#### Department of the Treasury Internal Revenue Service

## **IRS e-file Signature Authorization**

OMB No. 1545-0074

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

Submission Identification Number (SID)

T.....

| Тахрау | ver's name   | Social securi | ty numł   | ber          |
|--------|--|---------------|-----------|--------------|
| VAM    | ISI KRISHNA LANKA  | 762-41        | -063      | 5            |
| Spouse | s's name   | Spouse's soo  | cial secu | urity number |
| Part   | t I Tax Return Information – Tax Year Ending December 31, 2022 (Ent    | er year you a | are au    | thorizing.)  |
| Enter  | whole dollars only on lines 1 through 5.                               | <u> </u>      |           |              |
| Note:  | Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. |               |           |              |
| 1      | Adjusted gross income  |               | 1         | 126,411.     |
| 2      | Total tax  |               | 2         | 21,020.      |
| 3      | Federal income tax withheld from Form(s) W-2 and Form(s) 1099          |               | 3         | 26,625.      |
| 4      | Amount you want refunded to you  |               | 4         | 5,605.       |
| 5      |  |               | 5         |              |

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

Under penalties of periury. 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

| X | I authorize | GLOBAL | TAXES | LLC           | to enter or generate my PIN |  |
|---|-------------|--------|-------|---------------|-----------------------------|--|
|   |             |        |       | ERO firm name |                             |  |

| 1          | 0                | 6               | 3               | 5          | 00 mV |
|------------|------------------|-----------------|-----------------|------------|-------|
| Ent<br>don | er fiv<br>n't er | ve di<br>Iter a | gits,<br>all ze | but<br>ros | as my |

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

I will enter my PIN as my signature on the income tax return (original or amended) I 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

Enter five digits, but don't enter all zeros

as mv

ERO firm name signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I 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 E  |       |     |    |   |  |              | <br>  |     |   |
|---|-------|-----|----|---|--|--------------|-------|-----|---|
| Practitioner PIN Method Returns Only—con  | tinue | bel | ow |   |  |              |       |     |   |
| Part III Certification and Authentication – Practitioner PIN Method O                         | nly   |     |    |   |  |              |       |     |   |
| <b>ERO's EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected Pl | N.    | 2   | 2  | 2 |  | 6<br>all zei | <br>9 | 8 9 | Э |

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 🕨            |                          |
|---|--|-------------------|--------------------------|
|   | ust Retain This Form — See<br>his Form to the IRS Unless |                   |                          |
| For Denormork Paduation Act Nation and your tax | roturn instructions                                      | REV/ 02/10/22 RRO | Form 8879 (Bev. 01-2021) |

| <b>1040</b>                                       |              | artment of the Treasury-Internal Revenue Servi<br>S. Individual Income Tax      |            | ım 20 <b>2</b>         | 2          | OMB No. 1545     | -0074         | IRS Use C    | Dnly—D    | o not w   | rite or staple           | in this space.              |
|---|--------------|---|------------|------------------------|------------|------------------|---------------|--------------|-----------|-----------|--------------------------|-----------------------------|
| Filing Status<br>Check only<br>one box.           |              | Single D Married filing jointly   |            | ed filing separately ( |            |                  |               | ,            | ,         | spou      | lifying sun<br>use (QSS) | U U                         |
| One box.  |              | on is a child but not your dependent  | ,          | our spouse. It you c   | neor       |                  | 000           | box, enter   | uie (     | Jiniu S   | name i u                 | le qualitying               |
| Your first name                                   | and mi       | iddle initial   | Last nar   | ne                     |            |                  |               |              | Y         | our so    | cial securi              | ly number                   |
| VAMSI KF  | RISH         | NA  | LANK       | A                      |            |                  |               |              | 7         | 62-4      | 41-063                   | 5                           |
| lf joint return, s                                | pouse's      | first name and middle initial   | Last nar   | ne                     |            |                  |               |              | S         | pouse'    | s social see             | curity numbe                |
| Home address                                      | (numbe       | er and street). If you have a P.O. box, see                                     | instructio | ons.                   |            |                  | A             | Apt. no.     | P         | reside    | ntial Election           | on Campaigr                 |
| 10380 MA  | AYA 1        | LINDA RD  |            |                        |            |                  | C             | 203          |           |           | nere if you,             | ,                           |
| City, town, or p                                  | ost offi     | ce. If you have a foreign address, also co                                      | mplete sp  | baces below.           | Sta        | ate              | ZIP c         | ode          |           |           |                          | tly, want \$3<br>Checking a |
| SAN DIEG  | 30           |   |            |                        | Ci         | <del>I</del>     | 921           | 26           |           | 0         | ow will not              | •                           |
| Foreign country                                   | / name       |   | F          | oreign province/state  | /coun      | ty               | Foreig        | n postal coo | de yo     | our tax   | or refund.               | Spouse                      |
| Digital<br>Assets                                 |              | ny time during 2022, did you: (a) rece<br>ange, gift, or otherwise dispose of a |            |                        |            |                  |               |              |           |           | Yes                      | X No                        |
| Standard  |              | eone can claim:  You as a de  |            |                        |            | -                | 40001)        | . (000 110   | , a d d d | 01101)    |                          |                             |
| Deduction   | _            | Spouse itemizes on a separate retur   | •          |                        |            |                  |               |              |           |           |                          |                             |
| Age/Blindness                                     | You:         | Were born before January 2, 1   | 958 🗌      | Are blind Sp           | ouse       | : 🗌 Was bor      | n befo        | ore Januar   | ry 2, 1   | 958       | 🗌 ls bl                  | ind                         |
| Dependents  | s (see       | instructions):  |            | (2) Social securit     | у          | (3) Relationsh   | ip <b>(</b> 4 | ) Check the  | e box i   | if qualit | fies for (see            | instructions):              |
| If more   | <b>(1)</b> F | irst name Last name   |            | number                 |            | to you           |               | Child ta     | x cred    | it        | Credit for ot            | her dependents              |
| than four   |              |   |            |                        |            |                  |               |              |           |           |                          |                             |
| dependents,<br>see instructions                   | s ——         |   |            |                        |            |                  |               | L            |           |           |                          |                             |
| and check   |              |   |            |                        |            |                  |               |              | <u> </u>  |           |                          |                             |
| here  |              |   |            |                        |            |                  |               |              |           |           |                          |                             |
| Income  | 1a           | Total amount from Form(s) W-2, be   |            | ,                      |            |                  |               |              | ·         | 1a        |                          | 39,601.                     |
| Attach Form(s)                                    | b            | Household employee wages not re   |            |                        |            |                  |               |              | ·         | 1b        |                          |                             |
| W-2 here. Also                                    | C            | Tip income not reported on line 1a  |            |                        |            |                  |               |              | ·         | 10        |                          |                             |
| attach Forms<br>W-2G and                          | d            | Medicaid waiver payments not rep  |            |                        |            |                  | • •           |              | ·         | 1d        |                          |                             |
| 1099-R if tax                                     | e            | Taxable dependent care benefits f   |            |                        |            |                  | • •           |              | ·         | 1e        | -                        |                             |
| was withheld.                                     | f            | Employer-provided adoption bene   |            |                        | , .        |                  | • •           |              | •         |           |                          |                             |
| If you did not<br>get a Form                      | g<br>b       | Wages from Form 8919, line 6 .  |            |                        | • •        |                  | • •           |              | •         | 1g        |                          | 0.                          |
| W-2, see  | h<br>i       | Other earned income (see instruction Nontaxable combat pay election (s          | ,          |                        | • •        | · · · · ·        | i ·           |              | ·         | In        |                          | 0.                          |
| instructions.                                     | z            | Add lines to through th   |            |                        | • •        | 11               |               |              |           | 1z        | 1.                       | 39,601.                     |
| Attach Sch. B                                     | 2a           | ů l   | 2a         |                        | <br>. н. т | axable interest  | • •           |              | •         | 2b        | _                        | 41.                         |
| if required.                                      | 3a           | · · -   | 2a<br>3a   | 515.                   |            | Ordinary divider |               |              | •         | 3b        | _                        | 520.                        |
|   | 4a           |   | 4a         |                        |            | axable amount    |               |              | •         | 4b        |                          | 520.                        |
| Standard  | 5a           |   | 5a         |                        |            | axable amount    |               |              |           | 5b        | _                        |                             |
| Deduction for-                                    | 6a           | -   | 6a         |                        |            | axable amount    |               |              |           | 6b        | _                        |                             |
| <ul> <li>Single or<br/>Married filing</li> </ul>  | c            | If you elect to use the lump-sum e  |            | nethod, check here     |            |                  |               |              | Ū.        |           |                          |                             |
| separately,                                       | 7            | Capital gain or (loss). Attach Schee  |            |                        |            |                  |               |              |           | 7         | 1                        | -1.                         |
| <ul><li>\$12,950</li><li>Married filing</li></ul> | 8            | Other income from Schedule 1, lin   |            |                        |            |                  |               |              |           | 8         |                          | 13,750.                     |
| jointly or<br>Qualifying                          | 9            | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,  |            |                        |            |                  |               |              |           | 9         |                          | 26,411.                     |
| surviving spouse,                                 | 10           | Adjustments to income from Sche   |            | -                      |            |                  |               |              |           | 10        |                          |                             |
| \$25,900<br>• Head of                             | 11           | Subtract line 10 from line 9. This is   |            |                        |            |                  |               |              |           | 11        | -                        | 26,411.                     |
| household,  | 12           | Standard deduction or itemized  | •          |                        |            |                  |               |              |           | 12        |                          | 12,950.                     |
| \$19,400<br>• If you checked                      | 13           | Qualified business income deducti   |            |                        |            | 95-A             |               |              |           | 13        |                          | 0.                          |
| any box under<br>Standard                         | 14           | Add lines 12 and 13   |            |                        |            |                  |               |              |           | 14        | -                        | 12,950.                     |
| Deduction,  | 15           | Subtract line 14 from line 11. If zer   |            |                        |            |                  | е.            |              |           | 15        |                          | 13,461.                     |
| see instructions.                                 |              |   |            |                        |            |                  |               |              |           |           |                          |                             |

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2022)

| Form 1040 (2022                      | 2)       |  |                          |                     |                    |                 |           |                        |         | Page   |
|--------------------------------------|----------|--|--------------------------|---------------------|--------------------|-----------------|-----------|------------------------|---------|--|
| Tax and                              | 16       | Tax (see instructions). Check          | if any from Form         | (s): <b>1</b> 🗌 881 | 4 <b>2</b> 4972    | 3               |           |                        | 16      | 21,020                                       |
| Credits                              | 17       | Amount from Schedule 2, lir            | ne3                      |                     |                    |                 |           |                        | 17      |  |
|                                      | 18       | Add lines 16 and 17                    |                          |                     |                    |                 |           |                        | 18      | 21,020                                       |
|                                      | 19       | Child tax credit or credit for         | other dependen           | ts from Sched       | ule 8812           |                 |           |                        | 19      |  |
|                                      | 20       | Amount from Schedule 3, lir            | ne8                      |                     |                    |                 |           |                        | 20      |  |
|                                      | 21       | Add lines 19 and 20                    |                          |                     |                    |                 |           |                        | 21      |  |
|                                      | 22       | Subtract line 21 from line 18          | . If zero or less,       | enter -0            |                    |                 |           |                        | 22      | 21,020                                       |
|                                      | 23       | Other taxes, including self-e          | mployment tax,           | from Schedule       | e 2, line 21 .     |                 |           |                        | 23      | 0  |
|                                      | 24       | Add lines 22 and 23. This is           | your total tax           |                     |                    |                 |           |                        | 24      | 21,020                                       |
| Payments                             | 25       | Federal income tax withheld            |                          |                     |                    |                 |           |                        |         |  |
| -                                    | а        | Form(s) W-2                            |                          |                     |                    | 25a             | 26        | ,625.                  |         |  |
|                                      | b        | Form(s) 1099                           |                          |                     |                    | 25b             |           |                        |         |  |
|                                      | с        | Other forms (see instruction           | s)                       |                     |                    | 25c             |           |                        |         |  |
|                                      | d        | Add lines 25a through 25c              |                          |                     |                    |                 |           |                        | 25d     | 26,625                                       |
| If you have a                        | 26       | 2022 estimated tax paymen              | ts and amount a          | pplied from 20      | 21 return .        |                 |           |                        | 26      |  |
| qualifying child,                    | 27       | Earned income credit (EIC)             |                          |                     | No                 | 27              |           |                        |         |  |
| attach Sch. EIC.                     | 28       | Additional child tax credit from       | m Schedule 8812          | 2                   |                    | 28              |           |                        |         |  |
|                                      | 29       | American opportunity credit            | from Form 8863           | 3, line 8           |                    | 29              |           |                        |         |  |
|                                      | 30       | Reserved for future use .              |                          |                     |                    | 30              |           |                        |         |  |
|                                      | 31       | Amount from Schedule 3, lir            | ne 15                    |                     |                    | 31              |           |                        |         |  |
|                                      | 32       | Add lines 27, 28, 29, and 31           | . These are your         | total other pa      | ayments and ref    | undable         | credits   |                        | 32      |  |
|                                      | 33       | Add lines 25d, 26, and 32. T           | hese are your <b>to</b>  | otal payments       |                    |                 |           |                        | 33      | 26,625                                       |
| Refund                               | 34       | If line 33 is more than line 24        | 4, subtract line 2       | 4 from line 33.     | This is the amou   | nt you <b>o</b> | verpaid   |                        | 34      | 5,605  |
| lioidiid                             | 35a      | Amount of line 34 you want             |                          |                     | 3 is attached, che | ck here         |           | . 🗆                    | 35a     | 5,605  |
| Direct deposit?                      | b        | Routing number 1 2 2                   |                          |                     | c Type: 🛛 🗙        | ] Checki        | ng 🗌 S    | Savings                |         |  |
| See instructions.                    | d        | Account number 3 1 0                   | 8 6 3 8                  | 2 1                 |                    |                 |           |                        |         |  |
|                                      | 36       | Amount of line 34 you want             | applied to your          | 2023 estimate       | edtax              | 36              |           |                        |         |  |
| Amount                               | 37       | Subtract line 33 from line 24          |                          |                     |                    |                 |           |                        |         |  |
| You Owe                              |          | For details on how to pay, g           | o to <i>www.ir</i> s.gov | /Payments or        | see instructions   |                 |           |                        | 37      |  |
|                                      | 38       | Estimated tax penalty (see in          | nstructions) .           |                     |                    | 38              |           |                        |         |  |
| <b>Third Party</b>                   |          | you want to allow another              | person to disc           | cuss this retu      | rn with the IRS?   | See             | _         |                        |         | _  |
| Designee                             |          | structions                             |                          |                     |                    | L               | _         | mplete k               |         | X No   |
|                                      | De<br>na | signee's<br>me                         |                          | Phone no.           |                    |                 |           | nal identi<br>er (PIN) | ication |  |
| Ciana                                |          | der penalties of perjury, I declare t  | hat I have examine       |                     |                    | odulos ar       |           | ( )                    | the her |  |
| Sign                                 |          | lief, they are true, correct, and corr |                          |                     |                    |                 |           |                        |         |  |
| Here                                 | Yo       | ur signature                           |                          | Date                | Your occupation    |                 |           | If the                 | IRS se  | nt you an Identity                           |
|                                      |          | -                                      |                          |                     |                    |                 |           |                        |         | IN, enter it here                            |
| Joint return?                        |          |  |                          |                     | SOFTWARE 1         |                 | EER       |                        | inst.)  |  |
| See instructions.<br>Keep a copy for | Sp       | ouse's signature. If a joint return,   | <b>both</b> must sign.   | Date                | Spouse's occupat   | ion             |           |                        |         | nt your spouse an<br>ection PIN, enter it he |
| your records.                        |          |  |                          |                     |                    |                 |           | (see                   |         |  |
|                                      | Ph       | one no. (480)401-616                   | 7                        | Email address       | LVKRISHNA9         | 66@GM           | AIL.CO    | M                      |         |  |
| D. M                                 |          | eparer's name                          | Preparer's signat        |                     |                    | Date            |           | PTIN                   |         | Check if:                                    |
| Paid                                 | SYAM     | I PRIYA RAM SAGAR GUPTA TALLAM         | SYAM PRIYA               | RAM SAGAR           | GUPTA TALLAM       | 02/2            | 3/2023    | P0208                  | 2703    | Self-employed                                |
| Preparer                             |          | m's name GLOBAL TA                     |                          |                     |                    |                 |           |                        |         | 678)965-952                                  |
| Use Only                             |          |  | Y CT E BRU               | NSWICK N            | J 08816            |                 |           |                        | 's EIN  | 84-317196                                    |
|                                      |          | n1040 for instructions and the late    |                          |                     | DAA                | DE1 ( 00 (      | 10/00 DDC |                        |         | Earm 1040 (20                                |

