

Form at bottom of page.



Payment Form 1 – File and Pay by April 18, 2023. **If amount of payment is zero, do not mail this form.**
When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

WHERE TO FILE: Using black or blue ink, make check or money order payable to the “Franchise Tax Board.” Write the taxpayer’s social security number (SSN) or individual taxpayer identification number (ITIN) and “2023 Form 540-ES” on the check or money order. Detach the form below. Enclose, but **do not** staple, payment with the form and mail to:
**FRANCHISE TAX BOARD
PO BOX 942867
SACRAMENTO CA 94267-0008**
Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

ONLINE SERVICES: Use Web Pay and enjoy the ease of our free online payment service. Go to **ftb.ca.gov/pay** for more information. You can schedule your payments up to one year in advance.
Do not mail this form if you use Web Pay.

___ DETACH HERE ___ IF NO PAYMENT IS DUE, DO NOT MAIL THIS FORM ___ DETACH HERE ___

CAUTION: You may be required to pay electronically. See instructions.
TAXABLE YEAR

File and Pay by April 18, 2023

CALIFORNIA FORM

2023 Estimated Tax for Individuals

540-ES

677-62-6008 PAKA 401-77-8386 23 APE 0
VAMSI C PAKALAPATI
LAKSHMI D KOLUKULURI

3515 CLARA DR
MELISSA TX 75454

Amount of Payment 345.

REV 03/18/23 PRO

Form at bottom of page.



Payment Form 2 – File and Pay by June 15, 2023. **If amount of payment is zero, do not mail this form.**
When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

WHERE TO FILE: Using black or blue ink, make check or money order payable to the “Franchise Tax Board.” Write the taxpayer’s social security number (SSN) or individual taxpayer identification number (ITIN) and “2023 Form 540-ES” on the check or money order. Detach the form below. Enclose, but **do not** staple, payment with the form and mail to:
**FRANCHISE TAX BOARD
PO BOX 942867
SACRAMENTO CA 94267-0008**
Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

ONLINE SERVICES: Use Web Pay and enjoy the ease of our free online payment service. Go to **ftb.ca.gov/pay** for more information. You can schedule your payments up to one year in advance.
Do not mail this form if you use Web Pay.

___ DETACH HERE ___ IF NO PAYMENT IS DUE, DO NOT MAIL THIS FORM ___ DETACH HERE ___

CAUTION: You may be required to pay electronically. See instructions.
TAXABLE YEAR

File and Pay by June 15, 2023

CALIFORNIA FORM

2023 Estimated Tax for Individuals 540-ES

677-62-6008 PAKA 401-77-8386 23 APE 0
VAMSI C PAKALAPATI
LAKSHMI D KOLUKULURI

3515 CLARA DR
MELISSA TX 75454

Amount of Payment 460.

REV 03/18/23 PRO

Form at bottom of page.



Payment Form 4 – File and Pay by Jan. 16, 2024. **If amount of payment is zero, do not mail this form.**
When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

WHERE TO FILE: Using black or blue ink, make check or money order payable to the “Franchise Tax Board.” Write the taxpayer’s social security number (SSN) or individual taxpayer identification number (ITIN) and “2023 Form 540-ES” on the check or money order. Detach the form below. Enclose, but **do not** staple, payment with the form and mail to:
**FRANCHISE TAX BOARD
PO BOX 942867
SACRAMENTO CA 94267-0008**
Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

ONLINE SERVICES: Use Web Pay and enjoy the ease of our free online payment service. Go to **ftb.ca.gov/pay** for more information. You can schedule your payments up to one year in advance.
Do not mail this form if you use Web Pay.

___ DETACH HERE ___ IF NO PAYMENT IS DUE, DO NOT MAIL THIS FORM ___ DETACH HERE ___

CAUTION: You may be required to pay electronically. See instructions.
TAXABLE YEAR

File and Pay by Jan. 16, 2024

CALIFORNIA FORM

2023 Estimated Tax for Individuals

540-ES

677-62-6008 PAKA 401-77-8386 23 APE 0
VAMSI C PAKALAPATI
LAKSHMI D KOLUKULURI

3515 CLARA DR
MELISSA TX 75454

Amount of Payment 345.

REV 03/18/23 PRO

TAXABLE YEAR

FORM

2022

California e-file Signature Authorization for Individuals

8879

Table with 2 columns: Name (Your name, Spouse's/RDP's name) and SSN or ITIN. Values include VAMSI C PAKALAPATI, LAKSHMI D KOLUKULURI, 677-62-6008, and 401-77-8386.

Part I Tax Return Information (whole dollars only)

Table with 2 columns: Line number and Amount. Lines 1, 2, and 3 with amounts 29974, 1336, and blank.

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

- Checkboxes for PIN authorization. Includes 'I authorize GLOBAL TAXES LLC to enter my PIN' and 'I will enter my PIN as my signature...' with a PIN box containing 2, 6, 0, 0, 8.

Your signature Date

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

- Checkboxes for PIN authorization. Includes 'I authorize GLOBAL TAXES LLC to enter my PIN' and 'I will enter my PIN as my signature...' with a PIN box containing 7, 8, 3, 8, 6.

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 the PIN: 5, 1, 8, 9, 5, 2, 3, 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 04/01/2023

Voucher at bottom of page.

DO NOT MAIL A PAPER COPY OF YOUR TAX RETURN WITH THE PAYMENT VOUCHER.
If amount of payment is zero, do not mail this voucher.

WHERE TO FILE: Using black or blue ink, make your check or money order payable to the "Franchise Tax Board." Write the taxpayer's social security number (SSN) or individual taxpayer identification number (ITIN) and "2022 FTB 3582" on the check or money order. Detach the voucher below. Enclose, but **do not** staple, payment with the voucher and mail to:

**FRANCHISE TAX BOARD
PO BOX 942867
SACRAMENTO CA 94267-0008**

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

WHEN TO FILE: Calendar Year – File and pay by April 18, 2023.

When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

ONLINE SERVICES: Use Web Pay and enjoy the ease of our free online payment service. Go to **ftb.ca.gov/pay** for more information.
Do not mail this voucher if you use Web Pay.

--- DETACH HERE --- IF NO PAYMENT IS DUE, DO NOT MAIL THIS VOUCHER --- DETACH HERE ---

CAUTION: You may be required to pay electronically. See instructions.

TAXABLE YEAR

CALIFORNIA FORM

2022 Payment Voucher for Individual e-filed Returns

3582 (e-file)

677-62-6008 PAKA 401-77-8386 22
VAMSI C PAKALAPATI
LAKSHMI D KOLUKULURI

3515 CLARA DR
MELISSA TX 75454

Amount of Payment 1336.

