Here       Date       Spouse's/RDP's signature. If filing jointly, both must sign.       Date         Part VI       Declaration of Electronic Return Originator (ERO) and Paid Preparer. See instructions.         I declare that I have reviewed the above taxpayer's return and that the entries on form FTB 8453 are complete and correct to the best of my knowledge. (If I am only an intermediat service provider, I understand that I am not responsible for reviewing the taxpayer's return. I declare, however, that form FTB 8453 accurately reflects the data on the return.) I have obtained the taxpayer signature on form FTB 8453 before transmitting this return to the FTB; I have provided the taxpayer with a copy of all forms and information that I vill file will file w	TAXABLE \	YEAR												FORM
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name, address, and social security number (SKN) or individual taxpayer identification number (TINN), and the amounts shown in Part Labove agrees with the information an amounts shown on the corresponding lines of my 2022 California income tax return. To the best of my knowledge and belief, my return is true, correct, and complete and a accompanying schedules and statements be transmitted to the FTB by my ERO, transmitter, or intermediate service provider. If the processing of my return or refund is delayed, I authorize the FTB to disclose to my ERO or intermediate service provider the reason(s) for the date when the refund was sent.  Sign Here Vour signature Date Spouse's/RDP's signature. If filing jointly, both must sign. Date It is unlawful to forge a spouse's/RDP's signature.  Part VI Declaration of Electronic Return Originator (ERO) and Paid Preparer. See instructions.  California to the request that 1 am or responsible for reviewing the taxpayer's return and that the entries on form FTB 453 accurately reflects the data on the return). I have babained the taxpayer's signature on form FTB 453 before transmitted in the fTB, and I have fewiewed the above taxpayer's return and that the entries on form FTB 453 accurately reflects the data on the return). I have babained the taxpayer's signature on form FTB 453 before transmitting this return to the FTB, have provided the taxpayer with a copy of all forms and information that I will file whichever is later, and I will make a copy available to the FTB by on exacures from the date the return is filed, whichever is later, and I will make a copy available to the FTB by one set of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.  ERO Signature of four yras from the date the return is filed, whichever is later, and I will make a copy available to the FTB by one set of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of	stated on my from the ban an agent to r	y return. If I ch nk account liste receive the refu	eck Part II, bo ed on lines 9, 1 ind or authoriz	x 5, I authorize an IO, and 11. If I have ze an electronic fun	electronic fund e filed a joint re ds withdrawal.	ls withdrawa eturn, this is a	l for the a an irrevoc	mount lis able app	sted o ointr	on line 5a nent of the	and any other sp	estimat oouse/r	ed payment amo egistered domes	ounts listed on line stic partner (RDP) a
Here       Date       Spouse's/RDP's signature. If filing jointly, both must sign. It is unlawful to forge a spouse's/RDP's signature.       Date         Part VI       Declaration of Electronic Return Originator (ERO) and Paid Preparer. See instructions.       It is unlawful to forge a spouse's/RDP's signature.       Date         Ideclare that I have reviewed the above taxpayer's return and that the entries on form FTB 8453 accurately reflects the data on the return.) I have botived all other requirements described in FTB 2022 Handbook for Authorized e-file Providers. I wilk exports of more FTB 8453 on file for foury ears from the date the return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer under penalties of perjury. I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, the are true, correct, and complete. I make this declaration based on all information of which I have knowledge.         