Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

Submission Identification Number (SID)		
Taxpayer's name	Social security	y number
TEJA KAKULVAR	892-68-	0234
Spouse's name	Spouse's soci	al security number
SURABHI RAYINI	097-85-	-0071
Part I Tax Return Information — Tax Year Ending December 31, 2022 (E	nter year you ar	e 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		1 189,644.
2 Total tax		2 27,210.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3 38,567.
4 Amount you want refunded to you		4 12,242.
5 Amount you owe		5
Part II Taxpayer Declaration and Signature Authorization (Be sure you get a Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or ame		-
return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize to Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution accour payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution action is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to tern payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation business days prior to the payment (settlement) date. I also authorize the financial institutions involved in taxes to receive confidential information necessary to answer inquiries and resolve issues related to personal identification number (PIN) below is my signature for the income tax return (original or amended Electronic Funds Withdrawal Consent.	or rejection of the trather U.S. Treasury and indicated in the tatitution to debit the ninate the authoriza in requests must be not the payment. I further the training of the payment. I further the U.S. Treasure of the U.S. Treasure o	ansmission, (b) the reason and its designated Financial x preparation software for entry to this account. This tion. To revoke (cancel) a received no later than 2 the electronic payment of the received that the
Taxpayer's PIN: check one box only	8	0 2 3 4
X I authorize GLOBAL TAXES LLC to enter or gene	rate my PIN Ent	er five digits, but 't enter all zeros
signature on the income tax return (original or amended) I am now authorizing.		
I will enter my PIN as my signature on the income tax return (original or amended) I a if you are entering your own PIN and your return is filed using the Practitioner PIN below.		
م أم الكان	03/22/20	023
Your signature ▶ Date		
Spouse's PIN: check one box only		
	rate mv PIN 5	0 0 7 1 as my
	· · ·	o o o o o o o o o o o o o o o o o o o
signature on the income tax return (original or amended) I am now authorizing.		't enter all zeros
I will enter my PIN as my signature on the income tax return (original or amended) I a if you are entering your own PIN and your return is filed using the Practitioner PIN below.		
Spouse's signature ▶ Date	•	
Practitioner PIN Method Returns Only—continue be		
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 Don't ente	6 6 1 9 8 9 er all zeros
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual inco authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am requirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Providers	submitting this retur	rn in accordance with the
ERO's signature ▶ Date	•	
ERO Must Retain This Form — See Instruction		

Don't Submit This Form to the IRS Unless Requested To Do So

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

OMB No. 1545-0074

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

	s 🗌 S	Single X Married filing jointly [Marr	ied filing separate	ly (MFS)	Head of	hous	ehold (HOF	H) 🗌		lifying surv use (QSS)	viving
Check only one box.	If vo	u checked the MFS box, enter the i	name of	vour spouse. If vo	u check	ed the HOH o	r QSS	S box. ente	r the c		` ,	e qualifvin
		on is a child but not your depender		, , , .				, , , ,				,
Your first name	and mi	ddle initial	Last n	ame					Yo	our so	cial securit	y number
TEJA			KAK	ULVAR					8	92-6	68-0234	4
If joint return, s	pouse's	first name and middle initial	Last n	ame					Sp	ouse'	s social sec	curity numb
SURABHI			RAY	INI					0	97-8	35-0071	1
Home address	(numbe	er and street). If you have a P.O. box, se	e instruct	tions.				Apt. no.	Pr	eside	ntial Election	on Campaig
39541 G	JALLA	JDET DR						2003			nere if you,	
City, town, or p	ost offic	ce. If you have a foreign address, also c	omplete	spaces below.	Sta	te	ZIP	code				tly, want \$3 Checking a
FREMONT					CF	A	94	538			ow will not	
Foreign country	y name			Foreign province/st	ate/coun	ty	Fore	ign postal co	ode yo	our tax	or refund.	Ü
											You	Spous
Digital	At ar	ny time during 2022, did you: (a) red	ceive (as	s a reward, award,	, or payr	ment for prope	erty o	r services)	; or (b)	sell,		
Assets	exch	ange, gift, or otherwise dispose of	a digita	l asset (or a financ	cial inter	est in a digital	asse	t)? (See in:	structi	ons.)	Yes	⊠ No
Standard	Som	eone can claim: 🗌 You as a d	epender	nt 🗌 Your sp	ouse as	a dependent						
Deduction		Spouse itemizes on a separate retu	ırn or yo	u were a dual-sta	tus alien	ı						
Age/Blindness	s You:	☐ Were born before January 2,	1958	Are blind	Spouse	: Was bo	rn be	fore Janua	rv 2. 1	958	☐ Is bli	ind
Dependents	•			(2) Social sec	•	(3) Relationsh						instructions
If more		rst name Last name		number	unity	to you	lip	Child ta		· 1		ner dependen
than four									7		Г	┑
dependents,								Ī	_			Ŧ
see instructions and check	s											
here]										[<u> </u>
Income	1a	Total amount from Form(s) W-2, I	box 1 (se	ee instructions)						1a	20	3,108.
income	b	Household employee wages not	reported	d on Form(s) W-2						1b		
Attach Form(s)	С	Tip income not reported on line 1	a (see ir	nstructions) .						1c		
W-2 here. Also attach Forms	d	Medicaid waiver payments not re	ported o	on Form(s) W-2 (se	ee instru	ictions)				1d		
W-2G and	е	Taxable dependent care benefits	from Fo	orm 2441, line 26						1e		
1099-R if tax was withheld.	f	Employer-provided adoption ben	efits fro	m Form 8839, line	29 .					1f		
If you did not	g	Wages from Form 8919, line 6 .								1g		
get a Form	h	Other earned income (see instruc	tions)							1h		0.
W-2, see instructions.	i	Nontaxable combat pay election	(see ins	tructions)		1	i					
	Z	Add lines 1a through 1h								1z	20)3 , 108.
Attach Sch. B	2a	Tax-exempt interest	2a			axable interes				2b		71.
if required.	3a	Qualified dividends	3a	686.	b C	ordinary divide	nds			3b		765.
	4a	IRA distributions	4a		1	axable amour				4b		
Standard Deduction for—	5a	Pensions and annuities	5a			axable amoun				5b		
Single or	6a	Social security benefits	6a			axable amoun	ıt.			6b		
Married filing separately,	c	If you elect to use the lump-sum		•	`	,	٠		. 📙	_		
\$12,950	7	Capital gain or (loss). Attach Scho		•					. Ц	7		<u>-3,000.</u>
 Married filing jointly or 	8	Other income from Schedule 1, li								8		11,300.
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7		-						9		39,644.
\$25,900	10	Adjustments to income from School Sch								10	_	
 Head of household, 	11	Subtract line 10 from line 9. This	•	-			•			11		39 , 644.
\$19,400	12	Standard deduction or itemized					•			12		25 , 900.
If you checked any box under	13	Qualified business income deducted Add lines 12 and 13								13	_	1.
Standard Deduction,	14 15	Subtract line 14 from line 11. If ze								15		25 , 901.
see instructions.	13	Cubitact line 14 HOITI line 11. H 26	JO OI IES	33, GIIIGI -U IIIIS	is your	wyanie ilicoli	16			13	1 16	53,743.