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

BAA REV 02/10/23 PRO

Form **1040** (2022)

| 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 | Your social security number |
|---|-----------------------------|
| VAMSI KRISHNA LANKA                             | 762-41-0635                 |
| Part I Additional Income                        |                             |

| rai | Additional income   |           |            |          |
|-----|---|-----------|------------|----------|
| 1   | Taxable refunds, credits, or offsets of state and local income taxes          |           | 1          |          |
| 2a  | Alimony received  |           | <b>2</b> a |          |
| 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. Att |           | 5          | -13,750. |
| 6   | Farm income or (loss). Attach Schedule F                                      |           | 6          |          |
| 7   | Unemployment compensation   |           | 7          |          |
| 8   | Other income:   |           |            |          |
| а   | Net operating loss  | 8a (      | )          |          |
| b   | Gambling  | 8b        |            |          |
| С   | Cancellation of debt  | 8c        |            |          |
| d   | Foreign earned income exclusion from Form 2555                                | 8d (      | )          |          |
| е   | Income from Form 8853   | 8e        |            |          |
| f   | Income from Form 8889   | 8f        |            |          |
| g   | Alaska Permanent Fund dividends   | 8g        |            |          |
| h   | Jury duty pay   | 8h        |            |          |
| i   | Prizes and awards   | 8i        |            |          |
| j   | Activity not engaged in for profit income                                     | 8j        |            |          |
| k   | Stock options   | 8k        |            |          |
| 1   | Income from the rental of personal property if you engaged in the rental      |           |            |          |
|     | for profit but were not in the business of renting such property              | 81        |            |          |
| m   | Olympic and Paralympic medals and USOC prize money (see                       |           |            |          |
|     | instructions)   | 8m        |            |          |
| n   | Section 951(a) inclusion (see instructions)                                   | 8n        |            |          |
| ο   | Section 951A(a) inclusion (see instructions)                                  | 80        |            |          |
| р   | Section 461(I) excess business loss adjustment                                | 8p        |            |          |
| q   | Taxable distributions from an ABLE account (see instructions)                 | 8q        |            |          |
| r   | Scholarship and fellowship grants not reported on Form W-2                    | 8r        |            |          |
| S   | Nontaxable amount of Medicaid waiver payments included on Form                |           |            |          |
|     | 1040, line 1a or 1d   | 8s (      | )          |          |
| t   | Pension or annuity from a nonqualifed deferred compensation plan or           |           |            |          |
|     | a nongovernmental section 457 plan  | 8t        |            |          |
| u   | Wages earned while incarcerated   | 8u        |            |          |
| z   | 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-SF         |           | 10         | -13,750. |
|     |   | · · · · · | · ·        |          |

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

Schedule 1 (Form 1040) 2022

| 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       Remalty on early withdrawal of savings       18         19a       Alimony paid       19a         19a       Alimony paid       19a         19a       Recipient's SSN       20         21       Student loan interest deduction       21         22       Reserved for future use       22         23       Archer MSA deduction       21         24       24a       24a         24a       24a       24a   | Par | t II Adjustments to Income   |       |           |      |    |                     |
|--|-----|--|-------|-----------|------|----|---------------------|
| officials. Attach Form 2106       12         13       Health savings account deduction. Attach Form 8889       13         14       15         15       Deductible part of self-employment tax. Attach Schedule SE       15         16       Self-employed SEP, SIMPLE, and qualified plans       16         17       18       Penalty on early withdrawal of savings       18         19a       Alimony paid       19a       19a         19a       Detection or separation agreement (see instructions):       20         21       Student loan interest deduction       21         22       Reserved for future use       22         23       Archer MSA deduction       23         24       Other adjustments:       23         24       Jury duty pay (see instructions)       24a         24       24a       24a         24       24a       24a         24       24a       24a         24a       24a       24a   | 11  | Educator expenses  |       |           |      | 11 |                     |
| officials. Attach Form 2106       12         13       Health savings account deduction. Attach Form 889       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       Image: Self-employed health insurance deduction       17         18       Penalty on early withdrawal of savings       18         19a       Airmony paid       19a         b Recipient's SSN       20         c Date of original divorce or separation agreement (see instructions):       20         21       Student loan interest deduction       21         22       Reserved for future use       22         23       Archer MSA deduction       23         24       Other adjustments:       24a         a Jury duty pay (see instructions)       24a         b Deductible expenses related to income reported on line 81 from the rental of personal property engaged in for profit       24a         c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 81.       24d         g Contributions to section 501(c)(18)(D) pension plans       24d         4       Refor  | 12  | Certain business expenses of reservists, performing artists, and fee | -basi | is govern | ment |    |                     |
| 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       17       Self-employed health insurance deduction       17         18       Penalty on early withdrawal of savings       18         19a       Mimony paid       19a         19       Alimony paid       19a         20       IRA deduction       20         21       Student loan interest deduction       21         22       23       Archer MSA deduction       23         24       Other adjustments:       22       23         24       Other adjustments:       24a       24a         24       Other adjustments:       24a       24b         24       Other adjustments:       24d       24c         24       Exessend for future use       24a       24b         24       Other adjustments:       24d       24c         24       Contributions to section 501(c)(18)(D) pension plans       24d         24       Exess adduction form Form 2555       24d       24e         24i       24i <td></td> <td>officials. Attach Form 2106</td> <td></td> <td></td> <td></td> <td>12</td> <td></td>   |     | officials. Attach Form 2106  |       |           |      | 12 |                     |
| 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       18         19a       Detection       19a         19a       Image: Signal divorce or separation agreement (see instructions):       20         21       Student loan interest deduction       21         22       Reserved for future use       22         23       Archer MSA deduction       21         24       Other adjustments:       24         24       Other adjustments:       24a         24       Deductible expenses related to income reported on line 81 from the rental of personal property engaged in for profit       24c         24       Zeta       24d         24       24d       24d         24       Zeta       24d  | 13  |  |       |           |      | 13 |                     |
| 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       18         19a       Detection       19a         19a       Image: Signal divorce or separation agreement (see instructions):       20         21       Student loan interest deduction       21         22       Reserved for future use       22         23       Archer MSA deduction       21         24       Other adjustments:       24         24       Other adjustments:       24a         24       Deductible expenses related to income reported on line 81 from the rental of personal property engaged in for profit       24c         24       Zeta       24d         24       24d       24d         24       Zeta       24d  | 14  | Moving expenses for members of the Armed Forces. Attach Form 3903    |       |           |      | 14 |                     |
| 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       20         c       Date of original divorce or separation agreement (see instructions):       20         21       Student loan interest deduction       21         22       Reserved for future use       22         23       Archer MSA deduction       21         24       Other adjustments:       23         a       Jury duty pay (see instructions)       24a         b       Deductible expenses related to income reported on line 81 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         24d       24d       24e         24d       24e       24d         g       Contributions to section 501(c)(18)(D) pension plans       24e         24d       24g       24g         h       Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)       24i <t< td=""><td>15</td><td></td><td></td><td></td><td></td><td>15</td><td></td></t<>  | 15  |  |       |           |      | 15 |                     |
| 17       Self-employed health insurance deduction       17         18       Penalty on early withdrawal of savings       18         19a       Alimony paid       19a         19a       Description (SSN)       19a         19a       Description (SSN)       19a         19a       Description (SSN)       19a         20       Date of original divorce or separation agreement (see instructions):       20         21       Student loan interest deduction       21         22       Reserved for future use       22         23       Archer MSA deduction       22         24       Other adjustments:       24a         24       Other adjustments:       24a         24       Deductible expenses related to income reported on line 8 from the rental of personal property engaged in for profit       24a         24d       24d       24d         24d       24d       2  | 16  |  |       |           |      | 16 |                     |
| 18       Penalty on early withdrawal of savings       18         19a       Alimony paid       19a         b       Recipient's SSN       19a         c       Date of original divorce or separation agreement (see instructions):       20         20       IRA deduction       20         21       Student loan interest deduction       21         22       advectorin       22         23       Archer MSA deduction       23         24       Other adjustments:       23         a       Jury duty pay (see instructions)       24a         b       Deductible expenses related to income reported on line 81 from the rental of personal property engaged in for profit       24a         c       Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m       24c         24d       24d       24d         24d       24d       24d         g       Contributions to section 501(c)(18)(D) pension plans       24g         f       Contributions by certain chaplains to section involving certain unlawful discrimination claims (see instructions)       24i         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  | 17  |  |       |           |      |    |                     |
| 19a       Alimony paid       19a         b       Recipient's SSN       19a         c       Date of original divorce or separation agreement (see instructions):       20         20       IRA deduction       21         21       Student loan interest deduction       21         22       Preserved for future use       23         23       Archer MSA deduction       23         24       Other adjustments:       24a         a       Jury duty pay (see instructions)       24a         b       Deductible expenses related to income reported on line 81 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       24d         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)       24i         j       Housing deduction from Form 2555       24j       24i         z       24i       24i         z4i <td< td=""><td>18</td><td></td><td></td><td></td><td></td><td>18</td><td></td></td<>   | 18  |  |       |           |      | 18 |                     |
| b       Recipient's SSN       20         c       Date of original divorce or separation agreement (see instructions):       20         20       IRA deduction       20         21       Student loan interest deduction       21         22       Reserved for future use       22         23       Archer MSA deduction       21         24       Other adjustments:       24a         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         24d       24d       24d         e       Repayment of supplemental unemployment benefits under the Trade Act of 1974       24f         g       Contributions by certain chaplains to section 403(b) plans       24g         f       Contributions by certain chaplains to section sinvolving certain unlawful discrimination claims (see instructions)       24i         i       Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)       24i         j       Housing deduction from Form 2555       24i         z       Other adjustments. List type a   | 19a |  |       |           |      |    |                     |
| c       Date of original divorce or separation agreement (see instructions):       20         20       IRA deduction       20         21       Student loan interest deduction       21         22       Reserved for future use       22         23       Archer MSA deduction       23         24       Other adjustments:       23         a       Jury duty pay (see instructions)       23         24       Other adjustments:       24a         b       Deductible expenses related to income reported on line 81 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         a dury duty pay (see instructions)       24d       24d         e       Repayment of supplemental unemployment benefits under the Trade Act of 1974       24ff         g       Contributions by certain chaplains to section 403(b) plans       24ff         g Contributions by certain chaplains to section with an award from the IRS for information you provided that helped the IRS detect tax law violations       24i         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 of section 67(e) expenses from Schedule K-1 (Form 1041)       24i       24i     <   |     |  |       |           |      |    |                     |
| 20       IRA deduction       20         21       Student loan interest deduction       21         22       Reserved for future use       22         23       Archer MSA deduction       22         24       Other adjustments:       23         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       24d         g       Contributions to section 501(c)(18)(D) pension plans       24f         g       Contributions to section 501(c)(18)(D) pension plans       24h         i       Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)       24i         j       Housing deduction from Form 2555       24i         z       24i       24i         z4i       24i         z4i       24z         z4i       24z         j       Housing deduction from Form 2555   |     | Date of original divorce or separation agreement (see instructions): |       |           |      |    |                     |
| 21       Student loan interest deduction       21         22       Reserved for future use       22         23       Archer MSA deduction       23         24       Other adjustments:       24         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       24a         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         g Contributions by certain chaplains to section 403(b) plans       24g         f Contributions by certain chaplains to section 403(b) plans       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 255       24i       24i         24i       24i       24i  | 20  |  |       |           |      | 20 |                     |
| 22       22         23       Archer MSA deduction       23         24       Other adjustments:       24a         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       24d         f       Contributions to section 501(c)(18)(D) pension plans       24g         g       Contributions to section 501(c)(18)(D) pension plans       24g         i       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         z       Other adjustments. List type and amount:       24z         25       Total other adjustments. Add lines 24a through 24z       24z         26       Add lines 11 through 23 and 25. These are your adjust  |     |  |       |           |      |    |                     |
| 23       Archer MSA deduction       23         24       Other adjustments:       24         a       Jury duty pay (see instructions)       24a         b       Deductible expenses related to income reported on line 8 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       24f         g       Contributions to section 501(c)(18)(D) pension plans       24g         f       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)       24g         j       Housing deduction from Form 2555       24i         j       Housing deduction of Section 67(e) expenses from Schedule K-1 (Form 1041)       24k         z4i       24z         z4z       24z         z4z       24z         z5       Total other adjustments. List type and amount:       24z         z4z       24z         z4i       24z         z4z       24z     <   |     |  |       |           |      |    |                     |
| 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       24b         c       Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m       24c       24d         d       Reforestation amortization and expenses       24d       24d       24d         e       Repayment of supplemental unemployment benefits under the Trade Act of 1974       24e       24f       24g         g       Contributions to section 501(c)(18)(D) pension plans       24f       24g       24g         j       Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)       24h       24h       24h         j       Housing deduction from Form 2555       24i       24i       24i       24i         24i   |     |  |       |           |      |    |                     |
| <ul> <li>a Jury duty pay (see instructions)</li> <li>b Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit</li> <li>c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m</li> <li>d Reforestation amortization and expenses</li> <li>e Repayment of supplemental unemployment benefits under the Trade Act of 1974</li> <li>g Contributions to section 501(c)(18)(D) pension plans</li> <li>g Contributions by certain chaplains to section 403(b) plans</li> <li>h Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)</li> <li>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</li> <li>j Housing deduction from Form 2555</li> <li>k Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)</li> <li>c Other adjustments. List type and amount:</li> <li>24z</li> <li>25 Total other adjustments. Add lines 24a through 24z</li> <li>26 Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on</li> </ul>   |     |  |       |           |      |    |                     |
| 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       24d         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)       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:       24k         z4z       24z       24z         z5       Total other adjustments. Add lines 24a through 24z       25       Total other adjustments. Add lines 24a through 24z       25   |     | •  | 24a   |           |      |    |                     |
| <ul> <li>rental of personal property engaged in for profit</li> <li>Nontaxable amount of the value of Olympic and Paralympic medals<br/>and USOC prize money reported on line 8m</li> <li>Beforestation amortization and expenses</li> <li>Repayment of supplemental unemployment benefits under the Trade<br/>Act of 1974</li> <li>Contributions to section 501(c)(18)(D) pension plans</li> <li>Contributions by certain chaplains to section 403(b) plans</li> <li>Attorney fees and court costs for actions involving certain unlawful<br/>discrimination claims (see instructions)</li> <li>Attorney fees and court costs you paid in connection with an award<br/>from the IRS for information you provided that helped the IRS detect<br/>tax law violations</li> <li>Housing deduction from Form 2555</li> <li>Other adjustments. List type and amount:</li> <li>24k</li> <li>24i</li> <li>24i</li></ul> | _   |  |       |           |      |    |                     |
| <ul> <li>c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m</li></ul>  |     |  | 24b   |           |      |    |                     |
| and USOC prize money reported on line 8m   | C   |  |       |           |      |    |                     |
| d Reforestation amortization and expenses   e Repayment of supplemental unemployment benefits under the Trade Act of 1974   Act of 1974  | Ū   |  | 24c   |           |      |    |                     |
| <ul> <li>e Repayment of supplemental unemployment benefits under the Trade Act of 1974</li></ul>   | Ь   |  |       |           |      | -  |                     |
| Act of 1974 24e   f Contributions to section 501(c)(18)(D) pension plans   g Contributions by certain chaplains to section 403(b) plans   h Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)   i Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations   j Housing deduction from Form 2555   k Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)   z Other adjustments. List type and amount:   25 Total other adjustments. Add lines 24a through 24z   26 Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on  |     |  |       |           |      | -  |                     |
| <ul> <li>f Contributions to section 501(c)(18)(D) pension plans</li></ul>  | Ũ   |  | 24e   |           |      |    |                     |
| <ul> <li>g Contributions by certain chaplains to section 403(b) plans</li></ul>  | f   |  |       |           |      |    |                     |
| <ul> <li>h Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)</li></ul>   | -   |  |       |           |      |    |                     |
| <ul> <li>discrimination claims (see instructions).</li> <li>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</li> <li>j Housing deduction from Form 2555.</li> <li>k Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041).</li> <li>24i</li> <li>2</li></ul>                     |     |  | 9     |           |      |    |                     |
| <ul> <li>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</li> <li>j Housing deduction from Form 2555</li> <li>k Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)</li> <li>24i</li> <li>24i</li> <li>24j</li> <li>24k</li> <li>24k</li> <li>24z</li> </ul>  |     |  | 24h   |           |      |    |                     |
| <pre>from the IRS for information you provided that helped the IRS detect<br/>tax law violations</pre>   | i   |  |       |           |      |    |                     |
| i 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: 24k   25 Total other adjustments. Add lines 24a through 24z 24z   26 Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on  |     | from the IRS for information you provided that helped the IRS detect |       |           |      |    |                     |
| <ul> <li>j Housing deduction from Form 2555</li></ul>  |     |  | 24i   |           |      |    |                     |
| k       Excess deductions of section 67(e) expenses from Schedule K-1 (Form         1041)       1041)         z       Other adjustments. List type and amount:         25       Total other adjustments. Add lines 24a through 24z         26       Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on  | i   |  |       |           |      |    |                     |
| 1041)       24k         Z       Other adjustments. List type and amount:         25       Total other adjustments. Add lines 24a through 24z         26       Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on  | k   |  |       |           |      |    |                     |
| <ul> <li>Z Other adjustments. List type and amount:</li></ul>  | N   |  | 24k   |           |      |    |                     |
| 25       Total other adjustments. Add lines 24a through 24z       24z       25         26       Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on       25   | 7   |  |       |           |      | -  |                     |
| <ul> <li>25 Total other adjustments. Add lines 24a through 24z</li></ul>   | ~   |  | 247   |           |      |    |                     |
| 26 Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on   | 25  | Total other adjustments. Add lines 24a through 24z                   |       |           |      | 25 |                     |
|  |     |  |       |           |      | 20 |                     |
|  | 20  |  |       |           |      | 26 |                     |
| BAA REV 02/10/23 PRO Schedule 1 (Form 1040) 2  |     |  |       |           |      |    | 0.1 (Earm 1040) 000 |

#### SCHEDULE D (Form 1040)

## **Capital Gains and Losses**

OMB No. 1545-0074

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

Go to *www.irs.gov/ScheduleD* for instructions and the latest information. Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10. 2022 Attachment Sequence No. 12

Department of the Treasury Internal Revenue Service Name(s) shown on return

VAMSI KRISHNA LANKA

Your social security number

762-41-0635

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? 
Yes X No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

#### Part I Short-Term Capital Gains and Losses – Generally Assets Held One Year or Less (see instructions)

| lines<br>This | instructions for how to figure the amounts to enter on the below.<br>form may be easier to complete if you round off cents to e dollars.  | <b>(d)</b><br>Proceeds<br>(sales price) | <b>(e)</b><br>Cost<br>(or other basis) | (g)<br>Adjustment<br>to gain or loss<br>Form(s) 8949, F<br>line 2, columr | from<br>Part I, | (h) Gain or (loss)<br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g) |
|---------------|---|---|--|---|-----------------|---|
| 1a            | Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b. |   |  |   |                 |   |
| 1b            | Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked  |   |  |   |                 |   |
| 2             | Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked  |   |  |   |                 |   |
| 3             | Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked  | 12.                                     | 13.                                    |   |                 | -1.   |
| 4             | Short-term gain from Form 6252 and short-term gain or (I  | oss) from Forms 4                       | 684, 6781, and 88                      | 324   | 4               |   |
| 5             | Net short-term gain or (loss) from partnerships, Schedule(s) K-1  |   |  |   | 5               |   |
| 6             | Short-term capital loss carryover. Enter the amount, if an <b>Worksheet</b> in the instructions   | Carryover                               | 6                                      | ( )   |                 |   |
| 7             | Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise  |   | 7                                      | -1.   |                 |   |

#### Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year (see instructions)

| See instructions for how to figure the amounts to enter on the lines below.  |  | (d)<br>Proceeds | (e)<br>Cost      | <b>(g)</b><br>Adjustmen                             |          | (h) Gain or (loss)<br>Subtract column (e)                    |
|--|--|-----------------|------------------|---|----------|--|
|  | form may be easier to complete if you round off cents to e dollars.  | (sales price)   | (or other basis) | to gain or loss<br>Form(s) 8949, I<br>line 2, colum | Part II, | from column (d) and<br>combine the result<br>with column (g) |
| 8a   | Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b. |                 |                  |   |          |  |
| 8b   | Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked   |                 |                  |   |          |  |
| 9  | Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked   |                 |                  |   |          |  |
| 10   | Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked.  |                 |                  |   |          |  |
| 11   | Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824   | , ,             | 11               |   |          |  |
| <ul> <li>12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1</li> <li>13 Capital gain distributions. See the instructions</li> </ul> |  |                 |                  |   |          |  |
|  | Long-term capital loss carryover. Enter the amount, if any   | 13              |                  |   |          |  |
| •••  | Worksheet in the instructions  | -               | 14               | ( )   |          |  |
| 15   | Net long-term capital gain or (loss). Combine lines 8a on the back .   | •               | .,               |   | 15       |  |

Part III

| Part | III Summary  |      |                        |            |
|------|--|------|------------------------|------------|
| 16   | Combine lines 7 and 15 and enter the result  | 16   | -1                     | . <b>.</b> |
|      | <ul> <li>If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7.<br/>Then, go to line 17 below.</li> </ul>  |      |                        |            |
|      | • If line 16 is a <b>loss</b> , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.   |      |                        |            |
|      | • If line 16 is <b>zero</b> , skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.   |      |                        |            |
| 17   | Are lines 15 and 16 <b>both</b> gains?   |      |                        |            |
|      | <ul> <li>☐ No. Skip lines 18 through 21, and go to line 22.</li> </ul>   |      |                        |            |
| 18   | If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet   | 18   |                        |            |
| 19   | If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet   | 19   |                        |            |
| 20   | <ul> <li>Are lines 18 and 19 both zero or blank and you are not filing Form 4952?</li> <li>Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below.</li> </ul> |      |                        |            |
|      | □ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.   |      |                        |            |
| 21   | If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:  |      |                        |            |
|      | <ul> <li>The loss on line 16; or</li> <li>(\$3,000), or if married filing separately, (\$1,500)</li> </ul>   | 21 ( | (1.                    | . )        |
|      | Note: When figuring which amount is smaller, treat both amounts as positive numbers.   |      |                        |            |
| 22   | Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?  |      |                        |            |
|      | Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16.   |      |                        |            |
|      | □ No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.   |      |                        |            |
|      | REV 02/10/23 PRO   | Sch  | edule D (Form 1040) 20 | 022        |

Form **8949** 

## Sales and Other Dispositions of Capital Assets

Go to www.irs.gov/Form8949 for instructions and the latest information.

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.



Department of the Treasury Internal Revenue Service Name(s) shown on return

| Name(s) snown on return | Social security number or taxpayer identification number |
|-------------------------|--|
| VAMSI KRISHNA LANKA     | 762-41-0635  |

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

**Note:** You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

(A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

X (C) Short-term transactions not reported to you on Form 1099-B

| <b>1</b><br>(a)<br>Description of property   | <b>(b)</b><br>Date acquired                    | (c)<br>Date sold or<br>disposed of | <b>(d)</b><br>Proceeds              | (e)<br>Cost or other basis<br>See the <b>Note</b> below<br>and see <i>Column</i> (e) | Adjustment, if any, to gain or loss<br>If you enter an amount in column (g),<br>enter a code in column (f).<br>See the separate instructions. |                                       | If you enter an amount in column (g),<br>enter a code in column (f).<br>See the separate instructions. |  | (h)<br>Gain or (loss)<br>Subtract column (e)<br>from column (d) and |  |
|--|--|------------------------------------|-------------------------------------|--|---|---------------------------------------|--|--|---|--|
| (Example: 100 sh. XYZ Co.)   | (Mo., day, yr.)                                | (Mo., day, yr.)                    | (sales price)<br>(see instructions) | in the separate<br>instructions.   | (f)<br>Code(s) from<br>instructions   | <b>(g)</b><br>Amount of<br>adjustment | combine the result<br>with column (g).   |  |   |  |
| Robinhood Securities LL  | C 07/16/22                                     | 12/31/22                           | 12.                                 | 13.  |   |                                       | -1.  |  |   |  |
|  |  |                                    |                                     |  |   |                                       |  |  |   |  |
|  |  |                                    |                                     |  |   |                                       |  |  |   |  |
|  |  |                                    |                                     |  |   |                                       |  |  |   |  |
|  |  |                                    |                                     |  |   |                                       |  |  |   |  |
|  |  |                                    |                                     |  |   |                                       |  |  |   |  |
|  |  |                                    |                                     |  |   |                                       |  |  |   |  |
|  |  |                                    |                                     |  |   |                                       |  |  |   |  |
|  |  |                                    |                                     |  |   |                                       |  |  |   |  |
|  |  |                                    |                                     |  |   |                                       |  |  |   |  |
|  |  |                                    |                                     |  |   |                                       |  |  |   |  |
|  |  |                                    |                                     |  |   |                                       |  |  |   |  |
|  |  |                                    |                                     |  |   |                                       |  |  |   |  |
|  |  |                                    |                                     |  |   |                                       |  |  |   |  |
| 2 Totals. Add the amounts in columnegative amounts). Enter each to Schedule D, line 1b (if Box A abo above is checked), or line 3 (if Bo | otal here and inc<br>ve is checked), <b>li</b> | lude on your<br>ne 2 (if Box B     | 12.                                 | 13.  |   |                                       | -1.  |  |   |  |

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

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

|        |   |           |     | Supplementa  |                |             |          |           |                 | <b>.</b>      | OMB N       | o. 1545-0074              |
|--------|---|-----------|-----|--|----------------|-------------|----------|-----------|-----------------|---------------|-------------|---------------------------|
| (FOIII | (Form 1040) (From rental real estate, royalties, partners |           |     |  |                |             |          | Cs, etc.) | 2022            |               |             |                           |
|        | nent of the Treasury<br>Revenue Service                   |           |     | Attach to Form 1040,<br>Go to www.irs.gov/ScheduleE fo                             |                |             |          |           | oformation      |               | Attachr     | ment<br>nce No. <b>13</b> |
|        | ) shown on return   |           |     | do to www.iis.gov/Scheduler 10   | i instru       |             |          | itest ii  | normation.      | Your soci     | al security |                           |
|        | I KRISHNA   | T.ANKA    |     |  |                |             |          |           |                 |               | 1-0635      |                           |
| Part   |   |           |     | From Rental Real Estate an   | nd Ro          | valties     |          |           |                 | 702 1         | 1 0055      | ·                         |
|        | Note: If yo   | ou are in | the | e business of renting personal proper<br>from <b>Form 4835</b> on page 2, line 40. |                |             | e C. See | instru    | ictions. If you | are an indi   | vidual, rep | oort farm                 |
|        | Did you make an   | iy paym   | nen | nts in 2022 that would require you   |                |             |          |           |                 |               |             | es 🛛 No                   |
| B      | f "Yes," did you  | or will   | yo  | u file required Form(s) 1099? .  |                |             |          |           |                 |               | . 🗌 Ye      | es 🗌 No                   |
| 1a     |   |           |     | ch property (street, city, state, ZII  |                |             |          |           |                 |               |             |                           |
| Α      | DOOR NO:2   | 0-21-     | 33  | 3 VINAYAKNAGAR VIZIANAG  | GARAN          | M. ANDHE    | RA PR    | ADES      | H TN 535        | 002           |             |                           |
| B      |   |           |     |  |                | .,          |          |           |                 | 001           |             |                           |
| C      |   |           |     |  |                |             |          |           |                 |               |             |                           |
| 1b     | Type of Prope   | rty 2     |     | For each rental real estate prope  | ertv lis       | ted         |          | Fa        | air Rental      | Persor        | nal Use     | 0.11/                     |
|        | (from list below  |           |     | above, report the number of fair   | rental         | and         |          |           | Days            |               | iys         | QJV                       |
| Α      | 3   |           |     | personal use days. Check the Q   |                |             | Α        |           | 365             |               | 0           |                           |
| В      |   |           |     | if you meet the requirements to f<br>qualified joint venture. See instru           |                |             | В        |           |                 |               |             |                           |
| С      |   |           |     | quaimed joint venture. See instru  | LCLION         | 5.          | С        |           |                 |               |             |                           |
| Туре   | of Property:  |           |     |  |                |             |          |           |                 |               |             |                           |
| 1      | Single Family R   | esiden    | ce  | 3 Vacation/Short-Term Ren  | ntal           | 5 Lanc      | k        |           | Self-Rental     |               |             |                           |
| 2      | Multi-Family Re   | sidenc    | е   | 4 Commercial   |                | 6 Roya      | alties   | 8         | Other (desc     | ribe)         |             |                           |
|        |   |           |     |  |                |             |          |           | Propert         |               |             |                           |
| Incom  | ne:   |           |     |  |                |             | Α        |           | В               |               |             | С                         |
| 3      | Rents received  | ł         |     |  | 3              |             | 6        | 70.       |                 |               |             | -                         |
| 4      |   |           |     |  | 4              |             |          |           |                 |               |             |                           |
| Exper  |   |           |     |  |                |             |          |           |                 |               |             |                           |
| 5      |   |           |     |  | 5              |             |          |           |                 |               |             |                           |
| 6      |   |           |     | tructions)   | 6              |             |          |           |                 |               |             |                           |
| 7      | Cleaning and r  | nainter   | nan |  | 7              |             | 1,5      | 90.       |                 |               |             |                           |
| 8      | Commissions   |           |     |  | 8              |             |          |           |                 |               |             |                           |
| 9      | Insurance   |           |     |  | 9              |             |          |           |                 |               |             |                           |
| 10     | Legal and othe  | er profe  | ssi | ional fees   | 10             |             |          |           |                 |               |             |                           |
| 11     | Management f  | ees .     |     |  | 11             |             | 1,4      | 50.       |                 |               |             |                           |
| 12     | Mortgage inter  | rest pai  | d t | o banks, etc. (see instructions)   | 12             |             |          |           |                 |               |             |                           |
| 13     | Other interest  |           |     |  | 13             |             |          |           |                 |               |             |                           |
| 14     | Repairs   |           |     |  | 14             |             | 3,5      | 10.       |                 |               |             |                           |
| 15     | Supplies  |           |     |  | 15             |             | 3,8      | 40.       |                 |               |             |                           |
| 16     |   |           |     |  | 16             |             |          |           |                 |               |             |                           |
| 17     |   |           |     |  | 17             |             | 4,0      | 30.       |                 |               |             |                           |
| 18     |   |           |     | r depletion  | 18             |             |          |           |                 |               |             |                           |
| 19     | Other (list)  |           |     |  | 19             |             |          |           |                 |               |             |                           |
| 20     |   |           |     | es 5 through 19  | 20             |             | 14,4     | 20.       |                 |               |             |                           |
| 21     | result is a (loss   | s), see i | ins | e 3 (rents) and/or 4 (royalties). If structions to find out if you must            | 21             |             | -13,7    | 50.       |                 |               |             |                           |
| 22     |   |           |     | state loss after limitation, if any, ructions)                                     | 22             | (           | 13,75    | 50.)      | (               | )             | (           |                           |
| 23a    | Total of all amo  | ounts re  | epo | orted on line 3 for all rental prope   | rties          |             |          | 23a       |                 | 670.          |             |                           |
| b      |   |           | -   | orted on line 4 for all royalty prop   |                |             |          | 23b       |                 |               |             |                           |
| с      |   |           | -   | orted on line 12 for all properties  |                |             |          | 23c       |                 |               |             |                           |
| d      |   |           | -   | orted on line 18 for all properties  |                |             |          | 23d       |                 |               |             |                           |
| е      | Total of all amo  | ounts re  | еро | orted on line 20 for all properties  |                |             |          | 23e       | 14              | 4,420.        |             |                           |
| 24     | Income. Add   | positiv   | e a | mounts shown on line 21. Do no   | <b>t</b> inclu | ude any lo  | osses    |           |                 | . 24          |             |                           |
| 25     | Losses. Add ro  | oyalty lo | ss  | es from line 21 and rental real esta   | te loss        | ses from li | ne 22. E | Inter t   | otal losses he  | ere <b>25</b> | (           | 13,750.                   |

Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 20 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 .

-13,750. 26

-13,750.

Schedule E (Form 1040) 2022

88 Form Department of the Treasury

Internal Revenue Service

## Health Savings Accounts (HSAs)

OMB No. 1545-0074 2022

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

Go to www.irs.gov/Form8889 for instructions and the latest information.

| Attachment<br>Sequence No. <b>52</b>              |
|---|
| ber of HSA beneficiary.<br>HSAs, see instructions |
| <br>  |

|       |  |                 |       | HSA beneficiary.<br>As, see instructions. |  |  |
|-------|--|-----------------|-------|---|--|--|
| VAMS  | VAMSI KRISHNA LANKA 762-41-  |                 |       |   |  |  |
| Befor | <b>re you begin:</b> Complete Form 8853, Archer MSAs and Long-Term Care Insurance C  | Contracts, if r | requi | red.                                      |  |  |
| Part  | HSA Contributions and Deduction. See the instructions before completing t<br>and both you and your spouse each have separate HSAs, complete a separat  |                 |       |   |  |  |
| 1     | Check the box to indicate your coverage under a high-deductible health plan (HDHP) du See instructions   |                 | Self  | f-only 🗌 Family                           |  |  |
| 2     | HSA contributions you made for 2022 (or those made on your behalf), including those mature unextended due date of your tax return that were for 2022. <b>Do not</b> include employer contributions through a cafeteria plan, or rollovers. See instructions                      | ntributions,    | 2     | 0.  |  |  |
| 3     | If you were under age 55 at the end of 2022 and, on the first day of <b>every</b> month during were, or were considered, an eligible individual with the <b>same</b> coverage, enter \$3,650 (family coverage). <b>All others</b> , see the instructions for the amount to enter | \$7,300 for     | 3     | 3,650.                                    |  |  |
| 4     | Enter the amount you and your employer contributed to your Archer MSAs for 2022 from F lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during include any amount contributed to your spouse's Archer MSAs                                     | 2022, also      | 4     | 0.  |  |  |
| 5     | Subtract line 4 from line 3. If zero or less, enter -0   | [               | 5     | 3,650.                                    |  |  |
| 6     | Enter the amount from line 5. But if you and your spouse each have separate HSAs and coverage under an HDHP at any time during 2022, see the instructions for the amount to en   |                 | 6     | 3,650.                                    |  |  |
| 7     | If you were age 55 or older at the end of 2022, married, and you or your spouse had family under an HDHP at any time during 2022, enter your additional contribution amount. See inst  |                 | 7     | 0.  |  |  |
| 8     | Add lines 6 and 7  |                 | 8     | 3,650.                                    |  |  |
| 9     | Employer contributions made to your HSAs for 2022  | 2,150.          |       |   |  |  |
| 10    | Qualified HSA funding distributions         10   |                 |       |   |  |  |
| 11    | Add lines 9 and 10   |                 | 11    | 2,150.                                    |  |  |
| 12    | Subtract line 11 from line 8. If zero or less, enter -0  |                 | 12    | 1,500.                                    |  |  |
| 13    | HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Pa   | · · · ·         | 13    | 0.  |  |  |
|       | Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instruction  |                 |       |   |  |  |
| Part  | a separate Part II for each spouse.  | · .             |       | SAs, complete                             |  |  |
| 14a   | Total distributions you received in 2022 from all HSAs (see instructions)  | [               | 14a   |   |  |  |
| b     | Distributions included on line 14a that you rolled over to another HSA. Also include a   |                 |       |   |  |  |
|       | contributions (and the earnings on those excess contributions) included on line 14a  |                 |       |   |  |  |
|       | withdrawn by the due date of your return. See instructions   |                 | 14b   |   |  |  |
|       | Subtract line 14b from line 14a  |                 | 14c   |   |  |  |
| 15    | Qualified medical expenses paid using HSA distributions (see instructions)   |                 | 15    |   |  |  |
| 16    | <b>Taxable HSA distributions.</b> Subtract line 15 from line 14c. If zero or less, enter -0 Also, in amount in the total on Schedule 1 (Form 1040), Part I, line 8f  |                 | 16    |   |  |  |
|       | If any of the distributions included on line 16 meet any of the <b>Exceptions to the Addition</b> . <b>Tax</b> (see instructions), check here  | 🗆 🛛             |       |   |  |  |
| b     | Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on liare subject to the additional 20% tax. Also, include this amount in the total on Schedu 1040), Part II, line 17c  | le 2 (Form      | 17b   |   |  |  |
| Part  |  |                 |       | efore                                     |  |  |
|       | completing this part. If you are filing jointly and both you and your spouse each complete a separate Part III for each spouse.  |                 |       |   |  |  |
| 18    | Last-month rule  |                 | 18    |   |  |  |
| 19    | Qualified HSA funding distribution   |                 | 19    |   |  |  |
| 20    | Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I,  | line 8f .       | 20    |   |  |  |
| 21    | Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedu   | le 2 (Form      |       |   |  |  |
|       | 1040). Part II. line 17d   |                 | 21    |   |  |  |

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

REV 02/10/23 PRO BAA

| Form <b>8995</b> |
|------------------|
|------------------|

## Qualified Business Income Deduction Simplified Computation

Attach to your tax return.