RERO Signalure       ERO's signature       If self-employed and address       If self-employed and address       ERO's PTIN if self-employed and address       If self-employed and address       ERO's PTIN if self-employed and complete. I make this declaration based on all information of which I have knowledge.       If self-employed and address       If check if self-employed and address       ERO's PTIN if self-employed and address       If self-employed and address       If check if self-employed and address       If and a	name, addres amounts sho filing a balan all applicable service provi <b>delay or the</b>	ss, and social own on the cor ice due return, e interest and ider. <b>If the pro</b>	security numb responding lin I understand t penalties. I aut cessing of my	er (SSN) or individ es of my 2022 Cali hat if the Franchise thorize my return a return or refund	ual taxpayer id fornia income Tax Board (FT and accompany	entification n tax return. To B) does not r ving schedule	umber (IT ) the best receive ful es and sta	TN), and of my kn I and tim tements	the a owle ely p be ti	amounts sl dge and be ayment of ransmitted	nown in F elief, my my tax li to the F	Part I al return ability, TB bv i	bove agrees with is true, correct, a I remain liable fo nv ERO. transm	the information an and complete. If I ar or the tax liability an itter, or intermediat
Part VI       Declaration of Electronic Return Originator (ERO) and Paid Preparer. See instructions.         I declare that I have reviewed the above taxpayer's return and that the entries on form FTB 8453 are complete and correct to the best of my knowledge. (If I am only an intermediat service provider, I understand that I am not responsible for reviewing the taxpayer's return.) I declare, however, that form FTB 8453 accurately reflects the data on the return.) I have obtained the taxpayer's signature on form FTB 8453 before transmitting this return to the FTB, I have provided the taxpayer with a copy of all forms and information that I will file will the trade of the return or four years from the date the return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, there are true, correct, and complete. I make this declaration based on all information of which I have knowledge.         ERO Must Sign.       ERO's signature       GLOBAL TAXES LLC       Check if also paid or perjury.       ERO's PTIN 188-2145487         Firm's name (or yours if self-employed) and address       GLOBAL TAXES LLC       Signature       ERO's 245 ROONEY CT E BRUNSWICK NJ       ZIP code 08816         Under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge are belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.       Firm's FEIN 88-2145487         Signature       GLOBAL TA	Sign													
Part VI       Declaration of Electronic Return Originator (ERO) and Paid Preparer. See instructions.         I declare that I have reviewed the above taxpayer's return and that the entries on form FTB 8453 are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the taxpayer's return. I declare, however, that form FTB 8453 accurately reflects the data on the return.) I have provided I understand that I am not responsible for reviewing the taxpayer's return to the FTB; I have provided the taxpayer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2022 Handbook for Authorized e-file Providers. I will keep form FTB 8453 on file for four years from the date the return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.         ERO Must       ERO's signature       GLOBAL TAXES LLC       Date       Check if also paid       ERO's PTIN         signature       Signature       GLOBAL TAXES LLC       ERO's PTIN	Here	Your sign	nature			Date								jn. Date
