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

Internal Revenue Service	'11 .		
Submission Identification Number (SID)			
Taxpayer's name	Social security	y number	
ATUL AGGARWAL	733-23-	-8047	
Spouse's name		al security number	ər
	Enter year you ar	re authorizing	<u>J.)</u>
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.		4 6	1 615
1 Adjusted gross income			1,615. 6,326.
 Total tax			
4 Amount you want refunded to you			1,277.
5 Amount you want refunded to you		5	4,951.
Part II Taxpayer Declaration and Signature Authorization (Be sure you get		-	urn)
Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or am			
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 Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution accoupayment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial in authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to ter 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 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 amendate Electronic Funds Withdrawal Consent.	the U.S. Treasury ar ant indicated in the tal istitution to debit the minate the authorize on requests must be in the processing of the payment. I furth	nd its designated ix preparation so entry to this accution. To revoke received no late the electronic purpose her acknowledg	d Financial oftware for count. This (cancel) a ter than 2 payment of the that the
			1
Taxpayer's PIN: check one box only	. 511 3	8 0 4 7	
X I authorize GLOBAL TAXES LLC to enter or general ERO firm name	erate my PIN Ent	er five digits, but	as my
signature on the income tax return (original or amended) I am now authorizing.	don	't enter all zeros	
I will enter my PIN as my signature on the income tax return (original or amended) I if you are entering your own PIN and your return is filed using the Practitioner PIN below.			
Your signature ► Date	e▶		
Occupate DIN shoots are however.			
Spouse's PIN: check one box only	DINI		
I authorize to enter or general section in the content of th		er five digits, but	as my
signature on the income tax return (original or amended) I am now authorizing.		i't enter all zeros	
I will enter my PIN as my signature on the income tax return (original or amended) I if you are entering your own PIN and your return is filed using the Practitioner PIN below.		•	-
Spouse's signature ▶ Dat	e ▶		
Practitioner PIN Method Returns Only—continue by			
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.	5 1 8 9 5 2 Don't ente	2 3 1 9 s	8 9
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual incauthorized 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 e-file Provide	submitting this retu	rn in accordanc	
ERO's signature ▶ Dat	e ▶		
ERO Must Retain This Form — See Instruction			