Department of the Treasury Internal Revenue Service

|                               | -                      |                     |
|-------------------------------|------------------------|---------------------|
| Go to www.irs.gov/Form8995 fo | r instructions and the | latest information. |

OMB No. 1545-2294

| Name(s) sho | wn on return |       |  |
|-------------|--------------|-------|--|
| VAMSI       | KRISHNA      | LANKA |  |

Your taxpayer identification number 762-41-0635

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

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

| 1        | (a) Trade, business, or aggregation name (b) Taxpayer identification number                      |                | • • •    | (c) Qualified business income or (loss) |  |
|----------|--|----------------|----------|---|--|
|          |  |                |          |   |  |
| i        |  |                |          |   |  |
|          |  |                |          |   |  |
| ii       |  |                |          |   |  |
| iii      |  |                |          |   |  |
| _        |  |                |          |   |  |
| iv       |  |                |          |   |  |
| v        |  |                |          |   |  |
|          |  |                |          |   |  |
| 2        | Total qualified business income or (loss). Combine lines 1i through 1v, column (c)               | 2              |          |   |  |
| 3        | Qualified business net (loss) carryforward from the prior year                                   | 3 ( )          |          |   |  |
| 4        | Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-               | 4              |          |   |  |
| 5        | Qualified business income component. Multiply line 4 by 20% (0.20)                               |                | 5        |   |  |
| 6        | Qualified REIT dividends and publicly traded partnership (PTP) income or (loss)                  |                |          |   |  |
|          | (see instructions)   | <b>6</b> 2.    |          |   |  |
| 7        | Qualified REIT dividends and qualified PTP (loss) carryforward from the prior                    | _ /            |          |   |  |
|          |  | 7 ( )          |          |   |  |
| 8        | Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0- | 8 2.           |          |   |  |
| 9        | REIT and PTP component. Multiply line 8 by 20% (0.20)  |                | 9        | 0.                                      |  |
| 10       | Qualified business income deduction before the income limitation. Add lines 5 an                 |                | 10       | 0.                                      |  |
| 11       | Taxable income before qualified business income deduction (see instructions)                     | 11 113,461.    |          |   |  |
| 12       | Net capital gain (see instructions)  | <b>12</b> 515. |          |   |  |
| 13       | Subtract line 12 from line 11. If zero or less, enter -0   |                |          |   |  |
| 14       | Income limitation. Multiply line 13 by 20% (0.20)  |                | 14       | 22,589.                                 |  |
| 15       | Qualified business income deduction. Enter the smaller of line 10 or line 14. Also               |                | 45       | _                                       |  |
| 16       | the applicable line of your return (see instructions)  |                | 15<br>16 | 0.                                      |  |
| 16<br>17 | Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than             |                | 10       | ( 0.)                                   |  |
| 17       | Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 a zero, enter -0     |                | 17       | ( 0.)                                   |  |
| For Pri  |  | 10/23 PRO      |          | Form <b>8995</b> (2022)                 |  |

### E-file Signature Authorization (Arizona Forms 140, 140A, 140EZ, 140NR and 140PY)

Do not mail this form to the Arizona Department of Revenue. The ERO must retain this document a minimum of four years.

| Your First Name and Initial                           | Last Name |                 | Your Social Security Number*  |
|---|-----------|-----------------|-------------------------------|
| VAMSI KRISHNA   | LANKA     | Enter           | 762   41   0635               |
| Your Spouse's First Name and Initial (if filed joint) | Last Name | your<br>SSN(s). | Spouse's Social Security No.* |

PART 1 – PURPOSE (If you are e-filing a Small Business Income Tax Return, also complete Form AZ-8879 SBI)\*Do Not Truncate

• To certify the truthfulness, correctness, and completeness of the taxpayer's electronic income tax return.

• To authorize the Electronic Return Originator (ERO) to affirm that the taxpayer wishes to use the taxpayer's electronic signature to the taxpayer's federal individual income tax return as the taxpayer's signature to the taxpayer's electronic Arizona individual income tax return.

| PART 2 – TAX RETURN INFORMATION             |                    | PART 3 – FINANCIAL INST     | TITUTION INFORMATION           |
|---|--------------------|-----------------------------|--------------------------------|
|   |                    | Must be present when reques | sting direct debit or deposit. |
| 1 Arizona Adjusted Gross Income 4,243 00    |                    | Foreign Account Deposit/    | Debit: See instructions below. |
| 2 Balance Of Tax                            |                    | TYPE OF ACCOUNT             |                                |
| 3 Arizona Income Tax Withheld 0 00          |                    | Checking Savings            |                                |
| Check box 4 <u>or</u> box 5:                |                    | ACCOUNT NUMBER              |                                |
| 4 <b>REFUND:</b> Enter the amount of refund | 00                 |                             |                                |
| 5 AMOUNT YOU OWE: Enter the amount owed     | 97 <mark>00</mark> | DIRECT DEBIT REQUEST DATE   | \$                             |

**Box 4 Checkbox – Refund:** You are due a refund based on the information provided on your tax return. Your refund amount will be deposited in the account listed in the Financial Institution Information Section (Part 3).

**Box 5 Checkbox – Amount You Owe:** You owe taxes based on the information provided on your tax return. You have elected to direct debit for payment. The payment will be withdrawn from the account and on the date listed in the Financial Institution Information Section (Part 3).

Foreign Account Deposit/Debit Checkbox: Check the "Foreign Account Deposit/Debit" box if your deposit will be ultimately placed in or come from a foreign account. If you check this box, do not enter your account numbers. If this box is checked, we will not direct deposit or debit your account. If you are due a refund, we will send you a check instead. If you owe tax, you must mail a check to the Arizona Department of Revenue, PO Box 29085, Phoenix, AZ 85038-9085.

#### PART 4 – DECLARATION AND SIGNATURE AUTHORIZATION (Sign only after completing Part 2)

Under penalties of perjury, I declare that I have examined a copy of my electronic Arizona individual income tax return and accompanying schedules and statements for the year ending December 31, 2022, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts of Arizona adjusted gross income, total tax, Arizona income tax withheld, and refund (or amount owed) listed above are the amounts shown on the copy of my electronic Arizona income tax return.

- **6a** I consent that my refund be directly deposited as designated in the electronic portion of my 2022 Arizona individual income tax return. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.
- **6b** I do not want direct deposit of my refund or I am not receiving a refund.
- **6c** I authorize the Arizona Department of Revenue (ADOR) 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 Arizona taxes owed on this return. 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.

If I have filed a balance due return, I understand that if the ADOR does not receive full and timely payment of my tax liability by April 18, 2023, I will remain liable for the tax liability and all applicable interest and penalties. When electronically filing my federal and state tax returns, I understand that if there is an error on my federal return, my state return will also be rejected.

I consent to my Electronic Return Originator (ERO) or On-Line Service Provider (OLSP) sending my electronic Arizona individual income tax return and accompanying schedules and statements to ADOR, and I consent to my ERO or OLSP sending such information to ADOR through a transmitter. I consent to ADOR sending my ERO, OLSP and/or transmitter an acknowledgement of receipt of transmission and an indication of whether or not the transmission of my return is accepted and, if the return is rejected, the reason(s) for the rejection. If the processing of my return or refund is delayed, I authorize ADOR to disclose to my ERO, OLSP and/ or transmitter the reason(s) for the delay, or when the refund was sent. If ADOR contacts my ERO for a copy of my return, any documents or schedules to my return, and/or this authorization form, I authorize my ERO to release copies of the requested documents to ADOR.

#### I authorize GLOBAL TAXES LLC

#### (ELECTRONIC RETURN ORIGINATOR)

to make the election that I want my electronic signature to my electronic federal individual income tax return to serve as my signature to my electronic Arizona individual income tax return for the year ending December 31, 2022. I understand that when my ERO makes the election that my electronic signature to my federal individual income tax return will serve as my signature to my Arizona individual income tax return and declared under penalties of perjury that to the best of my knowledge and belief the return is true, correct and complete.

| ERE          | →        |                                |      |
|--------------|----------|--------------------------------|------|
| SE SIGN HERE | <b>→</b> | YOUR PEN AND INK SIGNATURE     | DATE |
| PLEASE       |          | SPOUSE'S PEN AND INK SIGNATURE | DATE |

| RETURN.                           |                                |            | Arizona Form<br>140NR Nonr   | esident P           | ersonal Ind                        | come Ta                           | ax Retu    | urn              | FO                            | -     | LENDAR YEAR                      | ł        |
|-----------------------------------|--------------------------------|------------|--|---------------------|------------------------------------|-----------------------------------|------------|------------------|-------------------------------|-------|----------------------------------|----------|
|                                   | 82F                            |            | heck box 82F<br>filing under extension OR FISCAL Y   | EAR BEGINNIN        | IG L . L .                         | 2,0,2,2                           | 2 AND E    |                  |                               |       |                                  | . 66F    |
| 빌                                 |                                | Your I     | irst Name and Middle Initial   |                     | Last Name                          |                                   |            | Cratan           | Your S                        | iocia | I Security Nu                    | umber    |
|                                   |                                |            | SI KRISHNA   |                     | LANKA                              |                                   |            | Enter            | 762                           |       | 41 <sub> </sub> 063              |          |
| 2                                 |                                | Spous      | e's First Name and Middle Initial (if box 4 or 6   | checked)            | Last Name                          |                                   |            | your<br>SSN(s).  | Spouse                        | e's S | ocial Securi                     | ty No.   |
| Σ                                 | 1                              |            |  |                     |                                    |                                   |            |                  |                               |       |                                  |          |
| ITEMS                             |                                |            | nt Home Address - number and street, rural ro  | ute                 |                                    | Apt. No.                          |            |                  |                               |       | area code)                       |          |
| ANY I                             |                                |            | 30 MAYA LINDA RD   |                     |                                    | C203                              |            | <b>94</b> (480   | · · ·                         |       |                                  |          |
|                                   |                                |            | own or Post Office State   |                     | ZIP Code                           |                                   | Last Nar   | nes Used in Las  | st Four                       | Prior | Year(s) (if dif                  | ferent)  |
| STAPLE                            | 3                              | SAN        | DIEGO CA   |                     | 92126                              |                                   |            |                  |                               |       |                                  | 97       |
| Ā                                 | SU                             | 4          | Married filing joint return 4a Injure  | d Spouse Prote      | ection of Joint Ov                 | erpayment                         | 88R        | JE USE ONLY. I   | DO NO                         | ТМА   | RK IN THIS A                     | REA.     |
| <u>เ</u>                          | TAT                            | 5          | Head of household: Enter name of qualifying  | ng child or depend  | lent on next line:                 |                                   |            |                  |                               |       |                                  |          |
| NOT                               | FILING STATUS                  |            | _ ·  |                     | I                                  |                                   |            |                  |                               |       |                                  |          |
| DO                                |                                | 6          | Married filing separate return: Enter spou   | se's name and So    | cial Security Numb                 | er above.                         |            |                  |                               |       |                                  |          |
|                                   |                                | 7          | <ul> <li>Single</li> <li>Enter the number claimed. Do not put</li> </ul>   | a check mark        |                                    |                                   |            |                  |                               |       |                                  |          |
|                                   | 10b                            | •          |  |                     | and 9, also comp                   | lete lines 47                     | 81P PM     |                  |                               | 80P   | RCVD                             |          |
|                                   | and                            | 8<br>9     |  |                     | a and 10b, comple                  |                                   |            |                  |                               |       |                                  |          |
|                                   | 10a                            | 10a        | Dependents: Under age of 17. <b>10</b>   | Depende             | ents: Age 17 and                   | over                              |            |                  |                               |       |                                  |          |
|                                   | ŝ                              |            | · •  | -                   | -                                  |                                   |            |                  |                               |       |                                  |          |
|                                   |                                | 11-13      | Residency Status (check one): 11 X Nonr  |                     |                                    |                                   |            |                  |                               |       |                                  | 29)      |
|                                   | Depen                          |            | (Box 10a and 10b): Dependent Information   | See instruction     |                                    |                                   | 1          |                  |                               | ige 4 |                                  |          |
|                                   | <u>-</u> 6                     |            | (a)<br>FIRST AND LAST NAME   | SOCI                | (b)<br>AL SECURITY NO.             | (c)<br>RELATIONSH                 | IP NO. OF  |                  | (e)<br>endent A<br>cluded in: | ge    | (f)<br>✓ if you did no           | ot claim |
|                                   | and                            |            | (Do not list yourself or spouse.)  |                     |                                    |                                   |            |                  |                               | 2     | this person or<br>federal return | due to   |
|                                   | œ                              |            |  |                     |                                    |                                   |            | (Box 10          | 0a) (Box                      | (10b) | educational c                    | redits   |
|                                   | Exemptions                     |            |  |                     |                                    |                                   |            |                  |                               | 片     | <u> </u>                         |          |
|                                   | mp1                            |            |  |                     |                                    |                                   |            |                  |                               | 片     | <u> </u>                         |          |
| R                                 | Exe                            | 10e<br>10f |  |                     |                                    |                                   |            |                  |                               | 片     | <u> </u>                         |          |
| 40                                | ľ                              |            | Check box 14 if married and you are the spou   | se of an active     | duty military men                  | nher                              | 2023       | 2 FEDERAL        |                               | 20    | )22 ARIZON                       | Δ        |
| after Form 140NR                  |                                | 14         | who qualifies for relief under the Military Spou   |                     |                                    |                                   |            | om Federal Ret   | urn                           |       | Irce Amount C                    |          |
| 10                                |                                | 15         | Wages, salaries, tips, etc   |                     |                                    |                                   | 15         | 139,601          | 00                            |       | 4,24                             | 3 00     |
| Ϋ́                                |                                |            | Interest   |                     |                                    |                                   | 16         | 41               | 00                            |       |                                  | 0 00     |
| aft.                              |                                | 17         | Dividends  |                     |                                    |                                   | 17         | 520              | 00                            |       |                                  | 0 00     |
| ts                                | a                              | 18         | Arizona income tax refunds   |                     |                                    |                                   | 18         |                  | 00                            |       |                                  | 00       |
|                                   | nco                            | 19         | Business income or (loss) from federal Sched   | ule C               |                                    |                                   | 19         |                  | 00                            |       |                                  | 00       |
| m                                 | Arizona Inc                    | 20         | Gains or (losses) from federal Schedule D. Se  |                     |                                    | F                                 | 20         | -1               |                               |       |                                  | 000      |
| 00                                | <b>Vrizo</b>                   | 21         | Rents, royalties, partnerships, estates, trusts, small I   |                     |                                    | F                                 | 21         | -13,750          |                               |       |                                  | 000      |
| er c                              | 4                              |            | Other income reported on your federal return.  | -                   |                                    | F                                 | 22         | 126,411          | 00                            |       |                                  | 000      |
| ţ                                 |                                |            | Total income: Add lines 15 through 22  |                     |                                    | F                                 | 23         |                  | 00                            |       | 4,24                             | 00       |
| )r 0                              |                                |            | Other federal adjustments: Include your own scl<br>Federal adjusted gross income: Subtract line 2-   |                     |                                    |                                   |            | 126,411          |                               |       |                                  | 100      |
| SS C                              |                                |            | Arizona gross income: Subtract line 24 from line   |                     |                                    |                                   |            |                  | · · · ·                       | _     | 4,24                             | 3 00     |
| schedules or other documer        |                                | 20         | Arizona income ratio: Divide line 26 by line 25,   |                     |                                    |                                   |            |                  |                               |       | 0.03                             |          |
| per                               | Ì                              |            | Small Business Income: 28S check the box if yo   |                     |                                    |                                   |            |                  |                               | _     |                                  | 00       |
| sch                               |                                |            | Modified Arizona gross income. Subtract line   |                     |                                    |                                   |            |                  |                               |       | 4,24                             | 3 00     |
| A                                 | su                             | 30 -       | otal depreciation included in Arizona gross inc  | ome                 | <u></u>                            |                                   |            |                  | . 30                          |       |                                  | 00       |
| p                                 | Additio                        | This I     | ox may be blank or may contain a printed barcode o   | f data from your re | eturn.<br>■IIII <b>31</b> Partners | ship Income ad                    | justment.  | See instructions | 31                            |       |                                  | 00       |
| lar                               | Adc                            |            | n der kannen der en der bereiten bereiten bereiten bereiten bereiten bereiten bereiten bereiten bereiten bereit  |                     | 32 Other Ad                        | dditions to Inco                  | me. See in | structions       | . 32 🔄                        |       |                                  | 00       |
| era                               |                                |            |  |                     |                                    |                                   |            | and 32           |                               |       | 4,24                             | 3 00     |
| ede                               | ge 2                           |            | orensksfijksksksksksksksks   | NI SEBERN           |                                    | ced gain/loss                     |            | 0                |                               |       |                                  |          |
| Place any required federal and AZ | Subtractions – cont. on page 2 |            | x range ser se   |                     |                                    | rm gain/loss                      |            | 0                | 00                            |       |                                  |          |
| lire                              | lt. o                          |            | or the second of | BFBFBFBN.           |                                    | 0                                 | 36         | 0                |                               |       |                                  |          |
| nbę                               | con                            |            | or the second  |                     |                                    | ain. See instr.<br>line 37 by 25% |            |                  |                               |       |                                  | 0 00     |
| γre                               | - SL                           |            | ar da kar hezer i kar kar sen her  |                     |                                    |                                   |            | all business     |                               |       |                                  | 00       |
| an                                | ctio                           |            |  |                     |                                    |                                   |            | 1                |                               |       |                                  | 00       |
| S                                 | otra                           |            |  |                     |                                    |                                   | •          | ions             |                               |       |                                  | 00       |
| Pla                               | Su                             |            |  |                     |                                    | •                                 |            | line 33          |                               |       | 4,24                             | 3 00     |