Ideclare that I have reviewed the above taxpayer's return and that the entries on form FTB 8453 are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the taxpayer's return. I declare, however, that form FTB 8453 accurately reflects the data on the return.) I have obtained the taxpayer's signature on form FTB 8453 before transmitting this return to the FTB. I have provided the taxpayer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2022 Handbook for Authorized e-file Providers. I will keep form FTB 8453 on file for four years from the date the return is filed, whichever is later, and I will make a copy available to the FTB up on request. If I am also the paid prepare are true, correct, and complete. I make this declaration based on all information of which I have knowledge.         ERO       ERO's signature       Check if also paid prepare imployed       ERO's signature	Dort VI	Declaration	of Electronic	Poturn Ariginato	(EDO) and D	aid Propara	r Soo in			ul to forge	a spouse	e's/RDF	's signature.	
ERO Must Signature       ERO's signature       ERO's signature       ERO's signature       If self- employed       If self	I declare that service provid obtained the t the FTB, and the due date under penaltic	I have reviewe der, I understai taxpayer's sign I have followed of the return o es of perjury, I	d the above tax nd that I am no ature on form F I all other requi r <b>four</b> years fro declare that I h	payer's return and t t responsible for rev TB 8453 before tran rements described i m the date the retu ave examined the a	that the entries viewing the taxp nsmitting this re n FTB Pub. 134 rn is filed, whic bove taxpayer's	on form FTB payer's return eturn to the FT 5, 2022 Hand hever is later return and ad	8453 are c I declare, B; I have r Ibook for A and I will ccompany have know	complete however provided Authorize make a d ing sched	and ( r, that the ta d e-fi copy dules	t form FTB axpayer wit ile Provider available to and statem	8453 acc h a copy s. I will k o the FTE nents, and	curately of all fo cep for dupon	reflects the data rms and informat m FTB 8453 on fi request. If I am a best of my know	on the return.) I hav ion that I will file wit le for <b>four</b> years fror lso the paid prepare
Sign       GLOBAL TAXES LLC       88-2145487         Index penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.       ZIP code 08816         Paid preparer's signature       Paid preparer's signature       Paid preparer's PTIN         Firm's name (or yours if self-employed) and address       VENKATA SAI PAVAN KUMAR DUDIPALLI       Firm's FEIN 88-2145487         Sign       ZIP code 08816       ZIP code 08816	ERO							9/2023	also	paid _	if self-	ed 🗌	ERUSPTIN	
and address       245 ROONEY CT E BRUNSWICK NJ       ZIP code 08816         Under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.       ZIP code 08816         Paid preparer's signature       Paid preparer's signature       Paid preparer's PTIN PO2470833         Firm's name (or yours if self-employed) and address       VENKATA SAI PAVAN KUMAR DUDIPALLI       Firm's FEIN 88-2145487         ZIP code 08816       245 ROONEY CT E BRUNSWICK NJ       ZIP code 08816				GIORAI. TA	XES LLC									
Under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.  Paid Preparer's Sign Paid Paid Paid preparer's PTIN PO2470833 VENKATA SAI PAVAN KUMAR DUDIPALLI Firm's Fein Sign VENKATA SAI PAVAN KUMAR DUDIPALLI Firm's Paid Sign VENKATA SAI PAVAN KUMAR DUDIPALLI Firm's Fein Sign Sign Sign Sign Sign Sign Sign Si	Siyii		/ed)			BRUNSWI	CK NJ					<u>ю д</u> .		16
Preparer's signature       preparer's signature       if self-employed       p02470833         Must Sign       Firm's name (or yours if self-employed) and address       VENKATA SAI PAVAN KUMAR DUDIPALLI       Firm's FEIN 88-2145487         ZIP code 08816       ZIP code 08816				t I have examined	the above taxp	ayer's return	and acco					nents, i	and to the best o	of my knowledge a
Preparer       signature       employed       p02470833         Must       Firm's name (or yours if self-employed) and address       VENKATA SAI PAVAN KUMAR DUDIPALLI       Firm's FEIN 88-2145487         ZIP code 08816       245 ROONEY CT E BRUNSWICK NJ       ZIP code 08816	Paid						Date						Paid preparer's	PTIN
Must       Firm's name (or yours if self-employed) and address       VENKATA SAI PAVAN KUMAR DUDIPALLI       Firm's FEIN 88-2145487         245 ROONEY CT E BRUNSWICK NJ       ZIP code 08816	Preparer	signature										ed 🗆	P0247083	3
and address 245 ROONEY CT E BRUNSWICK NJ ZIP code 08816	Must								F	irm's F 88-	EIN 2145487			
	Sign		ved)								I			16
	For Privace		FTR 1121 5					20						

