

IRS e-file Signature Authorization

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

Submission Identification Number (SID) ▶

Taxpayer's name SHAHRUKH KHAN PATAN	Social security number 476-75-9647
Spouse's name	Spouse's social security number

Part I Tax Return Information — Tax Year Ending December 31, 2022 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

1	Adjusted gross income	1	81,476.
2	Total tax	2	10,693.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	14,369.
4	Amount you want refunded to you	4	3,676.
5	Amount you owe	5	

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

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

Taxpayer's PIN: check one box only

I authorize GLOBAL TAXES LLC to enter or generate my PIN

5	9	6	4	7
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 as my signature on the income tax return (original or amended) I am now authorizing.

ERO firm name

Enter five digits, but don't enter all zeros

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

I authorize _____ to enter or generate my PIN

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 as my signature on the income tax return (original or amended) I am now authorizing.

ERO firm name

Enter five digits, but don't enter all zeros

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication — Practitioner PIN Method Only

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

2	2	2	4	9	6	6	1	9	8	9
---	---	---	---	---	---	---	---	---	---	---

 Don't enter all zeros

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

ERO's signature ▶ _____ Date ▶ _____

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

Filing Status [X] Single [] Married filing jointly [] Married filing separately (MFS) [] Head of household (HOH) [] Qualifying surviving spouse (QSS)

Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:

Your first name and middle initial: SHAHRUKH KHAN; Last name: PATAN; Your social security number: 476-75-9647

Home address: 2333 N OAKLAND AVE; City: MILWAUKEE; State: WI; ZIP code: 53211; Presidential Election Campaign: [] You [] Spouse

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

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

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

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Check the box if qualifies for (see instructions): Child tax credit, Credit for other dependents

Income section table with rows 1a through 1z. Total amount from Form(s) W-2, box 1: 89,580.

Table with rows 2a through 6a. Tax-exempt interest, Qualified dividends, IRA distributions, Pensions and annuities, Social security benefits.

Table with rows 7 through 15. Capital gain or (loss), Other income from Schedule 1, Total income, Adjustments to income, Adjusted gross income, Standard deduction or itemized deductions, Qualified business income deduction, Taxable income: 68,526.

Tax and Credits	16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	10,693.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	10,693.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	10,693.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
24	Add lines 22 and 23. This is your total tax	24	10,693.	

Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2	25a	14,369.
	b	Form(s) 1099	25b	
	c	Other forms (see instructions)	25c	
	d	Add lines 25a through 25c	25d	14,369.
	26	2022 estimated tax payments and amount applied from 2021 return	26	
	27	Earned income credit (EIC) NO	27	
	28	Additional child tax credit from Schedule 8812	28	
	29	American opportunity credit from Form 8863, line 8	29	
	30	Reserved for future use	30	
31	Amount from Schedule 3, line 15	31		
32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32		
33	Add lines 25d, 26, and 32. These are your total payments	33	14,369.	

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	3,676.
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	3,676.
	b	Routing number 081904808 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d	Account number 291024178549		
36	Amount of line 34 you want applied to your 2023 estimated tax	36		

Amount You Owe	37	Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to www.irs.gov/Payments or see instructions.	37	
	38	Estimated tax penalty (see instructions)	38	

Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions **Yes**. Complete below. **No**

Designee's name _____ Phone no. _____ Personal identification number (PIN) _____

Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature _____	Date _____	Your occupation ADVANCED QUALITY ENGINEER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) _____
Spouse's signature. If a joint return, both must sign. _____	Date _____	Spouse's occupation _____	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) _____

Phone no. (618) 616-0898 Email address SHAHRUKH.KLU@GMAIL.COM

Paid Preparer Use Only

Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 03/16/2023	PTIN P02082703	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816		Phone no. (678) 965-9522	Firm's EIN 84-3171965

**SCHEDULE 1
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2022

Attachment
Sequence No. **01**

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

Your social security number
476-75-9647

Part I 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. Attach Schedule E		5	-8,104.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
a	Net operating loss	8a ()		
b	Gambling	8b		
c	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()		
e	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		
l	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8l		
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
o	Section 951A(a) inclusion (see instructions)	8o		
p	Section 461(l) 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 nonqualified deferred compensation plan or a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
z	Other income. List type and amount: _____	8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8		10	-8,104.

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 1 (Form 1040) 2022

Part II Adjustments to Income

11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903		14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN			
c	Date of original divorce or separation agreement (see instructions): _____			
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			
a	Jury duty pay (see instructions)	24a		
b	Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit	24b		
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	24c		
d	Reforestation amortization and expenses	24d		
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e		
f	Contributions to section 501(c)(18)(D) pension plans	24f		
g	Contributions by certain chaplains to section 403(b) plans	24g		
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h		
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i		
j	Housing deduction from Form 2555	24j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k		
z	Other adjustments. List type and amount: _____	24z		
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26	

**SCHEDULE E
(Form 1040)**

Department of the Treasury
Internal Revenue Service

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

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.
Go to www.irs.gov/ScheduleE for instructions and the latest information.