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

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

2022	
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OMB No. 1545-0074

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

Standard Deduction Spouse itemizes on a separate return or you were a dual-status alien	Filing Status	X 5	Single Married filing jointly	Marri	ed filing separatel	y (MFS)	Head of	hous	ehold (HOF	l) [ifying survi	ving
person is a child but not your dependent: ATUL AGGARWAL		If vo	u checked the MFS box, enter the r	name of	vour spouse. If vo	u check	ed the HOH o	r QSS	S box. ente	r the c			e aualifvina
Agriculty Article Agriculty Agricu					,								
If joint return, spouse's first name and middle initial Last name Last n	Your first name	and mi	ddle initial	Last na	ame					Y	our so	cial security	number
If joint return, spouse's first name and middle initial Last name Last n	ATUL			AGGA	ARWAL					7	33-2	23-8047	
City, lown, or post office. If you have a foreign address, also complete spaces below. State ZIP code		pouse's	first name and middle initial	+									
City, lown, or post office. If you have a foreign address, also complete spaces below. State ZIP code													
State CRI, town, or post office. If you have a foreign address, also complete spaces below. CA	Home address	(numbe	er and street). If you have a P.O. box, see	e instructi	ions.				Apt. no.	Pı	esider	ntial Election	n Campaign
City, town, or posit office. If you have a foreign address, also complete spaces below. State ZIP code 91505	239, N E	BUENA	A VISTA ST						M				
Foreign country name				omplete s	spaces below.	Sta	te	ZIP	code				
Foreign province/state/country Foreign protatic code Your tax or refund. Spouse Total amount from Form(s) W-2, see instructions You as a dependent You were a dual-status alien You as a dependent You were a dual-status alien You as a dependent You were a dual-status alien You as a dependent You were a dual-status alien You were a dual-sta	BURBANK					CI	A	91	505		_		_
Digital Assets	Foreign country	/ name			Foreign province/sta	ate/coun	y	Fore	ign postal co				J .
Assets exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions). Yes No Standard Someone can claim: You as a dependent Your spouse as a dependent Spouse: Was born before January 2, 1958 Is blind Spouse: Was born before January 2, 1958 Is blind Spouse: Was born before January 2, 1958 Is blind Spouse: Was born before January 2, 1958 Is blind Spouse: Was born before January 2, 1958 Is blind Spouse: Was born before January 2, 1958 Is blind Spouse: Was born before January 2, 1958 Is blind Spouse: Was born before January 2, 1958 Is blind Spouse: Was born before January 2, 1958 Is blind Spouse: Was born before January 2, 1958 Is blind Spouse: Was born before January 2, 1958 Is blind Spouse: Was born before January 2, 1958 Is blind Spouse: Was born before January 2, 1958 Is blind Spouse: Was born before January 2, 1958 Is blind Spouse: Was born before January 2, 1958 Is blind Spouse: Was born before January 2, 1958 Is blind Spouse: Was born before January 2, 1958 Is blind Spouse: Was born before January 2, 1958 Is blind Was born before Januar												You	Spouse
Assets exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions). Yes No Standard Someone can claim: You as a dependent Your spouse as a dependent Spouse: Was born before January 2, 1958 Is blind Spouse: Was born before January 2, 1958 Is blind Spouse: Was born before January 2, 1958 Is blind Spouse: Was born before January 2, 1958 Is blind Spouse: Was born before January 2, 1958 Is blind Spouse: Was born before January 2, 1958 Is blind Spouse: Was born before January 2, 1958 Is blind Spouse: Was born before January 2, 1958 Is blind Spouse: Was born before January 2, 1958 Is blind Spouse: Was born before January 2, 1958 Is blind Spouse: Was born before January 2, 1958 Is blind Spouse: Was born before January 2, 1958 Is blind Spouse: Was born before January 2, 1958 Is blind Spouse: Was born before January 2, 1958 Is blind Spouse: Was born before January 2, 1958 Is blind Spouse: Was born before January 2, 1958 Is blind Spouse: Was born before January 2, 1958 Is blind Spouse: Was born before January 2, 1958 Is blind Was born before Januar	Digital	At ar	ny time during 2022, did you: (a) red	ceive (as	a reward, award,	or payr	ment for prope	rty o	r services);	or (b)	sell,		
Spouse itemizes on a separate return or you were a dual-status alien	Assets											Yes	⊠ No
Age/Blindness You: Were born before January 2, 1958 Are blind Spouse: Was born before January 2, 1958 Is blind Dependents Gee instructions): (2) Social security (3) Relationship to you Child tax credit Credit for other dependents han four dependents, see instructions	Standard	Som	eone can claim:	ependen	t Your spo	ouse as	a dependent						
Comparison Com	Deduction		Spouse itemizes on a separate retu	rn or you	u were a dual-stat	us alien	I						
Comparison Com	Age/Rlindness	. Vou	Were horn before January 2	1958 F	Are blind	Snouse	• Mas bo	rn ha	fore Janua	n/2 1	958	☐ le blir	nd
If more than four dependents, see instructions and check here				1000	T	•				, ,			
Introde than four dependents, see instructions and check here . Income Inco	-					urity		iib			· 1	•	•
dependents, see instructions and check here		(1)	Edot Harrie										
Income	dependents,										+		
Income		s ——							Г	_			-
Attach Form(s) W-2 here, Also attach Forms W-2 here, Also attach Forms W-2 mere, Also attach Sch. B form forms W-2 mere, Also attach Sch. B form forms W-2 mere, Also attach Sch. B forms W-2 m	here												
Attach Form(s) W-2 here, Also attach Forms W-2 here, Also attach Forms W-2 mere, Also attach Sch. B form forms W-2 mere, Also attach Sch. B form forms W-2 mere, Also attach Sch. B forms W-2 m	Incomo	1a	Total amount from Form(s) W-2. k	oox 1 (se	e instructions) .						1a		1,315.
Attach Forms W-2 here. Also attach Forms W-2 gand 1099-Ri ft ax was withheld. If you did not get a Form W-2, see instructions. Z Add lines 1a through 1h Attach Sch. B 2a Tax-exempt interest . 2a b Taxable interest . 2b 100. If you did ind ord get did dividends . 3a b Ordinary dividends . 3a URA distributions . 4a b Taxable amount . 4b Standard Deduction for Married filing separately, \$12,850	income			,	,								
W-2 here. Also attach Forms W-2G and 1099-R it tax was withheld. If you idid not get a Form h h Get at Form h h Get at Form Household, separately. Strandard Deduction for Single or Married filing separately. Strandard Ocularlying separately. Strandard Or Qualifying spouse, S25,990 Married filing brough of the Marken of the	Attach Form(s)	С									1c		
W-2G and 1099-R if tax was withheld. If you did not get a Form W-2, see instructions. Ye2, see instructions. Add lines 1a through 1h Tax-exempt interest . 2a b Taxable interest . 2b 100. Add lines 1a through 1h Tax-exempt interest . 2a b Taxable amount . 4b Tax-exempt interest . 2a b Taxable amount . 4b Tax-exempt interest . 2a b Taxable amount . 4b Tax-exempt interest . 5a b Taxable amount . 5b Tax-exempt interest . 6a b Taxable amount . 5b Tax-exempt interest . 6a b Taxable amount . 6b Taxable a		d	•		·						1d		
## was withheld. If you did not get a Form W-2, see instructions. ## Wages from Form 8919, line 6 ## Wages from Form 8919, line 10 ## Wages from Form 8919, line 6 ## Wages from Form 8919, line 11 ## Wages from Form 8919, line 12 ## Wages	W-2G and	е	Taxable dependent care benefits	from Fo	rm 2441, line 26						1e		
get a Form W2, see instructions. Mages from Form 8919, line 6 1g	1099-R if tax	f	Employer-provided adoption bene	efits fron	n Form 8839, line	29 .					1f		
get a Form W-2, see instructions. In Other earned income (see instructions) In Nontaxable combat pay election (see instructions) It Nontaxable combat pay election (see instructions) It Add lines 1 a through 1 h Attach Sch. B Attach Sch. B Attach Sch. B If required. If you cleck to use the lump-sum election method, check here (see instructions) If you checked and of household, \$19,400 If you checked any box under \$250.000 and 13 box of the sum of t		g	Wages from Form 8919, line 6 .								1g		
Instructions. Z Add lines 1a through 1h Attach Sch. B Attach Sch. B If required. 2a	get a Form	h	Other earned income (see instruc	tions)							1h		0.
Add lines 1a through 1h Attach Sch. B Attach Sch. Attach S		i	Nontaxable combat pay election	(see inst	ructions)		1i						
if required. 3a Qualified dividends 3a b Ordinary dividends	motractions.	z	Add lines 1a through 1h		,						1z	6	1,315.
dediction for defection for Single or Married filing jointly or Qualifying surviving spouse, \$25,900 Head of household, \$19,400 19 Standard deduction or itemized deduction or itemized deduction or itemized deduction for Standard Deduction, \$12,950 10 Qualified business income deduction for Standard Deduction, \$12,950 10 Qualified business income deduction from Schedule A)	Attach Sch. B	2a	Tax-exempt interest	2a		b T	axable interes	t			2b		100.
Standard Deduction for—Single or Married filing separately, \$12,950 Married filing jointly or Qualifying surviving spouse, \$25,900 Head of household, \$19,400 If you checked any box under Standard Deduction, Deduction, Deduction, Deduction, Deduction, Decuction, Deduction, 15 Subtract line 14 from line 1.1 If zero or less enter -0- This is your taxable amount	if required.	3a	Qualified dividends	3a			•				3b		
Social security benefits Social security Social secucity Social secucity Social sec		4a	IRA distributions	4a		b T	axable amoun	t.			4b		
Single or Married filing separately, \$12,950 Married filing jointly or Qualifying source, \$25,900 Head of household, \$19,400 If you checked any box under Standard Deduction, \$20,000 to the content of the content o	Standard	5a	Pensions and annuities	5a		b T	axable amoun	t.			5b		
Married filing separately, 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here		6a	Social security benefits	6a		b T	axable amoun	t.		· <u>·</u>	6b		
## Capital gain of (loss). Attach Schedule D if required, the frequired, check here ### Capital gain of (loss). Attach Schedule D if required, the frequired, check here ### Capital gain of (loss). Attach Schedule I, line 10 ### Capital gain of (loss). Attach Schedule I if required, the frequired, check here ### Capital gain of (loss). Attach Schedule I, line 10 ### Capital gain of (loss). Attach Schedule I, line 10 ### Capital gain of (loss). Attach Schedule I, line 10 ### Capital gain of (loss). Attach Schedule I, line 10 ### Capital gain of (loss). Attach Schedule I, line 10 ### Capital gain of (loss). Attach Schedule I, line 10 ### Capital gain of (loss). Attach Schedule I, line 10 ### Capital gain of (loss). Attach Schedule I, line 10 ### Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ### Capital gain of (loss). Attach Schedule I, line 10 ### Capital gain of (loss). Attach Schedule I, line 10 ### Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ### Capital gain of (loss). Attach Schedule I, line 10 ### Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ### Capital gain of (loss). ### Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ### Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ### Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ### Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ### Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ### Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ### Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ### Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ### Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ### Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ### Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ### Add lines 1z, 2b, 3b, 4b, 5b, 6b,	Married filing	С	,		*	`	,			. 📙			
jointly or Qualifying Surviving spouse, \$25,900 Head of household, \$19,400 If you checked any box under Standard Deduction, Deduction, Deduction, Deduction, Deduction, Deduction, Subtract line 14 from line 11 If zero or less enter -0- This is your total income		7	Capital gain or (loss). Attach Sche	edule D i	f required. If not r	equired	, check here			. Ц	7		
Qualifying surviving spouse, \$25,900 4dd lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 61,615. Head of household, \$19,400 11 Subtract line 10 from line 9. This is your adjusted gross income 11 61,615. If you checked any box under Standard Peduction, Deduction, Deduction, 15 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 14 12,950. Deduction, 15 Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income 15 48,665	Married filing	8	-								8		200.
Head of household, \$19,400 If you checked any box under Standard Deduction, 15 Deduction, 15 Add lines 12 and 13 Add lines 12 and 13 Subtract line 10 from line 9. This is your adjusted gross income 11 Subtract line 10 from line 9. This is your adjusted gross income 12 13 14 15 Subtract line 10 from line 9. This is your adjusted gross income 16 17 18 19 19 19 19 19 19 19 19 19	Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	7, and 8.	This is your total	incom	9				_	6	1,615.
household, \$19,400 12 Standard deduction or itemized deductions (from Schedule A)			•	-									
\$19,400	Head of			•									
any box under Standard 14 Add lines 12 and 13					•	,						1 1	2,950.
Standard 14 Add lines 12 and 13	If you checked any box under												
	Standard												
		15	Subtract line 14 from line 11. If ze	ero or les	ss, enter -0 This	is your t	taxable incom	ie			15	4	8,665.