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## 2022 California Resident Income Tax Return APE DO NOT ATTACH

		APE DO NOT ATTACH FEDERAL RET	'URN
		-33-9458 NANT 892-81-3964 22 NYA NANTHAN 22	
		. 138TH ST SW IWOOD WA 98087	
05	-11	1-1991	
Principal Residence	۲	If your address above is the same as your principal/physical residence address at the time of filing, check this box • × If not, enter below your principal/physical residence address at the time of filing.	
incipal f	۲	Street address (number and street) (If foreign address, see instructions.) Apt. no/ste. no.	
P	۲	City State ZIP code	
		If your California filing status is different from your federal filing status, check the box here	
Status	1		
Filing Status	2	2       Married/RDP filing jointly. See instr.       5       Qualifying surviving spouse/RDP. Enter year spouse/RDP died.         See instructions.	
	3	Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here. THURABUDEEN MOHAMED SAHUL	HAMEED
	6	<b>5</b> If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See instr • 6	
Exemptions		if both are visually impaired, enter 2	140
		175 3101224 Form 540 2022 <b>Side 1</b>	

You	ir na	me: NANTHAN	Your SSN or ITIN:	280-33-9458	1							
	10	Dependents: Do not include yoursel		ndent 0	Devendent 0							
		Dependent 1 First Name		ndent 2	Dependent 3							
S		Last Name										
Exemptions		SSN. See										
mexe		instructions.   Dependent's	•									
		relationship 💿 to you										
	Tota	I dependent exemptions		● 10 X \$433 = 0	• \$							
	11	Exemption amount: Add line 7 thro	ough line 10. Transfer this amo	ount to line 32	11 \$ 140							
	12	State wages from your federal		98587								
		Form(s) W-2, box 16			0.0710							
	13 14	Enter federal adjusted gross income from federal Form 1040 or 1040-SR, line 11 (•) 13 98712 .00 California adjustments – subtractions. Enter the amount from Schedule CA (540),										
	15	Part I, line 27, column B Subtract line 14 from line 13. If less		• 14								
me		See instructions	· · · · · · · · · · · · · · · · · · ·	15	98712 .00							
lnco	16	California adjustments – additions. Part I, line 27, column C										
Taxable Income	17	California adjusted gross income. C	Combine line 15 and line 16	• 17	98712 .00							
Та	18		ed deductions from Schedule									
		~ <	<b>rd deduction</b> shown below for OP filing separately	r your filing status: \$5,202	>							
		Married/RDP filing joint	tly, Head of household, or Qualify	ing surviving spouse/RDP. \$10,404	5202 .00							
	19	If Married/RDP filing sepa Subtract line 18 from line 17. This i										
		If less than zero, enter -0		• 19	93510 .00							
		×	Tax Table Tax	Rate Schedule								
	31	Tax. Check the box if from:		3 3803	5449 .00							
	32	Exemption credits. Enter the amour	nt from line 11. If your federal	AGI is more than								
Тах		\$229,908, see instructions										
	33	Subtract line 32 from line 31. If less	s than zero, enter -0	(•) 33	5309 .00							
	34	Tax. See instructions. Check the box	x if from: • Schedule G	-1 • FTB 5870A • 34	.00							
	35	Add line 33 and line 34		🖲 35	5309 _00							
s												
credit	40	Nonrefundable Child and Dependen	It Care Expenses Credit. See ir	nstructions • 40	•00							
Special Credits	43	Enter credit name	code ●	and amount • 43	.00							
Spe	44	Enter credit name	code ●	and amount • 44								
		Side 2 Form 540 2022	175 310	2224	REV 03/18/23 PRO							

You	r nar	ne: NANT	'HAN	Your SSN or	r ITIN:	280-33-9	458				
Ś	45	To claim mor	e than two credits. See in	structions. Attach	Schedule	e P (540)	•	45			. 00
redit	46	Nonrefundab	le Renter's Credit. See ins	tructions			•	46			. 00
Special Credits	47	Add line 40 th	nrough line 46. These are	your total credits .				47			. 00
Spe	48		47 from line 35. If less th					[		5309	. 00
(es	61		inimum Tax. Attach Scheo								<b>00</b>
Other Taxes	62	Mental Health	n Services Tax. See instru	ctions			• • • •	62			- 00
Oth	63	Other taxes a	nd credit recapture. See i	nstructions			•	63			. 00
	64	Add line 48, I	ine 61, line 62, and line 6	3. This is your tota	ıl tax		• • • •	64		5309	. 00
	71	California inc	ome tax withheld. See ins	tructions			•	71		6155	. 00
	72	2022 Californ	ia estimated tax and othe	r payments. See in	struction	18	•	72			. 00
	73	Withholding	(Form 592-B and/or Form	593). See instruct	tions		•	73			. 00
Payments	74	Excess SDI (d	or VPDI) withheld. See ins	structions			•	74			- 00
Payn	75	Earned Incom	ne Tax Credit (EITC). See i	nstructions			•	75			- 00
	76	Young Child	structions			•	76			- 00	
	77 78	Add line 71 th	Tax Credit (FYTC). See ins prough line 77. These are	your total paymen	ts.			77 78		6155	• 00 • 00
Тах	91	Use Tax. Do	not leave blank. See instri	uctions		• 91			0 _00		
Use Tax		If line 91 is ze	ero, check if:  🖲 🗙 N	lo use tax is owed.	. •	You paid	your use tax o	obligatio	n directly to CDTFA.		
ISR Penaltv	92	See instruction of the second	ur household had full-yea ons. Medicare Part A or C t check the box, see instru	coverage is qualify uctions.	ying heal	th care coverag		×			
		Individual Sh	ared Responsibility (ISR)	Penalty. See instru	uctions				00		
ne	93	Payments bal	lance. If line 78 is more th	an line 91, subtrac	ct line 91	from line 78		93		6155	. 00
Overpaid Tax/Tax Due	94 95										. 00
vid Tax	96		92 from line 93					95		6155	<b>.</b> 00
verpa			93 from line 92					96			<b>.</b> 00
0	97	Overpaid tax. REV 03/18/23 PI	If line 95 is more than lin RO	e 64, subtract line	64 from	line 95		97		846	. 00
				175	3103	3224			Form 540 2022	Side 3	