| ſ  | Your | Name (as shown on page 1) Your Social Sec   | urity Numbe | er            |           |     |
|--|------|---|-------------|---------------|-----------|-----|
|  | VAI  | MSI KRISHNA LANKA 762-41-   | 0635        |               |           |     |
| 1.0                                      | 43   | Interest on U.S. obligations such as U.S. savings bonds and treasury bills  | 43          | 3             |           | 00  |
| Subtractions<br>ont. from pag            | 44   | Agricultural crops contributed to Arizona charitable organizations  |             |               |           | 00  |
| fron                                     | 45   | Other Subtractions from Income: Complete Other Subtractions from Arizona Gross Income schedule on page  |             | 5             |           | 00  |
| Subtracti<br>cont. from                  | 46   | Subtract lines 43 through 45 from line 42. Enter the difference   |             |               | 4,243     |     |
| Ĭ  | 47   | Age 65 or over: Multiply the number in box 8 by \$2,100   |             | 0             |           | 100 |
| s  | 48   | Blind: Multiply the number in box 9 by \$1,500  | 0           | -             |           |     |
| Exemptions                               | 49   | Other Exemptions: See instructions49E Multiply the number in box 49E by \$2,300   | 0           | -             |           |     |
| dme                                      | 50   | Add lines 47, 48, and 49. Enter the total   | 0           | -             |           |     |
| Ĕ  | 51   | Multiply line 50 by the Arizona ratio on line 27  |             | -             |           | 00  |
|  | 52   | Arizona adjusted gross income: Subtract line 51 from line 46. If less than zero, enter "0"  |             |               | 4,243     |     |
| ľ  | 53   | Deductions: Check box and enter amount. See instructions  |             |               | 440       | 1   |
|  | 54   | If you checked box <b>53S</b> and claim charitable contributions, check <b>54C</b> Complete page 3. See instructions                                      |             |               |           | 00  |
|  | 55   | Arizona taxable income: Subtract lines 53 and 54 from line 52. If less than zero, enter "0"   |             |               | 3,803     |     |
| X  | 56   | Compute the tax using amount from line 55 and Tax TableS X and Y  |             | 6             |           | 00  |
| of Tax                                   | 57   | Tax from recapture of credits from Arizona Form 301, Part 2, line 32  |             | ,             |           | 00  |
| e  | 58   | Subtotal of tax: Add lines 56 and 57. Enter the total   |             |               | 97        | 00  |
| Balance                                  | 59   | Dependent Tax Credit. See instructions  |             |               |           | 00  |
| ä  | 60   | Nonrefundable credits from Arizona Form 301, Part 2, line 64  |             | )             |           | 00  |
|  | 61   | Balance of tax: Subtract lines 59 and 60 from line 58. If the sum of lines 59 and 60 is more than line 58, enter "0"                                      |             | I             | 97        |     |
|  | 62   | 2022 AZ income tax withheld   |             | 2             |           | 00  |
| and<br>dits                              | 63   | 2022 AZ estimated tax payments63a 00 Claim of Right 63b 00 Add 63a al   |             | Bc            |           | 00  |
| ents                                     | 64   | 2022 AZ extension payment (Form 204)  |             |               |           | 00  |
| Total Payments and<br>Refundable Credits | 65   | Other refundable credits: Check the box(es) and enter the total amount  |             | 5             |           | 00  |
| al P.                                    | 66   | Total payments and refundable credits: Add lines 62 through 65. Enter the total   |             | 6             | 0         | 00  |
| Tot<br>Re                                | 67   | TAX DUE: If line 61 is larger than line 66, subtract line 66 from line 61. Enter amount of tax due. Skip lines 68, 69 and 70                              | 67          | ,             | 97        | 00  |
| ent                                      | 68   | OVERPAYMENT: If line 66 is larger than line 61, subtract line 61 from line 66. Enter amount of overpayment  | 68          | 3             |           | 00  |
| ue c<br>aym                              | 69   | Amount of line 68 to be applied to 2023 estimated tax   | 69          | )             |           | 00  |
| Tax Due or<br>Overpayment                | 70   | Balance of overpayment: Subtract line 69 from line 68. Enter the difference   |             | )             |           | 00  |
| 6  | 71 - | - 81 Voluntary Gifts to: Solutions Teams Assigned to Schools  | 00          |               |           |     |
| fts                                      |      | Child Abuse Prevention  | 00          |               |           |     |
| / Gifts                                  |      | Neighbors Helping Neighbors76 00 Special Olympics   | 00          |               |           |     |
| Itary                                    |      | I Didn't Pay Enough Fund79 00 Sustainable State Parks and Road Fund   | 00          |               |           |     |
| Voluntary                                | 82   | Political Party (if amount is entered on line 75 - check only one): 821 Democratic 822 Libertarian 823 Republica  | an          |               |           |     |
| >  | 83   | Estimated payment penalty   | 83          | 3             |           | 00  |
| alty                                     | 84   | 841 Annualized/Other 842 Farmer or Fisherman 843 Form 221 included  |             |               |           |     |
| Pena                                     | 85   | Add lines 71 through 81 and 83. Enter the total   |             | 5             |           | 00  |
| -  | 86   | REFUND: Subtract line 85 from line 70. If less than zero, enter amount owed on line 87  |             | \$            |           | 00  |
| eq                                       |      | Direct Deposit of Refund: Check box 86A if your deposit will be ultimately placed in a foreign account; see instructions. 8 ROUTING NUMBER ACCOUNT NUMBER | 36 <b>A</b> |               |           |     |
| t 0 er                                   |      | 98     C Checking or<br>S Savings     C Checking or<br>C Checking or<br>S Savings     C COUNT NOMBER  |             |               |           |     |
| Refund or<br>Amount Owed                 | o-   |   |             | ,             | 07        | 00  |
| Α, Ε                                     | 87   | AMOUNT OWED: Add lines 67 and 85. Make check payable to Arizona Department of Revenue; write your SSN on payn   | nent 8/     |               | 57        | 100 |
|  |      | Under penalties of perjury, I declare that I have read this return and any documents with it, and to the best of r  | ny knowle   | dae and belie | f they ar | e   |
|  |      | true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which p  |             |               |           | Ŭ   |
| ш  | _    |   |             |               |           |     |
| Ř  | →    | SOFTWARE  | ENGINE      | EER           |           | _   |
| Ï  | ·    | YOUR SIGNATURE DATE OCCUPATION  |             |               |           |     |
| Z  | →    |   |             |               |           |     |
| 00                                       |      | SPOUSE'S SIGNATURE DATE SPOUSE'S OCCUP  | ATION       |               |           | -   |
| PLEASE SIGN HERE                         |      |   |             |               |           |     |
| ST                                       | i    | SYAM PRIYA RAM SAGAR GUPTA TALLAM<br>PAID PREPARER'S SIGNATURE DATE GLOBAL TAXES LLC<br>FIRM'S NAME (PREPARER'S IF SELF-EMPLOYI                           | ED)         |               |           | -   |
| Ш  |      |   | 171965      |               |           |     |
| Ы  | i    |   | ARER'S TIN  |               |           | -   |
|  |      | E BRUNSWICK NJ 08816 (678   | )965-9      | 522           |           |     |
|  | i    |   |             | ONE NUMBER    |           | _   |

If you are also sending a payment, mail to Arizona Department of Revenue, PO Box 52016, Phoenix, AZ 85072-2016 (PO Box 29204, Phoenix, AZ 85038-9204 if your return has a barcode). If you are not sending a payment, mail to Arizona Department of Revenue, PO Box 52138, Phoenix, AZ 85072-2138 (PO Box 29205, Phoenix, AZ 85038-9205 if your return has a barcode).

#### Include with your return.

For the calendar year 2022 or fiscal year beginning [ , ] , ] 2, 0, 2, 2 and ending [ , ] , ] .

| You | Name as shown on Form 140, 140PY, 140NR or 140X                                       |              |     |                               | Your Social Sec               | urity Number                                  |
|-----|---|--------------|-----|-------------------------------|-------------------------------|---|
| VAI | MSI KRISHNA LANKA   |              |     |                               | 762                           | 41   0635                                     |
| Spo | use's Name as shown on Form 140, 140PY, 140NR or 140X (if a joint returr              | ר)           |     |                               | Spouse's Socia                | Security Number                               |
|     |   |              |     |                               |                               |   |
| Par | t 1 Nonrefundable Individual Tax Credits Available: El                                | nter         | tot | al available tax o            | redits.                       | I   |
|     |   |              |     | (a)<br>Current<br>Year Credit | (b)<br>Available<br>Carryover | (c)<br>Total<br>Available Credit<br>(a) + (b) |
| 1   | Military Reuse Zone Credit Form 306   | •            | 1   |                               |                               | 00  |
| 2   | Credit for Increased Research Activities – Individuals Form 308-I                     |              | 2   |                               |                               | 00  |
| 3   | Credit for Taxes Paid to Another State or Country Form 309                            |              | 3   |                               |                               | 00  |
| 4   | Credit for Solar Energy Devices Form 310  |              | 4   |                               |                               | 00  |
| 5   | Agricultural Water Conservation System Credit Form 312                                |              | 5   |                               |                               | 00  |
| 6   | Credit for Solar Hot Water Heater Plumbing Stub Outs and                              |              |     |                               |                               |   |
|     | Electric Vehicle Recharge Outlets Form 319  |              | 6   |                               |                               | 00  |
| 7   | Credit for Contributions to Qualifying Charitable Organizations Form 321              |              | 7   |                               |                               | 00  |
| 8   | Credit for Contributions Made or Fees Paid to Public Schools Form 322                 | :►           | 8   |                               |                               | 00  |
| 9   | Credit for Contributions to Private School Tuition Organizations Form 323             | •            | 9   |                               |                               | 00  |
| 10  | Agricultural Pollution Control Equipment Credit Form 325                              | ► <u>1</u>   | 0   |                               |                               | 00  |
| 11  | Credit for Donation of School Site Form 331   | ▶ 1          | 1   |                               |                               | 00  |
| 12  | Credit for Employing National Guard Members Form 333                                  | ⊧ ▶ 1        | 2   |                               |                               | 00  |
| 13  | Credit for Business Contributions by an S Corporation to                              |              |     |                               |                               |   |
|     | School Tuition Organizations - Individual Form 335-I                                  | ▶ 1          | 3   |                               |                               | 00  |
| 14  | Credit for Solar Energy Devices – Commercial and                                      |              |     |                               |                               |   |
|     | Industrial Applications Form 336  | • ► <u>1</u> | 4   |                               |                               | 00  |
| 15  | Credit for Investment in Qualified Small Businesses Form 338                          | ⊧ ▶ 1        | 5   |                               |                               | 00  |
| 16  | Credit for Donations to the Military Family Relief Fund Form 340                      | ▶ 1          | 6   |                               |                               | 00  |
| 17  | Credit for Business Contributions by an S Corporation to School                       |              |     |                               |                               |   |
|     | Tuition Organizations for Displaced Students or Students with                         |              |     |                               |                               |   |
|     | Disabilities - Individual Form 341-I  | ▶ 1          | 7   |                               |                               | 00  |
| 18  | Renewable Energy Production Tax Credit Form 343                                       | ▶ 1          | 8   |                               |                               | 00  |
| 19  | Credit for New Employment Form 345  | ▶ 1          | 9   |                               |                               | 00  |
| 20  | Additional Credit for Increased Research Activities for                               |              |     |                               |                               |   |
|     | Basic Research Payments Form 346  | ▶ 2          | 20  |                               |                               | 00  |
| 21  | Credit for Contributions to Certified School Tuition Organizations                    |              |     |                               |                               |   |
|     | (for contributions that exceed the allowable credit on Arizona Form 323). Form 348 $$ | ► <u>2</u>   | 21  |                               |                               | 00  |
| 22  | Credit for Contributions to Qualifying Foster Care Charitable                         |              |     |                               |                               |   |
|     | Organizations Form 352  |              |     |                               |                               | 00  |
| 23  | Healthy Forest Production Tax Credit Form 353   |              |     |                               |                               | 00  |
| 24  | Affordable Housing Tax Credit   |              |     |                               |                               | 00  |
| 25  | Credit for Entity-Level Income Tax Form 355   |              |     |                               |                               | 00  |
| 26  | Reserved  |              |     |                               |                               | 0.00  |
| 27  | Total available nonrefundable tax credits: Add lines 1 through 25                     |              |     |                               |                               | 0 0<br>Continued on page 2 →                  |

You must include Form 301 and the corresponding credit form(s) for IMPORTANT which you computed your credit(s) with your individual income tax return.

| Your | Name (as shown on page 1) Your Social Secu  | ritv Nun | nbe  | er                |    |
|------|---|----------|------|-------------------|----|
|      | ISI KRISHNA LANKA 762-41-06   | ,        |      |                   |    |
| Par  | t 2 Application of Tax Credits and Recapture: Enter tax, recapture tax, and tax credits                               | used     | l th | nis taxable year. |    |
| 28   | Tax from Form 140, line 46; or Form 140PY, line 56; or Form 140NR, line 56; or  |          |      |                   |    |
|      | Form 140X, line 37  | 2        | 28   | 97                | 00 |
| 29   | Tax from Recapture of Credit for Qualified Facilities from Form 349, Part 7, line 19                                  | 00       |      |                   |    |
| 30   | Tax from Recapture of Credit for Affordable Housing from Form 354, Part 2, line 12                                    | 00       |      |                   |    |
| 31   | Reserved. Do not enter an amount on this line   |          |      |                   |    |
| 32   | Recapture Total: Add lines 29 and 30. Enter here and on Form 140, line 47; or Form 140PY, line 57; or                 |          |      |                   |    |
|      | Form 140NR, line 57; or Form 140X, line 38  | 3        | 2    |                   | 00 |
| 33   | Subtotal: Add lines 28 and 32   | 3        | 3    | 97                | 00 |
| 34   | Family Income Tax Credit from Form 140, line 50; or Form 140PY, line 60; or Form 140X, box 40a; <i>plus</i> Dependent | nt       |      |                   |    |
|      | Tax Credit from Form 140, line 49; or Form 140PY, line 59; or Form 140NR, line 59; or Form 140X, box 40b              | 3        | 4    |                   | 00 |
| 35   | Subtract line 34 from line 33. Enter the difference. If less than zero, enter "0"                                     | 3        | 5    | 97                | 00 |

|    | refundable Tax Credits Used This Taxable Year: Enter amounts actua                           |                  |                    |
|----|--|------------------|--------------------|
| 6  | Military Reuse Zone CreditForm 306 ►   | 36               | 00                 |
| ,  | Credit for Increased Research Activities – Individuals Form 308-I ►                          | 37               | 00                 |
|    | Credit for Taxes Paid to Another State or CountryForm 309 ►                                  | 38               | 00                 |
| )  | Credit for Solar Energy DevicesForm 310 ►  | 39               | 00                 |
| )  | Agricultural Water Conservation System CreditForm 312 ►                                      | 40               | 00                 |
| 1  | Credit for Solar Hot Water Heater Plumbing Stub Outs and                                     |                  |                    |
|    | Electric Vehicle Recharge Outlets  | 41               | 00                 |
| 2  | Credit for Contributions to Qualifying Charitable OrganizationsForm 321 ►                    | 42               | 00                 |
| 3  | Credit for Contributions Made or Fees Paid to Public SchoolsForm 322 ►                       | 43               | 00                 |
| 1  | Credit for Contributions to Private School Tuition OrganizationsForm 323 ►                   | 44               | 00                 |
| 5  | Agricultural Pollution Control Equipment CreditForm 325 ►                                    | 45               | 00                 |
| 6  | Credit for Donation of School SiteForm 331 ►   | 46               | 00                 |
| 7  | Credit for Employing National Guard MembersForm 333 ►  | 47               | 00                 |
| 8  | Credit for Business Contribution by an S Corporation to                                      |                  |                    |
|    | School Tuition Organizations - Individual Form 335-I ►                                       | 48               | 00                 |
| 9  | Credit for Solar Energy Devices – Commercial and Industrial ApplicationsForm 336 ►           | 49               | 00                 |
| )  | Credit for Investment in Qualified Small BusinessesForm 338 ►                                | 50               | 00                 |
| 1  | Credit for Donations to the Military Family Relief Fund: Enter the smaller of                |                  |                    |
|    | Form 301, Part 1, line 16 or Part 2, line 33Form 340 ►                                       | 51               | 0 00               |
| 2  | Credit for Business Contributions by an S Corporation to School Tuition                      |                  |                    |
|    | Organizations for Displaced Students or Students with Disabilities - Individual Form 341-I ► | 52               | 00                 |
| 3  | Renewable Energy Production Tax CreditForm 343 ►   | 53               | 00                 |
|    | Credit for New EmploymentForm 345 ►  | 54               | 00                 |
| 5  | Additional Credit for Increased Research Activities for Basic Research PaymentsForm 346 ►    | 55               | 00                 |
| 6  | Credit for Contributions to Certified School Tuition Organizations                           |                  |                    |
|    | (for contributions that exceed the maximum allowable credit on Arizona Form 323)Form 348 ►   | 56               | 00                 |
| 7  | Credit for Contributions to Qualifying Foster Care Charitable OrganizationsForm 352 ►        | 57               | 00                 |
|    | Healthy Forest Production Tax CreditForm 353 ►   | 58               | 00                 |
| Э. | Affordable Housing Tax CreditForm 354 ►  | 59               | 00                 |
| 0  | Credit for Entity-Level Income Tax Form 355 ►  | 60               | 00                 |
| 1  | Reserved   | 61               |                    |
|    |  |                  |                    |
| 2  | Tax credits used from Form 301: Add lines 36 through 60                                      |                  |                    |
| 3  | Tax credits used from Form 301-SBI, line 69  |                  |                    |
| 4  | Total Tax Credits Used: add lines 62 and 63. Enter this amount on Form 140, line 51; or I    | orm <sup>•</sup> | 140PY, line 61; or |

Form 140NR, line 60, or Form 140X, line 41. Total credits used cannot be more than line 35.....

