

IRS e-file Signature Authorization

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

Submission Identification Number (SID) ▶

| | |
|--|---------------------------------------|
| Taxpayer's name AKSHIT REDDY GUDOOR | Social security number 690-71-6359 |
| Spouse's name | Spouse's social security number |

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

Enter whole dollars only on lines 1 through 5.

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

| | | | |
|---|---|---|---------|
| 1 | Adjusted gross income | 1 | 80,739. |
| 2 | Total tax | 2 | 10,523. |
| 3 | Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | 3 | 20,704. |
| 4 | Amount you want refunded to you | 4 | 10,181. |
| 5 | Amount you owe | 5 | |

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

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

Taxpayer's PIN: check one box only

- I authorize GLOBAL TAXES LLC to enter or generate my PIN

| | | | | |
|---|---|---|---|---|
| 1 | 6 | 3 | 5 | 9 |
|---|---|---|---|---|

 as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name
Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

- I authorize _____ to enter or generate my PIN

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

 as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name
Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication – Practitioner PIN Method Only

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

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

Don't enter all zeros

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

ERO's signature ▶ _____ Date ▶ _____

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

Filing Status [X] Single [] Married filing jointly [] Married filing separately (MFS) [] Head of household (HOH) [] Qualifying surviving spouse (QSS)
Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:

Form fields for personal information: Your first name and middle initial (AKSHIT REDDY), Last name (GUDOOR), Your social security number (690-71-6359), Home address (1653 LEE WAY, MILPITAS, CA 95035), and Presidential Election Campaign checkboxes.

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

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

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

Table for Dependents with columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Child tax credit, Credit for other dependents.

Main income table with rows 1a through 15, including sub-rows a through z for various income types and deductions, with numerical values.

Attach Sch. B if required.

Standard Deduction for—
• Single or Married filing separately, \$12,950
• Married filing jointly or Qualifying surviving spouse, \$25,900
• Head of household, \$19,400
• If you checked any box under Standard Deduction, see instructions.

| | | | | |
|------------------------|-----------|--|-----------|---------|
| Tax and Credits | 16 | Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____ | 16 | 10,523. |
| | 17 | Amount from Schedule 2, line 3 | 17 | |
| | 18 | Add lines 16 and 17 | 18 | 10,523. |
| | 19 | Child tax credit or credit for other dependents from Schedule 8812 | 19 | |
| | 20 | Amount from Schedule 3, line 8 | 20 | |
| | 21 | Add lines 19 and 20 | 21 | |
| | 22 | Subtract line 21 from line 18. If zero or less, enter -0- | 22 | 10,523. |
| | 23 | Other taxes, including self-employment tax, from Schedule 2, line 21 | 23 | 0. |
| | 24 | Add lines 22 and 23. This is your total tax | 24 | 10,523. |

| | | | | |
|-----------------|-----------|---|------------|---------|
| Payments | 25 | Federal income tax withheld from: | | |
| | a | Form(s) W-2 | 25a | 20,704. |
| | b | Form(s) 1099 | 25b | |
| | c | Other forms (see instructions) | 25c | |
| | d | Add lines 25a through 25c | 25d | 20,704. |
| | 26 | 2022 estimated tax payments and amount applied from 2021 return | 26 | |
| | 27 | Earned income credit (EIC) NO | 27 | |
| | 28 | Additional child tax credit from Schedule 8812 | 28 | |
| | 29 | American opportunity credit from Form 8863, line 8 | 29 | |
| | 30 | Reserved for future use | 30 | |
| | 31 | Amount from Schedule 3, line 15 | 31 | |
| | 32 | Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits | 32 | |
| | 33 | Add lines 25d, 26, and 32. These are your total payments | 33 | 20,704. |

| | | | | |
|--------------------------------------|------------|---|------------|---------|
| Refund | 34 | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid | 34 | 10,181. |
| | 35a | Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/> | 35a | 10,181. |
| Direct deposit? See instructions. | b | Routing number 074000010 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings | | |
| | d | Account number 629193330 | | |
| | 36 | Amount of line 34 you want applied to your 2023 estimated tax | 36 | |