Yoi	ur nar	ne:	NANTHAN	Your SSN or ITIN:	280-33-9458			
-	y 98	Amo	unt of line 97 you want applied to yo	ur <b>2023</b> estimated tax		• 98		. 00
Overpaid	5 5 99	Over	paid tax available this year. Subtract	line 98 from line 97		• 99	846	. 00
0's	- 100	Tax d	lue. If line 95 is less than line 64, sul	otract line 95 from line 64	F	🖲 100		. 00
						<u>Code</u>	Amount	
		Califo	ornia Seniors Special Fund. See instr	uctions		● 400		.00
		Alzhe	imer's Disease and Related Dementia	a Voluntary Tax Contribut	ion Fund	● 401		.00
		Rare	and Endangered Species Preservatio	● 403		.00		
		Califo	ornia Breast Cancer Research Volunta	ary Tax Contribution Fund	l	• 405		.00
		Califo	ornia Firefighters' Memorial Voluntary	/ Tax Contribution Fund .		• 406		.00
		Emer	gency Food for Families Voluntary Ta	ax Contribution Fund		• 407		. 00
		Califo	ornia Peace Officer Memorial Founda	• 408		. 00		
		Califo	ornia Sea Otter Voluntary Tax Contrib	• 410		. 00		
		Califo	ornia Cancer Research Voluntary Tax	Contribution Fund		• 413		. 00
tions		Scho	ol Supplies for Homeless Children V	oluntary Tax Contribution	Fund	• 422		. 00
Contributions		State	Parks Protection Fund/Parks Pass P	urchase		• 423		. 00
ပိ		Prote	ect Our Coast and Oceans Voluntary	Fax Contribution Fund		• 424		. 00
		Кеер	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 Volunt	ary Tax Contribution Fund	1	• 438		. 00
		Nativ	e California Wildlife Rehabilitation Vo	oluntary Tax Contribution	Fund	• 439		. 00
		Rape	Kit Backlog Voluntary Tax Contributi	on Fund		• 440		. 00
		Suici	de Prevention Voluntary Tax Contribu	ition Fund		• 444		. 00
		Ment	al Health Crisis Prevention Voluntary	Tax Contribution Fund		• 445		. 00
		Califo	ornia Community and Neighborhood	• 446		. 00		
	110	Add a	amounts in code 400 through code 4	46. This is your total con	tribution	• 110		. 00
ut a	111	АМО	UNT YOU OWE. If you do not have an	amount on line 99, add lin	e 94, line 96, line 100.	and line 110. S	See instructions. <b>Do not send cash</b> .	
Amount		Mail	to: FRANCHISE TAX BOARD, PO B	OX 942867, SACRAMEN				. 00

Pay Online – Go to **ftb.ca.gov/pay** for more information.