REV 03/18/23 PRO

California Nonresident or Part-Year Resident Income Tax Return

2022

540NR

APE

ATTACH FEDERAL RETURN

677-62-6008 PAKA 401-77-8386
VAMSI C PAKALAPATI
LAKSHMI D KOLUKULURI

22 PBA 519200

3515 CLARA DR
MELISSA TX 75454

06-14-1981 08-25-1987

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.

► 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

Exemptions

- 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. 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 = \$

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

| | Dependent 1 | Dependent 2 | Dependent 3 |
|---------------------------------|----------------------------------|-----------------------|-----------------------|
| First Name | <input type="radio"/> MIDHUNA V | <input type="radio"/> | <input type="radio"/> |
| Last Name | <input type="radio"/> PAKALAPATI | <input type="radio"/> | <input type="radio"/> |
| SSN. See instructions. | <input type="radio"/> 868772644 | <input type="radio"/> | <input type="radio"/> |
| Dependent's relationship to you | <input type="radio"/> DAUGHTER | <input type="radio"/> | <input type="radio"/> |

Total dependent exemptions 10 X \$433 = \$

REV 03/18/23 PRO

Your name: Your SSN or ITIN:

11 Exemption amount: Add line 7 through line 10 **11 \$**

| | |
|-----------------------------|---|
| Total Taxable Income | 12 Total California wages from your federal Form(s) W-2, box 16 <input checked="" type="radio"/> 12 <input type="text" value="29974"/> <input type="text" value=".00"/> |
| | 13 Enter federal AGI from federal Form 1040, 1040-SR, or 1040-NR, line 11 <input checked="" type="radio"/> 13 <input type="text" value="199194"/> <input type="text" value=".00"/> |
| | 14 California adjustments – subtractions. Enter the amount from Schedule CA (540NR), Part II, line 27, column B <input checked="" type="radio"/> 14 <input type="text" value=""/> <input type="text" value=".00"/> |
| | 15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions 15 <input type="text" value="199194"/> <input type="text" value=".00"/> |
| | 16 California adjustments – additions. Enter the amount from Schedule CA (540NR), Part II, line 27, column C <input checked="" type="radio"/> 16 <input type="text" value=""/> <input type="text" value=".00"/> |
| | 17 Adjusted gross income from all sources. Combine line 15 and line 16. <input checked="" type="radio"/> 17 <input type="text" value="199194"/> <input type="text" value=".00"/> |
| | 18 Enter the larger of: Your California itemized deductions from Schedule CA (540NR), Part III, line 30; OR Your California standard deduction . See instructions <input checked="" type="radio"/> 18 <input type="text" value="10404"/> <input type="text" value=".00"/> |
| | 19 Subtract line 18 from line 17. This is your total taxable income . If less than zero, enter -0- <input checked="" type="radio"/> 19 <input type="text" value="188790"/> <input type="text" value=".00"/> |

| | |
|--|--|
| CA Taxable Income | 31 Tax. Check the box if from: <input type="checkbox"/> Tax Table <input checked="" type="checkbox"/> Tax Rate Schedule |
| | 31 <input checked="" type="radio"/> <input type="checkbox"/> FTB 3800 <input checked="" type="radio"/> <input type="checkbox"/> FTB 3803 31 <input type="text" value="11064"/> <input type="text" value=".00"/> |
| | 32 CA adjusted gross income from Schedule CA (540NR), Part IV, line 1. <input checked="" type="radio"/> 32 <input type="text" value="29974"/> <input type="text" value=".00"/> |
| | 35 CA Taxable Income from Schedule CA (540NR), Part IV, line 5. <input checked="" type="radio"/> 35 <input type="text" value="28408"/> <input type="text" value=".00"/> |
| | 36 CA Tax Rate. Divide line 31 by line 19. <input checked="" type="radio"/> 36 <input type="text" value="0.0586"/> |
| | 37 CA Tax Before Exemption Credits. Multiply line 35 by line 36. <input checked="" type="radio"/> 37 <input type="text" value="1665"/> <input type="text" value=".00"/> |
| | 38 CA Exemption Credit Percentage. Divide line 35 by line 19. If more than 1, enter 1.0000. <input checked="" type="radio"/> 38 <input type="text" value="0.1505"/> |
| | 39 CA Prorated Exemption Credits. Multiply line 11 by line 38. If the amount on line 13 is more than \$229,908, see instructions <input checked="" type="radio"/> 39 <input type="text" value="107"/> <input type="text" value=".00"/> |
| | 40 CA Regular Tax Before Credits. Subtract line 39 from line 37. If less than zero, enter -0- ... <input checked="" type="radio"/> 40 <input type="text" value="1558"/> <input type="text" value=".00"/> |
| 41 Tax. See instructions. Check the box if from: <input checked="" type="radio"/> <input type="checkbox"/> Schedule G-1 <input checked="" type="radio"/> <input type="checkbox"/> FTB 5870A <input checked="" type="radio"/> 41 <input type="text" value=""/> <input type="text" value=".00"/> | |
| 42 Add line 40 and line 41 <input checked="" type="radio"/> 42 <input type="text" value="1558"/> <input type="text" value=".00"/> | |

| | |
|---|--|
| Special Credits | 50 Nonrefundable Child and Dependent Care Expenses Credit. See instructions. Attach form FTB 3506. <input checked="" type="radio"/> 50 <input type="text" value=""/> <input type="text" value=".00"/> |
| | 51 Credit for joint custody head of household. See instructions <input checked="" type="radio"/> 51 <input type="text" value=""/> <input type="text" value=".00"/> |
| | 52 Credit for dependent parent. See instructions. <input checked="" type="radio"/> 52 <input type="text" value=""/> <input type="text" value=".00"/> |
| | 53 Credit for senior head of household. See instructions. <input checked="" type="radio"/> 53 <input type="text" value=""/> <input type="text" value=".00"/> |
| | 54 Credit percentage. Enter the amount from line 38 here. If more than 1, enter 1.0000. See instructions <input checked="" type="radio"/> 54 <input type="text" value=""/> |
| 55 Credit amount. See instructions <input checked="" type="radio"/> 55 <input type="text" value=""/> <input type="text" value=".00"/> | |

REV 03/18/23 PRO

Your name: Your SSN or ITIN:

Special Credits continued

58 Enter credit name code and amount... ● 58 .00

59 Enter credit name code and amount... ● 59 .00

60 To claim more than two credits. See instructions. ● 60 .00

61 Nonrefundable Renter's Credit. See instructions ● 61 .00

62 Add line 50 and line 55 through 61. These are your total credits ● 62 .00

63 Subtract line 62 from line 42. If less than zero, enter -0- ● 63 .00

Other Taxes

71 Alternative Minimum Tax. Attach Schedule P (540NR). ● 71 .00

72 Mental Health Services Tax. See instructions ● 72 .00

73 Other taxes and credit recapture. See instructions ● 73 .00

74 Add line 63, line 71, line 72, and line 73. This is your total tax. ● 74 .00

Payments

81 California income tax withheld. See instructions ● 81 .00

82 2022 CA estimated tax and other payments. See instructions ● 82 .00

83 Withholding (Form 592-B and/or Form 593). See instructions. ● 83 .00

84 Excess SDI (or VPD) withheld. See instructions ● 84 .00

85 Earned Income Tax Credit (EITC). See instructions ● 85 .00

86 Young Child Tax Credit (YCTC). See instructions ● 86 .00

87 Foster Youth Tax Credit (FYTC). See instructions ● 87 .00

88 Add line 81 through line 87. These are your total payments. See instructions ● 88 .00

ISR Penalty

91 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.