Form 1040 (2022	2)							Page 2
Tax and	16	Tax (see instructions). Check if any from Form	n(s): 1 881	4 2 🗌 4972	3 🗌		16	27,210.
Credits	17	Amount from Schedule 2, line 3					17	
	18	Add lines 16 and 17					18	27,210.
	19	Child tax credit or credit for other depender	nts from Sched	ule 8812			19	
	20	Amount from Schedule 3, line 8					20	
	21	Add lines 19 and 20					21	
	22	Subtract line 21 from line 18. If zero or less,	enter -0				22	27,210.
	23	Other taxes, including self-employment tax,	from Schedule	e 2, line 21			23	0.
	24	Add lines 22 and 23. This is your total tax					24	27,210.
Payments	25	Federal income tax withheld from:						,
,	а	Form(s) W-2			25a 38	3,567.		
	b	Form(s) 1099			25b			
	С	Other forms (see instructions)			25c			
	d	Add lines 25a through 25c					25d	38 , 567.
16	26	2022 estimated tax payments and amount a					26	
If you have a qualifying child,	27	Earned income credit (EIC)		No	27			
attach Sch. EIC.	28	Additional child tax credit from Schedule 8812			28			
	29	American opportunity credit from Form 886			29			
	30	Reserved for future use			30			
	31	Amount from Schedule 3, line 15			31	885.		
	32	Add lines 27, 28, 29, and 31. These are your	r total other pa	ayments and refu	ndable credits		32	885.
	33	Add lines 25d, 26, and 32. These are your to	otal payments				33	39,452.
Refund	34	If line 33 is more than line 24, subtract line 2	24 from line 33.	This is the amour	nt you overpaid		34	12,242.
nerana	35a	Amount of line 34 you want refunded to yo	u . If Form 8888	3 is attached, chec	k here	🗆	35a	12,242.
Direct deposit?	b	Routing number 0 6 5 4 0 0 1	3 7	c Type: 🛛	Checking	Savings		
See instructions.	d	Account number 8 7 6 5 2 7 6	9 3					
	36	Amount of line 34 you want applied to your	2023 estimate	ed tax	36			
Amount You Owe	37	Subtract line 33 from line 24. This is the am For details on how to pay, go to <i>www.irs.go</i>	•				37	
	38	Estimated tax penalty (see instructions) .			38			
Third Party Designee		you want to allow another person to dis tructions				omplete l	pelow.	X No
· ·		signee's	Phone			onal identi	fication	
	nai		no.			iber (PIN)		
Sign Here		der penalties of perjury, I declare that I have examin ef, they are true, correct, and complete. Declaration		r than taxpayer) is ba		on of which	prepare	er has any knowledge.
11010	Yo	ur signature	Date	Your occupation		Prote	ection P	nt you an Identity IN, enter it here
Joint return?				SENIOR SOFT	WARE ENGINE		inst.)	
See instructions. Keep a copy for your records.	Sp	ouse's signature. If a joint return, both must sign.	Date	Spouse's occupation HOME MAKER	Iden	the IRS sent your spouse an entity Protection PIN, enter it here ee inst.)		
	——Ph	one no. (318) 278-3995	Email address	TEJA.KAKULV		ЛМ Т .	· ·	
		parer's name Preparer's signa		THOM WINDLAND	Date	PTIN		Check if:
Paid		PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA		GIIPTA TAT.T.AM	03/15/2023	P0208	2703	Self-employed
Preparer		n's name GLOBAL TAXES LLC	1/111 0/10/11(COLILI INDIAN	00/10/2020			678) 965-9522
Use Only		n's address 245 ROONEY CT E BRU	INSWICK N	т 08816			's EIN	84-3171965
		TO GOOD ZED TOOMET CI E DITC	DIADMATCH IN	0 00010			J LIIV	4040

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2022
Attachment
Sequence No. 01

Department of the Treasury Internal Revenue Service Attach to Form 1040, 1040-SR, or 1040-NR.

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

Name(s) shown on Form 1040, 1040-SR, or 1040-NR	Your social security number
TEJA KAKULVAR & SURABHI RAYINI	892-68-0234
Part I Additional Income	

Par	Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta	ach Schedule E .	5	-11,300.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a ()	
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d (
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
ı	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
0	Section 951A(a) inclusion (see instructions)	80		
р	Section 461(I) excess business loss adjustment	8p	-	
q	Taxable distributions from an ABLE account (see instructions)	8q	-	
r	Scholarship and fellowship grants not reported on Form W-2	8r	-	
S	Nontaxable amount of Medicaid waiver payments included on Form			
	1040, line 1a or 1d	8s (4	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t	-	
u	Wages earned while incarcerated	8u		
Z	Other income. List type and amount:	0-		
•	Total ather incomes. Add lines On three tables	8z		
9	Total other income. Add lines 8a through 8z		9	11 200
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR.	. OF TU4U-INK, IINE 8	10	-11,300.

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

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-ba	asis government		
	officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903 .		14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN			
С	Date of original divorce or separation agreement (see instructions):			
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:	_		
а	Jury duty pay (see instructions)	ła	_	
b	Deductible expenses related to income reported on line 8l from the			
	rental of personal property engaged in for profit	łb	-	
С	Nontaxable amount of the value of Olympic and Paralympic medals			
-1	and USOC prize money reported on line 8m		-	
d	Reforestation amortization and expenses	ła –	-	
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	le		
f	Contributions to section 501(c)(18)(D) pension plans			
g	Contributions by certain chaplains to section 403(b) plans 24	1q		
_	Attorney fees and court costs for actions involving certain unlawful			
	discrimination claims (see instructions)	1h		
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			
j	Housing deduction from Form 2555	4j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form			
	1041)	4k		
Z	Other adjustments. List type and amount:			
	24			
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . E			
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26	

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 TEJA KAKULVAR & SURABHI RAYINI

Your social security number 892-68-0234

Pai	Nonretundable Credits			
1	Foreign tax credit. Attach Form 1116 if required		. 1	
2	Credit for child and dependent care expenses from Form 244 Form 2441	1, line 11. Atta 	ch	
3	Education credits from Form 8863, line 19		. 3	
4	Retirement savings contributions credit. Attach Form 8880		. 4	
5	Residential energy credits. Attach Form 5695		. 5	
6	Other nonrefundable credits:			
а	General business credit. Attach Form 3800	6a		
b	Credit for prior year minimum tax. Attach Form 8801	6b		
С	Adoption credit. Attach Form 8839	6c		
d	Credit for the elderly or disabled. Attach Schedule R	6d		
е	Alternative motor vehicle credit. Attach Form 8910	6e		
f	Qualified plug-in motor vehicle credit. Attach Form 8936	6f		
g	Mortgage interest credit. Attach Form 8396	6g		
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h		
i	Qualified electric vehicle credit. Attach Form 8834	6i		
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j		
k	Credit to holders of tax credit bonds. Attach Form 8912	6k		
I	Amount on Form 8978, line 14. See instructions	61		
Z	Other nonrefundable credits. List type and amount:			
		6z		
7	Total other nonrefundable credits. Add lines 6a through 6z		. 7	
8	Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040	-SR, or 1040-N		
	line 20		. 8	
			(contin	nued on page 2)