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Your	nan	ne:	NANTHAN Your SSN or ITIN: 280-33-9458								
Interest and Penalties	113	Unde Chec	erest, late return penalties, and late payment penalties		00 00 00						
	115	REFI	FUND OR NO AMOUNT DUE. Subtract the sum of line 110, line 112, and line 113 from line 99. See inst	ructions.							
			il to: FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001 • 115		846 .00						
Refund and Direct Deposit		See i All of	n the information to authorize direct deposit of your refund into one or two accounts. <b>Do not</b> attach a voided check or a deposit slip. instructions. <b>Have you verified the routing and account numbers?</b> Use whole dollars only. r the following amount of my refund (line 115) is authorized for direct deposit into the account shown below: Routing number Account number Checking Account number Account number								
d an		12	21000358 325022121817		846 .00						
Refu			e remaining amount of my refund (line 115) is authorized for direct deposit into the account shown belowed and the account sho		deposit amount						
Voter Info.	For voter registration information, check the box and go to <b>sos.ca.gov/elections</b> . See instructions										
Our pr to loca Under	ivacy ite FT pena , cori	notice B 113 alties c rect, a	See the instructions to find out if you should attach a copy of your complete federal tax return. ce can be found in annual tax booklets or online. Go to <b>ftb.ca.gov/privacy</b> to learn about our privacy policy statement, or go 31 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter for of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to and complete. Date Spouse's/RDP's signature (	o the best of	my knowledge and belief, it						
			Your email address. Enter only one email address.		eferred phone number						
Się	jn				96068596						
Не	re		Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knove VENKATA SAI PAVAN KUMAR DUDIPALLI	wledge)							
It is u to for		/ful	Firm's name (or yours, if self-employed)								
spous RDP'	S		GLOBAL TAXES LLC		P02470833						
signa			Firm's address		Firm's FEIN						
Joint returr See			245 ROONEY CT E BRUNSWICK NJ 08816		882145487						
instru	ctior	ns.	Do you want to allow another person to discuss this tax return with us? See instructions	Yes	× No						
			Print Third Party Designee's Name	Telepho	one Number						
				REV 03	/18/23 PRO						
			175 3105224		0 2022 <b>Side 5</b>						

CA (540)

## **2022 California Adjustments — Residents**

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

Na	me(s) as shown on tax return	ame(s) as shown on tax return SSN or ITIN										
	ARANYA NANTHAN			280339458								
	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>B</b> Subtractions See instructions	<b>C</b> Additions See instructions								
1	<b>a</b> Total amount from federal Form(s) W-2, box 1. See instructions <b>1a</b>	• 98587	۲	۲								
	<ul> <li>b Household employee wages not reported on federal Form(s) W-2 1b</li> </ul>	۲	۲	•								
	<b>c</b> Tip income not reported on line 1a 1c	$\odot$	۲	۲								
	<b>d</b> Medicaid waiver payments not reported on federal Form(s) W-2. See instructions <b>1d</b>	۲	$\odot$	$\textcircled{\textbf{0}}$								
	e Taxable dependent care benefits from federal Form 2441, line 26 1e	۲	۲	۲								
	f Employer-provided adoption benefits from federal Form 8839, line 29 1f	۲	۲	۲								
	${\bf g}~$ Wages from federal Form 8919, line 6 ${\bf 1g}$	•	۲	۲								
	${\bf h}$ Other earned income. See instructions $\ldots \ldots  {\bf 1}{\bf h}$	• 0	۲	۲								
	i Nontaxable combat pay election. See instructions1i			۲								
	z Add line 1a through line 1i1z	• 98587	۲	۲								
2	Taxable interest. a • 2b	۲	۲									
3	Ordinary dividends. See instructions. a • 125 3b	• 125	$\odot$	$\odot$								
4	IRA distributions. See instructions. a • 4b	۲	۲	۲								
5	Pensions and annuities. See instructions. <b>a</b> • 5 <b>b</b>	$\odot$		۲								
6	Social security benefits. a • 6b	۲	۲									
	Capital gain or (loss). See instructions		۲	۲								
	ction B – Additional Income from federal Schedule 1	(Form 1040)										
I	Taxable refunds, credits, or offsets of state and local income taxes	۲	۲									
2	<b>a</b> Alimony received. See instructions <b>2a</b>	۲		۲								
3	Business income or (loss). See instructions <b>3</b>	۲	۲	۲								
	Other gains or (losses)	۲	۲	۲								
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc <b>5</b>	۲	۲	۲								
6	Farm income or (loss)6	۲	۲	۲								
7	Unemployment compensation7	۲	۲									