OMB No. 1545-0074

2022
Attachment
Sequence No. **13**

Name(s) shown on return

SHAHRIKH KHAN PATAN

Your social security number

476-75-9647

Part I Income or Loss From Rental Real Estate and Royalties

Note: If you are in the business of renting personal property, use **Schedule C**. See instructions. If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

- A** Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions Yes No
B If "Yes," did you or will you file required Form(s) 1099? Yes No

1a Physical address of each property (street, city, state, ZIP code)

A	4-30-14/6A, REVENUE WARD NO-22, ITHANAGAR, TENALI, GUNTUR, ANDHRA PRADESH IN 522201
B	
C	

1b	Type of Property (from list below)	2	For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days		Personal Use Days		QJV	
				A	B	A	B	<input type="checkbox"/>	<input type="checkbox"/>
A	3			365		0		<input type="checkbox"/>	
B								<input type="checkbox"/>	
C								<input type="checkbox"/>	

Type of Property:

- 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental
 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe) _____

Income:		Properties:		
		A	B	C
3	Rents received	450.		
4	Royalties received			
Expenses:				
5	Advertising			
6	Auto and travel (see instructions)			
7	Cleaning and maintenance	849.		
8	Commissions			
9	Insurance			
10	Legal and other professional fees			
11	Management fees	1,133.		
12	Mortgage interest paid to banks, etc. (see instructions)			
13	Other interest			
14	Repairs	2,246.		
15	Supplies	2,744.		
16	Taxes			
17	Utilities	1,582.		
18	Depreciation expense or depletion			
19	Other (list) _____			
20	Total expenses. Add lines 5 through 19	8,554.		
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	-8,104.		
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	(8,104.)		
23a	Total of all amounts reported on line 3 for all rental properties		450.	
b	Total of all amounts reported on line 4 for all royalty properties			
c	Total of all amounts reported on line 12 for all properties			
d	Total of all amounts reported on line 18 for all properties			
e	Total of all amounts reported on line 20 for all properties		8,554.	
24	Income. Add positive amounts shown on line 21. Do not include any losses			
25	Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	(8,104.)		
26	Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2			-8,104.

1 Wisconsin income tax

2022

For the year Jan. 1-Dec. 31, 2022, or other tax year

Note Check here if an amended return beginning _____, 2022 ending _____, 20____.

DO NOT STAPLE
See page 5 before assembling return

Your legal last name PATAN	Legal first name SHAHRUKH KHAN	M.I.	Your social security number 476759647
If a joint return, spouse's legal last name	Spouse's legal first name	M.I.	Spouse's social security number
Home address (number and street). If you have a PO Box, see page 12. 2333 N OAKLAND AVE		Apt. no. 106	Tax district Check below then fill in either the name of the city, village, or town and the county in which you lived at the end of 2022. <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town City, village, or town ▶ MILWAUKEE
City or post office MILWAUKEE	State WI	Zip code 53211	
Filing status Check <input checked="" type="checkbox"/> below <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married filing joint return <input type="checkbox"/> Married filing separate return. Fill in spouse's SSN above and full name here <input type="checkbox"/> Head of household, NOT married (see page 13). <input type="checkbox"/> Head of household, married (see page 13). If married, fill in spouse's SSN above and full name here			County of ▶ MILWAUKEE School district number See page 44 3619
			Special conditions <input type="checkbox"/> <input type="checkbox"/> Form 804 filed with return (see page 10)

Use **BLACK Ink** ● Print numbers like this → 0123456789 Not like this → 0147 ● **NO COMMAS; NO CENTS**

1	Federal adjusted gross income from Form 1040, line 11	1	81476.00
2	Adjustments to federal adjusted gross income from Schedule I, line 3 (see page 13)	2	0.00
3	Add lines 1 and 2. This is your federal adjusted gross income for Wisconsin purposes	3	81476.00
	Form W-2 wages included in line 3	▶	89580.00
4	Total additions to income from Schedule AD, line 33. Include Schedule AD (see page 14) ..	4	.00
5	Add lines 3 and 4	5	81476.00
6	Total subtractions from income from Schedule SB, line 50. Include Schedule SB (see page 14) Enter as a positive number	6	.00
7	Subtract line 6 from line 5. This is your Wisconsin income	7	81476.00
8	Standard deduction. See table on page 35, OR ▼	8	4079.00
	If someone else can claim you (or your spouse) as a dependent, see page 15 and check here ▶ <input type="checkbox"/>		
9	Subtract line 8 from line 7. If line 8 is larger than line 7, fill in 0	9	77397.00
10	Exemptions (Caution: See page 15)		
a	Fill in exemptions allowed	1	x \$700 .. 10a 700.00
b	Check if 65 or older <input type="checkbox"/> You + <input type="checkbox"/> Spouse =	x \$250 .. 10b	.00
c	Add lines 10a and 10b	10c	700.00

PAPER CLIP payment here



NO COMMAS; NO CENTS


11	Subtract line 10c from line 9. If line 10c is larger than line 9, fill in 0. This is taxable income . . .	11	<u>76697.00</u>
12	Tax (see table on page 37)	12	<u>3755.00</u>
13	Itemized deduction credit. Include Schedule 1, page 4	13	<u>.00</u>
14	Additional child and dependent care tax credit (see page 17)		
	Federal credit $.00 \times 50\% =$	14	<u>.00</u>
15	School property tax credit		
a	Rent paid in 2022 – heat included <u>.00</u>	} Find credit from table page 19 .	15a <u>.00</u>
	Rent paid in 2022 – heat not included <u>.00</u>		
b	Property taxes paid on home in 2022 <u>.00</u>	Find credit from table page 20 .	15b <u>.00</u>
16	Working families tax credit (see page 20)	16	<u>.00</u>
17	Married couple credit. Include Schedule 2, page 4	17	<u>.00</u>
18	Nonrefundable credits from line 34 of Schedule CR	18	<u>.00</u>
19	Net income tax paid to another state. Include Schedule OS <u>CA</u>	19	<u>758.00</u>
20	Add lines 13 through 19	20	<u>758.00</u>
21	Subtract line 20 from line 12. If line 20 is larger than line 12, fill in 0. This is your net tax	21	<u>2997.00</u>
22	Sales and use tax due on internet, mail order, or other out-of-state purchases (see page 23) 22		<u>.00</u>
	If you certify that no sales or use tax is due, check here <input checked="" type="checkbox"/>		
23	Donations (decreases refund or increases amount owed)		
a	Endangered resources <u>.00</u>	e	Military family relief <u>.00</u>
b	Cancer research <u>.00</u>	f	Second Harvest/Feeding Amer. <u>.00</u>
c	Veterans trust fund <u>.00</u>	g	Red Cross WI Disaster Relief <u>.00</u>
d	Multiple sclerosis <u>.00</u>	h	Special Olympics Wisconsin <u>.00</u>
	Total (add lines a through h) . . . 23i		<u>.00</u>
24	Penalties on IRAs, retirement plans, MSAs, etc. (see page 25) . . <u>.00</u> x .33 =	24	<u>.00</u>
25	Other penalties (see page 25)	25	<u>.00</u>
26	Add lines 21, 22, 23i, 24, and 25	26	<u>2997.00</u>
27	Wisconsin tax withheld. Include withholding statements	27	<u>3680.00</u>
28	2022 estimated tax payments and amount applied from 2021 return . . .	28	<u>.00</u>
29	Earned income credit. Number of qualifying children . . <input type="checkbox"/>		
	Federal credit <u>.00</u> x <u> </u> % =	29	<u>.00</u>
30	Farmland preservation credit. a Schedule FC, line 17.	30a	<u>.00</u>
	b Schedule FC-A, line 13	30b	<u>.00</u>
31	Repayment credit (see page 27)	31	<u>.00</u>



