interest. a <input checked="" type="radio"/> 2b <input checked="" type="radio"/> 1051 | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 3 Ordinary dividends. See instructions. a <input checked="" type="radio"/> 191 3b <input checked="" type="radio"/> 191 | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 4 IRA distributions. See instructions. a <input checked="" type="radio"/> 4b <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 5 Pensions and annuities. See instructions. a <input checked="" type="radio"/> 30250 5b <input checked="" type="radio"/> 0 | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 6 Social security benefits. a <input checked="" type="radio"/> 6b <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 7 Capital gain or (loss). See instructions 7 | <input checked="" type="radio"/> -494 | <input checked="" type="radio"/> | <input checked="" type="radio"/> |

Section B – Additional Income from federal Schedule 1 (Form 1040)

| | | | |
|---|----------------------------------|----------------------------------|----------------------------------|
| 1 Taxable refunds, credits, or offsets of state and local income taxes 1 | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 2 a Alimony received. See instructions. 2a | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 3 Business income or (loss). See instructions. . . . 3 | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 4 Other gains or (losses) 4 | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. 5 | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 6 Farm income or (loss) 6 | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 7 Unemployment compensation 7 | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |

| 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 8a | <input type="radio"/> () | | <input type="radio"/> |
| b Gambling 8b | <input type="radio"/> | <input type="radio"/> | |
| c Cancellation of debt 8c | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d Foreign earned income exclusion from federal Form 2555 8d | <input type="radio"/> () | | <input type="radio"/> |
| e Income from federal Form 8853 8e | <input type="radio"/> | | <input type="radio"/> |
| f Income from federal Form 8889 8f | <input type="radio"/> | <input type="radio"/> | |
| g Alaska Permanent Fund dividends 8g | <input type="radio"/> | | |
| h Jury duty pay 8h | <input type="radio"/> | | |
| i Prizes and awards 8i | <input type="radio"/> | | |
| j Activity not engaged in for profit income 8j | <input type="radio"/> | | |
| k Stock options 8k | <input type="radio"/> | | <input type="radio"/> |
| l 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 . . 8l | <input type="radio"/> | | |
| m Olympic and Paralympic medals and USOC prize money 8m | <input type="radio"/> | | |
| n IRC Section 951(a) inclusion 8n | <input type="radio"/> | <input type="radio"/> | |
| o IRC Section 951A(a) inclusion 8o | <input type="radio"/> | <input type="radio"/> | |
| p IRC Section 461(l) excess business loss adjustment 8p | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| q Taxable distributions from an ABLE account . . 8q | <input type="radio"/> | | |
| r Scholarship and fellowship grants not reported on federal Form(s) W-2 8r | <input type="radio"/> | | |
| s Nontaxable amount of Medicaid waiver payments included on federal Form 1040, line 1a or line 1d . 8s | <input type="radio"/> () | | |
| t Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental IRC Section 457 plan 8t | <input type="radio"/> | | |
| u Wages earned while incarcerated 8u | <input type="radio"/> | | |
| z Other income. List type and amount. <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | 8z | | |

REV 03/10/23 PRO

| Section 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 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b1 Disaster loss deduction from form FTB 3805V.. 9b1 | | <input type="radio"/> | |
| b2 NOL deduction from form FTB 3805V 9b2 | | <input type="radio"/> | |
| b3 NOL from form FTB 3805Z, 3807, or 3809 . . 9b3 | | <input type="radio"/> | |
| 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. 10 | <input type="radio"/> 293994 | <input type="radio"/> | <input type="radio"/> 7300 |

Section C – Adjustments to Income
from federal Schedule 1 (Form 1040)