Form 1040 (2022	2)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌		16	6,326.
Credits	17	Amount from Schedule 2, lir					[17	
	18	Add lines 16 and 17					[18	6,326.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812		[19	
	20	Amount from Schedule 3, lin	ne 8				[20	
	21	Add lines 19 and 20					[21	
	22	Subtract line 21 from line 18	B. If zero or less,	enter -0			[22	6,326.
	23	Other taxes, including self-e	employment tax,	from Schedule	e 2, line 21		[23	0.
	24	Add lines 22 and 23. This is	your total tax				[24	6,326.
Payments	25	Federal income tax withheld							
	а	Form(s) W-2				25a 11	,277.		
	b	Form(s) 1099				25b			
	С	Other forms (see instruction	s)			25c			
	d	Add lines 25a through 25c	<i>.</i>					25d	11,277.
	26	2022 estimated tax paymen						26	•
If you have a qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit fro			_	28			
	29	American opportunity credit	from Form 8863	8, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin	ne 15			31			
	32	Add lines 27, 28, 29, and 31				ndable credits		32	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments			🗆	33	11,277.
Refund	34	If line 33 is more than line 24						34	4,951.
neiulia	35a	Amount of line 34 you want	refunded to you	ı. If Form 8888	is attached, chec	k here	. 🗆 🗀	35a	4,951.
Direct deposit?	b	Routing number 3 2 2				_	Savings		
See instructions.	d	Account number 8 5 8							
	36	Amount of line 34 you want			ed tax	36			
Amount	37	Subtract line 33 from line 24	. This is the amo	ount vou owe					
You Owe	٠.	For details on how to pay, g						37	
	38	Estimated tax penalty (see in				38			
Third Party	Do	you want to allow another	person to disc	cuss this retu	n with the IRS?	See	·		
Designee	ins	structions				. 🗌 Yes. Co	mplete be	ow.	X No
		signee's me		Phone no.			onal identifica er (PIN)	ation	
							, ,	_	
Sign		der penalties of perjury, I declare in ief, they are true, correct, and com							
Here		ur signature	,	Date	Your occupation			•	nt you an Identity
	10	ar orginaturo		Date	Tour occupation		I		N, enter it here
Joint return?					SERVICE		(see ins	st.)	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return,	both must sign.	Date	Spouse's occupation	on			nt your spouse an
your records.							(see ins		ection PIN, enter it her
		00000 (010)020 242	4	Email address	7 7 CC 7 D W 7 T T	IGAGMATI GO		,	
		one no. (818)930-343 eparer's name	Preparer's signat		AAGGAKWALU	S@GMAIL.CO	M PTIN		Check if:
Paid		•	'		מווחשת שאדד אות			702	Self-employed
Preparer		PRIYA RAM SAGAR GUPTA TALLAM	1	NAUN SAGAK	GUPIA IALLAM	04/02/2023	P020827		
Use Only		m's name GLOBAL TA	XES LLC Y CT E BRU	MCMTAR N	J 08816				678)965-9522
				MATCK N			Firm's	EIIN	84-3171965
Go to www.irs.go	ov/Forr	n1040 for instructions and the late	est information.		BAA	REV 03/22/23 PRO			Form 1040 (2022

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

Department of the Treasury Inter

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

Internal Revenue Service	Go to www.irs.gov/Form1040 for instructions and the latest information.		Sequence No. 01
Name(s) shown on Fo	rm 1040, 1040-SR, or 1040-NR	Your soci	ial security numbe
ATUL AGGARWAL		733-23	-8047

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 S	Schedule E .	5	
6	Farm income or (loss). Attach Schedule F			6	
7	Unemployment compensation			7	
8	Other income:				
а	Net operating loss	8a	()		
b	Gambling	8b			
С	Cancellation of debt	8c			
d	Foreign earned income exclusion from Form 2555	8d	()		
е	Income from Form 8853	8e			
f	Income from Form 8889	8f			
g	Alaska Permanent Fund dividends	8g			
h	Jury duty pay	8h			
i	Prizes and awards	8i			
j	Activity not engaged in for profit income	8j			
k	Stock options	8k			
- 1	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	()		
t	Pension or annuity from a nonqualifed deferred compensation plan or				
	a nongovernmental section 457 plan	8t			
u	Wages earned while incarcerated	8u			
Z			0.00		
_	Other Income from box 3 of 1099-Misc 200.	8z			222
9	Total other income. Add lines 8a through 8z			9	200.
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040. 1040-SR	. or 1	1040-NK. line 8	10	200.

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

Educator expenses 11	Par	Adjustments to Income			
officials. Attach Form 2106 1 Health savings account deduction. Attach Form 8889 1 Health savings account deduction. Attach Form 8889 1 Deductible part of self-employment tax. Attach Schedule SE 1 Self-employed SEP, SIMPLE, and qualified plans 1 Self-employed SEP, SIMPLE, and qualified plans 1 Self-employed health insurance deduction 1 The Penalty on early withdrawal of savings 1 Ba Alimony paid 1 Ba Pecipient's SSN 1 C Date of original divorce or separation agreement (see instructions): 2 IFA deduction 2 IFA deduction 2 IFA deduction 2 IFA deduction 2 IFA desclustion 3 IFA desclustion 3 IFA desclustion 4 IFA descl	11			11	
officials. Attach Form 2106 1 Health savings account deduction. Attach Form 8889 1 Health savings account deduction. Attach Form 8889 1 Deductible part of self-employment tax. Attach Schedule SE 1 Self-employed SEP, SIMPLE, and qualified plans 1 Self-employed SEP, SIMPLE, and qualified plans 1 Self-employed health insurance deduction 1 The Penalty on early withdrawal of savings 1 Ba Alimony paid 1 Ba Pecipient's SSN 1 C Date of original divorce or separation agreement (see instructions): 2 IFA deduction 2 IFA deduction 2 IFA deduction 2 IFA deduction 2 IFA desclustion 3 IFA desclustion 3 IFA desclustion 4 IFA descl	12	Certain business expenses of reservists, performing artists, and fee-	basis government		
13 Health savings account deduction. Attach Form 8889		officials. Attach Form 2106		12	
15 Deductible part of self-employment tax. Attach Schedule SE 16 Self-employed SEP, SIMPLE, and qualified plans 17 Self-employed death insurance deduction 17 Penalty on early withdrawal of savings 18 Penalty on early withdrawal of savings 19a Alimony paid 19a Alimony paid 19a Recipient's SSN 19a Becipient's SSN 19a Becipient	13	Health savings account deduction. Attach Form 8889		13	
16 Self-employed SEP, SIMPLE, and qualified plans	14			14	
17 Self-employed health insurance deduction 18 Penalty on early withdrawal of savings 18 18 19 Alimony paid 19 Recipient's SSN 10 Date of original divorce or separation agreement (see instructions): 20 IRA deduction 21 Student loan interest deduction 22 Archer MSA deduction 23 Archer MSA deduction 24 Other adjustments: 25 Jury duty pay (see instructions) 26 Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit 24 Contributions of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m 24 Reforestation amortization and expenses 24 Repayment of supplemental unemployment benefits under the Trade Act of 1974 24 Contributions to section 501(c)(18)(D) pension plans 24 Contributions by certain chaplains to section 403(b) plans 24 Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) 24 Indicate the property of the provided of the lRS detect tax law violations 25 Industry and amount: 26 Total other adjustments. Add lines 24a through 24z 26 Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on	15			_	
18	16			-	
19a Alimony paid b Recipient's SSN c Date of original divorce or separation agreement (see instructions): 20 IRA deduction		Self-employed health insurance deduction		-	
b Recipient's SSN c Date of original divorce or separation agreement (see instructions): 20 1RA deduction	18			-	
c Date of original divorce or separation agreement (see instructions): IRA deduction	19a			19a	
20 Student loan interest deduction 21 22 23 24 22 24 24 24 24	b	Recipient's SSN			
Student loan interest deduction Reserved for future use Archer MSA deduction Other adjustments: Jury duty pay (see instructions) Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m. Reforestation amortization and expenses Repayment of supplemental unemployment benefits under the Trade Act of 1974. Contributions to section 501(c)(18)(D) pension plans Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions). Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations Housing deduction from Form 2555. Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041). Total other adjustments. List type and amount: 25 Total other adjustments. Add lines 24a through 24z Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on	С	Date of original divorce or separation agreement (see instructions):			
22 Archer MSA deduction				-	
Archer MSA deduction Other adjustments: Jury duty pay (see instructions) Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m Reforestation amortization and expenses Repayment of supplemental unemployment benefits under the Trade Act of 1974 Contributions to section 501(c)(18)(D) pension plans Contributions by certain chaplains to section 403(b) plans Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) 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 Jeuseph Housing deduction from Form 2555 Let Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) Cother adjustments. List type and amount: Total other adjustments. Add lines 24a through 24z Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on				$\overline{}$	
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a Jury duty pay (see instructions) b Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m				23	
b Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit	24				
rental of personal property engaged in for profit			24a		
c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	b				
and USOC prize money reported on line 8m			24b	-	
d Reforestation amortization and expenses	С				
e Repayment of supplemental unemployment benefits under the Trade Act of 1974					
Act of 1974			24d		
f Contributions to section 501(c)(18)(D) pension plans	е		040		
g Contributions by certain chaplains to section 403(b) plans					
h Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions). 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. k Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041). z Other adjustments. List type and amount: 24i 24j 24k 25 Total other adjustments. Add lines 24a through 24z. Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on				-	
discrimination claims (see instructions)	_		249		
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	"		24h		
from the IRS for information you provided that helped the IRS detect tax law violations	i	` <i>'</i>	2-711		
tax law violations	٠				
j Housing deduction from Form 2555			24i		
k Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	i				
1041)	k		,		
z Other adjustments. List type and amount:	•••		24k		
Total other adjustments. Add lines 24a through 24z	z				
Total other adjustments. Add lines 24a through 24z	_		24z		
26 Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on	25			25	
	26	•			
				26	