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

Par	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	885.
12	Credit for federal tax on fuels. Attach Form 4136		12	
13	Other payments or refundable credits:			
а	Form 2439	13a		
b	Credit for qualified sick and family leave wages paid in 2022 from Schedule(s) H for leave taken before April 1, 2021	13b		
С	Reserved for future use	13c		
d	Credit for repayment of amounts included in income from earlier years	13d		
е	Reserved for future use	13e		
f	Deferred amount of net 965 tax liability (see instructions)	13f		
g	Reserved for future use	13g		
h	Credit for qualified sick and family leave wages paid in 2022 from Schedule(s) H for leave taken after March 31, 2021, and before October 1, 2021	13h		
Z	Other payments or refundable credits. List type and amount:	40-		
	Total allege and the second and the	13z	4.4	
14	Total other payments or refundable credits. Add lines 13a through		14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040 line 31		15	885.

SCHEDULE D (Form 1040)

Capital Gains and Losses

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.

OMB No. 1545-0074

2022

Attachment Sequence No. **12**

Department of the Treasury Internal Revenue Service

Name(s) shown on return
TEJA KAKULVAR & SURABHI RAYINI

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?

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

Your social security number 892-68-0234

Short-Term Capital Gains and Losses - Generally Assets Held One Year or Less (see instructions) Part I See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) lines below. Proceeds Cost to gain or loss from from column (d) and This form may be easier to complete if you round off cents to (sales price) (or other basis) Form(s) 8949, Part I, combine the result whole dollars. with column (g) line 2. column (a) 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 113,105. 115,312. -2,207. 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 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 4 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from 5 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover 6 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h), If you have any longterm capital gains or losses, go to Part II below. Otherwise, go to Part III on the back 7 -2,207.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 (h) Gain or (loss) (g) Adjustments Subtract column (e) (d) (e) lines below. Proceeds to gain or loss from from column (d) and Cost This form may be easier to complete if you round off cents to (or other basis) Form(s) 8949, Part II, (sales price) combine the result whole dollars. line 2. column (a) with column (a) 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 63,852. 55,640. -8,212.9 Totals for all transactions reported on Form(s) 8949 with

12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1

15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III

-8,212.

11

12

13

14

15

Schedule D (Form 1040) 2022 Page 2

Part III Summary 16 Combine lines 7 and 15 and enter the result 16 -10,419.• 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 • 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? ☐ **Yes.** Go to line 18. 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 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? ☐ 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. □ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 21 3,000.) • (\$3,000), or if married filing separately, (\$1,500) **Note:** When figuring which amount is smaller, treat both amounts as positive numbers. Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 X Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.

8949

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. Attachment Sequence No. 12A

OMB No. 1545-0074

Social security number or taxpayer identification number Name(s) shown on return 892-68-0234 TEJA KAKULVAR & SURABHI RAYINI 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. Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see Part I 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. X (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 Adjustment, if any, to gain or loss 1 If you enter an amount in column (a). (h) enter a code in column (f). (d) Cost or other basis Gain or (loss) (c) (a) (b) See the separate instructions. Date sold or Proceeds See the **Note** below Subtract column (e) Description of property Date acquired and see Column (e) disposed of (sales price) from column (d) and (Example: 100 sh. XYZ Co.) (Mo., day, yr.) combine the result (Mo., day, yr.) (see instructions) in the separate (g) Code(s) from Amount of adjustment instructions. with column (a). instructions FIDELITY 01/01/22 12/31/22 35,984. 35,187. 797. WEALTHFRONT BROKERAGE LLC 01/01/22 12/31/22 77,121. 80,125. -3,004.

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) .

113,105. 115,312. -2,207.

Form **8949** (2022)

Form 8949 (2022) Attachment Sequence No. **12A** Page **2**

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side TEJA KAKULVAR & SURABHI RAYINI

Social security number or taxpayer identification number 892-68-0234

Before you check Box D, E, or F 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 II

Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-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 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box D, E, *or* F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-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.

✗ (D) Long-term transactions☐ (E) Long-term transactions☐ (F) Long-term transactions	reported on	Form(s) 1099	-B showing bas				e)
1 (a) Description of property	(b)	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below	Adjustment, i If you enter an enter a c See the sep	(h) Gain or (loss) Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).
FIDELITY	01/01/22	12/31/22	55,640.	63,852.			-8,212.
2 Totals. Add the amounts in column negative amounts). Enter each tot Schedule D, line 8b (if Box D above	al here and inc	lude on your					

Note: If you checked Box D 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.

above is checked), or line 10 (if Box F above is checked) .

-8,212.

55,640.

63,852.

SCHEDULE E (Form 1040)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

Department of the Treasury Internal Revenue Service

Attach to Form 1040, 1040-SR, 1040-NR, or 1041. Go to www.irs.gov/ScheduleE for instructions and the latest information. Attachment Sequence No. 13

OMB No. 1545-0074

Name(s) shown on return Your social security number TEJA KAKULVAR & SURABHI RAYINI 892-68-0234 Part I Income or Loss From Rental Real Estate and Royalties