| | | | |
|---|-----------------------|-----------------------|-----------------------|
| 11 Educator expenses 11 | <input type="radio"/> | <input type="radio"/> | |
| 12 Certain business expenses of reservists, performing artists, and fee-basis government officials. 12 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 13 Health savings account deduction 13 | <input type="radio"/> | <input type="radio"/> | |
| 14 Moving expenses. Attach form FTB 3913. See instructions 14 | <input type="radio"/> | | <input type="radio"/> |
| 15 Deductible part of self-employment tax. See instructions. 15 | <input type="radio"/> | <input type="radio"/> | |
| 16 Self-employed SEP, SIMPLE, and qualified plans. 16 | <input type="radio"/> | | |
| 17 Self-employed health insurance deduction. See instructions. 17 | <input type="radio"/> | <input type="radio"/> | |
| 18 Penalty on early withdrawal of savings 18 | <input type="radio"/> | | |
| 19 a Alimony paid. 19a | <input type="radio"/> | | <input type="radio"/> |
| b Recipient's: SSN <input type="radio"/> _____ Last Name <input type="radio"/> _____ | | | |
| 20 IRA deduction 20 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 21 Student loan interest deduction 21 | <input type="radio"/> | | <input type="radio"/> |
| 22 Reserved for future use. 22 | | | |
| 23 Archer MSA deduction. 23 | <input type="radio"/> | | |

REV 03/10/23 PRO

| Section C – Adjustments to Income Continued | | A Federal Amounts (taxable amounts from your federal tax return) | B Subtractions See instructions | C Additions See instructions |
|---|--|--|---|--|
| 24 | Other adjustments: | | | |
| a | Jury duty pay 24a | <input type="radio"/> | | |
| b | Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit. 24b | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c | Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m 24c | <input type="radio"/> | <input type="radio"/> | |
| d | Reforestation amortization and expenses. 24d | <input type="radio"/> | <input type="radio"/> | |
| e | Repayment of supplemental unemployment benefits under the federal Trade Act of 1974 24e | <input type="radio"/> | | |
| f | Contributions to IRC Section 501(c)(18)(D) pension plans 24f | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g | Contributions by certain chaplains to IRC Section 403(b) plans 24g | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| h | Attorney fees and court costs for actions involving certain unlawful discrimination claims 24h | <input type="radio"/> | | |
| 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 | <input type="radio"/> | <input type="radio"/> | |
| j | Housing deduction from federal Form 2555 24j | <input type="radio"/> | <input type="radio"/> | |
| k | Excess deductions of IRC Section 67(e) expenses from federal Schedule K-1 (Form 1041) 24k | <input type="radio"/> | | |
| z | Other adjustments. List type and amount. <input type="radio"/> _____ 24z | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 25 | Total other adjustments. Add line 24a through line 24z 25 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 26 | Add line 11 through line 23 and line 25 in columns A, B, and C. See instructions 26 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 27 | Total. Subtract line 26 from line 10 in columns A, B, and C. See instructions 27 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | | 293994 | | 7300 |

REV 03/10/23 PRO

Part II Adjustments to Federal Itemized Deductions

Check the box if you did NOT itemize for federal but will itemize for California

| | A Federal Amounts (from federal Schedule A (Form 1040)) | B Subtractions See instructions | C Additions See instructions |
|---|--|---|--|
| Medical and Dental Expenses See instructions. | | | |
| 1 Medical and dental expenses <input checked="" type="radio"/> _____ 1 | | | |
| 2 Enter amount from federal Form 1040 or 1040-SR, line 11.. <input checked="" type="radio"/> 293994 2 | | | |
| 3 Multiply line 2 by 7.5% (0.075) <input checked="" type="radio"/> 22050 3 | | | |
| 4 Subtract line 3 from line 1. If line 3 is more than line 1, enter 0 <input checked="" type="radio"/> 4 | | | <input checked="" type="radio"/> 0 |
| Taxes You Paid | | | |
| 5 a State and local income tax or general sales taxes. <input checked="" type="radio"/> 5a | 33249 | <input checked="" type="radio"/> 33249 | |
| b State and local real estate taxes <input checked="" type="radio"/> 5b | | | |
| c State and local personal property taxes <input checked="" type="radio"/> 5c | | | |
| d Add line 5a through line 5c. <input checked="" type="radio"/> 5d | 33249 | | |
| 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 <input checked="" type="radio"/> 5e | 10000 | <input checked="" type="radio"/> 33249 | <input checked="" type="radio"/> 23249 |
| 6 Other taxes. List type <input checked="" type="radio"/> _____ 6 | | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 7 Add line 5e and line 6. <input checked="" type="radio"/> 7 | 10000 | <input checked="" type="radio"/> 33249 | <input checked="" type="radio"/> 23249 |
| Interest You Paid | | | |
| 8 a Home mortgage interest and points reported to you on federal Form 1098 <input checked="" type="radio"/> 8a | | | <input checked="" type="radio"/> |
| b Home mortgage interest not reported to you on federal Form 1098 <input checked="" type="radio"/> 8b | | | <input checked="" type="radio"/> |
| c Points not reported to you on federal Form 1098. <input checked="" type="radio"/> 8c | | | <input checked="" type="radio"/> |
| d Reserved for future use <input checked="" type="radio"/> 8d | | | |
| e Add line 8a through line 8c. <input checked="" type="radio"/> 8e | | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 9 Investment interest. <input checked="" type="radio"/> 9 | | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 10 Add line 8e and line 9. <input checked="" type="radio"/> 10 | | <input checked="" type="radio"/> | <input checked="" type="radio"/> |