Individual Shared Responsibility (ISR) Penalty. See instructions ● 91 .00

Overpaid Tax/Tax Due

92 Payments after Individual Shared Responsibility Penalty. If line 88 is more than line 91,
subtract line 91 from line 88. ● 92 .00

93 Individual Shared Responsibility Penalty Balance. If line 91 is more than line 88,
subtract line 88 from line 91. ● 93 .00

101 Overpaid tax. If line 92 is more than line 74, subtract line 74 from line 92. ● 101 .00

102 Amount of line 101 you want applied to your 2023 estimated tax ● 102 .00

103 Overpaid tax available this year. Subtract line 102 from line 101 ● 103 .00

REV 03/18/23 PRO

Your name: Your SSN or ITIN:

104 Tax due. If line 92 is less than line 74, subtract line 92 from line 74 **104**

| Contributions | | <u>Code</u> | <u>Amount</u> | |
|---------------|--|-------------|----------------------|-----|
| | 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 |
| | 120 Add amounts in code 400 through code 446. This is your total contribution | ● 120 | <input type="text"/> | .00 |

Amount You Owe **121 AMOUNT YOU OWE.** Add line 93, line 104, and line 120. See instructions. **Do not send cash.**
 Mail to: **FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001.** **121**
 Pay Online – Go to **ftb.ca.gov/pay** for more information.

REV 03/18/23 PRO

Your name: Your SSN or ITIN:

Interest and Penalties

122 Interest, late return penalties, and late payment penalties. 122 .00

123 Underpayment of estimated tax.

Check the box: FTB 5805 attached FTB 5805F attached 123 .00

124 Total amount due. See instructions. Enclose, but **do not** staple, any payment 124 .00

125 **REFUND OR NO AMOUNT DUE.** Subtract line 120 from line 103. See instructions. .00

Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001**. 125

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 125) is authorized for direct deposit into the account shown below:

Routing number Type Checking Account number 126 Direct deposit amount .00

Savings

The remaining amount of my refund (line 125) is authorized for direct deposit into the account shown below:

Routing number Type Checking Account number 127 Direct deposit amount .00

Savings

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

IMPORTANT: Attach a copy of your complete federal 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)

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

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

Joint tax return? See instructions. 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

California Adjustments —
Nonresidents or Part-Year Residents

2022

CA (540NR)

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

Table with 2 columns: Name(s) as shown on tax return (V C PAKALAPATI & L D KOLUKULURI) and SSN or ITIN (677626008)

Part I Residency Information. Complete all lines that apply to you and your spouse/RDP for taxable year 2022.

During 2022:

- 1 My California (CA) Residency (Check one)
a Myself: [X] Nonresident [] Part-Year Resident [] Resident
b Spouse: [X] Nonresident [] Part-Year Resident [] Resident

Table with 2 columns: Yourself and Spouse/RDP. Rows 2-8 detailing residency information such as domicile, military status, and days spent in CA.

Part II Income Adjustment Schedule

Main table with 5 columns: Section A - Income, A (Federal Amounts), B (Subtractions), C (Additions), D (Total Amounts Using CA Law), and E (CA Amounts). Rows 1a-7 detailing income adjustments.

REV 03/18/23 PRO

| | | A | B | C | D | E |
|---|---|---|---|--|---|---|
| Section B — Additional Income from federal Schedule 1 (Form 1040) | | Federal Amounts (taxable amounts from your federal tax return) | Subtractions See instructions (difference between CA & federal law) | Additions See instructions (difference between CA & federal law) | Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result) | CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident) |
| 1 | Taxable refunds, credits, or offsets of state and local income taxes. | <input type="radio"/> | <input type="radio"/> | | | |
| 2 a | Alimony received. See instructions. | <input type="radio"/> | | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3 | Business income or (loss). See instructions. | <input type="radio"/> 0 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> 0 | <input type="radio"/> |
| 4 | Other gains or (losses) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5 | Rental real estate, royalties, partnerships, S corporations, trusts, etc | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6 | Farm income or (loss) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7 | Unemployment compensation | <input type="radio"/> | <input type="radio"/> | | | |
| 8 | Other income: | | | | | |
| 8 a | Federal net operating loss | <input type="radio"/> () | | <input type="radio"/> | | |
| 8 b | Gambling | <input type="radio"/> | <input type="radio"/> | | <input type="radio"/> | <input type="radio"/> |
| 8 c | Cancellation of debt | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 8 d | Foreign earned income exclusion from federal Form 2555 | <input type="radio"/> () | | <input type="radio"/> | | |
| 8 e | Income from federal Form 8853 | <input type="radio"/> | | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 8 f | Income from federal Form 8889 | <input type="radio"/> | <input type="radio"/> | | | |
| 8 g | Alaska Permanent Fund dividends | <input type="radio"/> | | | <input type="radio"/> | <input type="radio"/> |
| 8 h | Jury duty pay | <input type="radio"/> | | | <input type="radio"/> | <input type="radio"/> |
| 8 i | Prizes and awards | <input type="radio"/> | | | <input type="radio"/> | <input type="radio"/> |
| 8 j | Activity not engaged in for profit income | <input type="radio"/> | | | <input type="radio"/> | <input type="radio"/> |
| 8 k | Stock options | <input type="radio"/> | | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 8 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 | <input type="radio"/> | | | <input type="radio"/> | <input type="radio"/> |
| 8 m | Olympic and Paralympic medals and USOC prize money | <input type="radio"/> | | | <input type="radio"/> | <input type="radio"/> |
| 8 n | IRC Section 951(a) inclusion | <input type="radio"/> | <input type="radio"/> | | | |
| 8 o | IRC Section 951A(a) inclusion | <input type="radio"/> | <input type="radio"/> | | | |
| 8 p | IRC Section 461(l) excess business loss adjustment | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 8 q | Taxable distributions from an ABLE account | <input type="radio"/> | | | <input type="radio"/> | <input type="radio"/> |
| 8 r | Scholarship and fellowship grants not reported on federal Form(s) W-2 | <input type="radio"/> | | | <input type="radio"/> | <input type="radio"/> |
| 8 s | Nontaxable amount of Medicaid waiver payments included on federal Form 1040, line 1a or line 1d | <input type="radio"/> () | | | <input type="radio"/> | <input type="radio"/> |
| 8 t | Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental IRC Section 457 plan | <input type="radio"/> | | | <input type="radio"/> | <input type="radio"/> |
| 8 u | Wages earned while incarcerated | <input type="radio"/> | | | <input type="radio"/> | <input type="radio"/> |
| 8 z | Other income. List type and amount. <input type="radio"/> _____ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 9 a | Total other income. Add line 8a through line 8z. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