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

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

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

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

| | | | |
|---|---------------------------------------|--------------------------------------|---|
| Your signature | Date | Your occupation SOFTWARE ENGINEER | If the IRS sent you an Identity Protection PIN, enter it here (see inst.) |
| Spouse's signature. If a joint return, both must sign. | Date | Spouse's occupation | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) |
| Phone no. (916) 847-9509 | Email address AKSHITGUDDOOR@GMAIL.COM | | |

Paid Preparer Use Only

| | | | | |
|--|---|--------------------|-----------------------------|---|
| Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM | Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM | Date 03/09/2023 | PTIN P02082703 | Check if: <input type="checkbox"/> Self-employed |
| Firm's name GLOBAL TAXES LLC | Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 | | Phone no. (678) 965-9522 | Firm's EIN 84-3171965 |

**SCHEDULE 1
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074

2022

Attachment
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
AKSHIT REDDY GUDOODR

Your social security number
690-71-6359

Part I Additional Income

| | | | | |
|-----------|---|---------------|-----------|----------|
| 1 | Taxable refunds, credits, or offsets of state and local income taxes | | 1 | |
| 2a | Alimony received | | 2a | |
| b | Date of original divorce or separation agreement (see instructions): _____ | | | |
| 3 | Business income or (loss). Attach Schedule C | | 3 | |
| 4 | Other gains or (losses). Attach Form 4797 | | 4 | |
| 5 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E | | 5 | -32,968. |
| 6 | Farm income or (loss). Attach Schedule F | | 6 | |
| 7 | Unemployment compensation | | 7 | |
| 8 | Other income: | | | |
| a | Net operating loss | 8a () | | |
| b | Gambling | 8b | | |
| c | Cancellation of debt | 8c | | |
| d | Foreign earned income exclusion from Form 2555 | 8d () | | |
| e | Income from Form 8853 | 8e | | |
| f | Income from Form 8889 | 8f | | |
| g | Alaska Permanent Fund dividends | 8g | | |
| h | Jury duty pay | 8h | | |
| i | Prizes and awards | 8i | | |
| j | Activity not engaged in for profit income | 8j | | |
| k | Stock options | 8k | | |
| l | Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property | 8l | | |
| m | Olympic and Paralympic medals and USOC prize money (see instructions) | 8m | | |
| n | Section 951(a) inclusion (see instructions) | 8n | | |
| o | Section 951A(a) inclusion (see instructions) | 8o | | |
| p | Section 461(l) excess business loss adjustment | 8p | | |
| q | Taxable distributions from an ABLE account (see instructions) | 8q | | |
| r | Scholarship and fellowship grants not reported on Form W-2 | 8r | | |
| s | Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d | 8s () | | |
| t | Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan | 8t | | |
| u | Wages earned while incarcerated | 8u | | |
| z | Other income. List type and amount: _____ | 8z | | |
| 9 | Total other income. Add lines 8a through 8z | | 9 | |
| 10 | Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 | | 10 | -32,968. |

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

Schedule 1 (Form 1040) 2022

Part II Adjustments to Income

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

**SCHEDULE D
(Form 1040)**

Capital Gains and Losses

OMB No. 1545-0074

2022

Department of the Treasury
Internal Revenue Service

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.

Attachment
Sequence No. **12**

Name(s) shown on return

AKSHIT REDDY GUDOOR

Your social security number

690-71-6359

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes 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)

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

| | (d) Proceeds (sales price) | (e) Cost (or other basis) | (g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g) | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result 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 Box A checked | 14,749. | 16,682. | | -1,933. |
| 2 Totals for all transactions reported on Form(s) 8949 with Box B checked | | | | |
| 3 Totals for all transactions reported on Form(s) 8949 with Box C checked | | | | |
| 4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 | | | | 4 |
| 5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 | | | | 5 |
| 6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions | | | | 6 () |
| 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back | | | | 7 -1,933. |

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.