REV 03/10/23 PRO

| 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 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 12 Other than by cash or check..... 12 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 13 Carryover from prior year..... 13 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 14 Add line 11 through line 13..... 14 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Casualty and Theft Losses | | | |
| 15 Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions... 15 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Other Itemized Deductions | | | |
| 16 Other—from list in federal instructions..... 16 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 17 Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C..... 17 | <input type="radio"/> 10000 | <input type="radio"/> 33249 | <input type="radio"/> 23249 |
| 18 Total. Combine line 17 column A less column B plus column C..... 18 | | | 0 |
| Job Expenses and Certain Miscellaneous Deductions | | | |
| 19 Unreimbursed employee expenses: job travel, union dues, job education, etc. Attach federal Form 2106 if required. See instructions..... 19 | <input type="radio"/> | | |
| 20 Tax preparation fees..... 20 | <input type="radio"/> | | |
| 21 Other expenses: investment, safe deposit box, etc. List type..... 21 | <input type="radio"/> | | 0 |
| 22 Add line 19 through line 21..... 22 | <input type="radio"/> | | 0 |
| 23 Enter amount from federal Form 1040 or 1040-SR, line 11..... 23 | <input type="radio"/> 293994 | | |
| 24 Multiply line 23 by 2% (0.02). If less than zero, enter 0..... 24 | <input type="radio"/> | 5880 | |
| 25 Subtract line 24 from line 22. If line 24 is more than line 22, enter 0..... 25 | <input type="radio"/> | | 0 |
| 26 Total Itemized Deductions. Add line 18 and line 25..... 26 | <input type="radio"/> | | 0 |
| 27 Other adjustments. See instructions. Specify..... 27 | <input type="radio"/> | | <input type="radio"/> |
| 28 Combine line 26 and line 27..... 28 | <input type="radio"/> | | 0 |
| 29 Is your federal AGI (Form 540, line 13) more than the amount shown below for your filing status? | | | |
| Single or married/RDP filing separately..... | | \$229,908 | |
| Head of household..... | | \$344,867 | |
| Married/RDP filing jointly or qualifying surviving spouse/RDP..... | | \$459,821 | |
| No. Transfer the amount on line 28 to line 29. | | | |
| Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540), line 29..... 29 | <input type="radio"/> | | 0 |
| 30 Enter the larger of the amount on line 29 or your standard deduction listed below: | | | |
| Single or married/RDP filing separately. See instructions..... | | \$5,202 | |
| Married/RDP filing jointly, head of household, or qualifying surviving spouse/RDP .. | | \$10,404 | |
| Transfer the amount on line 30 to Form 540, line 18..... 30 | <input type="radio"/> | | 10404 |

2022 Other State Tax Credit

S

Attach to Form 540, Form 540NR, or Form 541.

| | |
|---|---------------------------------|
| Name(s) as shown on your California tax return HITISH CHAPPIDI & RENUKA NAMANA | SSN, ITIN, or FEIN 008490219 |
|---|---------------------------------|