Name(s) shown on Form 1		Your social security number	
SHAHRUKH KHAN PATAN		476759647	
NO COMMAS; NO CENTS			
32	Homestead credit. Include Schedule H or H-EZ	32	<u> .00</u>
33	Eligible veterans and surviving spouses property tax credit . .	33	<u> .00</u>
34	Refundable credits from Schedule CR, line 40. Include Schedule CR	34	<u> .00</u>
35	AMENDED RETURN ONLY—Amounts previously paid (see page 31)	35	<u> .00</u>
36	Add lines 27 through 35	36	<u> 3680.00</u>
37	AMENDED RETURN ONLY—Amounts previously refunded (see page 31)	37	<u> .00</u>
38	Subtract line 37 from line 36	38	<u> 3680.00</u>
39	If line 38 is larger than line 26, subtract line 26 from line 38. This is the AMOUNT YOU OVERPAID	39	<u> 683.00</u>
40	Amount of line 39 you want REFUNDED TO YOU	40	<u> 683.00</u>
41	Amount of line 39 you want APPLIED TO YOUR 2023 ESTIMATED TAX	41	<u> 0.00</u>
42	If line 38 is smaller than line 26, subtract line 38 from line 26. This is the AMOUNT YOU UNDERPAID	42	<u> .00</u>
43	Underpayment interest. Fill in exception code-See Sch. U <input type="text"/>	43	<u> .00</u>
44	Add lines 42 and 43. This is the AMOUNT YOU OWE . Paper clip payment to front of return	44	<u> .00</u>
45	Interest (see page 34)	45	<u> .00</u>

Third Party Designee Do you want to allow another person to discuss this return with the department (see page 34)? **Yes** Complete the following. **No**

Designee's name ▶ Phone no. ▶ Personal identification number (PIN) ▶

 **Paper clip copies of your federal income tax return and schedules to this return. Assemble your return (pages 1-4) and withholding statements in the order listed on page 5.**

Sign here

Under penalties of law, I declare that this return and all attachments are true, correct, and complete to the best of my knowledge and belief.

Your signature _____ Date _____ Daytime Phone _____ Wisconsin Identity Protection PIN (7 characters) _____
 6186160898

Spouse's signature (if filing jointly, BOTH must sign) _____ Date _____ Daytime Phone _____ Wisconsin Identity Protection PIN (7 characters) _____

Caution: Only enter a Wisconsin Identity Protection PIN if you received one from the department (see page 34).

Mail your return to: Wisconsin Department of Revenue
 If tax due.....PO Box 268, Madison WI 53790-0001
 If refund or no tax due.....PO Box 59, Madison WI 53785-0001
 If homestead credit claimed.....PO Box 34, Madison WI 53786-0001

Do Not Submit Photocopies



NO COMMAS; NO CENTS

Schedule 1 – Itemized Deduction Credit (see page 16)

1	Medical and dental expenses from federal Schedule A (Form 1040). See instructions for exceptions.	1	.00
2	Interest paid from federal Schedule A (Form 1040). Do not include interest paid to purchase a second home located outside Wisconsin or a residence which is a boat. Also, do not include interest paid to purchase or hold U.S. government securities and interest from a tax-option (S) corporation if claimed as a subtraction	2	.00
3	Gifts to charity from federal Schedule A (Form 1040). See instructions for exceptions	3	.00
4	Casualty losses from federal Schedule A (Form 1040)	4	.00
5	Add lines 1 through 4	5	.00
6	Fill in your standard deduction from line 8 on page 1 of Form 1	6	.00
7	Subtract line 6 from line 5. If line 6 is more than line 5, fill in 0	7	0 .00
8	Rate of credit is .05 (5%)	8	x .05
9	Multiply line 7 by line 8. Fill in here and on line 13 on page 2 of Form 1	9	.00

▶ You must submit this page with Form 1 if you claim either of these credits ◀

Schedule 2 – Married Couple Credit When Both Spouses Are Employed (see page 21)

When completing this schedule, be sure to fill in your income in column (A) and your spouse's income in column (B)

	(A) YOURSELF	(B) SPOUSE
1	Taxable wages, salaries, tips, and other employee compensation Do NOT include deferred compensation, interest, dividends, pensions, unemployment compensation, or other unearned income 1	
	.00	.00
2	Net profit or (loss) from self-employment from federal Schedule C, C-EZ, and F (Form 1040), Schedule K-1 (Form 1065), and any other taxable self-employment or earned income 2	
	.00	.00
3	Combine lines 1 and 2. This is earned income. 3	
	.00	.00
4	Add the amounts from federal Schedule 1 (Form 1040), lines 12, 16, 20, 24e, 24f, and 24g, and any Wisconsin disability income exclusion. Fill in the total of these adjustments that apply to you or your spouse's income 4	
	.00	.00
5	Subtract line 4 from line 3. This is qualified earned income. If less than zero, fill in 0 5	
	.00	.00
6	Compare the amounts in columns (A) and (B) of line 5. Fill in the smaller amount here. If more than \$16,000, fill in \$16,000. 6	
		.00
7	Rate of credit is .03 (3%). 7	x .03
8	Multiply line 6 by line 7. Fill in here and on line 17 on page 2 of Form 1 8	.00

Do not fill in more than \$480.