Form **8889**

Health Savings Accounts (HSAs)

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

ATUL AGGARWAL

Department of the Treasury

Internal Revenue Service

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions. 733-23-8047

Befo	re you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if	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	X Se	lf-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	3,650.
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	3,650.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family		3,000.
	coverage under an HDHP at any time during 2022, see the instructions for the amount to enter	6	3,650.
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	0.
8	Add lines 6 and 7	8	3,650.
9	Employer contributions made to your HSAs for 2022		
10	Qualified HSA funding distributions		
11	Add lines 9 and 10	11	167.
12	Subtract line 11 from line 8. If zero or less, enter -0	12	3,483.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13	13	0.
	Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.		
Part	HSA Distributions. If you are filing jointly and both you and your spouse each have sepa a separate Part II for each spouse.	ırate l	HSAs, complete
14a	Total distributions you received in 2022 from all HSAs (see instructions)	14a	
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	
15	Qualified medical expenses paid using HSA distributions (see instructions)	15	
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	
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	•	ons b	
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	

REV 03/22/23 PRO

BAA

Form W-2 Worksheet

► Keep for your records

Name as shown on return ATUL AGGARWAL			Social Secu 733-23-	urity Number 8047
Employer EIN	HCL AMERICA ued) . Box 330 POTRERC Star	O AVE. te <u>CA</u> ZIP .	94085-4113	
Spouse's W-2 X Automatically calculate lines Caution: Box 12 entries for de	3 through 6 and line 16	Do not transfer		
1 Wages, tips, other comp			withheld eld ld	11,277. 3,802. 889.
Box 12 Box 12 Code Amount C 33. W 167. DD 2,555.	M: Enter amount attr P: Double-click to lir R: Enter MSA contri W: Enter HSA contril	bution for Taxpayer Spouse s not a state or local g	2 tax	167.
Box 15 State Employer's s CA 359-2988-4	state I.D. no.	Box 16 State wages, tips, et	Bo c. State in	x 17 ncome tax
Box 20 Locality name	Box A Local wages,	18 Bo		Associated State
 Dependent care benefits (Check Dependent care benefits – Amore 11 Distributions from Section 457 a if EIC, Child Care, Child Tax Creen 	ount forfeited from flexit and other nonqualified p	ole spending account all all spending account all all spending account a		
Box 14 Description or Code on Actual Form W-2 CA-SDI	Amount (Ide	ProSeries Identification of entify this item by selectin e drop down list. If not or fornia SDI tax	g the identification	on from

Employer Name . HCL AMERICA INC Part I - Statutory employees A Box 13a. Statutory employee B New for 2022. A Schedule C is mandatory. Proceed to line C. Double-click to link to Schedule C . C Part II - Clergy, church employees, members of recognized religious sects Clergy only: D Enter your designated housing or parsonage allowance . D Enter the smallest of (a) your designated housing or parsonage allowance, (b) amount spent on qualifying housing expenses, or (c) fair rental value . E F If no FICA was withheld, check the applicable box below 1 Pay self-employment tax on thousing or parsonage allowance only 2 Pay self-employment tax on tw-2 income and housing allowance 4 Exempt from SE tax and have an approved exemption Form 4361 Non-Clergy: G If no FICA was withheld, check the applicable box below 1 Pay self-employment tax on the SI income only 2 Pay self-employment tax on the SI income only 3 Pay self-employment tax on this W-2 income and housing allowance 4 Exempt from SE tax and have an approved exemption Form 4361 Non-Clergy: G If no FICA was withheld, check the applicable box below 1 Pay self-employment tax on this W-2 income and housing allowance 2 Exempt from self-employment tax on this W-2 income and housing allowance 3 Value on concess hips and the self-employment tax on this W-2 income and housing allowance 4 Exempt from self-employment tax on this W-2 income only 3 Value of non-cash tips and have an approved Form 4029 Part III — Unreported Tip Income H1 Tips \$20 or more in a month which were not reported to employer. H2 3 Value of non-cash hips such as tickets or passes, not reported to employer. H3 4 Actual amount of allocated tips if different than the amount in box 8. H4 5 Tips paid out through a tip-sharing arrangement. H2 6 Employer is a federal, state, or local government and tips are only subject to Medicare tax Part IV — Substitute Form W-2 I a If substitute Form W-2 needed, double-click to link this W-2 to a Form 4852. Line 10 information. "Explain your efforts to obtai	_ Page 2
A Box 13a. Statutory employee B New for 2022: A Schedule C is mandatory. Proceed to line C. Double-click to link to Schedule C	
C Double-click to link to Schedule C	
Clergy only: D Enter your designated housing or parsonage allowance. (b) amount spent on qualifying housing expenses, or (c) fair rental value E Enter the smallest of (a) your designated housing or parsonage allowance, (b) amount spent on qualifying housing expenses, or (c) fair rental value I Pay self-employment tax on housing or parsonage allowance only Pay self-employment tax on W-2 income only Non-Clergy: G If no FICA was withheld, check the applicable box below Pay self-employment tax on W-2 income and housing allowance Exempt from SE tax and have an approved exemption Form 4361 Non-Clergy: G If no FICA was withheld, check the applicable box below Part III — Unreported Tip Income H 1 Tips \$20 or more in a month which were not reported to employer. H 2 Tips less than \$20 in a month which were not required to be reported. H 3 Value of non-cash tips, such as tickets or passes, not reported to employer. H 4 Actual amount of allocated tips if different than the amount in box 8. H 5 Tips paid out through a tip-sharing arrangement. H 6 Employer is a federal, state, or local government and tips are Brit IV — Substitute Form W-2 I a If substitute Form W-2 needed, double-click to link this W-2 to a Form 4852. Enter Form 4852, Line 9 information. "Explain your efforts to obtain Form W-2?" d QuickZoom to completed Form 4852 for reference. Part V — Inmate in a Penal Institution J a Pay from work performed while an inmate in a penal institution. Part VI — Medicaid Waiver Payments K a Box 1 wages include amounts excludable as difficulty of care payments.	
D Enter your designated housing or parsonage allowance. E Enter the smallest of (a) your designated housing or parsonage allowance, (b) amount spent on qualifying housing expenses, or (c) fair rental value I Pay self-employment tax on housing or parsonage allowance only Pay self-employment tax on w-2 income only Exempt from SE tax and have an approved exemption Form 4361 Non-Clergy: If no FICA was withheld, check the applicable box below I Pay self-employment tax on this W-2 income and housing allowance Exempt from SE tax and have an approved exemption Form 4361 Non-Clergy: If no FICA was withheld, check the applicable box below I Pay self-employment tax on this W-2 income Exempt from self-employment tax and have an approved Form 4029 Part III — Unreported Tip Income H 1 Tips \$20 or more in a month which were not reported to employer. H 2 Tips less than \$20 in a month which were not reported to employer. H 3 Actual amount of allocated tips if different than the amount in box 8. H 4 Actual amount of allocated tips if different than the amount in box 8. H 4 Employer is a federal, state, or local government and tips are only subject to Medicare tax Part IV — Substitute Form W-2 I a If substitute Form W-2 I a If substitute Form W-2 needed, double-click to link this W-2 to a Form 4852. b Enter Form 4852, Line 9 information. "Explain your efforts to obtain Form W-2?" d QuickZoom to completed Form 4852 for reference Part V — Inmate in a Penal Institution J a Pay from work performed while an inmate in a penal institution Part VI — Medicaid Waiver Payments K a Box 1 wages include amounts excludable as difficulty of care payments.	
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J a Pay from work performed while an inmate in a penal institution	
Part VI — Medicaid Waiver Payments K a Box 1 wages include amounts excludable as difficulty of care payments	
K a Box 1 wages include amounts excludable as difficulty of care payments	
K a Box 1 wages include amounts excludable as difficulty of care payments	
■ Excludable difficulty of care payments received from this payer and not in box 1 · · · ·	
Part VII — Additional Information for Electronic Filing and Certain States (See Help)	
L a Third-party sick pay Non-standard W-2 (handwritten, typewritten, or altered in any way) Corrected W-2 Income from Paid Family Leave Control number (optional)	
Employee information: Correct to match employee information on W-2	
Employee's SSN	
ATUL AGGARWAL Address City St ZIP code City GA 01 FOE	
239, N BUENA VISTA ST, Apt. M BURBANK CA 91505 Foreign Province/County Foreign Postal Code	13
Foreign Country	