64

0 00 00

For the calendar year 2022 or fiscal year beginning [ , ] , ] 2, 0, 2, 2 and ending [ , ] , ] .

| Your Name as shown on Form 140, 140NR, 140PY, or 140X                       | Your Social Security Number     |
|---|---------------------------------|
| VAMSI KRISHNA LANKA   | 762   41   0635                 |
| Spouse's Name as shown on Form 140, 140NR, 140PY, or 140X (if joint return) | Spouse's Social Security Number |
|   |                                 |

#### Part 1 Computation of Income Subject to Tax by Both Arizona and the Other State or Country During 2022

**B.** Other Country: If claiming a credit for taxes paid to another country, enter the country name If claiming a credit for taxes paid to more than one country, see instructions.

|        |   |                                       |        | (a)               |      | (                 | (b)            |          |       | (c)                |       |
|--------|---|---------------------------------------|--------|-------------------|------|-------------------|----------------|----------|-------|--------------------|-------|
| 1      | Description of income item(s).<br>List each income item<br>separately. Do <i>not</i> include any<br>income item reported on your<br>small business income tax return. | WAGES                                 |        |                   |      |                   |                |          |       |                    |       |
|        |   | _                                     | _      | (a)               | ,    |                   | (b)            |          |       | (c)                |       |
| 2      | Amount of income from item<br>on line 1 reportable to both  |                                       |        |                   |      |                   |                |          |       |                    |       |
|        | and the other state or count  | try                                   | 2 \$   | 141,751           | 00   | \$                |                | 00       |       | \$                 | 00    |
| 3      | Portion of income on line 2   |                                       |        |                   |      |                   |                |          |       |                    |       |
|        | included in Arizona adjusted gross income   |                                       | 3 \$   | 4,243             | 00   | \$                |                | 00       |       | \$                 | 00    |
| 4      | Portion of income on line 2   |                                       |        |                   |      |                   |                |          |       |                    |       |
|        | included in the other state of  |                                       |        |                   |      |                   |                |          |       |                    |       |
|        | country's equivalent of Arizo   |                                       |        | 0                 | 00   | <u>_</u>          |                |          |       | <b>•</b>           |       |
|        | adjusted gross income   | ·····  -                              | 4      | 0                 | 00   | \$                |                | 00       |       | \$                 | 00    |
| 5      | Income subject to tax by bo   | th                                    |        |                   |      |                   |                |          |       |                    |       |
|        | Arizona and the other state   | or                                    |        |                   |      |                   |                |          |       |                    |       |
|        | country. Enter the smaller o  | f the                                 |        |                   |      |                   |                |          |       |                    |       |
|        | amount entered on line 3 or   |                                       | 5   \$ |                   | 00   | \$                |                | 00       | -1    | \$                 | 00    |
| 6      | Total income subject to tax   |                                       |        |                   |      |                   |                |          |       |                    |       |
|        | (b), and (c). Include total from  | om additic                            | nal    | schedules. If les | s th | an zero, enter "( | 0". See instru | ctions   | 6     | \$                 | 0 00  |
| Part 2 | Computation of Other  | r State o                             | r Co   | ountry Tax Cre    | dit  | Lines 10 and      | 115: Enter dec | imal amo | unt t | o four places. (x. | XXXX) |
|        | (Read specific line instruction   |                                       |        |                   |      |                   |                |          |       |                    | Ţ     |
| 7      | Arizona tax liability less any  |                                       |        |                   |      |                   |                |          | 7     | 9                  | 7 00  |
| 8      | Amount from Part 1, line 6.   | · · · · · · · · · · · · · · · · · · · |        |                   |      |                   |                |          | 8     |                    | 0 00  |
| 9      | Entire income upon which A  |                                       |        |                   |      |                   |                |          | 9     | 4,24               | 3 00  |
| 10     | Divide the amount on line 8   |                                       |        |                   |      |                   |                |          | 10    | 0.000              | 0     |
| 11     | Multiply the amount on line   |                                       |        |                   |      |                   |                |          | 11    |                    | 0 00  |
| 12     | Income tax paid to: Name of   |                                       |        |                   |      |                   |                | i        | 12b   | 8,08               | - 1   |
| 13     | Amount from Part 1, line 6.   |                                       |        |                   |      |                   |                |          | 13    |                    | 0 00  |
|        | Entire income upon which o  |                                       |        |                   |      |                   |                |          | 14    | 128,56             |       |
| 15     | Divide the amount on line 1   |                                       |        |                   |      |                   |                |          | 15    | 0.000              | _     |
| 16     | Multiply the amount on line   | •                                     |        |                   |      |                   |                |          | 16    |                    | 0 00  |
| 17     | Allowable credit for taxes pa<br>more than one state or court   |                                       |        |                   |      | -                 | -              |          |       |                    |       |
|        | Also, enter this amount on A  | -                                     |        |                   |      |                   |                |          | 17    |                    | 0 00  |

| Your Name (as shown on page 1) | Your Social Security Number |
|--------------------------------|-----------------------------|
| VAMSI KRISHNA LANKA            | 762-41-0635                 |

## Schedule of Income Allocation

Complete this schedule only if you are an Arizona resident who is also considered to be a resident of another state under the laws of that other state (dual resident); otherwise, skip this schedule. See pages 2 and 5 of the instructions.

|    |   | (a)<br>Amount reported<br>on your 2022<br>federal income<br>tax return |    | (b)<br>Amount entered<br>in column (a)<br>reported on<br>your 2022<br>Arizona income<br>tax return |    | (c)<br>Amount entered in<br>column (a) reporte<br>on your 2022 retur<br>filed to your statutor<br>state of residence | n  | (d)<br>Amount entered in<br>column (c) that would l<br>sourced to your statuto<br>state of residence as<br>income of a nonreside<br>of that state | ory |
|----|---|--|----|--|----|--|----|---|-----|
| 1  | Wages, salaries, tips, etc  | \$   | 00 | \$   | 00 | \$   | 00 | \$  | 00  |
| 2  | Interest  | \$   | 00 | \$   | 00 | \$   | 00 | \$  | 00  |
| 3  | Dividends   | \$   | 00 | \$   | 00 | \$   | 00 | \$  | 00  |
|    | Business income or (loss) from<br>federal Schedule C                            | \$   | 00 | \$   | 00 | \$   | 00 | \$  | 00  |
|    | Gains or (losses) from<br>federal Schedule D<br>Rents, royalties, partnerships, | \$   | 00 | \$   | 00 | \$   | 00 | \$  | 00  |
|    | estates, trusts, small business<br>corporations from federal Schedule E         | \$   | 00 | \$   | 00 | \$   | 00 | \$  | 00  |
|    | Other income reported on your federal return                                    | \$   | 00 | \$   | 00 | \$   | 00 | \$  | 00  |
| 8  | Total Income: Add lines 1 through 7.  | \$   | 00 | \$   | 00 | \$   | 00 | \$  | 00  |
| 9  | Other federal adjustments: List on line   | es 9a through 9c:  |    |  |    |  |    |   |     |
| 9a |   | \$   | 00 | \$   | 00 | \$   | 00 | \$  | 00  |
| 9b |   | \$   | 00 | \$   | 00 | \$   | 00 | \$  | 00  |
| 9c |   | \$   | 00 | \$   | 00 | \$   | 00 | \$  | 00  |
|    | Total adjustments: Add lines 9a through 9c for each column                      | \$   | 00 | \$   | 00 | \$   | 00 | \$  | 00  |
|    | Adjusted Gross Income: Subtract line 9d from line 8 for each column             | \$   | 00 | \$   | 00 | \$   | 00 | \$  | 00  |

## Arizona Individual Income Tax Payment Voucher for Electronic Filing of Form 140, 140PY or 140NR

| Y   | our First Name and Middle Initial  |                          | Last Name          |             | _     |                   | cial Security | Number     |
|-----|--|--------------------------|--------------------|-------------|-------|-------------------|---------------|------------|
| 1   | VAMSI KRISHNA  |                          | LANKA              |             |       | nter 762          | 41 0          | 635        |
| S   | pouse's First Name and Middle Initial  |                          | Last Name          |             | -     | Spouse            | 's Social Sec | curity No. |
| 1   |  |                          |                    |             | 5     | SN(s).            | 1 1           |            |
|     | Current Home Address - number and str  | eet, rural route         |                    | Apt. No.    | D     | aytime Phone (w   | ith area cod  | e)         |
| 2   | 10380 MAYA LINDA RD  |                          |                    | C203        | 9     | <b>4</b> (480)401 | -6167         |            |
|     | City, Town or Post Office  | State                    | ZIP Code           | ·           |       | USE ONLY. DO NO   | T MARK IN TH  | IIS AREA.  |
| 3   | SAN DIEGO  | CA                       | 92126              |             | 88    |                   |               |            |
|     | ase indicate the filing status k<br>Married filing joint return<br>Head of household: Enter name |                          | dent on next line. |             |       |                   |               |            |
|     | Married filing separate return: E<br>Single  | nter spouse's name and S | ocial Security Nur | nber above. | 81 PM |                   | 80 RCVD       |            |
|     | Single   |                          |                    |             |       |                   |               |            |
| Ent | er the amount of <b>navment e</b>  | nclosed                  |                    |             |       | s٢                |               | 97 00      |

#### If you are mailing this payment

#### To ensure proper application of this payment, be sure that you:

- ✓ Do not send cash.
- $\checkmark$  Make your check or money order payable to Arizona Department of Revenue.
- ✓ Write your SSN, "2022 Tax" and 140 on your payment.
- $\checkmark$  Include your payment with this form.
- ✓ **Mail to** Arizona Department of Revenue, PO Box 29085, Phoenix, AZ 85038-9085.

If you are making an electronic payment

You can make this 140V payment by eCheck or credit card! American Express ♦ Visa ♦ Discover Card ♦ MasterCard

#### www.AZTaxes.gov

- ✓ Click on "Make a Payment" and select "140V" as the Payment Type.
- $\checkmark$  Do not mail this form. We will apply this payment to your account.

**NOTE:** To avoid interest and penalties you must pay the full amount of your tax by April 18, 2023. You will not receive an additional notice from the Arizona Department of Revenue unless an error exists with your return.

**EPV** 

| TAXABLE YEAR  | FORM   |
|---|--|
| 2022 California e-file Signature Authorization for I  | ndividuals 8879  |
| Your name   | Your SSN or ITIN   |
| VAMSI KRISHNA LANKA   | 762-41-0635  |
| Spouse's/RDP's name   | Spouse's/RDP's SSN or ITIN   |
| Part I Tax Return Information (whole dollars only)  |  |
| 1 California adjusted gross income (AGI). See instructions  |  |
| <ul> <li>2 Amount You Owe. See instructions</li> <li>3 Refund or No Amount Due. See instructions</li> </ul>   | <b>2</b>   |
| 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 accompare<br>ending December 31, 2022, and to the best of my knowledge and belief, it is true, correct, and complete. I further<br>electronic return originator (ERO), transmitter, or intermediate service provider, including my name, address, and<br>identification number (ITIN), and the amounts shown in Part I above agree with the information and amounts sho<br>income tax return. If applicable, I authorize an electronic funds withdrawal of the amount on line 2 and/or the estii<br>and on form FTB 8455, California e-file Payment Record for Individuals, or a comparable form. If applicable, I dec<br>agrees with the direct deposit authorization stated on my return. If I have filed a joint return, this is an irrevocable<br>domestic partner (RDP) as an agent to authorize an electronic funds withdrawal or direct deposit. I authorize my E<br>provider to transmit my complete return to the Franchise Tax Board (FTB). If the processing of my return or refur<br>to my ERO, intermediate service provider, and/or transmitter the reason(s) for the delay or the date when the<br>return, I understand that if the FTB does not receive full and timely payment of my tax liability, I remain liable for t<br>penalties. I acknowledge that I have read and consent to the Electronic Funds Withdrawal Consent included on the<br>selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applica- | declare that the information I provided to my<br>social security number (SSN) or individual tax<br>wn on the corresponding lines of my electronic<br>mated tax payments as shown on my return<br>lare that direct deposit refund amount on line 3<br>appointment of the other spouse/registered<br>ERO, transmitter, or intermediate service<br><b>nd is delayed, I authorize the FTB to disclose</b><br><b>refund was sent.</b> If I am filing a balance due<br>he tax liability and all applicable interest and<br>e copy of my electronic income tax return. I have |
| Taxpayer's PIN: check one box only  |  |
| I authorize GLOBAL TAXES LLC  | to enter my PIN 1 0 6 3 5  |
| ERO firm name   | Do not enter all zeros   |
| as my signature on my 2022 e-filed California individual income tax return.   |  |
| I will enter my PIN as my signature on my 2022 e-filed California individual income tax return. Check this box return is filed using the Practitioner PIN method. The ERO must complete Part III below.   | x <b>only</b> if you are entering your own PIN and your  |
| Your signature  Date  Date  |  |
| Spouse's/RDP's PIN: check one box only  |  |
|   | to enter my PIN  |
| ERO firm name<br>as my signature on my 2022 e-filed California individual income tax return.  | Do not enter all zeros   |
| I will enter my PIN as my signature on my 2022 e-filed California individual income tax return. Check t<br>and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.  | his box <b>only</b> if you are entering your own PIN   |
| Spouse's/RDP's signature  | te 🕨   |
| Practitioner PIN Method Returns Only continue below   |  |
| Part III Certification and Authentication — Practitioner PIN Method Only  |  |
| ERO's Electronic Filer Identification Number (EFIN)/PIN.         Enter your six-digit EFIN followed by your five-digit self-selected PIN.         Do not  | 9 6 6 1 9 8 9<br>enter all zeros   |
| I certify that the above numeric entry is my PIN, which is my signature for the 2022 California individual income confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and e-file Providers.   | tax return for the taxpayer(s) indicated above.  |
| ERO's signature  Date  O  | 2/23/2023  |

DO NOT MAIL THIS FORM TO THE FTB

#### Colifornia Desident Inco 0000 V Deluin

|                     | 202  | 22California Resident Income Tax Return540   |      |  |  |  |  |  |  |  |  |
|---------------------|--|--|------|--|--|--|--|--|--|--|--|
|                     |  | APE ATTACH FEDERAL RETURN  |      |  |  |  |  |  |  |  |  |
|                     |  | 41-0635 LANK 22<br>IKRISHN LANKA   |      |  |  |  |  |  |  |  |  |
|                     |  | ) MAYA LINDA RD APT C203<br>DIEGO CA 92126   |      |  |  |  |  |  |  |  |  |
| 08-                 | -30  | 0-1994   |      |  |  |  |  |  |  |  |  |
|                     |  |  |      |  |  |  |  |  |  |  |  |
|                     |  |  |      |  |  |  |  |  |  |  |  |
|                     |  |  |      |  |  |  |  |  |  |  |  |
|                     |  |  |      |  |  |  |  |  |  |  |  |
|                     |  | Enter your county at time of filing (see instructions)   |      |  |  |  |  |  |  |  |  |
| ence                | ۲  | If your address above is the same as your principal/physical residence address at the time of filing, check this box • 🗙   |      |  |  |  |  |  |  |  |  |
| Resid               | If not, enter below your principal/physical residence address at the time of filing. |  |      |  |  |  |  |  |  |  |  |
| Principal Residence | ۲  | Street address (number and street) (If foreign address, see instructions.)       Apt. no/ste. no.         Image: Construction of the street of the |      |  |  |  |  |  |  |  |  |
| Prine               |  | City State ZIP code  |      |  |  |  |  |  |  |  |  |
|                     | ۲  |  |      |  |  |  |  |  |  |  |  |
|                     |  | If your California filing status is different from your federal filing status, check the box here  |      |  |  |  |  |  |  |  |  |
| tus                 | 1  | X       Single       4       Head of household (with qualifying person). See instructions.   |      |  |  |  |  |  |  |  |  |
| Filing Status       | 2  | Married/RDP filing jointly. See instr. 5 Qualifying surviving spouse/RDP. Enter year spouse/RDP died.  |      |  |  |  |  |  |  |  |  |
| Filir               |  | See instructions.  |      |  |  |  |  |  |  |  |  |
|                     | 3  | Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here.  |      |  |  |  |  |  |  |  |  |
|                     | 6  | If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See instr  |      |  |  |  |  |  |  |  |  |
| •                   | - Foi  | r line 7, line 8, line 9, and line 10: Multiply the number you enter in the box by the pre-printed dollar amount for that line.  | only |  |  |  |  |  |  |  |  |
| tions               | 7  | <b>Personal:</b> If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2 in the box. If you checked the box on line 6, see instructions. $\bigcirc 7$ 1 X \$140 = $\bigcirc$ \$  | .40  |  |  |  |  |  |  |  |  |
| Exemptions          | 8  | Blind: If you (or your spouse/RDP) are visually impaired, enter 1;<br>if both are visually impaired, enter 2   |      |  |  |  |  |  |  |  |  |
| ш                   | Q  | Senior: If you (or your spouse/BDP) are 65 or older enter 1:   |      |  |  |  |  |  |  |  |  |