Schedule **OS**

Wisconsin
Department of Revenue

**Credit for Net Tax Paid
to Another State**

Attach to your Wisconsin Form 1, 1NPR, or 2

2022

Name(s) shown on Form 1, 1NPR, or 2 SHAHRUKH KHAN PATAN	Identifying number 476-75-9647
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To be eligible for this credit, you must have been a full-year or part-year Wisconsin resident in 2022 and have paid 2022 state income tax on the same income to Wisconsin and another state.

Be sure to include a copy of your tax return from the other state(s).

**NO COMMAS
NO CENTS**



		State 1	State 2
PART I – Income From Other State	Postal abbr. →	<u> C </u> <u> A </u>	<u> — </u> <u> — </u>
<u>1</u> Wages, salaries, tips, etc	1	16651.00	.00
<u>2</u> Business income / loss	2	.00	.00
<u>3</u> Capital gain / loss	3	.00	.00
<u>4</u> Other gains / losses	4	.00	.00
<u>5</u> IRA distributions, pensions, and annuities	5	.00	.00
<u>6</u> Rental real estate, royalties, partnerships, S corporations, trusts, etc	6	.00	.00
<u>7</u> Farm income / loss	7	.00	.00
<u>8</u> Unemployment compensation	8	.00	.00
<u>9</u> Social security benefits	9	.00	.00
<u>10</u> Other income _____	10	.00	.00
<u>11</u> Add lines 1 through 10 in each column	11	16651.00	.00
Adjustments to Income			
<u>12</u> Deductible part of self-employment tax	12	.00	.00
<u>13</u> Self-employed SEP, SIMPLE, and qualified plans	13	.00	.00
<u>14</u> Self-employed health insurance deduction	14	.00	.00
<u>15</u> IRA deduction	15	.00	.00
<u>16</u> Other adjustments to income _____	16	.00	.00
<u>17</u> Add lines 12 through 16 in each column	17	.00	.00
<u>18</u> Total income taxed by other state – subtract line 17 from line 11	18	16651.00	.00
PART II – Calculation of Credit (Individual, Estate, or Trust Income Tax)			
<u>19</u> Income taxable to both Wisconsin and other state (see instructions)	19	16651.00	.00
<u>20</u> Total income taxed by the other state (see instructions)	20	16651.00	.00
<u>21</u> Divide line 19 by line 20. Carry the decimal to four places and fill in on line 21. If line 20 is less than line 19, enter 1.0000	21	1 . 0 0 0 0	— — — —
<u>22</u> From the income tax return of the other state, fill in the net tax amount after subtracting all nonrefundable and refundable credits (see instructions)	22	758.00	.00
<u>23</u> Multiply line 21 by line 22. Round the result to the nearest dollar. If tax was paid to another state and passed through to you by a tax-option (S) corpora- tion, limited liability company, or partnership, go on to Part III. Otherwise, skip lines 25 through 29 and go on to Part IV. If claiming a credit for net tax paid to Minnesota, Iowa, Illinois, or Michigan, skip lines 30 through 34 and fill in the amount from line 23 on line 35	23	758.00	.00

Name(s) shown on Form 1, 1NPR, or 2 SHAHRUKH KHAN PATAN	Identifying number 476-75-9647
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NO COMMAS; NO CENTS

PART III – Calculation of Credit (Shareholders, Partners, and Members)

Caution: See Instructions

	State 1	State 2
24 Postal abbreviation for state to which tax was paid 24	<u> C </u> <u> A </u>	<u> — </u> <u> — </u>
25 Income taxable to both Wisconsin and other state (see instructions) 25	<u> 0.00</u>	<u> .00</u>
26 Total income taxed by the other state (see instructions) 26	<u> 0.00</u>	<u> .00</u>
27 Divide line 25 by line 26. Carry the decimal to four places and fill in on line 27. If line 26 is less than line 25, enter 1.0000 27	<u> — </u> <u> — </u> <u> — </u> <u> — </u>	<u> — </u> <u> — </u> <u> — </u> <u> — </u>
28 From the income tax return of the other state, fill in the net tax amount after subtracting all nonrefundable and refundable credits (see instructions) 28	<u> 0.00</u>	<u> .00</u>
29 Multiply line 27 by line 28. Round the result to the nearest dollar. If claiming a credit for net tax paid to Minnesota, Iowa, Illinois, or Michigan, skip lines 30 through 34 and fill in the amount from line 29 on line 36 29	<u> .00</u>	<u> .00</u>

PART IV - Credit Allowed

30 Income taxable to both Wisconsin and other state (see instructions) 30	<u> 16651.00</u>	<u> .00</u>
31 Wisconsin income from Form 1, line 7, Form 1NPR, line 30, or Form 2, see instructions 31	<u> 81476.00</u>	<u> .00</u>
32 Divide line 30 by line 31. Carry the decimal to four places and fill in on line 32. If line 31 is less than line 30, fill in 1.0000 32	<u> 0 .</u> <u> 2 </u> <u> 0 </u> <u> 4 </u> <u> 4 </u>	<u> — </u> <u> — </u> <u> — </u> <u> — </u>
33 Fill in the Wisconsin net income tax from: • Form 1, line 12, less the amounts on lines 13 through 18 • Form 1NPR, line 46, less the amounts on lines 47 through 49 • Form 2, line 6c, less the amount on line 7 33	<u> 3755.00</u>	<u> .00</u>
34 Multiply line 32 by line 33. Round the result to the nearest dollar 34	<u> 768.00</u>	<u> .00</u>
35 Fill in the amount from line 23 35	<u> 758.00</u>	<u> .00</u>
36 Fill in the amount from line 29 36	<u> .00</u>	<u> .00</u>
37 Add lines 35 and 36 37	<u> 758.00</u>	<u> .00</u>
38 Fill in the smaller of line 34 or line 37. If claiming a credit for net tax paid to Minnesota, Iowa, Illinois, or Michigan, fill in the amount from line 37 38	<u> 758.00</u>	<u> .00</u>
39 Add the amounts in each column of line 38. Fill in the total here 39		<u> 758.00</u>
40 If you have tax paid to more than 2 states, fill in the amount from line 39 of any additional Schedules OS 40		<u> .00</u>
41 Add lines 39 and 40. This is your credit for tax paid to another state (see instructions) 41		<u> 758.00</u>