·	Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.	ty, use	Schedule	C. See	instru	ctions. If you a	re an indi	vidual, rep	ort farm	
Α [Did you make any payments in 2022 that would require you	to file	Form(s) 1	099? 5	See ins	structions .		. \(\text{Ye}	s X No	
	f "Yes," did you or will you file required Form(s) 1099? .									
							· · ·		<u> </u>	_
1a	Physical address of each property (street, city, state, ZIF									
Α_	5-3-828 GOSHAMAHAL HYDERABAD TELANGANA	IN	500012							
В										
С										
1b	Type of Property 2 For each rental real estate prope				Fa	nir Rental	Person		QJV	
	(from list below) above, report the number of fair in personal use days. Check the Qu					Days	Da	ıys		
Α	gersonal use days. Check the Qui			Α		365		0		
В	qualified joint venture. See instru			В						
С				С						
	of Property:									
	Single Family Residence 3 Vacation/Short-Term Rent	tal	5 Land			Self-Rental				
2	Multi-Family Residence 4 Commercial		6 Roya	ılties	8	Other (descr	ibe)			
						Propertie	es:			
Incon	ne:			Α		В			С	
3	Rents received	3			50.					
4	Royalties received	4								
Exper										
5	Advertising	5								
6	Auto and travel (see instructions)	6								
7	Cleaning and maintenance	7		1,2	50.					
8	Commissions	8								
9	Insurance	9								
10	Legal and other professional fees	10								
11	Management fees	11		1,6	50.					
12	Mortgage interest paid to banks, etc. (see instructions)	12		·						
13	Other interest	13								
14	Repairs	14		3,8	50.					
15	Supplies	15		2,9	50.					
16	Taxes	16								
17	Utilities	17		2,2	50.					
18	Depreciation expense or depletion	18								
19	Other (list)	19								
20	Total expenses. Add lines 5 through 19	20		11,9	50.					
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If									
	result is a (loss), see instructions to find out if you must									
	file Form 6198	21	-	- 11 , 3	00.					
22	Deductible rental real estate loss after limitation, if any,									
	on Form 8582 (see instructions)	22	(11,30	0.)	()	()
23a	Total of all amounts reported on line 3 for all rental prope	rties			23a		650.			
b	Total of all amounts reported on line 4 for all royalty proper	erties			23b					
С	Total of all amounts reported on line 12 for all properties				23c					
d	Total of all amounts reported on line 18 for all properties				23d					
е	Total of all amounts reported on line 20 for all properties				23e	11	,950.			
24	Income. Add positive amounts shown on line 21. Do no		•				. 24			
25	Losses. Add royalty losses from line 21 and rental real estat	e loss	ses from lir	ne 22. E	Enter to	otal losses her	e 25	(11,300	.)
26	Total rental real estate and royalty income or (loss).									
	here. If Parts II, III, IV, and line 40 on page 2 do not a									
	Schedule 1 (Form 1040), line 5. Otherwise, include this ar	nount	t in the tot	al on li	ne 41	on page 2	26		-11,30	0.

Form **8889**

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.

OMB No. 1545-0074

2022
Attachment Sequence No. 52

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

TEJA KAKULVAR

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions. 892-68-0234

Befo	re you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, it	f requ	ired.
Part	HSA Contributions and Deduction. See the instructions before completing this part. If y and both you and your spouse each have separate HSAs, complete a separate Part I for		
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2022. See instructions	☐ Se	elf-only 🗵 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		
10	Qualified HSA funding distributions		
11	Add lines 9 and 10	11	4,648.
12	Subtract line 11 from line 8. If zero or less, enter -0	12	2,652.
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	<u> </u>	rate l	HSAs complete
	a separate Part II for each spouse.	i ato i	nona, complete
14a	Total distributions you received in 2022 from all HSAs (see instructions)	14a	1,626.
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	
С	Subtract line 14b from line 14a	14c	1,626.
15	Qualified medical expenses paid using HSA distributions (see instructions)	15	1,626.
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		
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		ions b arate	pefore HSAs,
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	

Form **8995**

Qualified Business Income Deduction Simplified Computation

Attach to your tax return.

Go to www.irs.gov/Form8995 for instructions and the latest information.

OMB No. 154<u>5-2294</u>

2022

Attachment Sequence No. **55**

Internal Revenue Service

Name(s) shown on return

Department of the Treasury

TEJA KAKULVAR & SURABHI RAYINI

Your taxpayer identification number 892 - 68 - 0234

Note. You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.

Use this form if your taxable income, before your qualified business income deduction, is at or below \$170,050 (\$340,100 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number		Qualified business ncome or (loss)
i				
ii				
iii				
iv				
v				
2	Total qualified business income or (loss). Combine lines 1i through 1v,			
	column (c)	2		
3	Qualified business net (loss) carryforward from the prior year	3 (
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4		
5	Qualified business income component. Multiply line 4 by 20% (0.20)		5	
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss)			
	(see instructions)	6 4.		
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior			
	year	7 (
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero			
	or less, enter -0	8 4.		
9	REIT and PTP component. Multiply line 8 by 20% (0.20)		9	1.
10	Qualified business income deduction before the income limitation. Add lines 5 and	d 9	10	1.
11	Taxable income before qualified business income deduction (see instructions)	11 163,744.		
12	Net capital gain (see instructions)	12 686.		
13	Subtract line 12 from line 11. If zero or less, enter -0	13 163,058.		
14	Income limitation. Multiply line 13 by 20% (0.20)		14	32,612.
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also	enter this amount on		
	the applicable line of your return (see instructions)		15	1.
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than	zero, enter -0	16	(0.)
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 a	nd 7. If greater than		
	zero, enter -0		17	(0.)

175 DO NOT MAIL THIS FORM TO THE FTB TAXABLE YEAR **FORM California e-file Signature Authorization for Individuals** Your SSN or ITIN Your name 892-68-0234 TEJA KAKULVAR Spouse's/RDP's name Spouse's/RDP's SSN or ITIN 097-85-0071 SURABHI RAYINI Part I Tax Return Information (whole dollars only) 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. I further declare that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider, including my name, address, and social security number (SSN) or individual tax identification number (ITIN), and the amounts shown in Part I above agree with the information and amounts shown on the corresponding lines of my electronic income tax return. If applicable, I authorize an electronic funds withdrawal of the amount on line 2 and/or the estimated tax payments as shown on my return and on form FTB 8455, California e-file Payment Record for Individuals, or a comparable form. If applicable, I declare that direct deposit refund amount on line 3 agrees with the direct deposit authorization stated on my return. If I have filed a joint return, this is an irrevocable appointment of the other spouse/registered domestic partner (RDP) as an agent to authorize an electronic funds withdrawal or direct deposit. I authorize my ERO, transmitter, or intermediate service provider to transmit my complete return to the Franchise Tax Board (FTB). If the processing of my return or refund is delayed, I authorize the FTB to disclose to my ERO, intermediate service provider, and/or transmitter the reason(s) for the delay or the date when the refund was sent. If I am filling a balance due return, I understand that if the FTB does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I acknowledge that I have read and consent to the Electronic Funds Withdrawal Consent included on the copy of my electronic income tax return. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent. Taxpayer's PIN: check one box only ▼ Lauthorize GLOBAL TAXES LLC ERO firm name Do not enter all zeros 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. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below. Your signature > ___ Spouse's/RDP's PIN: check one box only ▼ lauthorize GLOBAL TAXES LLC Do not enter all zeros ERO firm name 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. 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/RDP's signature Practitioner PIN Method Returns Only -- continue below Part III Certification and Authentication — Practitioner PIN Method Only ERO's Electronic Filer Identification Number (EFIN)/PIN.

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. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and FTB Pub. 1345, 2022 Handbook for Authorized e-file Providers.