REV 03/18/23 PRO

| | | A | B | C | D | E |
|---|--|---|---|--|---|---|
| Section B — Additional Income Continued | | Federal Amounts (taxable amounts from your federal tax return) | Subtractions See instructions (difference between CA & federal law) | Additions See instructions (difference between CA & federal law) | Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result) | CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident) |
| b1 | Disaster loss deduction from form FTB 3805V 9b1 | | <input type="radio"/> | | <input type="radio"/> | <input type="radio"/> |
| b2 | NOL deduction from form FTB 3805V 9b2 | | <input type="radio"/> | | <input type="radio"/> | <input type="radio"/> |
| b3 | NOL from form FTB 3805Z, FTB 3807, or FTB 3809 9b3 | | <input type="radio"/> | | <input type="radio"/> | <input type="radio"/> |
| 10 | Total. Combine Section A, line 1z through line 7, and Section B, line 1 through line 7, line 9a and line 9b1 through line 9b3 (as applicable) in each column. See instructions. Go to Section C 10 | <input checked="" type="radio"/> 199194 | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> 199194 | <input checked="" type="radio"/> 29974 |

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"/> | <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"/> | <input type="radio"/> | <input type="radio"/> |
| 15 | Deductible part of self-employment tax. See instructions. 15 | <input type="radio"/> | <input type="radio"/> | | <input type="radio"/> | <input type="radio"/> |
| 16 | Self-employed SEP, SIMPLE, and qualified plans 16 | <input type="radio"/> | | | <input type="radio"/> | <input type="radio"/> |
| 17 | Self-employed health insurance deduction. See instructions. 17 | <input type="radio"/> | <input type="radio"/> | | <input type="radio"/> | <input type="radio"/> |
| 18 | Penalty on early withdrawal of savings . . . 18 | <input type="radio"/> | | | <input type="radio"/> | <input type="radio"/> |
| 19 | a Alimony paid. b Enter recipient's: SSN <input type="radio"/> _____ - _____ Last name <input type="radio"/> _____ 19a | <input type="radio"/> | | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 20 | IRA deduction 20 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 21 | Student loan interest deduction 21 | <input type="radio"/> | | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 22 | Reserved for future use 22 | | | | | |
| 23 | Archer MSA deduction 23 | <input type="radio"/> | | | <input type="radio"/> | <input type="radio"/> |
| 24 | Other adjustments: | | | | | |
| a | Jury duty pay 24a | <input type="radio"/> | | | <input type="radio"/> | <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"/> | <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"/> | | <input type="radio"/> | <input type="radio"/> |
| e | Repayment of supplemental unemployment benefits under the federal Trade Act of 1974 24e | <input type="radio"/> | | | <input type="radio"/> | <input type="radio"/> |
| f | Contributions to IRC Section 501(c)(18)(D) pension plans . . 24f | <input type="radio"/> | <input type="radio"/> | <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"/> | <input type="radio"/> | <input type="radio"/> |
| h | Attorney fees and court costs for actions involving certain unlawful discrimination claims 24h | <input type="radio"/> | | | <input type="radio"/> | <input type="radio"/> |

REV 03/18/23 PRO

| | A | B | C | D | E |
|--|---|---|--|---|---|
| Section C — Adjustments to Income Continued | Federal Amounts (taxable amounts from your federal tax return) | Subtractions See instructions (difference between CA & federal law) | Additions See instructions (difference between CA & federal law) | Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result) | CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident) |
| 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 checked="" type="radio"/> | <input checked="" type="radio"/> | | | |
| j Housing deduction from federal Form 2555 24j | <input checked="" type="radio"/> | <input checked="" type="radio"/> | | | |
| k Excess deductions of IRC Section 67(e) expenses from federal Schedule K-1 (Form 1041) 24k | <input checked="" type="radio"/> | | | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| z Other adjustments. List type and amount. <input checked="" type="radio"/> 24z | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 25 Total other adjustments. Add line 24a through line 24z. 25 | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 26 Add line 11 through line 23 and line 25 in each column, A through E 26 | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 27 Total. Subtract line 26 from line 10 in each column, A through E. See instructions. 27 | <input checked="" type="radio"/> 199194 | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> 199194 | <input checked="" type="radio"/> 29974 |

Part III 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 1 | <input checked="" type="radio"/> | | | |
| 2 Enter amount from federal Form 1040 or 1040-SR, line 11 2 | <input checked="" type="radio"/> | 199194 | | |
| 3 Multiply line 2 by 7.5% (0.075) 3 | <input checked="" type="radio"/> | 14940 | | |
| 4 Subtract line 3 from line 1. If line 3 is more than line 1, enter 0 4 | <input checked="" type="radio"/> | | | <input checked="" type="radio"/> |

Taxes You Paid

| | | | | | |
|--|----------------------------------|------|----------------------------------|------|------------------------------------|
| 5a State and local income tax or general sales taxes 5a | <input checked="" type="radio"/> | 1507 | <input checked="" type="radio"/> | 1507 | |
| 5b State and local real estate taxes 5b | <input checked="" type="radio"/> | | | | |
| 5c State and local personal property taxes 5c | <input checked="" type="radio"/> | | | | |
| 5d Add line 5a through line 5c. 5d | <input checked="" type="radio"/> | 1507 | | | |
| 5e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) in column A Enter the amount from line 5a, column B in line 5e, column B Enter the difference from line 5d and line 5e, column A in line 5e, column C. 5e | <input checked="" type="radio"/> | 1507 | <input checked="" type="radio"/> | 1507 | <input checked="" type="radio"/> 0 |
| 6 Other taxes. List type <input checked="" type="radio"/> 6 | <input checked="" type="radio"/> | | <input checked="" type="radio"/> | | <input checked="" type="radio"/> |
| 7 Add line 5e and line 6. 7 | <input checked="" type="radio"/> | 1507 | <input checked="" type="radio"/> | 1507 | <input checked="" type="radio"/> 0 |