TAXABLE YEAR

FORM

2022

California e-file Signature Authorization for Individuals

8879

Table with 2 columns: Field Name, Value. Rows include Your name (SHAHRUKH KHAN PATAN), Your SSN or ITIN (476-75-9647), Spouse's/RDP's name, and Spouse's/RDP's SSN or ITIN.

Part I Tax Return Information (whole dollars only)

Table with 2 columns: Line Number, Amount. Rows include California adjusted gross income (AGI) (16651), Amount You Owe, and Refund or No Amount Due (10).

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

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

Taxpayer's PIN: check one box only

I authorize GLOBAL TAXES LLC to enter my PIN 5 9 6 4 7 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.

Your signature Date

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

I authorize to enter my PIN 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.

Spouse's/RDP's signature Date

Practitioner PIN Method Returns Only -- continue below

Part III Certification and Authentication — Practitioner PIN Method Only

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

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

2 2 2 4 9 6 6 1 9 8 9

Do not enter all zeros

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

ERO's signature Date 03/16/2023

California Nonresident or Part-Year Resident Income Tax Return

2022

540NR

APE

ATTACH FEDERAL RETURN

476-75-9647 PATA
SHAHRUKHKHA PATAN

22

2333 N OAKLAND AVE APT 106
MILWAUKEE WI 53211

09-20-1995

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

Filing Status

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

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

► For line 7, line 8, line 9, and line 10: Multiply the number you enter in the box by the pre-printed dollar amount for that line.

Whole dollars only

Exemptions

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

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

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

Total dependent exemptions 10 X \$433 = \$

Your name: Your SSN or ITIN:

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

Total Taxable Income	12 Total California wages from your federal Form(s) W-2, box 16 ● 12 <input type="text" value="16651"/> .00	
	13 Enter federal AGI from federal Form 1040, 1040-SR, or 1040-NR, line 11 ● 13 <input type="text" value="81476"/> .00	
	14 California adjustments – subtractions. Enter the amount from Schedule CA (540NR), Part II, line 27, column B ● 14 <input type="text" value=""/> .00	
	15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions 15 <input type="text" value="81476"/> .00	
	16 California adjustments – additions. Enter the amount from Schedule CA (540NR), Part II, line 27, column C ● 16 <input type="text" value=""/> .00	
	17 Adjusted gross income from all sources. Combine line 15 and line 16. ● 17 <input type="text" value="81476"/> .00	
	18 Enter the larger of: Your California itemized deductions from Schedule CA (540NR), Part III, line 30; OR Your California standard deduction . See instructions ● 18 <input type="text" value="5202"/> .00	
	19 Subtract line 18 from line 17. This is your total taxable income . If less than zero, enter -0- ● 19 <input type="text" value="76274"/> .00	

CA Taxable Income	31 Tax. Check the box if from: <input checked="" type="checkbox"/> Tax Table <input type="checkbox"/> Tax Rate Schedule	
	● <input type="checkbox"/> FTB 3800 ● <input type="checkbox"/> FTB 3803 ● 31 <input type="text" value="3849"/> .00	
	32 CA adjusted gross income from Schedule CA (540NR), Part IV, line 1. ● 32 <input type="text" value="16651"/> .00	
	35 CA Taxable Income from Schedule CA (540NR), Part IV, line 5. ● 35 <input type="text" value="15588"/> .00	
	36 CA Tax Rate. Divide line 31 by line 19. ● 36 <input type="text" value="0.0505"/>	
	37 CA Tax Before Exemption Credits. Multiply line 35 by line 36 ● 37 <input type="text" value="787"/> .00	
	38 CA Exemption Credit Percentage. Divide line 35 by line 19. If more than 1, enter 1.0000. ● 38 <input type="text" value="0.2044"/>	
	39 CA Prorated Exemption Credits. Multiply line 11 by line 38. If the amount on line 13 is more than \$229,908, see instructions ● 39 <input type="text" value="29"/> .00	
	40 CA Regular Tax Before Credits. Subtract line 39 from line 37. If less than zero, enter -0-... ● 40 <input type="text" value="758"/> .00	
41 Tax. See instructions. Check the box if from: ● <input type="checkbox"/> Schedule G-1 ● <input type="checkbox"/> FTB 5870A ● 41 <input type="text" value=""/> .00		
42 Add line 40 and line 41 ● 42 <input type="text" value="758"/> .00		

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

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Your name: Your SSN or ITIN:

Special Credits continued	58	Enter credit name <input type="text"/> code <input type="text"/> and amount.	●	58	<input type="text"/>	.00
	59	Enter credit name <input type="text"/> code <input type="text"/> and amount.	●	59	<input type="text"/>	.00
	60	To claim more than two credits. See instructions.	●	60	<input type="text"/>	.00
	61	Nonrefundable Renter's Credit. See instructions	●	61	<input type="text"/>	.00
	62	Add line 50 and line 55 through 61. These are your total credits	⊙	62	<input type="text"/>	.00
	63	Subtract line 62 from line 42. If less than zero, enter -0-	⊙	63	<input type="text" value="758"/>	.00