This form may be easier to complete if you round off cents to whole dollars.

| | (d) Proceeds (sales price) | (e) Cost (or other basis) | (g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g) | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result 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 Box D checked | 53. | 81. | | -28. |
| 9 Totals for all transactions reported on Form(s) 8949 with Box E checked | | | | |
| 10 Totals for all transactions reported on Form(s) 8949 with Box F checked | | | | |
| 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 | | | | 11 |
| 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 | | | | 12 |
| 13 Capital gain distributions. See the instructions | | | | 13 |
| 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions | | | | 14 () |
| 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III on the back | | | | 15 -28. |

Part III Summary

| | | | |
|-----------|--|-----------|------------|
| 16 | Combine lines 7 and 15 and enter the result | 16 | -1,961. |
| | <ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22. • If line 16 is zero, 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 both gains? <input type="checkbox"/> Yes. Go to line 18. <input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22. | | |
| 18 | If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet | 18 | |
| 19 | If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet | 19 | |
| 20 | Are lines 18 and 19 both zero or blank and you are not filing Form 4952? <input type="checkbox"/> 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. <input type="checkbox"/> 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 style="list-style-type: none"> • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) } | 21 | (1,961.) |
| | 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? <input checked="" type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. <input type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR. | | |

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side

Social security number or taxpayer identification number

AKSHIT REDDY GUDOOR

690-71-6359

Before you check Box D, E, or F 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 II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-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 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-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.

- (D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (E)** Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (F)** Long-term transactions not reported to you on Form 1099-B

| 1 | (a) Description of property (Example: 100 sh. XYZ Co.) | (b) Date acquired (Mo., day, yr.) | (c) Date sold or disposed of (Mo., day, yr.) | (d) Proceeds (sales price) (see instructions) | (e) Cost or other basis See the Note below and see <i>Column (e)</i> in the separate instructions. | Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See the separate instructions. | | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g). |
|---|--|---|---|--|--|--|--------------------------------|--|
| | | | | | | (f) Code(s) from instructions | (g) Amount of adjustment | |
| | Robinhood Securities LLC | 10/05/21 | 12/31/22 | 53. | 81. | | | -28. |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) . . . | | | | 53. | 81. | | | -28. |

Note: If you checked Box D 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.

**SCHEDULE E
(Form 1040)**

Supplemental Income and Loss

OMB No. 1545-0074

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

2022
Attachment
Sequence No. **13**

Department of the Treasury
Internal Revenue Service

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

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

Name(s) shown on return

AKSHIT REDDY GUDOOR

Your social security number

690-71-6359

Part I Income or Loss From Rental Real Estate and Royalties

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

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

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

A 104 BARNHILL DR FOLSOM CA 95630

B
C

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

Type of Property:

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

| Income: | Properties: | | |
|---|-----------------------|---|---|
| | A | B | C |
| 3 Rents received | 3 6,340. | | |
| 4 Royalties received | 4 | | |
| Expenses: | | | |
| 5 Advertising | 5 | | |
| 6 Auto and travel (see instructions) | 6 370. | | |
| 7 Cleaning and maintenance | 7 1,680. | | |
| 8 Commissions | 8 | | |
| 9 Insurance | 9 4,737. | | |
| 10 Legal and other professional fees | 10 | | |
| 11 Management fees | 11 | | |
| 12 Mortgage interest paid to banks, etc. (see instructions) | 12 22,591. | | |
| 13 Other interest | 13 | | |
| 14 Repairs | 14 600. | | |
| 15 Supplies | 15 | | |
| 16 Taxes | 16 7,637. | | |
| 17 Utilities | 17 1,693. | | |
| 18 Depreciation expense or depletion | 18 | | |
| 19 Other (list) _____ | 19 | | |
| 20 Total expenses. Add lines 5 through 19 | 20 39,308. | | |
| 21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 | 21 -32,968. | | |
| 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) | 22 (32,968.) | | |
| 23a Total of all amounts reported on line 3 for all rental properties | 23a 6,340. | | |
| b Total of all amounts reported on line 4 for all royalty properties | 23b | | |
| c Total of all amounts reported on line 12 for all properties | 23c 22,591. | | |
| d Total of all amounts reported on line 18 for all properties | 23d | | |
| e Total of all amounts reported on line 20 for all properties | 23e 39,308. | | |
| 24 Income. Add positive amounts shown on line 21. Do not include any losses | 24 | | |
| 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here | 25 (32,968.) | | |
| 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 | 26 -32,968. | | |

For Paperwork Reduction Act Notice, see the separate instructions.