Name(s) Sho	own on Return		Social Security Number
ATUL AGG	ARWAL		733-23-8047
	Payer's EIN13-4994660 Payer's NameJPMORGAN CHASE	or SSN E BANK N.A	
	Name (cont.) .		
Spo	use's 1099-MISC	Do not transfer this	1099-MISC to next year
Box 1	Rents		
Box 2	Royalties		
	Double click to link rents of royalties to.	Schedule E . ►	
	Check to link Box 1 rents to:	Form 4835 . ► Other Income ►	
Box 3	Other income		200.
	For Other Income: Tribal Member Gaming Payments Winnings (Prizes, etc.) Strike Benefit Income Medicaid waiver payments excludible Olympic or Paralympic Prize Money Yes No California Middle Class	Alaska Permanent Fund e from gross income	X Other income
Box 4	Federal income tax withheld		· · · · · <u> </u>
Box 5	Fishing boat proceeds Double click to link to: Schedule C . ▶		
Box 6	Medical and health care payments Double click to link to: Schedule C . ▶		
Box 8	Substitute payments in lieu of dividends or in		
Box 9	Crop insurance proceeds		
Box 10	Gross proceeds paid to an attorney Double click to link to: Schedule C . ► Taxable attorney fees to transfer to Schedule		<u></u>
Box 11	Fish purchased for resale Double click to link to: Schedule C . ▶		-
Box 12	Section 409A deferrals		
Box 13	FATCA filing requirement		
Box 14	Excess golden parachute payments		
Box 15	Nonqualified deferred compensation		
Box 16 Box 17 Box 18	First state State tax withheld		
Box 16 Box 17 Box 18	Second state State tax withheld	· · · · · · · · · · · · · · · · · · ·	
	I confirm that the state withholding identification	tion number(s) are accurate	
Additional	Payer and Recipient Information		
Payer's add	lress and ZIP code	Recipient's address and Transfer address from Feder	ZIP code
Street		Street City	oral information vvv5 .
State Cou	ZIP Code	State ZIP Co	de

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 ATIII, AGGARWAI, 733-23-8047 Spouse's/RDP's name Spouse's/RDP's SSN or ITIN Part I Tax Return Information (whole dollars only) 61782 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 filing 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. Taxpaver'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. _____ Date Your signature > ___ Spouse's/RDP's PIN: check one box only 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. 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. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 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. 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

TAXABLE YEAR

FORM

2022 California Resident Income Tax Return

540

APE

ATTACH FEDERAL RETURN

733-23-8047 AGGA ATUL AGGA

AGGARWAL

22

239 N BUENA VISTA ST

APT M

BURBANK CA 91505

09-19-1985

		Enter your county at time of filing (see instructions)
ė	•	LOS ANGELES
lenc		If your address above is the same as your principal/physical residence address at the time of filing, check this box
esid		If not, enter below your principal/physical residence address at the time of filing.
Ä		Street address (number and street) (If foreign address, see instructions.) Apt. no/ste. no.
Principal Residence	•	
rin		City State ZIP code
_	•	
		If your California filing status is different from your federal filing status, check the box here
ıtus	1	X Single 4 Head of household (with qualifying person). See instructions.
Filing Status	2	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	r line 7, line 8, line 9, and line 10: Multiply the number you enter in the box by the pre-printed dollar amount for that line.
SL	7	Personal: If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked Whole dollars only
tioi	•	box 2 or 5, enter 2 in the box. If you checked the box on line 6, see instructions. 7 1 X \$140 = • \$ 140
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 03/18/23 PRO

Υοι	ır nar	ne:	AGGI	ARW	/AL		Yo	ur SSN (or ITIN:	733-	23-8047					
	10 I	Depen	dents: [ot include Dependent	-	or your s	oouse/RD		ndent 2				Dependent 3		
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Exemptions			. See													
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e Inc												• ·	16		167	. 00
axable Income	17	Califo	ornia ad	juste	d gross in	come. Co	ombine lin	e 15 and	line 16			• ·	17		61782	. 00
-	18	Enter large					d deduction d deduction			, ,	, Part II, line	e 30; OR				
		laryt	ĺ	• Sir	igle or Ma	rried/RD	P filing sep	oarately				\$5,202				
											ing spouse/R ¹ . See instruct	DP. \$10,404			5202	. 00
	19		ract line	18 f	rom line 1	7. This is	s your taxa	ible inco	me.	,			. •		56580	. 00
		11 169	5 111011 2	.610,									19			- 00
	31	Tax.	Check th	ne bo	x if from:	×	Tax Table)	Tax	Rate Scl	nedule					
						•	FTB 3800					• ;	31		2143	. 00
×	32						t from line	-			ore than	(1)	32		140	. 00
Тах	33	Subt	ract line	32 f	rom line 3	1. If less	than zero.	enter -0-	.			(1)	33		2003	. 00
	34						if from:		chedule G			70A ● 3				00
												_			2003	
	35	Add	ine 33 a	and li	ne 34							····· • ;	ა ხ			<u>00</u>
dits	40	Nonr	efundab	ole Cl	nild and Do	ependent	: Care Expe	enses Cre	dit. See ir	nstruction	18	• 4	40			. 00
Special Credits	43	Enter	credit r	name)				code •		and amou	ınt • 4	43			. 00
pecia	44		credit ı						code		and amou					. 00
S	-1-1	LIILU	or Guil I	iiaiiit					. 00uc 🖜		ם מווט מוווטט	• '		REV 03/18/23 PRO		2 00