Other Taxes	71	Alternative Minimum Tax. Attach Schedule P (540NR).	●	71	<input type="text"/>	.00
	72	Mental Health Services Tax. See instructions	●	72	<input type="text"/>	.00
	73	Other taxes and credit recapture. See instructions	●	73	<input type="text"/>	.00
	74	Add line 63, line 71, line 72, and line 73. This is your total tax.	●	74	<input type="text" value="758"/>	.00

Payments	81	California income tax withheld. See instructions	●	81	<input type="text" value="768"/>	.00
	82	2022 CA estimated tax and other payments. See instructions	●	82	<input type="text"/>	.00
	83	Withholding (Form 592-B and/or Form 593). See instructions.	●	83	<input type="text"/>	.00
	84	Excess SDI (or VPDI) withheld. See instructions	●	84	<input type="text"/>	.00
	85	Earned Income Tax Credit (EITC). See instructions	●	85	<input type="text"/>	.00
	86	Young Child Tax Credit (YCTC). See instructions	●	86	<input type="text"/>	.00
	87	Foster Youth Tax Credit (FYTC). See instructions	●	87	<input type="text"/>	.00
	88	Add line 81 through line 87. These are your total payments. See instructions.	⊙	88	<input type="text" value="768"/>	.00

ISR Penalty	91	If you and your household had full-year health care coverage, check the box. See instructions. Medicare Part A or C coverage is qualifying health care coverage.	●	<input type="checkbox" value="X"/>		
		If you did not check the box, see instructions. Individual Shared Responsibility (ISR) Penalty. See instructions	●	91	<input type="text"/>	.00

Overpaid Tax/Tax Due	92	Payments after Individual Shared Responsibility Penalty. If line 88 is more than line 91, subtract line 91 from line 88.	⊙	92	<input type="text" value="768"/>	.00
	93	Individual Shared Responsibility Penalty Balance. If line 91 is more than line 88, subtract line 88 from line 91.	⊙	93	<input type="text"/>	.00
	101	Overpaid tax. If line 92 is more than line 74, subtract line 74 from line 92.	⊙	101	<input type="text" value="10"/>	.00
	102	Amount of line 101 you want applied to your 2023 estimated tax	●	102	<input type="text" value="0"/>	.00
	103	Overpaid tax available this year. Subtract line 102 from line 101	●	103	<input type="text" value="10"/>	.00

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Your name:

Your SSN or ITIN:

104 Tax due. If line 92 is less than line 74, subtract line 92 from line 74 104 .00

Contributions		Code	Amount
	California Seniors Special Fund. See instructions	● 400	<input type="text"/> .00
	Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund	● 401	<input type="text"/> .00
	Rare and Endangered Species Preservation Voluntary Tax Contribution Program	● 403	<input type="text"/> .00
	California Breast Cancer Research Voluntary Tax Contribution Fund	● 405	<input type="text"/> .00
	California Firefighters' Memorial Voluntary Tax Contribution Fund	● 406	<input type="text"/> .00
	Emergency Food for Families Voluntary Tax Contribution Fund	● 407	<input type="text"/> .00
	California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund	● 408	<input type="text"/> .00
	California Sea Otter Voluntary Tax Contribution Fund	● 410	<input type="text"/> .00
	California Cancer Research Voluntary Tax Contribution Fund	● 413	<input type="text"/> .00
	School Supplies for Homeless Children Voluntary Tax Contribution Fund	● 422	<input type="text"/> .00
	State Parks Protection Fund/Parks Pass Purchase	● 423	<input type="text"/> .00
	Protect Our Coast and Oceans Voluntary Tax Contribution Fund	● 424	<input type="text"/> .00
	Keep Arts in Schools Voluntary Tax Contribution Fund	● 425	<input type="text"/> .00
	Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund	● 431	<input type="text"/> .00
	California Senior Citizen Advocacy Voluntary Tax Contribution Fund	● 438	<input type="text"/> .00
	Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund	● 439	<input type="text"/> .00
	Rape Kit Backlog Voluntary Tax Contribution Fund	● 440	<input type="text"/> .00
	Suicide Prevention Voluntary Tax Contribution Fund	● 444	<input type="text"/> .00
	Mental Health Crisis Prevention Voluntary Tax Contribution Fund	● 445	<input type="text"/> .00
	California Community and Neighborhood Tree Voluntary Tax Contribution Fund	● 446	<input type="text"/> .00
	120 Add amounts in code 400 through code 446. This is your total contribution	● 120	<input type="text"/> .00

Amount You Owe 121 **AMOUNT YOU OWE.** Add line 93, line 104, and line 120. See instructions. **Do not send cash.**
 Mail to: **FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001.** ● 121 .00
 Pay Online – Go to **ftb.ca.gov/pay** for more information.

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Your name: Your SSN or ITIN:

Interest and Penalties
122 Interest, late return penalties, and late payment penalties 122 .00
123 Underpayment of estimated tax.
Check the box: FTB 5805 attached FTB 5805F attached 123 .00
124 Total amount due. See instructions. Enclose, but **do not** staple, any payment 124 .00

125 REFUND OR NO AMOUNT DUE. Subtract line 120 from line 103. See instructions.
Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001**..... 125 .00

Refund and Direct Deposit
Fill in the information to authorize direct deposit of your refund into one or two accounts. **Do not** attach a voided check or a deposit slip.
See instructions. **Have you verified the routing and account numbers?** Use whole dollars only.
All or the following amount of my refund (line 125) is authorized for direct deposit into the account shown below:

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

The remaining amount of my refund (line 125) is authorized for direct deposit into the account shown below:
 Type Routing number Checking Savings Account number 127 Direct deposit amount
 .00

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

IMPORTANT: Attach a copy of your complete federal return.
Our privacy notice can be found in annual tax booklets or online. Go to ftb.ca.gov/privacy to learn about our privacy policy statement, or go to ftb.ca.gov/forms and search for **1131** to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form code **948** when instructed.
Under penalties of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

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

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

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

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

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

Firm's address Firm's FEIN

Joint tax return? See instructions.