Interest You Paid

| | | | | |
|--|----------------------------------|--|----------------------------------|----------------------------------|
| 8a Home mortgage interest and points reported to you on federal Form 1098 8a | <input checked="" type="radio"/> | | | <input checked="" type="radio"/> |
| 8b Home mortgage interest not reported to you on federal Form 1098 8b | <input checked="" type="radio"/> | | | <input checked="" type="radio"/> |
| 8c Points not reported to you on federal Form 1098 8c | <input checked="" type="radio"/> | | | <input checked="" type="radio"/> |
| 8d Reserved for future use 8d | | | | |
| 8e Add line 8a through line 8c. 8e | <input checked="" type="radio"/> | | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 9 Investment interest 9 | <input checked="" type="radio"/> | | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 10 Add line 8e and line 9. 10 | <input checked="" type="radio"/> | | <input checked="" type="radio"/> | <input checked="" type="radio"/> |

Gifts to Charity

| | | | | |
|---|----------------------------------|--|----------------------------------|----------------------------------|
| 11 Gifts by cash or check 11 | <input checked="" type="radio"/> | | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 12 Other than by cash or check. 12 | <input checked="" type="radio"/> | | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 13 Carryover from prior year 13 | <input checked="" type="radio"/> | | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 14 Add line 11 through line 13 14 | <input checked="" type="radio"/> | | <input checked="" type="radio"/> | <input checked="" type="radio"/> |

| Part III Adjustments to Federal Itemized Deductions Continued | A Federal Amounts (from federal Schedule A (Form 1040)) | B Subtractions See instructions | C Additions See instructions |
|---|--|---|--|
|---|--|---|--|

Casualty and Theft Losses

15 Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions **15**

Other 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 **17** 1507 1507 0

18 Total. Combine line 17 column A less column B plus column C **18**

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**

20 Tax preparation fees. **20**

21 Other expenses: investment, safe deposit box, etc. List type **21**

22 Add line 19 through line 21 **22**

23 Enter amount from federal Form 1040 or 1040-SR, line 11 199194

24 Multiply line 23 by 2% (0.02). If less than zero, enter 0. **24**

25 Subtract line 24 from line 22. If line 24 is more than line 22, enter 0. **25**

26 Total Itemized Deductions. Add line 18 and line 25. **26**

27 Other adjustments. See instructions. Specify. **27**

28 Combine line 26 and line 27. **28**

29 Is your federal AGI (Form 540NR, 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 (540NR), line 29 **29**

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** **30**

Part IV California Taxable Income

1 California AGI. Enter your California AGI from Part II, line 27, column E **1** 29974

2 Enter your deductions from line 30 **2** 10404

3 Deduction Percentage. Divide Part II, line 27, column E by Part II, line 27, column D. Carry the decimal to four places. If the result is greater than 1.0000, enter 1.0000. If less than zero, enter -0- **3** 0.1505

4 California Itemized/Standard Deductions. Multiply line 2 by the percentage on line 3 **4** 1566

5 California Taxable Income. Subtract line 4 from line 1. Transfer this amount to Form 540NR, line 35. If less than zero, enter -0- **5** 28408

REV 03/18/23 PRO

2022 Passive Activity Loss Limitations

3801

Attach to Form 540, Form 540NR, Form 541, or Form 100S.

| | |
|---|---|
| Name(s) as shown on tax return V C PAKALAPATI & L D KOLUKULURI | SSN, ITIN, FEIN, or CA corporation no. 677626008 |
|---|---|

Part I 2022 Passive Activity Loss

See the instructions for Part IV and Part VI for federal Form 8582, Passive Activity Loss Limitations, before completing Part I.
Be sure to use California amounts.

Rental Real Estate Activities with Active Participation

| | | | | | |
|---|----|---|----|----|----|
| 1a Activities with net income from Part IV, column (a) | 1a | | 00 | | |
| 1b Activities with net loss from Part IV, column (b) | 1b | (|) | 00 | |
| 1c Prior year unallowed losses from Part IV, column (c) | 1c | (|) | 00 | |
| 1d Combine line 1a, line 1b, and line 1c | 1d | | | | 00 |

All Other Passive Activities

| | | | | | |
|---|----|---|---------|--------|----|
| 2a Activities with net income from Part V, column (a) | 2a | | 0 | 00 | |
| 2b Activities with net loss from Part V, column (b) | 2b | (| -31072) | 00 | |
| 2c Prior year unallowed losses from Part V, column (c) | 2c | (|) | 00 | |
| 2d Combine line 2a, line 2b, and line 2c | 2d | | | -31072 | 00 |
| 3 Combine line 1d and line 2d. If the result is net income or zero, see the instructions for line 3. If line 3 and line 1d are losses, go to line 4. Otherwise, enter -0- on line 9 and go to line 10. See instructions | 3 | | | -31072 | 00 |

Part II Special Allowance for Rental Real Estate Activities with Active Participation

Enter all numbers in Part II as positive amounts. See instructions.

| | | | | | |
|--|---|--|--|----|----|
| 4 Enter the smaller of losses from line 1d or line 3 | 4 | | | | 00 |
| 5 Enter \$150,000. If married/RDP filing a separate tax return, see instructions | 5 | | | 00 | |
| 6 Enter federal modified adjusted gross income, but not less than zero. See instructions. If line 6 is greater than or equal to line 5, skip line 7 and line 8, enter -0- on line 9, and then go to line 10. Otherwise, go to line 7 | 6 | | | 00 | |
| 7 Subtract line 6 from line 5 | 7 | | | 00 | |
| 8 Multiply line 7 by 50% (.50). Do not enter more than \$25,000 | 8 | | | | 00 |
| 9 Enter the smaller of line 4 or line 8 | 9 | | | 0 | 00 |

Part III Total Losses Allowed

| | | | | | |
|---|----|--|--|---|----|
| 10 Add the income, if any, from line 1a and line 2a and enter the total | 10 | | | 0 | 00 |
| 11 Total losses allowed from all passive activities for 2022. Add line 9 and line 10 See the instructions on Page 2 to find out how to report the losses on your tax return. | 11 | | | 0 | 00 |

REV 03/18/23 PRO

Health Coverage Exemptions and Individual Shared Responsibility Penalty

2022

3853

Attach to your California Form 540, Form 540NR, or Form 540 2EZ.