You	r nan	ne:	AGGARWAL	Your SSN or ITIN:	733-23-8047					
s	45	To cl	aim more than two credits. See instr	uctions. Attach Schedule	P (540)		45			. 00
Special Credits	46	Nonr	efundable Renter's Credit. See instru	ctions			46			. 00
ecial (47	Add	line 40 through line 46. These are yo	ur total credits		•	47			. 00
Sp	48	Subt	ract line 47 from line 35. If less than	zero, enter -0		•	48		2003	. 00
							Г			
es	61	Alter	native Minimum Tax. Attach Schedul	e P (540)			61			. 00
Other Taxes	62	Ment	tal Health Services Tax. See instruction	ons			62			. 00
Othe	63	Othe	r taxes and credit recapture. See inst		63			. 00		
	64	Add	line 48, line 61, line 62, and line 63.	Γhis is your total tax			64		2003	. 00
	71	Califo	ornia income tax withheld. See instru	ctions			71		4077	. 00
	72	2022	? California estimated tax and other p	ayments. See instruction	S	•	72			. 00
nts	73	With	holding (Form 592-B and/or Form 59	3). See instructions		•	73			. 00
	74		ss SDI (or VPDI) withheld. See instru	•			Γ			. 00
Payments			ed Income Tax Credit (EITC). See ins				Γ			. 00
ш.	75						Γ			
	76		g Child Tax Credit (YCTC). See instru				Γ			. 00
	77 78	Add	er Youth Tax Credit (FYTC). See instru line 71 through line 77. These are yo nstructions	ur total payments.			77 78		4077	. 00
Use Tax	91		Tax. Do not leave blank. See instruct	ionsuse tax is owed.		use tax ol	bligatio	O _00		
ISR Penaltv	92	See I	u and your household had full-year h instructions. Medicare Part A or C co u did not check the box, see instructi	verage is qualifying heal ons.	th care coverage		×			
_		ındıv	idual Shared Responsibility (ISR) Pe	naity. See instructions	• 92			00		
on(93	Payn	nents balance. If line 78 is more than	line 91, subtract line 91	from line 78	•	93		4077	. 00
ах/Тах С	94 95	Payn	Tax balance. If line 91 is more than Interest after Individual Shared Respontract line 92 from line 93	sibility Penalty. If line 93	is more than line 92,		[4077	. 00
Overpaid Tax/Tax Due	96	Indiv	idual Shared Responsibility Penalty E ract line 93 from line 92	Balance. If line 92 is mor	e than line 93,		[_ 00
Ŏ	97		paid tax. If line 95 is more than line 6	64, subtract line 64 from	line 95	•	97		2074	. 00

Form 540 2022 **Side 3**

Your	nan	ne:	AGGARWAL	Your SSN or ITIN:	733-23-8047		ı		
e e	98	Amo	unt of line 97 you want applied to yo	ur 2023 estimated tax		• 98	0	. [00
erpali Tax D	99	Over	unt of line 97 you want applied to you paid tax available this year. Subtract lidue. If line 95 is less than line 64, subtract Seniors Special Fund. See instru	line 98 from line 97		• 99	2074	. [00
<u>a</u> S	100	Tax o	due. If line 95 is less than line 64, sub	otract line 95 from line 64	1	100		<u>.</u> [00
						<u>Code</u>	Amount	Γ	_
		Califo	ornia Seniors Special Fund. See instru	uctions		• 400		Г	00
		Alzhe	eimer's Disease and Related Dementia	a Voluntary Tax Contribut	tion Fund	• 401		Г	00
		Rare	and Endangered Species Preservatio	• 403		. [00		
		Califo	ornia Breast Cancer Research Volunta	• 405		.[00		
		Califo	ornia Firefighters' Memorial Voluntary	• 406		. [(00		
		Emer	rgency Food for Families Voluntary Ta	• 407		.[00		
		Califo	ornia Peace Officer Memorial Foundat	• 408		-[00		
		Califo	ornia Sea Otter Voluntary Tax Contrib	• 410		-[00		
		Califo	ornia Cancer Research Voluntary Tax	• 413		- [00		
tions		Scho	ol Supplies for Homeless Children Vo	oluntary Tax Contribution	Fund	• 422		- [00
Contributions		State	Parks Protection Fund/Parks Pass P		• 423		_ [00	
ပိ		Prote	ect Our Coast and Oceans Voluntary 1	ax 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	d	• 438		- [00
		Nativ	re California Wildlife Rehabilitation Vo	luntary Tax Contribution	Fund	• 439		.[00
		Rape	Kit Backlog Voluntary Tax Contributi	on Fund		• 440		_[00
		Suici	de Prevention Voluntary Tax Contribu	ition 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	46. This is your total cor	ntribution	• 110		.[00
Amount You Owe	111	Mail	OUNT 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.	_[00