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

Print Third Party Designee's Name Telephone Number

California Adjustments — Nonresidents or Part-Year Residents

CA (540NR)

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

Name(s) as shown on tax return

SHAHRIKH KHAN PATAN

SSN or ITIN

476759647

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

During 2022:

1 My California (CA) Residency (Check one)

a Myself: Nonresident Part-Year Resident Resident

b Spouse: Nonresident Part-Year Resident Resident

	Yoursself	Spouse/RDP
2 a I was domiciled in (enter two letter code, see instructions)	<input checked="" type="radio"/> _____	<input checked="" type="radio"/> _____
b I was in the military and stationed in (enter two letter code)	<input checked="" type="radio"/> _____	<input checked="" type="radio"/> _____
3 I became a CA resident (enter state of prior residence and date (mm/dd/yyyy) of move)	<input checked="" type="radio"/> _____ / _____ / _____	<input checked="" type="radio"/> _____ / _____ / _____
4 I became a CA nonresident (enter new state of residence and date (mm/dd/yyyy) of move)	<input checked="" type="radio"/> WI 0 3/1 5/2 0 2 2	<input checked="" type="radio"/> _____ / _____ / _____
5 I was a CA nonresident the entire year (enter state of residence)	<input checked="" type="radio"/> _____	<input checked="" type="radio"/> _____
6 The number of days I spent in CA for any purpose was:	<input checked="" type="radio"/> 7 4	<input checked="" type="radio"/> _____
7 I owned a home/property in CA (enter Y for Yes, N for No)	<input checked="" type="radio"/> _____	<input checked="" type="radio"/> _____
8 Before 2022: I was a CA resident for the period of	<input checked="" type="radio"/> _____ - _____	<input checked="" type="radio"/> _____ - _____

Part II Income Adjustment Schedule

	A	B	C	D	E
Section A — Income from federal Form 1040 or 1040-SR	Federal Amounts (taxable amounts from your federal tax return)	Subtractions See instructions (difference between CA & federal law)	Additions See instructions (difference between CA & federal law)	Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
1 a Total amount from federal Form(s) W-2, box 1. See instructions 1a	<input checked="" type="radio"/> 89580	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/> 89580	<input checked="" type="radio"/> 16651
b Household employee wages not reported on federal Form(s) W-2. 1b	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
c Tip income not reported on line 1a. 1c	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
d Medicaid waiver payments not reported on federal Form(s) W-2. See instr. 1d	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
e Taxable dependent care benefits from federal Form 2441, line 26 1e	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
f Employer-provided adoption benefits from federal Form 8839, line 29. 1f	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
g Wages from federal Form 8919, line 6 1g	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
h Other earned income. See instructions 1h	<input checked="" type="radio"/> 0	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/> 0	<input checked="" type="radio"/>
i Nontaxable combat pay election. See instructions 1i	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
z Add line 1a through line 1i 1z	<input checked="" type="radio"/> 89580	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/> 89580	<input checked="" type="radio"/> 16651
2 Taxable interest. a <input checked="" type="radio"/> 2b	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
3 Ordinary dividends. See instructions. a <input checked="" type="radio"/> 3b	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
4 IRA distributions. See instructions. a <input checked="" type="radio"/> 4b	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
5 Pensions and annuities. See instructions. a <input checked="" type="radio"/> 5b	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
6 Social security benefits. a <input checked="" type="radio"/> 6b	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
7 Capital gain or (loss). See instructions 7	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>

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Section B — Additional Income from federal Schedule 1 (Form 1040)		A	B	C	D	E
		Federal Amounts (taxable amounts from your federal tax return)	Subtractions See instructions (difference between CA & federal law)	Additions See instructions (difference between CA & federal law)	Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
1	Taxable refunds, credits, or offsets of state and local income taxes.	<input type="radio"/>	<input type="radio"/>			
2 a	Alimony received. See instructions.	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	Business income or (loss). See instructions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	Other gains or (losses)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc.	<input type="radio"/> -8104	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> -8104	<input type="radio"/>
6	Farm income or (loss)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7	Unemployment compensation.	<input type="radio"/>	<input type="radio"/>			
8	Other income:					
8a	a Federal net operating loss	<input type="radio"/> ()		<input type="radio"/>		
8b	b Gambling	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
8c	c Cancellation of debt	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8d	d Foreign earned income exclusion from federal Form 2555.	<input type="radio"/> ()		<input type="radio"/>		
8e	e Income from federal Form 8853	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8f	f Income from federal Form 8889	<input type="radio"/>	<input type="radio"/>			
8g	g Alaska Permanent Fund dividends	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
8h	h Jury duty pay.	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
8i	i Prizes and awards	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
8j	j Activity not engaged in for profit income	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
8k	k Stock options.	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8l	l Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
8m	m Olympic and Paralympic medals and USOC prize money	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
8n	n IRC Section 951(a) inclusion.	<input type="radio"/>	<input type="radio"/>			
8o	o IRC Section 951A(a) inclusion.	<input type="radio"/>	<input type="radio"/>			
8p	p IRC Section 461(l) excess business loss adjustment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8q	q Taxable distributions from an ABLÉ account	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
8r	r Scholarship and fellowship grants not reported on federal Form(s) W-2.	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
8s	s Nontaxable amount of Medicaid waiver payments included on federal Form 1040, line 1a or line 1d.	<input type="radio"/> ()			<input type="radio"/>	<input type="radio"/>
8t	t Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental IRC Section 457 plan	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
8u	u Wages earned while incarcerated.	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
8z	z Other income. List type and amount. <input type="radio"/> _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9 a	a Total other income. Add line 8a through line 8z.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	A	B	C	D	E
Section B — Additional Income Continued	Federal Amounts (taxable amounts from your federal tax return)	Subtractions See instructions (difference between CA & federal law)	Additions See instructions (difference between CA & federal law)	Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
b1 Disaster loss deduction from form FTB 3805V 9b1		<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
b2 NOL deduction from form FTB 3805V 9b2		<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
b3 NOL from form FTB 3805Z, FTB 3807, or FTB 3809 9b3		<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
10 Total. Combine Section A, line 1z through line 7, and Section B, line 1 through line 7, line 9a and line 9b1 through line 9b3 (as applicable) in each column. See instructions. Go to Section C 10	<input type="radio"/> 81476	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> 81476	<input type="radio"/> 16651