Name(s) as shown on your California tax return

V C PAKALAPATI & L D KOLUKULURI

SSN or ITIN

677-62-6008

Part I Applicable Household Members. List all members of your applicable household whether or not they have an exemption or an Exemption Certificate Number (ECN) granted by the Marketplace. See instructions.

| | First Name | Initial | SSN | Date of Birth (mm/dd/yyyy) | Modified AGI |
|----|--|------------------------------------|--|---|---|
| 1 | <input checked="" type="radio"/> VAMSI | <input checked="" type="radio"/> C | <input checked="" type="radio"/> 677-62-6008 | <input checked="" type="radio"/> 06/14/1981 | <input checked="" type="radio"/> 199,194. |
| | Last Name <input checked="" type="radio"/> PAKALAPATI | | ECN 1 <input type="radio"/> | ECN 2 <input type="radio"/> | ECN 3 <input type="radio"/> |
| 2 | <input checked="" type="radio"/> LAKSHMI | <input checked="" type="radio"/> D | <input checked="" type="radio"/> 401-77-8386 | <input checked="" type="radio"/> 08/25/1987 | <input checked="" type="radio"/> 0. |
| | Last Name <input checked="" type="radio"/> KOLUKULURI | | ECN 1 <input type="radio"/> | ECN 2 <input type="radio"/> | ECN 3 <input type="radio"/> |
| 3 | <input checked="" type="radio"/> MIDHUNA | <input checked="" type="radio"/> V | <input checked="" type="radio"/> 868-77-2644 | <input checked="" type="radio"/> 07/18/2013 | <input checked="" type="radio"/> 0. |
| | Last Name <input checked="" type="radio"/> PAKALAPATI | | ECN 1 <input type="radio"/> | ECN 2 <input type="radio"/> | ECN 3 <input type="radio"/> |
| 4 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | Last Name <input type="radio"/> | | ECN 1 <input type="radio"/> | ECN 2 <input type="radio"/> | ECN 3 <input type="radio"/> |
| 5 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | Last Name <input type="radio"/> | | ECN 1 <input type="radio"/> | ECN 2 <input type="radio"/> | ECN 3 <input type="radio"/> |
| 6 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | Last Name <input type="radio"/> | | ECN 1 <input type="radio"/> | ECN 2 <input type="radio"/> | ECN 3 <input type="radio"/> |
| 7 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | Last Name <input type="radio"/> | | ECN 1 <input type="radio"/> | ECN 2 <input type="radio"/> | ECN 3 <input type="radio"/> |
| 8 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | Last Name <input type="radio"/> | | ECN 1 <input type="radio"/> | ECN 2 <input type="radio"/> | ECN 3 <input type="radio"/> |
| 9 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | Last Name <input type="radio"/> | | ECN 1 <input type="radio"/> | ECN 2 <input type="radio"/> | ECN 3 <input type="radio"/> |
| 10 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | Last Name <input type="radio"/> | | ECN 1 <input type="radio"/> | ECN 2 <input type="radio"/> | ECN 3 <input type="radio"/> |
| 11 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | Last Name <input type="radio"/> | | ECN 1 <input type="radio"/> | ECN 2 <input type="radio"/> | ECN 3 <input type="radio"/> |
| 12 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | Last Name <input type="radio"/> | | ECN 1 <input type="radio"/> | ECN 2 <input type="radio"/> | ECN 3 <input type="radio"/> |

Part II Coverage Exemption Claimed on Your Tax Return for Your Household

REV 03/18/23 PRO

1 If you are claiming a coverage exemption because your applicable household income or gross income is below the filing threshold, check the box here. See instructions.

Part III Coverage and Exemptions Claimed on Your Tax Return for Individuals. If you and/or a member of your applicable household are reporting any coverage or are claiming exemptions for the tax year, complete Part III. See instructions.

Coverage and Exemption Codes

| | | (a) Full-year | (b) Jan | (c) Feb | (d) Mar | (e) Apr | (f) May | (g) June | (h) July | (i) Aug | (j) Sept | (k) Oct | (l) Nov | (m) Dec |
|----|---|-------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1 | First Name <input type="radio"/> VAMSI Initial <input type="radio"/> C | <input type="radio"/> E | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | Last Name <input type="radio"/> PAKALAPATI | | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2 | First Name <input type="radio"/> LAKSHMI Initial <input type="radio"/> D | <input type="radio"/> E | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | Last Name <input type="radio"/> KOLUKULURI | | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3 | First Name <input type="radio"/> MIDHUNA Initial <input type="radio"/> V | <input type="radio"/> E | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | Last Name <input type="radio"/> PAKALAPATI | | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4 | First Name <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | Last Name <input type="radio"/> | | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5 | First Name <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | Last Name <input type="radio"/> | | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6 | First Name <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | Last Name <input type="radio"/> | | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7 | First Name <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | Last Name <input type="radio"/> | | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 8 | First Name <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | Last Name <input type="radio"/> | | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 9 | First Name <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | Last Name <input type="radio"/> | | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10 | First Name <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | Last Name <input type="radio"/> | | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 11 | First Name <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | Last Name <input type="radio"/> | | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 12 | First Name <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | Last Name <input type="radio"/> | | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Part IV Individual Shared Responsibility Penalty

1 Your Individual Shared Responsibility Penalty. Enter on Form 540, line 92; Form 540NR, line 91; or Form 540 2EZ, line 27.

See instructions **1** _____ 0.

2022

Depreciation and Amortization Adjustments

3885A

Do not complete this form if your California depreciation amounts are the same as federal amounts.

Name(s) as shown on tax return: V C PAKALAPATI & L D KOLUKULURI
SSN or ITIN: 677626008

Part I Identify the Activity as Passive or Nonpassive. (See instructions.)
1 [X] This form is being completed for a passive activity.
[] This form is being completed for a nonpassive activity.
Business or activity to which form FTB 3885A relates: SOFTWARE SERVICES

Part II Election to Expense Certain Tangible Property (IRC Section 179).
2 Enter the amount from line 12 of the Tangible Property Expense Worksheet in the instructions 2

Table with 6 columns: (a) Description of property placed in service, (b) Date placed in service mm/dd/yyyy, (c) California basis for depreciation, (d) Method, (e) Life or rate, (f) California depreciation deduction. Row 3: LAPTOP, 11/26/2022, 1645, 200DB, 5.0, 82.

4 Add the amounts on line 3, column (f) 4 82
5 California depreciation for assets placed in service prior to 2022 5 0
6 Total California depreciation from this activity. Add the amounts on line 2, line 4, and line 5 6 82
7 Total federal depreciation from this activity. Enter depreciation from federal Form 4562, line 22 7 1645
8 a If line 6 is more than line 7, enter the difference here and see instructions 8a
b If line 6 is less than line 7, enter the difference here and see instructions 8b 1563

Table with 6 columns: (a) Description of cost, (b) Date amortization begins mm/dd/yyyy, (c) California basis for amortization, (d) Code section, (e) Period or percentage, (f) California amortization deduction. Row 9: (empty)

10 Total California amortization from this activity. Add the amounts on line 9, column (f) 10
11 California amortization of costs that began before 2022 11
12 Total California amortization from this activity. Add the amounts on line 10 and line 11 12
13 Total federal amortization from this activity. Enter amortization from federal Form 4562, line 44 13
14 a If line 12 is more than line 13, enter the difference here and see instructions 14a
b If line 12 is less than line 13, enter the difference here and see instructions 14b



California Passive Activity Worksheet (See General Instructions for Step 1.)