ERO's signature ▶ _____ Date ▶ 03/15/2023

Do not enter all zeros

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

TAXABLE YEAR

FORM

2022 California Resident Income Tax Return

540

APE

ATTACH FEDERAL RETURN

892-68-0234 KAKU 097-85-0071 22

TEJA KAKULVAR SURABHI RAYINI

39541 GALLAUDET DR APT 2003

FREMONT CA 94538

09-08-1992 10-13-1994

		Inter your county at time of filing (see instructions)
e	ledow	ALAMEDA
lenc		f your address above is the same as your principal/physical residence address at the time of filing, check this box 🗨 🔀
esic		f not, enter below your principal/physical residence address at the time of filing.
E E		Street address (number and street) (If foreign address, see instructions.) Apt. no/ste. no.
Principal Residence	•	
Pri		State ZIP code
	•	
		If your California filing status is different from your federal filing status, check the box here
atus	1	Single 4 Head of household (with qualifying person). See instructions.
Filing Status	2	X Married/RDP filing jointly. See instr. 5 Qualifying surviving spouse/RDP. Enter year spouse/RDP died.
Ē		See instructions.
	3	Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here.
	6	If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See instr
	Fo	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.
SL	7	Whole dollars only Personal: If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked
otio	•	box 2 or 5, enter 2 in the box. If you checked the box on line 6, see instructions. 7 2 X \$140 = • \$ 280
Exemptions	8	Blind: If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2
Ж	9	Senior: If you (or your spouse/RDP) are 65 or older, enter 1;
		if both are 65 or older, enter 2. See instructions
		REV 02/17/23 PRO

Υοι	ır na	ıme:	KAKI	JLV	⁄AR			Y	our SSN	or ITII	N: 8	392-6	58-02	34						
	10	Depen	dents: I		ot inclu Depend	-	ırself	or your	spouse/R		epende	ent 2				Dei	pendent 3			
		Firs	t Name	•	Бороне					•	оронио	, <u>-</u>			•		pondoni o			
SI		Last	Name	•						•										
Exemptions			I. See ructions.	•						•										
Exen		Dep	endent's tionship	•						•										
	.	to yo																		
		·													\$433 = (28	20	
	11	Exen	nption a	ımou	int: Add	d line 7	throu	gh line 1	10. Iranst	er this a	amoun	t to lin	e 32		• 1	1 \$			0	_
	12	State Form	wages n(s) W-2	from 2, bo	n your 1 x 16	ederal				12			207	7756	_ 00					
	13	Entei	r federal	l adiu	ısted a	ross in	come	from fed	deral Forn	n 1040	or 104	0-SR.	line 11 .		13			189644	. 00	
	14	Califo	ornia ad	justr	nents -	- subtra	actions	s. Enter	the amou	nt from	Sched	dule CA	(540),						. 00	
a)	15	Subt	ract line	14 f	rom lir	ne 13. I	f less	than zer	o, enter tl	ne resul	t in pa	renthe	ses.		15			189644	. 00	1
Taxable Income	16	Califo	ornia ad	justr	nents -	- additi	ons. E	nter the	amount f	rom Sc	hedule	CA (5	40),					4648	. 00	1
able II	17																	194292	.00	1
Тах	17 18		(line 30; 0	`				■ [00	J
	10	large	er of	You	Califo	rnia st a	andaro	l deduct	ion show	n below	for yo	our filir	ng status):	Į	•				
				• Ma	rried/RI	OP filing	j jointly	, Head of	househol	d, or Qu	alifying	survivi	ng spous	\$ e/RDP. \$1				10404		1
	19	If Married/RDP filing separately or the box on line 6 is checked, STOP . See instructions • 18 Subtract line 18 from line 17. This is your taxable income .									10404	<u>00</u>	1							
		If les	s than z	zero,	enter -	0									• 19			183888	<u>00</u>	
								Tax Tab	le	×	Tax Ra	ate Sch	edule							
	31	Tax.	Check tl	he bo	ox if fro	m:		FTB 38							a 31			10609	. 00	
	32							from lir	ne 11. If y	our fed	eral AG	al is m	ore than					280	. 00	1
Тах	20																	10329		1
	33																		00	1
	34							if from:		Schedul				5870A				10220	<u>00</u>	1
	35	Add	line 33 a	and I	ine 34.										(•) 35			10329	<u>00</u>	-
dits	40	Nonr	efundab	ole Cl	hild an	d Depe	ndent	Care Ex	penses Ci	edit. Se	ee instr	ruction	S		• 40				. 00	
Special Credits	43	Enter	r credit ı	name	e					code			and an	nount	• 43				. 00	
pecia	44		r credit							code				nount					. 00	1
(I)	- •		. J. Juli							0000			white all		,	RE	EV 02/17/23 PRO			•

You	r nan	me: KAKULVAR	Your SSN or ITIN:	892-68-0234		
S	45	To claim more than two credits. See instr	uctions. Attach Schedule	P (540)	• 45	_ 00
Credit	46	Nonrefundable Renter's Credit. See instru	ctions		• 46	- 00
Special Credits	47	Add line 40 through line 46. These are yo	ur total credits		47	- 00
Sp	48	Subtract line 47 from line 35. If less than	zero, enter -0		48	10329 .00
xes	61	Alternative Minimum Tax. Attach Schedul	,			. 00
Other Taxes	62	Mental Health Services Tax. See instruction	ons		• 62	
5	63	Other taxes and credit recapture. See inst	ructions		• 63	
	64	Add line 48, line 61, line 62, and line 63.	This is your total tax		• 64	10329 . 00
	71	California income tax withheld. See instru	ctions		• 71	15773 .00
	72	2022 California estimated tax and other p	ayments. See instructior	18	• 72	. 00
ents	73	Withholding (Form 592-B and/or Form 59	93). See instructions		• 73	. 00
	74	Excess SDI (or VPDI) withheld. See instru	uctions		• 74	160 .00
Payments	75	Earned Income Tax Credit (EITC). See ins	tructions		• 75	. 00
	76	Young Child Tax Credit (YCTC). See instru	ıctions		• 76	. 00
	77 78	Foster Youth Tax Credit (FYTC). See instru Add line 71 through line 77. These are yo See instructions	uctions		• 77	15933 .00
UseTax	91	Use Tax. Do not leave blank. See instruct If line 91 is zero, check if:	ions	• 91 You paid your use t	ax obligation dire	O .00
ISR Penaltv	92	If you and your household had full-year h See instructions. Medicare Part A or C co If you did not check the box, see instructi Individual Shared Responsibility (ISR) Pe	verage is qualifying heal ions.	th care coverage	• ×	.00
		, , , , , , , , , , , , , , , , , , ,				
an	93	Payments balance. If line 78 is more than	line 91, subtract line 91	from line 78	93	15933 .00
ах/Тах D	94 95	Use Tax balance. If line 91 is more than I Payments after Individual Shared Respon	sibility Penalty. If line 93	is more than line 92,		15933 .00
Overpaid Tax/Tax Due	96	subtract line 92 from line 93	Balance. If line 92 is mor	e than line 93,	9596	. 00
Ove	97	Overpaid tax. If line 95 is more than line 6	64, subtract line 64 from	line 95	97	5604 .00