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Section B – Additional Income Continued	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	<b>C</b> Additions See instructions
8 Other income: a Federal net operating loss8a	• ( )		۲
<b>b</b> Gambling	۲	۲	
c Cancellation of debt	$\odot$	۲	$\odot$
<b>d</b> Foreign earned income exclusion from federal Form 2555	• ( )		۲
e Income from federal Form 8853 8e	۲		۲
f Income from federal Form 8889	۲	۲	
g Alaska Permanent Fund dividends	۲		
<b>h</b> Jury duty pay8h	۲		
i Prizes and awards8i	۲		
j Activity not engaged in for profit income 8j	۲		
k Stock options8k	$\textcircled{\textbf{0}}$		$\odot$
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	۲		
m Olympic and Paralympic medals and USOC prize money	$\odot$		
<b>n</b> IRC Section 951(a) inclusion 8 <b>n</b>	۲	۲	
o IRC Section 951A(a) inclusion	$\odot$	۲	
p IRC Section 461(I) excess business loss adjustment 8p	۲	۲	۲
<b>q</b> Taxable distributions from an ABLE account <b>8q</b>	$\odot$		
r Scholarship and fellowship grants not reported on federal Form(s) W-2 8r	۲		
s Nontaxable amount of Medicaid waiver payments included on federal Form 1040, line 1a or line 1d 8s	• ( )		
t Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental IRC Section 457 plan 8t	۲		
<b>u</b> Wages earned while incarcerated 8 <b>u</b>	$\odot$		
z Other income. List type and amount.			
		$\odot$	$\bullet$

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Se	tion B – Additional Income Continued	A	Federal Amounts (taxable amounts from your federal tax return)		B Subtractions See instructions	<b>C</b> Additions See instructions
9	a Total other income. Add lines 8a through 8z. 9a	۲		۲		۲
	<b>b1</b> Disaster loss deduction from form FTB 3805V. <b>9b1</b>			$   \mathbf{O} $		
	<b>b2</b> NOL deduction from form FTB 3805V <b>9b2</b>			ullet		
	<b>b3</b> NOL from form FTB 3805Z, 3807, or 3809 <b>9b3</b>					
10	<b>Total.</b> 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	۲	98712	۲		۲
	ction C – Adjustments to Income n federal Schedule 1 (Form 1040)					
11	Educator expenses	$   \mathbf{O} $				
12	Certain business expenses of reservists, performing artists, and fee-basis government officials $\bf .12$	۲		۲		۲
13	Health savings account deduction	$oldsymbol{igodol}$		$   \mathbf{O} $		
	Moving expenses. Attach form FTB 3913. See instructions	۲				۲
15	Deductible part of self-employment tax. See instructions	ullet		۲		
16	Self-employed SEP, SIMPLE, and qualified plans16	$oldsymbol{O}$				
17	Self-employed health insurance deduction. See instructions			$   \mathbf{O} $		
18	Penalty on early withdrawal of savings	۲				
19	a Alimony paid19a	۲				۲
	<b>b</b> Recipient's: SSN •					
	Last Name 🖲					
20	RA deduction	ullet		$   \mathbf{O} $		۲
21	Student loan interest deduction	۲				۲
22	Reserved for future use					
23	Archer MSA deduction					

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Section C – Adjustments to Income Continued	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	<b>C</b> Additions See instructions
24 Other adjustments: a Jury duty pay	۲		
<ul> <li>b Deductible expenses related to income reported on line 8I from the rental of personal property engaged in for profit</li></ul>	۲	۲	۲
c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	۲	۲	
d Reforestation amortization and expenses24d			
e Repayment of supplemental unemployment benefits under the federal Trade Act of 1974 24e	•		
f Contributions to IRC Section 501(c)(18)(D) pension plans24f	•	۲	۲
g Contributions by certain chaplains to IRC Section 403(b) plans	•	۲	
h Attorney fees and court costs for actions involving certain unlawful discrimination claims	۲		
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 violations24i	۲	۲	
j Housing deduction from federal Form 2555 <b>24</b> j	$\textcircled{\bullet}$		
k Excess deductions of IRC Section 67(e) expenses from federal Schedule K-1 (Form 1041)24k	•		
<b>z</b> Other adjustments. List type and amount.			
۰ 24z	$\bullet$	$\odot$	$\textcircled{\bullet}$
	۲	۲	۲
<b>26</b> Add line 11 through line 23 and line 25 in columns A, B, and C. See instructions	۲	۲	۲
27 Total. Subtract line 26 from line 10 in columns A, B, and C. See instructions27	• 98712	۲	۲