NPA

-32,968.

Schedule E (Form 1040) 2022

Health Savings Accounts (HSAs)

Department of the Treasury
Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form8889 for instructions and the latest information.

2022
Attachment
Sequence No. **52**

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

Social security number of HSA beneficiary.
If both spouses have HSAs, see instructions.
690-71-6359

AKSHIT REDDY GUDOR

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

Part I HSA Contributions and Deduction. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

| | | |
|-----------|--|---|
| 1 | Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2022. See instructions | <input checked="" type="checkbox"/> Self-only <input type="checkbox"/> Family |
| 2 | HSA contributions you made for 2022 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2022. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions | 2 0. |
| 3 | If you were under age 55 at the end of 2022 and, on the first day of every month during 2022, you were, or were considered, an eligible individual with the same coverage, enter \$3,650 (\$7,300 for family coverage). All others , see the instructions for the amount to enter | 3 3,650. |
| 4 | Enter the amount you and your employer contributed to your Archer MSAs for 2022 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2022, also include any amount contributed to your spouse's Archer MSAs | 4 0. |
| 5 | Subtract line 4 from line 3. If zero or less, enter -0- | 5 3,650. |
| 6 | Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2022, see the instructions for the amount to enter | 6 3,650. |
| 7 | If you were age 55 or older at the end of 2022, married, and you or your spouse had family coverage under an HDHP at any time during 2022, enter your additional contribution amount. See instructions | 7 0. |
| 8 | Add lines 6 and 7 | 8 3,650. |
| 9 | Employer contributions made to your HSAs for 2022 | 9 3,650. |
| 10 | Qualified HSA funding distributions | 10 |
| 11 | Add lines 9 and 10 | 11 3,650. |
| 12 | Subtract line 11 from line 8. If zero or less, enter -0- | 12 0. |
| 13 | HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions. | 13 0. |

Part II HSA Distributions. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

| | | |
|------------|--|-----|
| 14a | Total distributions you received in 2022 from all HSAs (see instructions) | 14a |
| b | Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions | 14b |
| c | Subtract line 14b from line 14a | 14c |
| 15 | Qualified medical expenses paid using HSA distributions (see instructions) | 15 |
| 16 | Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8f | 16 |
| 17a | If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here <input type="checkbox"/> | |
| b | Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c | 17b |

Part III Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, 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 Schedule 2 (Form 1040), Part II, line 17d | 21 |

TAXABLE YEAR

FORM

2022

California e-file Signature Authorization for Individuals

8879

Table with 2 columns: Name/SSN/ITIN and Spouse's/RDP's name/SSN/ITIN. Row 1: AKSHIT REDDY GUDoor, 690-71-6359. Row 2: (Empty), (Empty).

Part I Tax Return Information (whole dollars only)

Table with 2 columns: Line number and Amount. Line 1: California adjusted gross income (AGI) 84389. Line 2: Amount You Owe. Line 3: Refund or No Amount Due 4158.