Check the box: FTB 5805 attached FTB 5805 attached FTB 5805F attached 113 Total amount due. See instructions. Enclose, but do not staple, any payment 114 Total amount due. See instructions. Enclose, but do not staple, any payment 114 Total amount due. See instructions. Enclose, but do not staple, any payment 114 Total amount due. See instructions. Enclose, but do not staple, any payment 114 Total amount due. See instructions. Enclose, but do not staple, any payment 114 Total amount due. See instructions. Enclose, but do not staple, any payment 114 Total amount due. See instructions. Enclose, but do not staple, any payment 114 Total amount due. See instructions. Enclose, but do not staple, any payment 114 Total amount due. See instructions. Enclose, but do not staple, any payment 114 Total amount due. See instructions. Enclose, but do not staple, any payment 114 Total amount due. See instructions. Enclose, but do not staple, any payment 114 Total amount due. See instructions. Enclose, but do not staple, any payment 114 Total amount due. See instructions. Enclose, but do not staple, any payment 114 Total amount due. See instructions. Enclose, but do not staple, any payment 114 Total amount due. See instructions. Enclose, but do not staple, any payment 114 Total amount due. See instructions. Enclose, but do not staple, any payment 114 Total amount due. See instructions. Enclose, but do not staple, any payment 114 Total amount due. See instructions. Enclose, but do not staple, any payment 114 Total amount due. See instructions. Enclose, but do not staple, any payment 114 Total amount due. See instructions. Enclose, but do not staple, any payment 114 Total amount due. See instructions. In 114 Total amount due. See instructions. Enclose, but do not staple, any payment 114 Total amount due. See instructions. In 115 Total	You	r nan	ne:	AGGARWAL		☐ Your SSN	or ITIN: [733-]	23-80	047				
114 Total amount due. See instructions. Enclose, but do not staple, any payment	rest and nalties	112 113	Und	erpayment of estim	nated tax.								00
Mail to: FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001	Intel Pel	114			_	<u> </u>							.00
Mail to: FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001		115	RFF	IIND OR NO AMOU	INT DUE Subtrac	et the sum of lir	 ne 110 line 112 ar	ıd line 1	13 from line 99 See	instructions			
See instructions. Have you verified the routing and account numbers? Use whole dollars only. All or the following amount of my refund (line 115) is authorized for direct deposit into the account shown below: Note		110										2074	. 00
For voter registration information, check the box and go to sos.ca.gov/elections. See instructions MPORTANT: See the instructions to find out if you should attach a copy of your complete federal tax return. Our privacy notice can be found in annual tax booklets or online. Go to ftb.ca.gov/privacy to learn about our privacy policy statement, or go to ftb.ca.gov/forms and search for 113 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, is true, correct, and complete. Sign Here It is unlawful to forge a spouse's/RDP's signature (declaration of preparer is based on all information of which preparer has any knowledge) SYAM PRIYA RAM SAGAR GUPTA TALLAM Firm's name (or yours, if self-employed) GLOBAL TAXES LLC Do you want to allow another person to discuss this tax return with us? See instructions. Preferred phone number AAGGARWALUS@GMAIL.COM B189303434 Firm's name (or yours, if self-employed) GLOBAL TAXES LLC Do you want to allow another person to discuss this tax return with us? See instructions. Preferred phone number AAGGARWALUS@GMAIL.COM B189303434 Firm's name (or yours, if self-employed) GLOBAL TAXES LLC Do you want to allow another person to discuss this tax return with us? See instructions. Preferred phone number AAGGARWALUS@GMAIL.COM B189303434 Firm's name (or yours, if self-employed) Firm's sedicess Q45 RONNEY CT E BRUNSWICK NJ 08816	st Deposit		See	instructions. Have	you verified the ount of my refund	routing and ac	count numbers? Us	se whol	e dollars only.		eck or	r a deposit slip	
For voter registration information, check the box and go to sos.ca.gov/elections. See instructions MPORTANT: See the instructions to find out if you should attach a copy of your complete federal tax return. Our privacy notice can be found in annual tax booklets or online. Go to ftb.ca.gov/privacy to learn about our privacy policy statement, or go to ftb.ca.gov/forms and search for 113 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, is true, correct, and complete. Sign Here It is unlawful to forge a spouse's/RDP's signature (declaration of preparer is based on all information of which preparer has any knowledge) SYAM PRIYA RAM SAGAR GUPTA TALLAM Firm's name (or yours, if self-employed) GLOBAL TAXES LLC Do you want to allow another person to discuss this tax return with us? See instructions. Preferred phone number AAGGARWALUS@GMAIL.COM B189303434 Firm's name (or yours, if self-employed) GLOBAL TAXES LLC Do you want to allow another person to discuss this tax return with us? See instructions. Preferred phone number AAGGARWALUS@GMAIL.COM B189303434 Firm's name (or yours, if self-employed) GLOBAL TAXES LLC Do you want to allow another person to discuss this tax return with us? See instructions. Preferred phone number AAGGARWALUS@GMAIL.COM B189303434 Firm's name (or yours, if self-employed) Firm's sedicess Q45 RONNEY CT E BRUNSWICK NJ 08816	nd and Direc				× Checking					• 116 Dire	ct dep		_ 00
MPORTANT: See the instructions to find out if you should attach a copy of your complete federal tax return. Our privacy notice can be found in annual tax booklets or online. Go to ftb. ca. gov/privacy to learn about our privacy policy statement, or go to ftb. ca. gov/forms and search for 113 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 Pale Spouse's/RDP's signature (if a joint tax return, both must sign) AAGGARWALUS@GMAIL.COM Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge) SYAM PRIYA RAM SAGAR GUPTA TALLAM Firm's name (or yours, if self-employed) GLOBAL TAXES LLC Signature. Firm's address Joint tax return? See instructions. Do you want to allow another person to discuss this tax return with us? See instructions. A Firm's address Do you want to allow another person to discuss this tax return with us? See instructions.	Re		Routing number Checking			,	• Account number				17 Direct deposit amount		
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 Preferred phone number AAGGARWALUS@GMAIL.COM Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge) SYAM PRIYA RAM SAGAR GUPTA TALLAM Firm's name (or yours, if self-employed) GLOBAL TAXES LLC Firm's address Joint tax return? See instructions. Do you want to allow another person to discuss this tax return with us? See instructions. Vour email 800.338.0505 and enter form code 948 when instructed. Rod 800.338.0505 and enter form code 948 when instructed. Prim is nand to the best of my knowledge and belief, it is true, and to the best of my knowledge and belief, it is true, and to the best of my knowledge and belief, it is true, and to the best of my knowledge and belief, it is true, both must sign) Preferred phone number 8189303434 Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge) SYAM PRIYA RAM SAGAR GUPTA TALLAM Firm's name (or yours, if self-employed) PO 2082703 Prim's FEIN 843171965					·						[
AAGGARWALUS@GMAIL.COM Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge) SYAM PRIYA RAM SAGAR GUPTA TALLAM Firm's name (or yours, if self-employed) GLOBAL TAXES LLC Firm's address Joint tax return? See instructions. Do you want to allow another person to discuss this tax return with us? See instructions. Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge) PTIN P0 20 8 27 03 Firm's FEIN 8 4 3 1 7 1 9 6 5 X No	to loc Unde is tru	cate FT er pena e, cor	B 113 alties rect, a	1 EN-SP, Franchise Ta of perjury, I declare th	x Board Privacy Noti	ce on Collection.	To request this notice bincluding accompanyi	y mail, c	all 800.338.0505 and er dules and statements, a	nter form code 9 and to the best (48 whe	en instructed. knowledge and b	elief, it
AAGGARWALUS@GMAIL.COM Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge) SYAM PRIYA RAM SAGAR GUPTA TALLAM Firm's name (or yours, if self-employed) GLOBAL TAXES LLC Firm's address Joint tax return? See instructions. Do you want to allow another person to discuss this tax return with us? See instructions. Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge) PTIN P0 20 8 2 7 0 3 Firm's FEIN 8 4 3 1 7 1 9 6 5 X No													
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Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge) SYAM PRIYA RAM SAGAR GUPTA TALLAM Firm's name (or yours, if self-employed) GLOBAL TAXES LLC Firm's address Joint tax return? See instructions. Do you want to allow another person to discuss this tax return with us? See instructions. Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge) PTIN PO2082703 PTIN P02082703 Sea Firm's FEIN 843171965	Si	an		AAGGARWA	ALUS@GMAI	L.COM				81	.893	303434	
SYAM PRIYA RAM SAGAR GUPTA TALLAM Firm's name (or yours, if self-employed) GLOBAL TAXES LLC Firm's address Joint tax return? See instructions. Do you want to allow another person to discuss this tax return with us? See instructions. SYAM PRIYA RAM SAGAR GUPTA TALLAM Firm's name (or yours, if self-employed) PTIN P02082703 Pirm's FEIN 843171965		_		Paid preparer's sig	gnature (declaration	n of preparer is l	based on all information	tion of w	vhich preparer has an	y knowledge)			
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RDP's signature. Firm's address Joint tax return? See instructions. Do you want to allow another person to discuss this tax return with us? See instructions. GLOBAL TAXES LLC P02082703 Firm's FEIN 843171965	to fo	rge a		Firm's name (or yo	ours, if self-employe	d)					\neg	● PTIN	
Firm's address Joint tax return? See instructions. Prim's FEIN 245 ROONEY CT E BRUNSWICK NJ 08816 Do you want to allow another person to discuss this tax return with us? See instructions. Yes Firm's FEIN 843171965	RDF	's		GLOBAL T	TAXES LLC							P020827	103
return? See instructions. 245 ROONEY CT E BRUNSWICK NJ 08816 Do you want to allow another person to discuss this tax return with us? See instructions. Yes 843171965				Firm's address							7	Firm's FEIN	
instructions. Do you want to allow another person to discuss this tax return with us? See instructions Yes No	retur			245 ROOM	NEY CT E	BRUNSWI	CK NJ 0881	-6				8431719	965
Print Third Party Designee's Name Telephone Number		uctior	ns.	Do you want to	allow another per	son to discuss	this tax return with	us? Se	e instructions	Ye:	s [× No	
				Print Third Party D	Designee's Name					Teler	hone l	Number	
REV 03/18/23 PRO										DE:	02/40/01	D DDO	