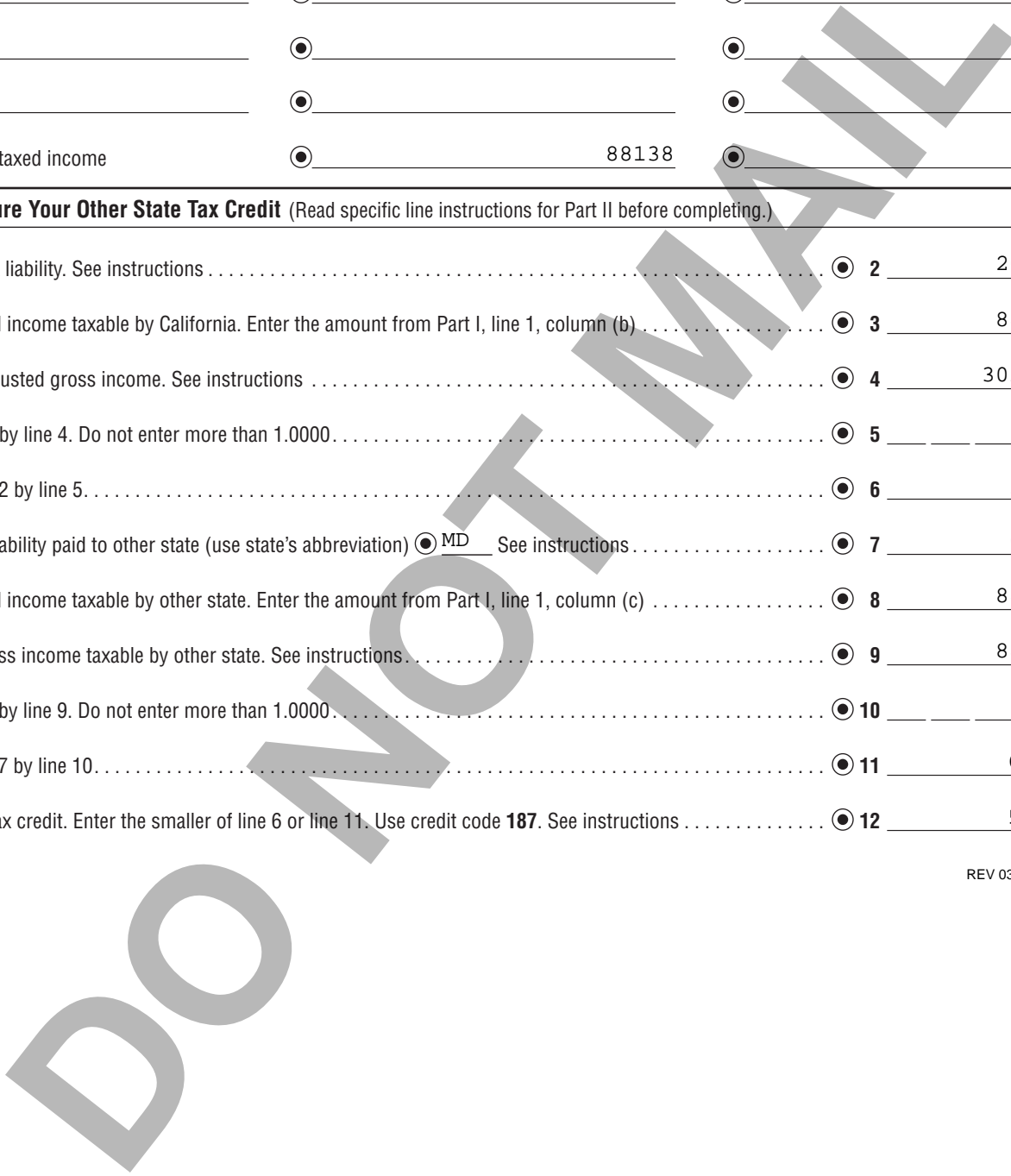
Part I Double-Taxed Income (Read specific line instructions for Part I before completing.)

| (a) Income item(s) description | (b) Double-taxed income taxable by California | (c) Double-taxed income taxable by other state |
|--|---|--|
| <input checked="" type="radio"/> WAGES, SALARIES, TIPS | <input checked="" type="radio"/> 88138 | <input checked="" type="radio"/> 88138 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 1 Total double-taxed income | <input checked="" type="radio"/> 88138 | <input checked="" type="radio"/> 88138 |

Part II Figure Your Other State Tax Credit (Read specific line instructions for Part II before completing.)