Use this worksheet to figure California income (loss) from passive activities **before** application of passive activity loss (PAL) rules.

| (a) Passive Activity Enter a description of the activity | (b) Federal Schedule Enter the name of the federal form or schedule on which you reported the activity | (c) California Schedule Enter the name of the California form or schedule, if any, used to calculate the California adjustment | (d) Federal Amount Enter your current year federal net income (loss) before application of the PAL rules | (e) California Adjustment Enter any adjustment resulting from differences in federal and California law | (f) California Amount Combine column (d) and column (e) |
|--|--|--|--|---|---|
| PAKALAPATI SOFTWARES | SCH C | FTB 3885A | -32635 | 1563 | -31072 |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

California Adjustment Worksheets (See General Instructions for Step 4.)

Use these worksheets to figure your California adjustments **after** application of the PAL rules.

| (a) Activities Enter a description of the activity. Group activities by the federal schedules on which they were reported | (b) Passive or Nonpassive Enter the character of the activity as passive or nonpassive for California purposes | (c) California Amount Enter the California net income (loss) from the activity after application of the PAL rules | (d) Federal Amount Enter the federal net income (loss) from the activity after application of the PAL rules | (e) California Adjustment Subtract the Total amount of column (d) from the Total amount of column (c) and enter the difference in column (e) below. Individuals should transfer this amount to Schedule CA (540 or 540NR) as follows: |
|---|--|---|---|---|
|---|--|---|---|---|

| (a) Schedule C Activities | (b) Passive or Nonpassive | (c) California Amount | (d) Federal Amount | (e) California Adjustment |
|------------------------------|------------------------------|--------------------------|-----------------------|--|
| | | | | If the amount below is positive , transfer the amount to Sch. CA (540), Part I or Sch. CA (540NR), Part II, Section B, line 3, column C. |
| | | | | |
| | | | | If the amount below is negative , transfer the amount to Sch. CA (540), Part I or Sch. CA (540NR), Part II, Section B, (as a positive amount) line 3, column B. |
| | | | | |
| Total | | 1(c) | 1(d)* | 1(e) |

| (a) Schedule E Activities | (b) Passive or Nonpassive | (c) California Amount | (d) Federal Amount | (e) California Adjustment |
|------------------------------|------------------------------|--------------------------|-----------------------|--|
| | | | | If the amount below is positive , transfer the amount to Sch. CA (540), Part I or Sch. CA (540NR), Part II, Section B, line 5, column C. |
| | | | | |
| | | | | If the amount below is negative , transfer the amount to Sch. CA (540), Part I or Sch. CA (540NR), Part II, Section B, (as a positive amount) line 5, column B. |
| | | | | |
| Total | | 2(c) | 2(d)** | 2(e) |

| (a) Schedule F Activities | (b) Passive or Nonpassive | (c) California Amount | (d) Federal Amount | (e) California Adjustment |
|------------------------------|------------------------------|--------------------------|-----------------------|--|
| | | | | If the amount below is positive , transfer the amount to Sch. CA (540), Part I or Sch. CA (540NR), Part II, Section B, line 6, column C. |
| | | | | |
| | | | | If the amount below is negative , transfer the amount to Sch. CA (540), Part I or Sch. CA (540NR), Part II, Section B, (as a positive amount) line 6, column B. |
| | | | | |
| Total | | 3(c) | 3(d)*** | 3(e) |

* This amount should be the same as the amount reported on Sch. CA (540), Part I or Sch. CA (540NR), Part II, Section B, line 3, column A.
 ** This amount should be the same as the amount reported on Sch. CA (540), Part I or Sch. CA (540NR), Part II, Section B, line 5, column A.
 *** This amount should be the same as the amount reported on Sch. CA (540), Part I or Sch. CA (540NR), Part II, Section B, line 6, column A.

Underpayment of Estimated Tax by Individuals and Fiduciaries

2022

5805

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

Name(s) as shown on return

SSN, ITIN, or FEIN

V C PAKALAPATI & L D KOLUKULURI

677626008

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

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

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

Part I Questions. All filers must complete this part. Estates and Trusts, see General information E.

1 Are you requesting a waiver of the penalty? If "Yes," provide an explanation below and be sure to check the box on Form 540, line 113; Form 540NR, line 123; or Form 541, line 44. If you need additional space, attach a statement. See General Information C1 Yes No

2 Did you use the annualized income installment method? If "Yes," see instructions for Part III and be sure to check the box on Form 540, line 113; Form 540NR, line 123; or Form 541, line 442 Yes No

3 Was your California withholding not withheld in equal installments and are you able to show the actual amounts withheld per period and the actual dates withheld?3 Yes No
 N/A

If "Yes," enter the **actual uneven amounts withheld** on the spaces provided below. The total of the four amounts must equal the total withholding reported on Form 540, line 71 and line 73; Form 540NR, line 81 and line 83; or Form 541, line 29 and line 31.

4/15/22 \$; 6/15/22 \$;
9/15/22 \$; 1/15/23 \$.

4 For estates and trusts: Was the date of death less than two years from the end of the taxable year? See General Information E4 Yes No

Part II Required Annual Payment. All filers must complete this part.

| | | | | |
|---|--|---|------|-----|
| 1 | Current year tax. Enter your 2022 tax after credits. See instructions | 1 | 1558 | .00 |
| 2 | Multiply line 1 by 90% (.90). | 2 | 1402 | .00 |
| 3 | Withholding taxes. Do not include any estimated tax payments on this line. See instructions. | 3 | 253 | .00 |
| 4 | Subtract line 3 from line 1. If less than \$500 (or less than \$250 if married/RDP filing a separate return), stop here. You do not owe the penalty. Do not file form FTB 5805 | 4 | 1305 | .00 |
| 5 | Enter the tax shown on your 2021 tax return. See instructions. (110% (1.10) of that amount if the adjusted gross income shown on that return is more than \$150,000, or if married/RDP filing a separate return for 2022, more than \$75,000). | 5 | | .00 |
| 6 | Required annual payment. Enter the smaller of line 2 or line 5. (If your California AGI is equal to or greater than \$1,000,000/\$500,000 for married/RDP filing a separate return, use line 2). | 6 | 1402 | .00 |