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## Part II Adjustments to Federal Itemized Deductions

01	·		alifornia 💿				
Une	ck the box if you did NOT itemize for federal but will itemiz	A A	Federal Amounts (from federal Schedule A (Form 1040))		B Subtractions See instructions	C	Additions See instructions
Me	dical and Dental Expenses See instructions.		<u> </u>				
1	Medical and dental expenses • 1						
2	Enter amount from federal Form 1040 or 1040-SR, line 11						
3	Multiply line 2 by 7.5% (0.075) (•) 7403 3						
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter 04					۲	
	es You Paid a State and local income tax or general sales taxes5	a 💽	7361		7361		
	<b>b</b> State and local real estate taxes	•					
	c State and local personal property taxes5						
	d Add line 5a through line 5c	d 💽	7361				
	<ul> <li>e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) in column A.</li> <li>Enter the amount from line 5a, column B in line 5e, column B.</li> <li>Enter the difference from line 5d and line 5e, column A in line 5e, column C5</li> </ul>	e •	5000		7361		2361
6	Other taxes. List type • 6	۲		۲		۲	
7	Add line 5e and line 67		5000		7361	۲	2361
	<ul> <li>a Home mortgage interest and points reported to you on federal Form 1098</li> </ul>						
	b Home mortgage interest not reported to you on federal Form 1098	b 💽				۲	
	c Points not reported to you on federal Form 10988					۲	
	d Reserved for future use8	d					
	e Add line 8a through line 8c			۲		۲	
9	Investment interest	۲		۲		•	
10	Add line 8e and line 9 <b>10</b>	۲		۲		۲	

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Pa	rt II Adjustments to Federal Itemized Deductions Continued	A	Federal Amounts (from federal Schedule A (Form 1040))	B	Subtractions See instructions		C Additions See instructions
Gif	ts to Charity						
	Gifts by cash or check	$   \mathbf{O} $		۲		۲	
12	Other than by cash or check			۲		۲	
13	Carryover from prior year13			۲		۲	
	Add line 11 through line 1314			۲		۲	
	casualty and Theft Losses Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions15			۲		۲	
Oth	er Itemized Deductions						
16	Other—from list in federal instructions16					$   \mathbf{O} $	
17	Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C17		5000	۲	7361	۲	2361
18	Total. Combine line 17 column A less column B plus co	lumn	C			) 18	0
Job	Expenses and Certain Miscellaneous Deductions						
19	Unreimbursed employee expenses: job travel, union due Attach federal Form 2106 if required. See instructions	es, jo	b education, etc.	<sup>)</sup> 19			
20	Tax preparation fees			) <b>20</b>			
	Other expenses: investment, safe deposit box, etc. List type				0		
	Add line 19 through line 21 Enter amount from federal Form 1040			22	0		
	or 1040-SR, line 11		98712				
24	Multiply line 23 by 2% (0.02). If less than zero, enter 0.			24	1974		
25	Subtract line 24 from line 22. If line 24 is more than line	22,	enter 0			25	0
26	Total Itemized Deductions. Add line 18 and line 25					26	0
27	Other adjustments. See instructions. Specify.					27	
28	Combine line 26 and line 27					28	0
29	Is your federal AGI (Form 540, line 13) more than the Single or married/RDP filing separately Head of household Married/RDP filing jointly or qualifying surviving s No. Transfer the amount on line 28 to line 29.		· · · · · · · · · · · · · · · · · · ·	. \$229,90	)8 57		
	Yes. Complete the Itemized Deductions Worksheet in th	e ins	tructions for Schedule CA	(540), lin	ie 29	29	0
30	Enter the larger of the amount on line 29 or your stand Single or married/RDP filing separately. See instru Married/RDP filing jointly, head of household, or qu Transfer the amount on line 30 to Form 540, line 18	ictior ialifyi	nsng surviving spouse/RDP	\$10,40	)4	30	5202
	<b>Side 6</b> Schedule CA (540) 2022 175	1	7736224		REV 03/18/23 PRO		