| | | | |
|---|--|--------|----|
| 2 California tax liability. See instructions | <input checked="" type="radio"/> 2 | 20280 | 00 |
| 3 Double-taxed income taxable by California. Enter the amount from Part I, line 1, column (b) | <input checked="" type="radio"/> 3 | 88138 | 00 |
| 4 California adjusted gross income. See instructions | <input checked="" type="radio"/> 4 | 301294 | 00 |
| 5 Divide line 3 by line 4. Do not enter more than 1.0000 | <input checked="" type="radio"/> 5 | 0.2925 | |
| 6 Multiply line 2 by line 5 | <input checked="" type="radio"/> 6 | 5932 | 00 |
| 7 Income tax liability paid to other state (use state's abbreviation) <input checked="" type="radio"/> MD See instructions | <input checked="" type="radio"/> 7 | 6291 | 00 |
| 8 Double-taxed income taxable by other state. Enter the amount from Part I, line 1, column (c) | <input checked="" type="radio"/> 8 | 88138 | 00 |
| 9 Adjusted gross income taxable by other state. See instructions | <input checked="" type="radio"/> 9 | 88138 | 00 |
| 10 Divide line 8 by line 9. Do not enter more than 1.0000 | <input checked="" type="radio"/> 10 | 1.0000 | |
| 11 Multiply line 7 by line 10 | <input checked="" type="radio"/> 11 | 6291 | 00 |
| 12 Other state tax credit. Enter the smaller of line 6 or line 11. Use credit code 187 . See instructions | <input checked="" type="radio"/> 12 | 5932 | 00 |

REV 03/10/23 PRO



Name as Shown on Return

HITISH CHAPPIDI & RENUKA NAMANA

Social Security No.

008-49-0219

Line 1 – Wages, Salaries, Tips, Etc.

| | (B) Subtractions | (C) Additions |
|---|----------------------------|-------------------------|
| 1 Excess reimbursements from Form 2106 included in wage income | | |
| 2 Active duty military pay | | |
| 3 Sick pay received under the Federal Insurance Contributions Act and Railroad Retirement Act | | |
| 4 Income exempted by U.S. tax treaties (unless specifically exempt for state purposes also) | | |
| 5 Exclusion for compensation from exercising a California Qualified Stock Option (CQSO). | | |
| 6 Ridesharing fringe benefit differences | | |
| 7 HSA employer contributions | | 7300 |
| 8 Paid Family Leave Insurance (PFL) benefits | | |
| I confirm that the PFL amount above is accurate <input type="checkbox"/> | | |
| 9 Employer-provided adoption benefits income exclusions. | | |
| 10 In-Home Supportive Services (IHSS) supplementary payment | | |
| 11 Native American income (Form 3504) | | |
| 12 Clergy housing exclusion. This is the amount entered on W-2s as smallest of amount spent or fair rental value. | | |
| a Enter the amount spent on qual. housing expenses | | |
| 13 Excess moving reimbursements | | |
| 14 CA Employees and federal Independent Contractors income | | |
| 15 Employer-provided dependent care assistance exclusion | | |
| 16 Other (itemize): | | |
| a _____ | | |
| b _____ | | |
| c _____ | | |
| d _____ | | |
| Total adjustments to wages, salaries, tips, etc. Enter here and on Schedule CA (540/540NR), line 1. | | 7300 |

Line 4 – IRA, Pensions, and Annuities

| IRA's | (B) Subtractions | (C) Additions |
|---|----------------------------|-------------------------|
| 1 Other (itemize): | | |
| a _____ | | |
| b _____ | | |
| c _____ | | |
| d _____ | | |
| Total adjustments to IRA distributions. Enter here and on Schedule CA (540/540NR), line 4 | | |
| Pensions and Annuities | (B) Subtractions | (C) Additions |
| 1 Form 1099-R, Railroad Retirement Benefits. | | |
| Check here to confirm the Tier 2 RRB above is correct . . . ▶ <input type="checkbox"/> | | |
| 2 Other (itemize): | | |
| a _____ | | |
| b _____ | | |
| c _____ | | |
| d _____ | | |
| Total adjustments to pensions and annuities. Enter here and on Schedule CA (540/540NR), line 5. | | |