175 3103224

Form 540 2022 **Side 3**

Your	nan	ne:	KAKULVAR	Your SSN or ITIN:	892-68-0234		l		
ne :	98	Amo	unt of line 97 you want applied to yo	ur 2023 estimated tax		98	0	. 0	00
erpali Tax D	99	Over	unt of line 97 you want applied to you paid tax available this year. Subtract due. If line 95 is less than line 64, subtract ornia Seniors Special Fund. See instru	line 98 from line 97		99	5604	. [00
ă Š	100	Tax (due. If line 95 is less than line 64, sub	otract line 95 from line 64	1	100		. [00
						<u>Code</u>	<u>Amount</u>	Γ.	
								Г	00
		Alzhe	eimer's Disease and Related Dementia	a Voluntary Tax Contribut	ion Fund	401		Г	00
		Rare	and Endangered Species Preservation	on Voluntary Tax Contribu	tion Program	403		. [<u>c</u>	00
		Califo	ornia Breast Cancer Research Volunta	ary Tax Contribution Fund	l	405		. [00
		Califo	ornia Firefighters' Memorial Voluntary	/ Tax Contribution Fund .		406		. [00
		Emer	gency Food for Families Voluntary Ta	ax Contribution Fund		407		•[00
		Califo	ornia Peace Officer Memorial Founda	tion Voluntary Tax Contri	bution Fund	408		•[00
		Califo	ornia Sea Otter Voluntary Tax Contrib	ution Fund		410		. [00
		Califo	ornia Cancer Research Voluntary Tax	Contribution Fund		413		. [00
tions		Scho	ol Supplies for Homeless Children Vo	oluntary Tax Contribution	Fund	422		. [00
Contributions		State	Parks Protection Fund/Parks Pass P	urchase		423		. [00
ဒီ		Prote	ect Our Coast and Oceans Voluntary 1	Fax Contribution Fund		424		. [00
		Keep	Arts in Schools Voluntary Tax Contri	bution Fund		425		. [00
		Preve	ention of Animal Homelessness and (Cruelty Voluntary Tax Cor	ntribution Fund	431		. (00
		Califo	ornia Senior Citizen Advocacy Volunta	ary Tax Contribution Fund	1	438		. [00
		Nativ	e California Wildlife Rehabilitation Vo	oluntary Tax Contribution	Fund	439		. [00
		Rape	Kit Backlog Voluntary Tax Contributi	on Fund		440		. (00
		Suici	de Prevention Voluntary Tax Contribu	ıtion Fund		• 444		. [00
		Ment	al Health Crisis Prevention Voluntary	Tax Contribution Fund		445		. [00
		Califo	ornia Community and Neighborhood	Tree Voluntary Tax Contr	ibution Fund	446		. [00
	110	Add	amounts in code 400 through code 4	146. This is your total cor	ntribution	110		. [00
Amount You Owe	111	Mail	UNT YOU OWE. If you do not have an to: FRANCHISE TAX BOARD, PO B Online – Go to ftb.ca.gov/pay for mo	OX 942867, SACRAMEN			See instructions. Do not send cash. REV 02/17/23 PRO	. (00

You	r nan	ne:	KAKULVAR	Your SSN or ITIN:	892-68-0	234		
_	112	Inter	est, late return penalties, and late pa	ayment penalties				. 00
t and ties	113		erpayment of estimated tax.					
Interest and Penalties		Chec	k the box: FTB 5805 attack	hed • FTB 5805	F attached	• 113		_ 00
=_	114	Total	amount due. See instructions. Enclo	ose, but do not staple, an	ıy payment			_ 00
	115	REFL	JND OR NO AMOUNT DUE. Subtrac	t the sum of line 110. line	e 112, and line	113 from line 99. See ins	structions	
				,	,			5604
			to: Franchise Tax Board, Po Bo					
osit			n the information to authorize direct nstructions. Have you verified the r				voided check	or a deposit slip.
t De		All o	the following amount of my refund	(line 115) is authorized f	for direct depos	sit into the account show	n below:	
Refund and Direct Deposit		• F	outing number	 Account number 		•	116 Direct	deposit amount
and		06	55400137	876527693				5604 .00
fund		The	Savings	a 445) is subbasined found			la	
Re		mer	remaining amount of my refund (line • Type	3 115) is authorized for di	irect deposit in	to the account shown bei	10W:	
		• F	Checking	Account number		•	117 Direct	deposit amount
			Savings					_ 00
o er								
Voter Info.		For v	oter registration information, check	the box and go to sos.ca	a.gov/elections	s. See instructions		
Our	orivacy	notice	See the instructions to find out if you can be found in annual tax booklets or on	line. Go to ftb.ca.gov/privacy	to learn about ou	r privacy policy statement, or	go to ftb.ca.go	v/forms and search for 1131
to loc	cate FT er pena	B 113 [.] alties c	I EN-SP, Franchise Tax Board Privacy Notic of perjury, I declare that I have examined	ce on Collection. To request th	is notice by mail,	call 800.338.0505 and enter t	form code 948	when instructed.
	ie, cor signat		nd complete.	Date		Spouse's/RDP's signature	(if a joint tax re	eturn, both must sign)
			Your email address. Enter only one	email address.			— <u> </u>	erred phone number
Si	gn						318	2783995
He								
	ere		Paid preparer's signature (declaration			which preparer has any kn	owledge)	
It is	unlaw		SYAM PRIYA RAM SZ	AGAR GUPTA TA		which preparer has any kn	owledge)	O DTIN
It is to fo spou	unlaw rge a ıse's/		SYAM PRIYA RAM SZ	AGAR GUPTA TA		which preparer has any kn	owledge)	• PTIN P02082703
It is to fo spou RDF	unlaw rge a ıse's/	<i>r</i> ful	SYAM PRIYA RAM SZ	AGAR GUPTA TA		which preparer has any kn	owledge)	P02082703
It is to fo spou RDF sign	unlaw rge a use's/ '''s ature. t tax 'rn?	<i>r</i> ful	SYAM PRIYA RAM SA Firm's name (or yours, if self-employed GLOBAL TAXES LLC	AGAR GUPTA TA	ALLAM	which preparer has any kn	owledge)	
It is to fo spot RDF sign Join retur See	unlaw rge a use's/ '''s ature. t tax 'rn?	rful	SYAM PRIYA RAM SA Firm's name (or yours, if self-employed GLOBAL TAXES LLC Firm's address 245 ROONEY CT E I	AGAR GUPTA TA	08816			P02082703 • Firm's FEIN 843171965
It is to fo spot RDF sign Join retur See	unlaw rge a use's/ ''s ature. t tax 'n?	rful	SYAM PRIYA RAM SA Firm's name (or yours, if self-employed GLOBAL TAXES LLC Firm's address	AGAR GUPTA TA	08816		Yes	P02082703 • Firm's FEIN 843171965
It is to fo spot RDF sign Join retur See	unlaw rge a use's/ ''s ature. t tax 'n?	rful	SYAM PRIYA RAM SA Firm's name (or yours, if self-employed GLOBAL TAXES LLC Firm's address 245 ROONEY CT E I	AGAR GUPTA TA	08816		Yes	P02082703 • Firm's FEIN 843171965 × No