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

11 Educator expenses 11	<input type="radio"/>	<input type="radio"/>			
12 Certain business expenses of reservists, performing artists, and fee-basis government officials 12	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13 Health savings account deduction 13	<input type="radio"/>	<input type="radio"/>			
14 Moving expenses. Attach form FTB 3913. See instructions 14	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15 Deductible part of self-employment tax. See instructions 15	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
16 Self-employed SEP, SIMPLE, and qualified plans 16	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
17 Self-employed health insurance deduction. See instructions 17	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
18 Penalty on early withdrawal of savings 18	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
19 a Alimony paid. b Enter recipient's: SSN <input type="radio"/> _____ Last name <input type="radio"/> _____ 19a	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20 IRA deduction 20	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21 Student loan interest deduction 21	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22 Reserved for future use 22					
23 Archer MSA deduction 23	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
24 Other adjustments:					
a Jury duty pay 24a	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
b Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit 24b	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m 24c	<input type="radio"/>	<input type="radio"/>			
d Reforestation amortization and expenses 24d	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
e Repayment of supplemental unemployment benefits under the federal Trade Act of 1974 24e	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
f Contributions to IRC Section 501(c)(18)(D) pension plans 24f	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g Contributions by certain chaplains to IRC Section 403(b) plans 24g	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h Attorney fees and court costs for actions involving certain unlawful discrimination claims 24h	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>

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Section C — Adjustments to Income Continued	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions (difference between CA & federal law)	C Additions See instructions (difference between CA & federal law)	D Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	E CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
i Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations 24i	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
j Housing deduction from federal Form 2555 24j	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
k Excess deductions of IRC Section 67(e) expenses from federal Schedule K-1 (Form 1041) 24k	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
z Other adjustments. List type and amount. <input checked="" type="radio"/> _____ 24z	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
25 Total other adjustments. Add line 24a through line 24z. 25	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
26 Add line 11 through line 23 and line 25 in each column, A through E 26	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
27 Total. Subtract line 26 from line 10 in each column, A through E. See instructions. 27	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
	81476			81476	16651

Part III Adjustments to Federal Itemized Deductions
Check the box if you did NOT itemize for federal but will itemize for California

	A Federal Amounts (from federal Schedule A (Form 1040))	B Subtractions See instructions	C Additions See instructions
Medical and Dental Expenses See instructions.			
1 Medical and dental expenses 1	<input checked="" type="radio"/>		
2 Enter amount from federal Form 1040 or 1040-SR, line 11 2	81476	<input checked="" type="radio"/>	
3 Multiply line 2 by 7.5% (0.075) 3	6111	<input checked="" type="radio"/>	
4 Subtract line 3 from line 1. If line 3 is more than line 1, enter 0 4	<input checked="" type="radio"/>		<input checked="" type="radio"/>

Taxes You Paid					
5a State and local income tax or general sales taxes. 5a	<input checked="" type="radio"/>	4448	<input checked="" type="radio"/>	4448	
5b State and local real estate taxes 5b	<input checked="" type="radio"/>				
5c State and local personal property taxes 5c	<input checked="" type="radio"/>				
5d Add line 5a through line 5c. 5d	<input checked="" type="radio"/>	4448			
5e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) in column A Enter the amount from line 5a, column B in line 5e, column B Enter the difference from line 5d and line 5e, column A in line 5e, column C 5e	<input checked="" type="radio"/>	4448	<input checked="" type="radio"/>	4448	<input checked="" type="radio"/>
6 Other taxes. List type <input checked="" type="radio"/> _____ 6	<input checked="" type="radio"/>		<input checked="" type="radio"/>		<input checked="" type="radio"/>
7 Add line 5e and line 6 7	<input checked="" type="radio"/>	4448	<input checked="" type="radio"/>	4448	<input checked="" type="radio"/>

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

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

Part III Adjustments to Federal Itemized Deductions
Continued

A Federal Amounts
(from federal Schedule A
(Form 1040))

B Subtractions
See instructions

C Additions
See instructions

Casualty and Theft Losses

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

Other Itemized Deductions

16 Other—from list in federal instructions **16**

17 Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C **17** 4448 4448 0

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

Job Expenses and Certain Miscellaneous Deductions

19 Unreimbursed employee expenses: job travel, union dues, job education, etc.
Attach federal Form 2106 if required. See instructions. **19**

20 Tax preparation fees. **20**

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

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

23 Enter amount from federal Form 1040 or 1040-SR, line 11 81476

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

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

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

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

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

29 Is your federal AGI (Form 540NR, line 13) more than the amount shown below for your filing status?

Single or married/RDP filing separately **\$229,908**

Head of household **\$344,867**

Married/RDP filing jointly or qualifying surviving spouse/RDP **\$459,821**

No. Transfer the amount on line 28 to line 29.

Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540NR), line 29 **29**

30 Enter the larger of the amount on line 29 or your standard deduction listed below:

Single or married/RDP filing separately. See instructions. **\$5,202**

Married/RDP filing jointly, head of household, or qualifying
surviving spouse/RDP **\$10,404** **30**

Part IV California Taxable Income

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

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

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

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

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

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