**9** Senior: If you (or your spouse/RDP) are 65 or older, enter 1; X \$140 = • \$ REV 02/03/23 PRO

> 175 3101224

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| Υοι             | ır na | ime:  | LAN                  | KA             |                        |                    | Yo         | our SSN    | or ITIN:                              | 762-      | 41-06   | 35                  |         |          |           |        |      |
|-----------------|-------|---|----------------------|----------------|------------------------|--------------------|------------|------------|---------------------------------------|-----------|---------|---------------------|---------|----------|-----------|--------|------|
|                 | 10    | Depen   | dents:               |                | ot include<br>Dependen | e yourself<br>It 1 | or your s  | pouse/RI   |                                       | endent 2  |         |                     |         | Depende  | ent 3     |        |      |
|                 |       | First   | t Name               | ۲              |                        |                    |            |            |                                       |           |         |                     |         |          |           |        |      |
| su              |       | Last  | Name                 | ۲              |                        |                    |            |            |                                       |           |         |                     |         |          |           |        |      |
| Exemptions      |       |   | . See<br>ructions.   | •              |                        |                    |            |            | •                                     |           |         |                     | •       |          |           |        |      |
| Exer            |       | Depe  | endent's<br>tionship |                |                        |                    |            |            |                                       |           |         |                     |         |          |           |        |      |
|                 | Tat   | to yo   |                      | -              | tiono                  |                    |            |            | L                                     |           |         | V¢                  | 433 = ( |          |           |        |      |
|                 | 10ta  |   |                      |                |                        |                    |            |            |                                       |           |         | ^ 4                 |         |          |           | 1      | 40   |
|                 |       |   | -                    |                |                        |                    | ign nne n  |            |                                       |           | 110 32  |                     |         | ⊅        |           |        | 10   |
|                 | 12    | State<br>Form   | wages<br>n(s) W-2    | from<br>2, box | n your fed<br>x 16     | leral              |            | • 1        | 2                                     |           | 145     | 5994                | . 00    |          |           |        |      |
|                 | 13    | Enter federal adjusted gross income from federal Form 1040 or 1040-SR, line 11 💿 13   |                      |                |                        |                    |            |            |                                       |           |         |                     | . 00    |          |           |        |      |
|                 | 14    |   |                      |                |                        | ubtraction         |            |            |                                       |           | ( ),    |                     | • 14    |          |           |        | .00  |
| ре              | 15    |   |                      |                |                        | 13. If less        |            |            |                                       |           |         |                     | 15      |          |           | 126411 | . 00 |
| Incon           | 16    |   |                      |                |                        |                    |            |            |                                       |           |         |                     |         |          | 2150      | . 00   |      |
| Taxable Income  | 17    | Califo  | ornia ac             | ljuste         | ed gross i             | ncome. Co          | ombine lir | ne 15 and  | line 16 .                             |           |         |                     | • 17    |          |           | 128561 | . 00 |
| Ta              | 18    | Enter   | the                  |                |                        |                    |            |            |                                       | •         |         | line 30; <b>O</b> l | ۲ I     |          |           |        |      |
|                 |       | Iarger of       Your California standard deduction shown below for your filing status:         • Single or Married/RDP filing separately.       \$5,202   |                      |                |                        |                    |            |            |                                       |           |         |                     |         |          |           |        |      |
|                 |       | • Married/RDP filing jointly, Head of household, or Qualifying surviving spouse/RDP. \$10,404<br>If Married/RDP filing separately or the box on line 6 is checked, <b>STOP</b> . See instructions • <b>18</b> |                      |                |                        |                    |            |            |                                       |           |         |                     |         |          | 5202      | .00    |      |
|                 | 19    | Subt  | ract line            | e 18 f         | from line              | 17. This is        | vour tax   | able inco  | me.                                   | ,         |         |                     |         |          |           | 123359 |      |
|                 |       | IT Ies  | s than 2             | zero,          | enter -U-              |                    |            |            | · · · · · · · · · · · · · · · · · · · |           |         |                     | U I9    |          |           |        |      |
|                 | 31    | Tax. (  | Check t              | he bo          | ox if from             | :                  | Tax Table  | е          | × Ta                                  | x Rate Sc | hedule  |                     |         |          |           |        |      |
|                 |       | _   |                      |                |                        | •                  | FTB 380    |            |                                       |           |         |                     | • 31    |          |           | 8226   | . 00 |
| Тах             | 32    |   | •                    |                |                        | he amount<br>S     |            | -          |                                       |           |         |                     | • 32    |          |           | 140    | . 00 |
| Ë               | 33    | Subt  | ract line            | e 32 f         | rom line               | 31. If less        | than zero  | , enter -0 |                                       |           |         |                     | • 33    |          |           | 8086   | . 00 |
|                 | 34    | Tax. S  | See ins <sup>.</sup> | tructi         | ions. Che              | ck the box         | if from:   | s          | chedule G                             | 6-1       | FTB     | 5870A               | • 34    |          |           |        | . 00 |
|                 | 35    | Add I   | line 33              | and li         | ine 34                 |                    |            |            |                                       |           |         |                     | • 35    |          |           | 8086   | . 00 |
|                 |       |   |                      |                |                        |                    |            |            |                                       |           |         |                     |         |          |           |        |      |
| redits          | 40    | Nonr  | efundal              | ble Cl         | hild and E             | )ependent          | Care Exp   | enses Cre  | edit. See i<br>T                      | nstructio | ns<br>1 |                     | • 40    |          |           |        | .00  |
| Special Credits | 43    | Enter   | r credit             | name           | ;                      |                    |            |            | code C                                |           | and an  | nount               | • 43    |          |           |        | .00  |
| Spe             | 44    | Enter   | r credit             | name           | э                      |                    |            |            | code                                  |           | and ar  | nount               | • 44    |          |           |        | - 00 |
|                 |       | Side 2  | Porm                 | 540            | 2022                   |                    | 17         | 75         | 310                                   | )2224     | ſ       |                     |         | KEV 02/0 | 03/23 PRO |        |      |

| You                  | ır nar   | me: LANKA Your SSN or ITIN: 762-41-0635  |           |                       |          |             |
|----------------------|----------|--|-----------|-----------------------|----------|-------------|
| s                    | 45       | To claim more than two credits. See instructions. Attach Schedule P (540)  | 45        |                       |          | . 00        |
| Special Credits      | 46       | Nonrefundable Renter's Credit. See instructions  | 46        |                       |          | . 00        |
| scial (              | 47       | Add line 40 through line 46. These are your total credits  | 9 47      |                       |          | . 00        |
| Spe                  | 48       | Subtract line 47 from line 35. If less than zero, enter -0   |           |                       | 8086     | . 00        |
|                      |          |  |           |                       |          |             |
| xes                  | 61       | Alternative Minimum Tax. Attach Schedule P (540)   | [         |                       |          | <b>.</b> 00 |
| Other Taxes          | 62       | Mental Health Services Tax. See instructions   | 62        |                       |          | <b>.</b> 00 |
| Oth                  | 63       | Other taxes and credit recapture. See instructions   | 63        |                       |          | <b>.</b> 00 |
|                      | 64       | Add line 48, line 61, line 62, and line 63. This is your total tax   | 64        |                       | 8086     | . 00        |
|                      | 71       | California income tax withheld. See instructions   | 71        |                       | 10604    | - 00        |
|                      | 72       | 2022 California estimated tax and other payments. See instructions   | 72        |                       |          | . 00        |
|                      | 73       | Withholding (Form 592-B and/or Form 593). See instructions   | 73        |                       |          | . 00        |
| ents                 | 74       | Excess SDI (or VPDI) withheld. See instructions  |           |                       |          | . 00        |
| Payments             | 75       | Earned Income Tax Credit (EITC). See instructions  | [         |                       |          | . 00        |
|                      | 76       | Young Child Tax Credit (YCTC). See instructions  | [         |                       |          | . 00        |
|                      | 77       | Foster Youth Tax Credit (FYTC). See instructions   | [         |                       |          | . 00        |
|                      | 78       | Add line 71 through line 77. These are your total payments.<br>See instructions  | [         |                       | 10604    | . 00        |
|                      |          |  |           |                       |          |             |
| Use Tax              | 91       | Use Tax. Do not leave blank. See instructions  |           | 0 00                  |          |             |
| ⊃<br>                |          | If line 91 is zero, check if:  No use tax is owed.  You paid your use tax  | obligatio | on directly to CDTFA. |          |             |
| ≈₹                   | 92       | If you and your household had full-year health care coverage, check the box.<br>See instructions. Medicare Part A or C coverage is qualifying health care coverage | ×         |                       |          |             |
| ISR<br>Penaltv       |          | If you did not check the box, see instructions.<br>Individual Shared Responsibility (ISR) Penalty. See instructions • 92   |           | . 00                  |          |             |
|                      |          |  |           |                       |          |             |
| one                  | 93       | Payments balance. If line 78 is more than line 91, subtract line 91 from line 78 (   | 93        |                       | 10604    | <b>.</b> 00 |
| Overpaid Tax/Tax Due | 94<br>95 | <b>Use Tax balance.</b> If line 91 is more than line 78, subtract line 78 from line 91   | ) 94      |                       |          | - 00        |
| d Tax                | 96       | subtract line 92 from line 93  | 95        |                       | 10604    | . 00        |
| erpai                | 90       | subtract line 93 from line 92.   | 96        |                       |          | . 00        |
| ò                    | 97       | Overpaid tax. If line 95 is more than line 64, subtract line 64 from line 95   | 97        |                       | 2518     | . 00        |
|                      |          | REV 02/03/23 PRO   |           | Form 540 202          | O Side 2 |             |
|                      |          | ±, J JIUJZZH   |           | 10111 340 202         |          |             |

| You           | ur nar      | ne:    | LANKA   | Your SSN or ITIN:            | 762-41-0635                  |               | I                                   |                  |
|---------------|-------------|--------|---|------------------------------|------------------------------|---------------|-------------------------------------|------------------|
|               | <u>y</u> 98 | Amo    | unt of line 97 you want applied to yo                                 | ur <b>2023</b> estimated tax |                              | . • 98        | 0                                   | . 00             |
| Overpaid      | و<br>99 و   | Over   | paid tax available this year. Subtract l                              | ine 98 from line 97          |                              | . • 99        | 2518                                | . 00             |
| 0'×           | -<br>100    | Tax d  | lue. If line 95 is less than line 64, sub                             | tract line 95 from line 64   | 4                            | . 🖲 100       |                                     | . 00             |
|               |             |        |   |                              |                              | <u>Code</u>   | Amount                              |                  |
|               |             | Califo | ornia Seniors Special Fund. See instru                                | ıctions                      |                              | . • 400       |                                     | . 00             |
|               |             | Alzhe  | imer's Disease and Related Dementia                                   | . ● 401                      |                              | . 00          |                                     |                  |
|               |             | Rare   | and Endangered Species Preservatio                                    | n Voluntary Tax Contribu     | ition Program                | . • 403       |                                     | <u>   00    </u> |
|               |             | Califo | ornia Breast Cancer Research Volunta                                  | ry Tax Contribution Fund     | d                            | . • 405       |                                     | <u>   00    </u> |
|               |             | Califo | ornia Firefighters' Memorial Voluntary                                | r Tax Contribution Fund .    |                              | . • 406       |                                     | <b>.</b> 00      |
|               |             | Emer   | gency Food for Families Voluntary Ta                                  | x Contribution Fund          |                              | . • 407       |                                     | . 00             |
|               |             | Califo | ornia Peace Officer Memorial Foundat                                  | ion Voluntary Tax Contri     | bution Fund                  | . • 408       |                                     | <b>.</b> 00      |
|               |             | Califo | ornia Sea Otter Voluntary Tax Contrib                                 |                              | . • 410                      |               | <b>.</b> 00                         |                  |
|               |             | Califo | ornia Cancer Research Voluntary Tax                                   | . • 413                      |                              | . 00          |                                     |                  |
| tions         |             | Scho   | ol Supplies for Homeless Children Vo                                  | ı Fund                       | . • 422                      |               | . 00                                |                  |
| Contributions |             | State  | Parks Protection Fund/Parks Pass P                                    | urchase                      |                              | . • 423       |                                     | . 00             |
| ပိ            |             | Prote  | ct Our Coast and Oceans Voluntary 1                                   | ax 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 Volunta                                 | ary Tax Contribution Fund    | d                            | . • 438       |                                     | <b>.</b> 00      |
|               |             | Nativ  | e California Wildlife Rehabilitation Vo                               | luntary Tax Contribution     | Fund                         | . • 439       |                                     | . 00             |
|               |             | Rape   | Kit Backlog Voluntary Tax Contributi                                  | on Fund                      |                              | . • 440       |                                     | . 00             |
|               |             | Suici  | de Prevention Voluntary Tax Contribu                                  | tion Fund                    |                              | . • 444       |                                     | . 00             |
|               |             | Ment   | al Health Crisis Prevention Voluntary                                 | Tax Contribution Fund        |                              | . • 445       |                                     | . 00             |
|               |             | Califo | ornia Community and Neighborhood                                      | Tree Voluntary Tax Contr     | ibution Fund                 | . • 446       |                                     | . 00             |
|               | 110         | Add a  | amounts in code 400 through code 4                                    | 46. This is your total cor   | ntribution                   | . • 110       |                                     | . 00             |
| unt           | ž 111       | АМО    | UNT YOU OWE. If you do not have an                                    | amount on line 99, add lir   | ne 94, line 96, line 100, an | d line 110. S | See instructions. Do not send cash. |                  |
| Amount        |             |        | to: FRANCHISE TAX BOARD, PO B<br>Online – Go to ftb.ca.gov/pay for mo |                              | ITO CA 94267-0001            | • • 111       |                                     | . 00             |

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

REV 02/03/23 PRO

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| You                               | r nar                                 | ne:  | LANKA   |   | ] Your SSN  | or ITIN:   | 762-41-0   | 635  |  |   |   |
|-----------------------------------|---------------------------------------|--|---|---|---|--|--|--|--|---|---|
| Interest and<br>Penalties         | 113                                   | Unde<br>Chec                                       | est, late return penalti<br>erpayment of estimate<br>sk the box: • <b>F</b><br>amount due. See insi   | d tax.<br>T <b>B 5805 attac</b>                           | hed   | FTB 5805F :  | attached   | •••••  | 112<br>113<br>114  |   | .00   |
|                                   |                                       |  | JND OR NO AMOUNT  |   |   |  |  |  |  | tions   |   |
|                                   | 115                                   |  | to: FRANCHISE TAX E   |   |   |  |  |  |  |   | 2518 _00  |
| Refund and Direct Deposit         |                                       | See i  | n the information to au<br>instructions. <b>Have you</b><br>r the following amoun   |   |   | r a deposit slip.                                  |  |  |  |   |   |
| nd Dire                           | Routing number                        |  |   |   | Account n   |  |  |  | ● 116  | Direct dep  | posit amount  |
| nd ar                             |                                       |  | 22100024  | Savings   | 310863  | 821  |  |  |  |   | 2518 _00  |
| Refui                             |                                       | The  | remaining amount of I   |   | e 115) is autho   | rized for dire                                     | ect deposit int  | o the account s  | shown below:   |   |   |
|                                   |                                       | • F  | outing number   | Type<br>Checking  | <ul> <li>Account n</li> </ul>                                       | umber  |  |  | • 117  | Direct de   | posit amount  |
|                                   |                                       |  |   | Savings   |   |  |  |  |  |   | . 00  |
| Our p<br>to loc<br>Unde<br>is tru | ORTA<br>privacy<br>cate FT<br>er pena | ANT: S<br>/ notice<br>B 113<br>alties c<br>rect, a | voter registration infor<br>See the instructions to<br>e can be found in annual ta<br>1 EN-SP, Franchise Tax Bo<br>of perjury, I declare that I<br>nd complete. | find out if you<br>ax booklets or on<br>ard Privacy Notic | should attach<br>line. Go to <b>ftb.ca</b> .<br>ce on Collection. T | a copy of you<br>gov/privacy to<br>To request this | ur complete fe<br>learn about our<br>notice by mail, c | ederal tax return<br>privacy policy sta<br>call 800.338.0505<br>dules and statem | n.<br>atement, or go to<br>and enter form c<br>aents, and to the | ftb.ca.gov/f<br>code <b>948</b> who<br>best of my | iorms and search for <b>1131</b><br>en instructed.<br>knowledge and belief, it<br>rn, both must sign) |
|                                   |                                       |  |   |   |   |  |  |  |  |   |   |
|                                   |                                       |  | Your email address  | s. Enter only one   | email address.  |  |  |  |  |   | red phone number  |
|                                   | gn                                    |  | Paid preparer's signat  |   | of proparor is h  | asod on all i                                      | formation of u   | which proparar h   |  |   | 010107  |
| He                                | ere                                   |  | SYAM PRIY   |   |   |  |  |  |  | ige)  |   |
| to fo                             | unlaw<br>rge a                        |  | Firm's name (or yours   | , if self-employed  | (k  |  |  |  |  |   |   |
| RDF                               |                                       |  | GLOBAL TA   | XES LLC   |   |  |  |  |  |   | P02082703   |
| •                                 | ature.                                |  | Firm's address  |   |   |  |  |  |  |   | Firm's FEIN   |
| Join                              |                                       |  | 245 ROONEY CT E BRUNSWICK NJ 08816  |   |   |  |  |  |  |   | 843171965   |
| See<br>instr                      | uctior                                | ns.  | Do you want to allo   | w another pers  | son to discuss  | this tax retur                                     | n with us? Se  | e instructions.  |  | Yes   | × No  |
|                                   |                                       |  | Print Third Party Desig   |   |   |  |  |  |  | Telephone   |   |
|                                   |                                       |  |   |   |   |  |  |  |  |   |   |
|                                   |                                       |  |   |   |   |  |  |  |  | REV 02/03/2                                       | <br>3 PRO   |
|                                   |                                       |  |   |   | 175   | 3105   | 224  |  | Fo   | rm 540 2  | 2022 Side 5   |