Short Method

Caution: See the instructions to find out if you can use the short method. If you answered "Yes" to Question 2 in Part I, skip this part and go to Part III. If you answered "No" to Question 2 in Part I **and** you cannot use the short method, go to Worksheet II, Regular Method to Figure Your Underpayment and Penalty, on page 4 of the instructions.

| | | | | | | | | | | | | | | | | |
|-----------|---|-------------------------------------|------|---------------------|-----------|--|--|---------|---|----------------|---|--------|-----------|----|---|-----|
| 7 | Enter the amount, if any, from Part II, line 3 above | 7 | 253 | .00 | | | | | | | | | | | | |
| 8 | Enter the total amount, if any, of estimated tax payments you made. | 8 | | .00 | | | | | | | | | | | | |
| 9 | Add line 7 and line 8 | 9 | 253 | .00 | | | | | | | | | | | | |
| 10 | Total underpayment for the year. Subtract line 9 from line 6. If zero or less, stop here. You do not owe the penalty. Do not file form FTB 5805. | 10 | 1149 | .00 | | | | | | | | | | | | |
| 11 | Multiply line 10 by .02672055 | 11 | 31 | .00 | | | | | | | | | | | | |
| 12 | <ul style="list-style-type: none"> • If the amount on line 10 was paid on or after 4/15/23, enter -0-. • If the amount on line 10 was paid before 4/15/23, enter the result of the following computation: | | | | | | | | | | | | | | | |
| | <table border="0"> <tr> <td>Amount on</td> <td></td> <td>Number of days paid</td> <td></td> <td></td> <td></td> </tr> <tr> <td>line 10</td> <td>X</td> <td>before 4/15/23</td> <td>X</td> <td>.00014</td> <td>.</td> </tr> </table> | Amount on | | Number of days paid | | | | line 10 | X | before 4/15/23 | X | .00014 | | 12 | 0 | .00 |
| Amount on | | Number of days paid | | | | | | | | | | | | | | |
| line 10 | X | before 4/15/23 | X | .00014 | | | | | | | | | | | | |
| 13 | PENALTY. Subtract line 12 from line 11. Enter the result here and on Form 540, line 113; Form 540NR, line 123; or Form 541, line 44. Also, check the box for "FTB 5805." ► | <input checked="" type="radio"/> 13 | 31 | .00 | | | | | | | | | | | | |



Part III Annualized Income Installment Method Schedule.

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

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

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

| | | | | |
|--|---------------------------------|---------------------------------|---------------------------------|----------------------------------|
| To complete this schedule correctly, you must first complete Side 2, Part II, line 1 through line 6. | | | | |
| Estates and trusts, do not use the period ending dates shown to the right. Instead, use the following: 2/28/22, 4/30/22, 7/31/22, and 11/30/22. | | | | |
| Fiscal year filers must adjust dates accordingly. | (a) 1/1/22 to 3/31/22 | (b) 1/1/22 to 5/31/22 | (c) 1/1/22 to 8/31/22 | (d) 1/1/22 to 12/31/22 |

| | | | | | |
|--|-----------|----------------------|----------------------|----------------------|----------------------|
| 1 Enter your California adjusted gross income (AGI) for each period. Form 540NR filers, see instructions. Estates or Trusts, enter the amount from Form 541, line 20 attributable to each period. See instructions | 1 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 2 Annualization amounts. Estates or Trusts, see instructions | 2 | 4 | 2.4 | 1.5 | 1 |
| 3 Annualized income. Multiply line 1 by line 2 | 3 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 4 Enter your itemized deductions for the period shown in each column. If you do not itemize deductions, enter -0- here and on line 6. Estates or Trusts, enter -0- here, skip to line 9, and enter the amount from line 3 on line 9 | 4 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 5 Annualization amounts. | 5 | 4 | 2.4 | 1.5 | 1 |
| 6 Annualized itemized deductions. Multiply line 4 by line 5. See instructions | 6 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 7 Enter your standard deduction from your 2022 Form 540 or Form 540NR, line 18. Enter the total standard deduction amount in each column. See instructions | 7 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 8 Enter line 6 or line 7, whichever is larger | 8 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 9 Subtract line 8 from line 3 | 9 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 10 Figure the tax on the amount in each column of line 9 using the tax table or the tax rate schedule in the instructions for Form 540, Form 540NR, or Form 541. Also, include any tax from form FTB 3803. Estates or Trusts, see instructions. . | 10 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 11 Enter the total amount of exemption credits from your 2022 Form 540, line 32 or Form 541, line 22. If you filed Form 540NR, see instructions | 11 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 12 Subtract line 11 from line 10. Form 540NR filers, complete Worksheet I on page 3 of the instructions | 12 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 13 Enter the total credit amount from your 2022 Form 540, line 47; or Form 541, line 23. Form 540NR filers, see instructions | 13 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Part III Annualized Income Installment Method Schedule. continued

| | (a) 1/1/22 to 3/31/22 | (b) 1/1/22 to 5/31/22 | (c) 1/1/22 to 8/31/22 | (d) 1/1/22 to 12/31/22 |
|---|--------------------------|--------------------------|--------------------------|---------------------------|
| 14 a Subtract line 13 from line 12. If zero or less, enter -0- 14a | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| b Enter the alternative minimum tax and mental health tax. See instructions. 14b | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| c Add line 14a and line 14b 14c | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| d Enter the excess SDI from Form 540, line 74 or Form 540NR, line 84 14d | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| e Subtract line 14d from line 14c. If zero or less, enter -0- 14e | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 15 Applicable percentage 15 | 27% | 63% | 63% | 90% |
| 16 Multiply line 14e by line 15 16 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Complete line 17 through line 23 of each column before you go to the next column.

| | | | | |
|---|----------------------|----------------------|----------------------|----------------------|
| 17 Enter the combined amounts shown on line 23 from all preceding columns 17 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 18 Subtract line 17 from line 16. If zero or less, enter -0- 18 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 19 Enter 30% of the amount shown on form FTB 5805, Part II, line 6 in columns (a & d), enter 40% of the amount on line 6 in column b, enter -0- in column c. 19 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 20 Enter the amount from line 22 from the preceding column 20 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 21 Add line 19 and line 20 21 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 22 Subtract line 18 from line 21. If zero or less, enter -0- 22 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

23 Enter line 18 or line 21, whichever is less, for each column. Transfer these amounts to Worksheet II, line 1, on page 4 of the instructions.

| (a) 1/1/22 to 3/31/22 | (b) 1/1/22 to 5/31/22 | (c) 1/1/22 to 8/31/22 | (d) 1/1/22 to 12/31/22 |
|--|--|--|--|
| <input type="radio"/> <input type="text"/> | <input type="radio"/> <input type="text"/> | <input type="radio"/> <input type="text"/> | <input type="radio"/> <input type="text"/> |

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