2022 California Adjustments — Residents

CA (540)

i Nontaxable combat pay election. See instructions	LVLL	Valliotilla Aujustii		its — Hesidei	K3	OA (340)
## TEJA KAKULVAR & SURABHI RAYINI Part 1 Income Adjustment Schedule Section A - Income from Media of 1040-SR A Section A - Income from Media of 1040-SR A Section A - Income from Media of 1040-SR A Section A - Income from Media of 1040-SR A Section A - Income from Media of 1040-SR A Section B - Income from Medical Schedule (Torm 1040) A Section B - Income from Medical Schedule (Torm 1040) A Section B - Income from Medical Schedule (Torm 1040) A Section B - Income from Medical Schedule (Torm 1040) A Section B - Income from Medical Schedule (Torm 1040) A Section B - Income from Medical Schedule (Torm 1040) A Section B - Income from Medical Schedule (Torm 1040) A Section B - Income from Medical Schedule (Torm 1040) A Section B - Income from Medical Schedule (Torm 1040) A Section B - Income from Medical Schedule (Torm 1040) A Section B - Income from Medical Schedule (Torm 1040) A Section B - Income from Medical Schedule (Torm 1040) A Section B - Income from Medical Schedule			, Sid	e 5 as a supporting Cali	fornia schedule.	
Part Income Adjustment Schedule Section A - Income from federal Form 1040 or 1040-SR A Federal Amounts Section A - Income from federal Form 1040 or 1040-SR A Federal Amounts Section A - Income from federal Form 1040 or 1040-SR A Federal Amounts Section A - Income from federal Form (S) W-2, box 1. Sec instructions 1a Decided to rederal Form(S) W-2. The federal Form (S) W-2 or 1. The federal Form (S) W-2	. ,					
Section A - Income from federal Form 1040 or 1040-SR A	TEJA KAR	KULVAR & SURABHI RAY	INI			892680234
Form(s) W-2, box 1. See instructions	Part I Incom Section A – Inc	ne Adjustment Schedule ome from federal Form 1040 or 1040-SR	A	Federal Amounts (taxable amounts from your federal tax return)		
on federal Form(s) W-2			•	203108	•	•
d Medicaid waiver payments not reported on federal Form (s) W-2. See instructions . 1d	b Househol on federa	d employee wages not reported I Form(s) W-2 1b	•		•	•
on federal Form(s) W-2. See instructions . 1d ● ■ Taxable dependent care benefits from federal Form 839, line 29	c Tip incom	ne not reported on line 1a 1c	•		•	•
from federal Form 2441, line 26			•		•	•
g Wages from federal Form 8919, line 6	e Taxable d from fede	ependent care benefits ral Form 2441, line 26 1e	•		•	•
h Other earned income. See instructions	f Employer from fede	-provided adoption benefits ral Form 8839, line 29	•		•	•
I Nontaxable combat pay election. See instructions 1i z Add line 1a through line 1i 1z 2 D 0 71 0 0 3 Ordinary dividends. See instructions. a 0 686 3b 0 765 0 0 4 IRA distributions. See instructions. a 0 4b 0 0 0 5 Pensions and annutites. See instructions. a 0 5b 0 0 0 5 Social security benefits. a 0 0 0 0 5 Capital gain or (loss). See instructions 7 0 -3000 0 0 Section B - Additional Income from federal Schedule 1 (Form 1040) 1 Taxable refunds, credits, or offsets of state and local income taxes 1 0 0 2 a Alimony received. See instructions 2a 0 4 Other gains or (losses) 4 0 0 0 5 Rental real estate, royalties, partnerships, S corporations, trusts, etc 5 0 -11300 0 0 0	g Wages fro	om federal Form 8919, line 6 1g	•		•	•
pay election. See instructions	h Other ear	ned income. See instructions 1h	•	0	•	• 4648
2 Taxable interest. a 2b 71 6 6 6 3 6 6 3 6 76 6 6 6 6 8 6 76 6 6 6 8 6 76 6 6 6 76 6 6 6 6 76 6						•
3 Ordinary dividends. See instructions. a	z Add line 1	a through line 1i	•	203108	•	4648
See instructions. a			•	71	•	•
See instructions. a			•	765	•	•
annuities. See instructions. a			•		•	•
benefits. a 6b	annuities. So	ee	•		•	•
Section B – Additional Income from federal Schedule 1 (Form 1040) 1 Taxable refunds, credits, or offsets of state and local income taxes		a • 6b	•		•	
1 Taxable refunds, credits, or offsets of state and local income taxes 1 2 a Alimony received. See instructions 2a 3 Business income or (loss). See instructions 3 4 Other gains or (losses) 4 5 Rental real estate, royalties, partnerships, S corporations, trusts, etc 5 6 Farm income or (loss) 6		,			•	•
and local income taxes			(For	m 1040)		
3 Business income or (loss). See instructions			•		•	
4 Other gains or (losses)	2 a Alimony r	received. See instructions 2a	•			•
5 Rental real estate, royalties, partnerships, S corporations, trusts, etc	3 Business inc	come or (loss). See instructions 3	•		•	•
S corporations, trusts, etc	-	,	•		•	•
			•	-11300	•	•
7 Unemployment compensation	6 Farm incom	e or (loss)	•		•	•
	7 Unemploym	ent compensation	•		•	

ction B – Additional Income Continued	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
Other income: a Federal net operating loss8a	• ()		•
b Gambling8b	•	•	
c Cancellation of debt 8c	•	•	•
d Foreign earned income exclusion from federal Form 2555	• ()		•
e Income from federal Form 8853 8e	•		•
f Income from federal Form 8889	•	•	
g Alaska Permanent Fund dividends8g	•		
h Jury duty pay8h	•		
i Prizes and awards	•		
j Activity not engaged in for profit income 8j	•		
k Stock options8k	•		•
I Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property 81	•		
m Olympic and Paralympic medals and USOC prize money	•		
n IRC Section 951(a) inclusion	•	•	
o IRC Section 951A(a) inclusion80	•	•	
p IRC Section 461(I) excess business loss adjustment 8p	•	•	•
q Taxable distributions from an ABLE account 8q	•		
r Scholarship and fellowship grants not reported on federal Form(s) W-28r			
s Nontaxable amount of Medicaid waiver payments included on federal Form 1040, line 1a or line 1d8s	()		
t Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental IRC Section 457 plan 8t	•		
u Wages earned while incarcerated8u	•		
z Other income. List type and amount.			
● 8z			•