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  |  |                                    | SSN or ITIN                            |
|------------------|---|--|------------------------------------|--|
| V.               | AMSI KRISHNA LANKA  |  |                                    | 762410635                              |
| <b>P</b> a<br>Se | art I Income Adjustment Schedule<br>ction A – Income from federal Form 1040 or 1040-SR                      | A Federal Amounts<br>(taxable amounts from your<br>federal tax return) | B Subtractions<br>See instructions | <b>C</b> Additions<br>See instructions |
| 1                | <b>a</b> Total amount from federal<br>Form(s) W-2, box 1. See instructions <b>1</b> a                       | • 139601   | . •                                | ۲                                      |
|                  | <ul> <li>b Household employee wages not reported<br/>on federal Form(s) W-2 1b</li> </ul>                   | ۲  | •                                  | ۲                                      |
|                  | c Tip income not reported on line 1a 1c   | ۲  | ۲                                  | ۲                                      |
|                  | <b>d</b> Medicaid waiver payments not reported<br>on federal Form(s) W-2. See instructions <b>1d</b>        | ۲  | $\odot$                            | ۲                                      |
|                  | e Taxable dependent care benefits<br>from federal Form 2441, line 26 1e                                     | $\odot$  | $\odot$                            | ۲                                      |
|                  | f Employer-provided adoption benefits<br>from federal Form 8839, line 29 1f                                 | ۲  | ٢                                  | ۲                                      |
|                  | ${\bf g}~$ Wages from federal Form 8919, line 6 ${\bf 1g}$  | ۲  | •                                  | ۲                                      |
|                  | $\boldsymbol{h}$ Other earned income. See instructions $\ldots\ldots$ .<br>1h                               | • 0  |                                    |  |
|                  | i Nontaxable combat<br>pay election. See instructions1i   |  |                                    | ۲                                      |
|                  | z Add line 1a through line 1i1z   | • 139601   | . •                                |  |
|                  | Taxable interest. a • 2b  | • 41   | . •                                |  |
| 3                | Ordinary dividends.<br>See instructions. a 		515 3b   | • 520  |                                    | ۲                                      |
| 4                | IRA distributions. See instructions. a • 4b   | ۲  | ۲                                  | ۲                                      |
| 5                | Pensions and<br>annuities. See<br>instructions. a • 5b  | ۲  | •                                  | ۲                                      |
| 6                | Social security benefits. a • 6b  | ۲  | ۲                                  |  |
|                  | Capital gain or (loss). See instructions  | ● -1   |                                    | ۲                                      |
|                  | <b>ction B – Additional Income</b> from federal Schedule 1<br>Taxable refunds, credits, or offsets of state |  |                                    |  |
| '                | and local income taxes <b>1</b>   |  | ۲                                  |  |
| 2                | a Alimony received. See instructions 2a   | ۲  |                                    |  |
| 3                | Business income or (loss). See instructions <b>3</b>  | ۲  | •                                  | •                                      |
|                  | Other gains or (losses)   | ۲  | ۲                                  | ۲                                      |
| D                | Rental real estate, royalties, partnerships,<br>S corporations, trusts, etc <b>5</b>                        | • -13750   |                                    | ۲                                      |
| 6                | Farm income or (loss)6  | ۲  | ۲                                  | ۲                                      |
| 7                | Unemployment compensation7  | ۲  | ۲                                  |  |

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| Section B – Additional Income<br>Continued   | A Federal Amounts<br>(taxable amounts from your<br>federal tax return) | B Subtractions<br>See instructions | <b>C</b> Additions<br>See instructions |
|--|--|------------------------------------|--|
| 8 Other income:<br>a Federal net operating loss8a  | • ( )  |                                    | ۲                                      |
| b Gambling   | ۲  | ۲                                  |  |
| c Cancellation of debt   | $\odot$  | $\odot$                            | $\odot$                                |
| <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  |                                    |  |
| h Jury duty pay8h  | ۲  |                                    |  |
| i Prizes and awards8i  | ۲  |                                    |  |
| j Activity not engaged in for profit income 8j   | ۲  |                                    |  |
| k Stock options8k  | ۲  |                                    |  |
| I Income from the rental of personal property<br>if you engaged in the rental for profit but were<br>not in the business of renting such property 81 | ۲  |                                    |  |
| m Olympic and Paralympic medals and USOC<br>prize money  | $\textcircled{\textbf{O}}$   |                                    |  |
| <b>n</b> IRC Section 951(a) inclusion 8 <b>n</b>   | ۲  | ۲                                  |  |
| <b>o</b> IRC Section 951A(a) inclusion   | ۲  | $\odot$                            |  |
| 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<br>not reported on federal Form(s) W-2 8r  | ۲  |                                    |  |
| s Nontaxable amount of Medicaid waiver payments<br>included on federal Form 1040, line 1a or line 1d8s   | • ( )  |                                    |  |
| t Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental IRC Section 457 plan 8t                                     | ۲  |                                    |  |
| <b>u</b> Wages earned while incarcerated8 <b>u</b>   | $\textcircled{\bullet}$  |                                    |  |
| z Other income. List type and amount.  |  |                                    |  |
| • 8z   | ۲  | ۲                                  | $\bullet$                              |

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| Se | ction B – Additional Income<br>Continued  | A                 | Federal Amounts<br>(taxable amounts from your<br>federal tax return) |       | B Subtractions<br>See instructions |   | <b>C</b> Additions<br>See instructions |
|----|---|-------------------|--|-------|------------------------------------|---|--|
| 9  | a Total other income. Add lines 8a through 8z. 9a   | $   \overline{} $ |  | ۲     |                                    | ۲ |  |
|    | <b>b1</b> Disaster loss deduction from form FTB 3805V. <b>9b1</b>   |                   |  |       |                                    |   |  |
|    | <b>b2</b> NOL deduction from form FTB 3805V 9b2   |                   |  | ۲     |                                    |   |  |
|    | <b>b3</b> NOL from form FTB 3805Z, 3807, or 3809 <b>9b3</b>   |                   |  | ۲     |                                    |   |  |
| 10 | <b>Total.</b> Combine Section A, line 1z through line 7,<br>and Section B, line 1 through line 7, and line 9a<br>in column A and column C. Add Section A, line 1z<br>through line 7, and Section B, line 1 through line 7,<br>line 9a, and line 9b1 through line 9b3 in column B<br>(as applicable). See instructions <b>10</b> | ۲                 | 126411   | ۲     |                                    | ۲ | 2150                                   |
|    | ction C – Adjustments to Income<br>m federal Schedule 1 (Form 1040)   |                   |  |       |                                    |   |  |
| 11 | Educator expenses   |                   |  | ۲     |                                    |   |  |
| 12 | Certain business expenses of reservists, performing artists, and fee-basis government officials <b>12</b>   |                   |  | ullet |                                    | ۲ |  |
| 13 | Health savings account deduction  |                   |  | ullet |                                    |   |  |
| 14 | Moving expenses. Attach form FTB 3913.<br>See instructions  |                   |  |       |                                    | ۲ |  |
| 15 | Deductible part of self-employment tax.<br>See instructions   |                   |  | ۲     |                                    |   |  |
| 16 | Self-employed SEP, SIMPLE, and qualified plans16  | ullet             |  |       |                                    |   |  |
| 17 | Self-employed health insurance deduction.<br>See instructions   |                   |  | ۲     |                                    |   |  |
| 18 | Penalty on early withdrawal of savings <b>18</b>  |                   |  |       |                                    |   |  |
| 19 | a Alimony paid  |                   |  |       |                                    | ۲ |  |
|    | <b>b</b> Recipient's: SSN •   |                   |  |       |                                    |   |  |
|    | Last Name 🖲   |                   |  |       |                                    |   |  |
| 20 | IRA deduction   |                   |  | ullet |                                    | ۲ |  |
| 21 | Student loan interest deduction   |                   |  |       |                                    | ۲ |  |
| 22 | Reserved for future use   |                   |  |       |                                    |   |  |
| 23 | Archer MSA deduction  |                   |  |       |                                    |   |  |

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| Section C – Adjustments to Income<br>Continued  | A Federal Amounts<br>(taxable amounts from your<br>federal tax return) | B Subtractions<br>See instructions | <b>C</b> Additions<br>See instructions |
|---|--|------------------------------------|--|
| 24 Other adjustments:<br>a Jury duty pay  | ۲  |                                    |  |
| <ul> <li>b Deductible expenses related to income reported<br/>on line 8I from the rental of personal property<br/>engaged in for profit</li></ul>                     | $\odot$  | ۲                                  | ۲                                      |
| c Nontaxable amount of the value of Olympic and<br>Paralympic medals and USOC prize money<br>reported on line 8m  | ۲  | ۲                                  |  |
| d Reforestation amortization and expenses24d  | $\textcircled{\bullet}$  |                                    |  |
| e Repayment of supplemental unemployment benefits under the federal Trade Act of 1974 <b>24e</b>  | •  |                                    |  |
| f Contributions to IRC Section 501(c)(18)(D)<br>pension plans24f  | •  | ۲                                  | ۲                                      |
| g Contributions by certain chaplains to<br>IRC Section 403(b) plans   | ۲  | ۲                                  | 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<br>with an award from the IRS for information you provided<br>that helped the IRS detect tax law violations24i | ۲  | ۲                                  |  |
| j Housing deduction from federal Form 2555 <b>24</b> j  |  | $\odot$                            |  |
| k Excess deductions of IRC Section 67(e) expenses<br>from federal Schedule K-1 (Form 1041)24k   | •  |                                    |  |
| <b>z</b> Other adjustments. List type and amount.   |  |                                    |  |
| ۰24z  | $\odot$  | $\odot$                            | $\odot$                                |
| <b>25</b> Total other adjustments. Add line 24a through line 24z  | 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  | • 126411   | ۲                                  | <ul> <li>2150</li> </ul>               |

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| Part II | Adjustments | to | Federal | Itemized | Deductions |
|---------|-------------|----|---------|----------|------------|
|---------|-------------|----|---------|----------|------------|

|     |   |        |            |                  | ]                                  |       |                                 |
|-----|---|--------|------------|------------------|------------------------------------|-------|---------------------------------|
| Che | ck the box if you did NOT itemize for federal but will itemiz   | te for | California |                  | B Subtractions<br>See instructions |       | C Additions<br>See instructions |
| Me  | dical and Dental Expenses See instructions.   |        |            |                  |                                    |       |                                 |
| 1   | Medical and dental expenses • 1   |        |            |                  |                                    |       |                                 |
| 2   | Enter amount from<br>federal Form 1040<br>or 1040-SR, line 11   |        |            |                  |                                    |       |                                 |
| 3   | Multiply line 2<br>by 7.5% (0.075) • 9481 3   |        |            |                  |                                    |       |                                 |
| 4   | Subtract line 3 from line 1.<br>If line 3 is more than line 1, enter 0  |        | )          |                  |                                    | ۲     |                                 |
|     | a State and local income tax or general sales taxes5  | ia 🖲   | 10604      |                  | 10604                              |       |                                 |
|     | <b>b</b> State and local real estate taxes  | ib 🖲   | )          |                  |                                    |       |                                 |
|     | c State and local personal property taxes5  | ic (   |            |                  |                                    |       |                                 |
|     | d Add line 5a through line 5c   | id (   | 10604      |                  |                                    |       |                                 |
|     | <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,</li> </ul> |        | 10000      |                  | 10004                              |       |                                 |
|     | column A in line 5e, column C   | ie 🖲   | ) 10000    | $   \mathbf{O} $ | 10604                              | ullet | 604                             |
| 6   | Other taxes. List type • 6  |        | )          |                  |                                    | ۲     |                                 |
| 7   | Add line 5e and line 67   |        | 10000      |                  | 10604                              |       | 604                             |
|     | <ul> <li>a Home mortgage interest and points reported to you on federal Form 1098</li> </ul>  | a 🖲    | )          |                  |                                    | ۲     |                                 |
|     | b Home mortgage interest not reported to you<br>on federal Form 1098  | b      | )          |                  |                                    | ullet |                                 |
|     | c Points not reported to you on federal Form 10988  | c 🖲    | )          |                  |                                    | ۲     |                                 |
|     | d Reserved for future use   | d      |            |                  |                                    |       |                                 |
|     | e Add line 8a through line 8c   | e      | )          |                  |                                    | •     |                                 |
| 9   | Investment interest   |        | )          | ۲                |                                    | ۲     |                                 |
| 10  | Add line 8e and line 910  |        | )          | ۲                |                                    | ۲     |                                 |

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| Pa  | rt II Adjustments to Federal Itemized Deductions<br>Continued   | A                 | Federal Amounts<br>(from federal Schedule A<br>(Form 1040)) |               | B Subtractions<br>See instructions | C     | Additions<br>See instructions |
|-----|---|-------------------|---|---------------|------------------------------------|-------|-------------------------------|
| Gif | ts to Charity   |                   | ( <i>'</i> //   |               |                                    |       |                               |
|     | Gifts by cash or check  | $   \mathbf{O} $  |   | ۲             |                                    | ullet |                               |
| 12  | Other than by cash or check   | $   \mathbf{O} $  |   |               |                                    | ۲     |                               |
| 13  | Carryover from prior year   | $   \mathbf{O} $  |   |               |                                    | ۲     |                               |
| _   | Add line 11 through line 1314   |                   |   |               |                                    | ullet |                               |
|     | casualty and Theft Losses<br>Casualty or theft loss(es) (other than net qualified disaster<br>losses). Attach federal Form 4684. See instructions15   |                   |   | ۲             |                                    | ۲     |                               |
| Oth | er Itemized Deductions  |                   |   |               |                                    |       |                               |
|     | Other—from list in federal instructions <b>16</b>   |                   |   | ۲             |                                    | ullet |                               |
| 17  | Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C   |                   | 10000   |               | 10604                              | ullet | 604                           |
| 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<br>        | b education, etc.   | 19_           |                                    |       |                               |
| 20  | Tax preparation fees  |                   | (   | ) 20          |                                    |       |                               |
|     | Other expenses: investment, safe deposit<br>box, etc. List type   |                   |   |               | 0                                  |       |                               |
|     | Add line 19 through line 21<br>Enter amount from federal Form 1040<br>or 1040-SR, line 11   |                   |   | 22 _          | 0                                  |       |                               |
| 24  | Multiply line 23 by 2% (0.02). If less than zero, enter 0.  |                   |   | 24            | 2528                               |       |                               |
|     | Subtract line 24 from line 22. If line 24 is more than line   |                   |   | _             |                                    | 25    | 0                             |
| 26  | Total Itemized Deductions. Add line 18 and line 25  |                   |   |               |                                    | 26    | 0                             |
| 27  | Other adjustments. See instructions. Specify.   |                   |   |               | •                                  | 27    |                               |
|     | Combine line 26 and line 27   |                   |   |               |                                    | 28    | 0                             |
| 29  | Is your federal AGI (Form 540, line 13) more than the<br>Single or married/RDP filing separately<br>Head of household<br>Married/RDP filing jointly or qualifying surviving s<br>No. Transfer the amount on line 28 to line 29. |                   |   | \$229         | 9,908                              |       |                               |
|     | Yes. Complete the Itemized Deductions Worksheet in th   | e ins             | tructions for Schedule C                                    | A (540)       | , line 29                          | 29    | 0                             |
| 30  | Enter the larger of the amount on line 29 or your stand<br>Single or married/RDP filing separately. See instru-<br>Married/RDP filing jointly, head of household, or que<br>Transfer the amount on line 30 to Form 540, line 18 | ictior<br>ialifyi | ng surviving spouse/RDP                                     | ° <b>\$10</b> | ),404                              | 30    | 5202                          |
|     |   |                   |   |               |                                    |       |                               |
|     | <b>Side 6</b> Schedule CA (540) 2022 175  | 1                 | 7736224   |               | REV 02/03/23 PRO                   |       |                               |

# California Wage, IRA and Pension Adjustments Attach to return (after all other FTB forms)

2022

Name as Shown on Return VAMSI KRISHNA LANKA Social Security No. 762-41-0635

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## Line 1 – Wages, Salaries, Tips, Etc.

|        |   | (B)<br>Subtractions | <b>(C)</b><br>Additions                 |
|--------|---|---------------------|---|
|        |   | Cubildelions        | /////////////////////////////////////// |
| 1      | Excess reimbursements from Form 2106 included in wage           |                     |   |
|        | income  |                     |   |
| 2      | Active duty military pay  |                     |   |
| 3      | Sick pay received under the Federal Insurance Contributions     |                     |   |
|        | Act and Railroad Retirement Act                                 |                     |   |
| 4      | Income exempted by U.S. tax treaties (unless specifically       |                     |   |
|        | exempt for state purposes also)                                 |                     |   |
| 5      | Exclusion for compensation from exercising a California         |                     |   |
|        | Qualified Stock Option (CQSO)                                   |                     |   |
| 6      | Ridesharing fringe benefit differences                          |                     |   |
| 7      | HSA employer contributions                                      |                     | 2150                                    |
| 8      | Paid Family Leave Insurance (PFL) benefits                      |                     |   |
|        | I confirm that the PFL amount above is accurate                 |                     |   |
| 9      | Employer-provided adoption benefits income exclusions.          |                     |   |
| 10     | In-Home Supportive Services (IHSS) supplementary payment        |                     |   |
| 11     | Native American income (Form 3504)                              |                     |   |
| 12     | Clergy housing exclusion. This is the amount entered on W-2s    |                     |   |
| а      | as smallest of amount spent or fair rental value                |                     |   |
| b      | Enter the amount spent on qual. housing expenses                |                     |   |
| 13     | Excess moving reimbursements                                    |                     |   |
| 14     | CA Employees and federal Independent Contractors income         |                     |   |
| 15     | Employer-provided dependent care assistance exclusion           |                     |   |
| 16     | Other (itemize):  |                     |   |
| a<br>k |   |                     |   |
| b      |   |                     |   |
| c<br>d |   | ·                   |   |
| a      | Total adjustments to wages, salaries, tips, etc. Enter here and | <u></u>             |   |
|        | on Schedule CA (540/540NR), line 1                              |                     | 0150                                    |
|        | (1) O(1) O(1) O(1) O(1) O(1) O(1) O(1) O                        |                     | 2150                                    |

#### Line 4 – IRA, Pensions, and Annuities

| IRA'                       | S  | <b>(B)</b><br>Subtractions | <b>(C)</b><br>Additions |
|----------------------------|--|----------------------------|-------------------------|
| 1<br>a<br>b                | Other (itemize):   |                            |                         |
| c<br>d<br>Pen:             | Total adjustments to IRA distributions. Enter here and on<br>Schedule CA (540/540NR), line 4   | (B)<br>Subtractions        | (C)<br>Additions        |
| 1<br>2<br>a<br>b<br>c<br>d | Form 1099-R, Railroad Retirement Benefits  |                            |                         |
| a                          | Total adjustments to pensions and annuities. Enter here and on Schedule CA (540/540NR), line 5 |                            |                         |