Form 540 2022 **Side 5**

2022 California Adjustments — Residents

CA (540)

	portant: Attach this schedule behind Form 540	, Side 5 as a supporting Cal	ifornia schedule.	0011 1711
	me(s) as shown on tax return			SSN or ITIN
	TUL AGGARWAL			733238047
P Se	art I Income Adjustment Schedule ction A – Income from federal Form 1040 or 1040-SR	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
1	a Total amount from federal Form(s) W-2, box 1. See instructions 1a		•	•
	b Household employee wages not reported on federal Form(s) W-2 1b	•	•	•
	c Tip income not reported on line 1a 1c	•	•	•
	d Medicaid waiver payments not reported on federal Form(s) W-2. See instructions 1d	•	•	•
	e Taxable dependent care benefits from federal Form 2441, line 26 1e	•	•	•
	f Employer-provided adoption benefits from federal Form 8839, line 29 1f	•	•	•
	g Wages from federal Form 8919, line 6 1g	•	•	•
	\boldsymbol{h} Other earned income. See instructions $\ldots\ldots \boldsymbol{1}\boldsymbol{h}$	0	•	167
	i Nontaxable combat pay election. See instructions			•
	z Add line 1a through line 1i1z	61315	•	● 167
	Taxable interest. a • 2b	• 100	•	•
	Ordinary dividends. See instructions. a 3b	•	•	•
4	IRA distributions. See instructions. a • 4b	•	•	•
5	Pensions and annuities. See instructions. a • 5b	•	•	•
6	Social security benefits. a • 6b	•	•	
	Capital gain or (loss). See instructions	1	•	•
	ction B – Additional Income from federal Schedule 1	(Form 1040)	T	
1	Taxable refunds, credits, or offsets of state and local income taxes	•	•	
2	a Alimony received. See instructions 2a	•		•
3	Business income or (loss). See instructions $\bf 3$	•	•	•
	Other gains or (losses)	•	•	•
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc5	•	•	•
6	Farm income or (loss)	•	•	•
7	Unemployment 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 Gambling	•	•	
c Cancellation of debt 8c	•	•	•
d Foreign earned income exclusion from federal Form 2555 8d	• ()		•
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) inclusion8n	•	•	
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.			
OTHER INCOME FROM BOX 3 OF 1099-MISC	200		•

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	61615	•	167
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 deduction21	•		•
22 Reserved for future use			
23 Archer MSA deduction	lacksquare		

ection C – Adjustments to Income Continued	A	Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
4 Other adjustments: a Jury duty pay	a			
 b Deductible expenses related to income reported on line 8I from the rental of personal property engaged in for profit	•		•	•
c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	•		•	
d Reforestation amortization and expenses24			•	
e Repayment of supplemental unemployment benefits under the federal Trade Act of 1974 24				
f Contributions to IRC Section 501(c)(18)(D) pension plans	•		•	•
g Contributions by certain chaplains to IRC Section 403(b) plans	J 💿		•	•
h Attorney fees and court costs for actions involving certain unlawful discrimination claims	1 •			
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 federal Form 2555 24	•			
k Excess deductions of IRC Section 67(e) expenses from federal Schedule K-1 (Form 1041)24	()			
z Other adjustments. List type and amount.				
24	2		•	•
Total other adjustments. Add line 24a through line 24z	•		•	•
6 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	•	61615	•	•
			1	

Part II Adjustments to Federal Itemized Deductions

Che	ck the box if you did NOT item		mize	for Ca	alifornia]		
				A	Endoral Amounts		B Subtractions See instructions		Additions See instructions
Me	dical and Dental Expenses	See instructions.							
1	Medical and dental expenses •		1						
2	Enter amount from federal Form 1040 or 1040-SR, line 11	61615	2						
3	Multiply line 2	4621							
4	Subtract line 3 from line 1. If line 3 is more than line 1,	enter 0	.4	•				•	
	es You Paid a State and local income tax	x or general sales taxes.	.5a	•	4751	•	4751		
	b State and local real estate	taxes	.5b	•					
	c State and local personal p	roperty taxes	.5c	•					
	d Add line 5a through line 5	C	.5d	•	4751				
	e Enter the smaller of line 5 married filing separately) Enter the amount from lin in line 5e, column B. Enter the difference from column A in line 5e, colum	in column A. e 5a, column B line 5d and line 5e,		•	4751	•	4751	•	C
6	Other taxes. List type 🔍		6	•		•		•	
7	Add line 5e and line 6		.7	•	4751	•	4751	•	C
	erest You Paid a Home mortgage interest a you on federal Form 1098		.8a	•				•	
	b Home mortgage interest ron federal Form 1098	not reported to you	.8b	•				•	
	c Points not reported to you	ı on federal Form 1098.	.8c	•				•	
	d Reserved for future use .		.8d						
	e Add line 8a through line 8	C	.8e	•		•		•	
9	Investment interest		.9	•		•		•	
10	Add line to and line 0		10						

Part II	Adjustments to Federal Itemized Deductions Continued	A	Federal Amounts (from federal Schedule A (Form 1040))		ubtractions ee instructions		C Additions See instructions
Gifts to (
11 Gifts	s by cash or check	•		•		•	
12 Othe	er than by cash or check	•		•		•	
13 Carr	yover from prior year13	•		•		•	
14 Add	line 11 through line 13	•		•		•	
15 Casu	and Theft Losses ualty or theft loss(es) (other than net qualified disaster es). Attach federal Form 4684. See instructions15	•		•		•	
Other Ite	mized Deductions						
16 Othe	er—from list in federal instructions 16	•		•		•	
17 Add colu	lines 4, 7, 10, 14, 15, and 16 in mns A, B, and C	•	4751	•	4751	•	0
18 Tota	I. Combine line 17 column A less column B plus co	lumn	C			18	0
Job Expe	enses and Certain Miscellaneous Deductions						
Attao	eimbursed employee expenses: job travel, union due ch federal Form 2106 if required. See instructions .) 19			
	preparation fees			20			
21 Othe box,	er expenses: investment, safe deposit etc. List type		•	21	0		
22 Add	line 19 through line 21		•	22	0		
23 Ente or 10	r amount from federal Form 1040 040-SR, line 11		61615				
24 Mult	ciply line 23 by 2% (0.02). If less than zero, enter 0.			24	1232		
25 Subt	tract line 24 from line 22. If line 24 is more than line	22, 6	enter O			25	0
26 Tota	I Itemized Deductions. Add line 18 and line 25					26	0
27 Othe	er adjustments. See instructions. Specify.					27	
28 Com	bine line 26 and line 27					28	0
	our federal AGI (Form 540, line 13) more than the Single or married/RDP filing separately Head of household Married/RDP filing jointly or qualifying surviving s Transfer the amount on line 28 to line 29.		· · · · · · · · · · · · · · · · · · ·	.\$229,908 .\$344,867	?		
	Complete the Itemized Deductions Worksheet in th	e inst	ructions for Schedule CA	(540), line 2	29	29	0
30 Ente	r 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	ıalifyiı	ng surviving spouse/RDP	\$10,404		\ 00	5000
Iran	sfer the amount on line 30 to Form 540, line 18					30	5202
					REV 03/18/23 PRO		

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.
ATUL AGGARWAL	733-23-8047

Line 1 — Wages, Salaries, Tips, Etc. (B) (C) Additions Subtractions 1 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 7 167 8 Paid Family Leave Insurance (PFL) benefits I confirm that the PFL amount above is accurate 9 Employer-provided adoption benefits income exclusions. 10 In-Home Supportive Services (IHSS) supplementary payment . . . 11 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): b С d Total adjustments to wages, salaries, tips, etc. Enter here and 167 Line 4 - IRA, Pensions, and Annuities (B) (C) IRA's Subtractions Additions Other (itemize): h 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): а b C d Total adjustments to pensions and annuities. Enter here and