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	•	•	•
b1 Disaster loss deduction from form FTB 3805V. 9b1		•	
b2 NOL deduction from form FTB 3805V 9b2		•	
b3 NOL from form FTB 3805Z, 3807, or 3809 9b3		•	
10 Total. Combine Section A, line 1z through line 7, and Section B, line 1 through line 7, and line 9a in column A and column C. Add Section A, line 1z through line 7, and Section B, line 1 through line 7, line 9a, and line 9b1 through line 9b3 in column B (as applicable). See instructions		•	4648
Section C – Adjustments to Income from federal Schedule 1 (Form 1040)			
11 Educator expenses	•	•	
12 Certain business expenses of reservists, performing artists, and fee-basis government officials . 12	•	•	•
13 Health savings account deduction	•	•	
14 Moving expenses. Attach form FTB 3913. See instructions			•
15 Deductible part of self-employment tax. See instructions	•	•	
16 Self-employed SEP, SIMPLE, and qualified plans16	•		
17 Self-employed health insurance deduction. See instructions	•	•	
18 Penalty on early withdrawal of savings 18	•		
19 a Alimony paid	•		•
b Recipient's: SSN ⊚			
Last Name			
20 IRA deduction	•	•	•
21 Student loan interest deduction	•		•
22 Reserved for future use			
23 Archer MSA deduction	•		

Section C – Adjustments to Income Continued	A	Federal Amounts (taxable amounts from your federal tax return)		B Subtractions See instructions	C Addit See in	ions structions
24 Other adjustments: a Jury duty pay	•					
 b Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit	•		•		•	
c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	•		•			
d Reforestation amortization and expenses24d	•		•			
e Repayment of supplemental unemployment benefits under the federal Trade Act of 1974 24e	•					
f Contributions to IRC Section 501(c)(18)(D) pension plans	•		•		•	
g Contributions by certain chaplains to IRC Section 403(b) plans	•		•		•	
h Attorney fees and court costs for actions involving certain unlawful discrimination claims 24h	•					
i Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations 24i	•		•			
j Housing deduction from federal Form 2555 24 j	•		•			
k Excess deductions of IRC Section 67(e) expenses from federal Schedule K-1 (Form 1041)24k	•					
z Other adjustments. List type and amount.						
●24z	•		•		•	
Total other adjustments. Add line 24a through line 24z	•		•		•	
Add line 11 through line 23 and line 25 in columns A, B, and C. See instructions	•		•		•	
7 Total. Subtract line 26 from line 10 in columns A, B, and C. See instructions	•	189644	•		•	4

Part II Adjustments to Federal Itemized Deductions

Check the box if you did NOT itemize for federal but will itemize for California Federal Amounts (from federal Schedule A (Form 1040)) Subtractions Additions See instructions See instructions Medical and Dental Expenses See instructions. 1 Medical and dental expenses • 2 Enter amount from federal Form 1040 189644 **2** or 1040-SR, line 11.. 3 Multiply line 2 14223 **3** by 7.5% (0.075).... Subtract line 3 from line 1. **Taxes You Paid** 17535 17535 • **5** a State and local income tax or general sales taxes. .**5a** 17535 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, 10000 17535 7535 (•) (**•**) 6 Other taxes. List type
OTHER TAXES 14 17535 10014 7535 (**•**) Interest You Paid a Home mortgage interest and points reported to \odot **b** Home mortgage interest not reported to you \odot c Points not reported to you on federal Form 1098..8c \odot d Reserved for future use 8d \odot \odot (**•**) (**•**) 9 Investment interest......9

REV 02/17/23 PRO

10 Add line 8e and line 9......**10**

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	Adjustments to Federal Itemized Deductions Continued	A Federal Amounts (from federal Schedule A (Form 1040))	B Subtractions See instructions	C	Additions See instructions
Gift	s to Charity				
11	Gifts by cash or check	•	•	•	
12	Other than by cash or check	•	•	•	
3	Carryover from prior year13	•	•	•	
4	Add line 11 through line 13	•	•	•	
	ualty and Theft Losses Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions15	•	•	•	
Oth	er Itemized Deductions				
16	Other—from list in federal instructions 16	•	•	•	
17	Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C	10014	175	35 💿	7535
8	Total. Combine line 17 column A less column B plus col	lumn C		• 18	14
Job	Expenses and Certain Miscellaneous Deductions				
20	Unreimbursed employee expenses: job travel, union due Attach federal Form 2106 if required. See instructions. Tax preparation fees		20		
	box, etc. List type		© 21	0	
22	Add line 19 through line 21	(22	0	
23	Enter amount from federal Form 1040 or 1040-SR, line 11	189644			
24	Multiply line 23 by 2% (0.02). If less than zero, enter 0 .	(24 37	93_	
25	Subtract line 24 from line 22. If line 24 is more than line	e 22, enter 0		• 25	0
26	Total Itemized Deductions. Add line 18 and line 25			• 26	14
27	Other adjustments. See instructions. Specify.			<u> </u>	
28	Combine line 26 and line 27			28	14
29	Is your federal AGI (Form 540, line 13) more than the Single or married/RDP filing separately	spouse/RDP	\$229,908 \$344,867 \$459,821	Q 20	1.4
	Yes. Complete the Itemized Deductions Worksheet in th	ie instructions for Schedule C	A (540), IIIIE 29	🕒 29	14
30	Yes. Complete the Itemized Deductions Worksheet in th Enter the larger of the amount on line 29 or your stand			29	14
0	Yes. Complete the Itemized Deductions Worksheet in th Enter the larger of the amount on line 29 or your stand Single or married/RDP filing separately. See instru Married/RDP filing jointly, head of household, or qu Transfer the amount on line 30 to Form 540, line 18	dard deduction listed below: uctionsualifying surviving spouse/RDI	\$5,202 P\$10,404		

Schedule CA

California Wage, IRA and Pension Adjustments

Attach to return (after all other FTB forms)

2022

Name as Shown on Return	Social Security No.
TEJA KAKULVAR & SURABHI RAYINI	892-68-0234

Line 1 — Wages, Salaries, Tips, Etc. (B) (C) Subtractions Additions Excess reimbursements from Form 2106 included in wage 2 3 Sick pay received under the Federal Insurance Contributions 4 Income exempted by U.S. tax treaties (unless specifically 5 Exclusion for compensation from exercising a California 7 4648 8 I confirm that the PFL amount above is accurate 9 Employer-provided adoption benefits income exclusions. In-Home Supportive Services (IHSS) supplementary payment . . 10 11 Native American income (Form 3504) Clergy housing exclusion. This is the amount entered on W-2s 12 a as smallest of amount spent or fair rental value **b** Enter the amount spent on qual. housing expenses 13 CA Employees and federal Independent Contractors income . . . 15 Employer-provided dependent care assistance exclusion 16 Other (itemize): а b С d Total adjustments to wages, salaries, tips, etc. Enter here and 4648 Line 4 — IRA, Pensions, and Annuities (C) (B) IRA's Subtractions Additions Other (itemize): h С Total adjustments to IRA distributions. Enter here and on (B) (C) **Pensions and Annuities** Subtractions Additions Form 1099-R. Railroad Retirement Benefits. Check here to confirm the Tier 2 RRB above is correct . . . ▶ 2 Other (itemize): b C d Total adjustments to pensions and annuities. Enter here and