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

Under penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2022, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider, including my name, address, and social security number (SSN) or individual tax identification number (ITIN), and the amounts shown in Part I above agree with the information and amounts shown on the corresponding lines of my electronic income tax return. If applicable, I authorize an electronic funds withdrawal of the amount on line 2 and/or the estimated tax payments as shown on my return and on form FTB 8455, California e-file Payment Record for Individuals, or a comparable form. If applicable, I declare that direct deposit refund amount on line 3 agrees with the direct deposit authorization stated on my return. If I have filed a joint return, this is an irrevocable appointment of the other spouse/registered domestic partner (RDP) as an agent to authorize an electronic funds withdrawal or direct deposit. I authorize my ERO, transmitter, or intermediate service provider to transmit my complete return to the Franchise Tax Board (FTB). If the processing of my return or refund is delayed, I authorize the FTB to disclose to my ERO, intermediate service provider, and/or transmitter the reason(s) for the delay or the date when the refund was sent. If I am filing a balance due return, I understand that if the FTB does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I acknowledge that I have read and consent to the Electronic Funds Withdrawal Consent included on the copy of my electronic income tax return. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

- [X] I authorize GLOBAL TAXES LLC to enter my PIN 1 6 3 5 9 as my signature on my 2022 e-filed California individual income tax return. [] I will enter my PIN as my signature on my 2022 e-filed California individual income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature Date

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

- [] I authorize to enter my PIN as my signature on my 2022 e-filed California individual income tax return. [] I will enter my PIN as my signature on my 2022 e-filed California individual income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's/RDP's signature Date

Practitioner PIN Method Returns Only -- continue below

Part III Certification and Authentication — Practitioner PIN Method Only

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

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

Table with 11 cells containing digits: 2 2 2 4 9 6 6 1 9 8 9

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the 2022 California individual income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and FTB Pub. 1345, 2022 Handbook for Authorized e-file Providers.

ERO's signature Date 03/09/2023

2022 California Resident Income Tax Return

540

APE

ATTACH FEDERAL RETURN

690-71-6359 GUDO
AKSHITREDDY GUDOOR

22

1653 LEE WAY
MILPITAS CA 95035

05-27-1996

Principal Residence

Enter your county at time of filing (see instructions)

SANTA CLARA

If your address above is the same as your principal/physical residence address at the time of filing, check this box

If not, enter below your principal/physical residence address at the time of filing.

Street address (number and street) (If foreign address, see instructions.) Apt. no/ste. no.

City State ZIP code

Filing Status

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

1 Single

2 Married/RDP filing jointly. See instr.

3 Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here.

4 Head of household (with qualifying person). See instructions.

5 Qualifying surviving spouse/RDP. Enter year spouse/RDP died.

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

Exemptions

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

7 **Personal:** If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2 in the box. If you checked the box on line 6, see instructions. 7 X \$140 = \$ 140

8 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2. 8 X \$140 = \$

9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2. See instructions. 9 X \$140 = \$

Your name: Your SSN or ITIN:

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

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

Total dependent exemptions ● 10 X \$433 = ● \$

11 Exemption amount: Add line 7 through line 10. Transfer this amount to line 32 ● 11 \$

12 State wages from your federal Form(s) W-2, box 16 ● 12 .00

13 Enter federal adjusted gross income from federal Form 1040 or 1040-SR, line 11 ● 13 .00

14 California adjustments – subtractions. Enter the amount from Schedule CA (540), Part I, line 27, column B. ● 14 .00

15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions 15 .00

16 California adjustments – additions. Enter the amount from Schedule CA (540), Part I, line 27, column C. ● 16 .00

17 California adjusted gross income. Combine line 15 and line 16 ● 17 .00

18 Enter the larger of {
 Your California **itemized deductions** from Schedule CA (540), Part II, line 30; **OR**
 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
 If Married/RDP filing separately or the box on line 6 is checked, **STOP**. See instructions ● 18 .00

19 Subtract line 18 from line 17. This is your **taxable income**. If less than zero, enter -0- ● 19 .00

31 Tax. Check the box if from: Tax Table Tax Rate Schedule

● FTB 3800 ● FTB 3803 ● 31 .00

32 Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$229,908, see instructions. ● 32 .00

33 Subtract line 32 from line 31. If less than zero, enter -0- ● 33 .00

34 Tax. See instructions. Check the box if from: ● Schedule G-1 ● FTB 5870A. . . ● 34 .00

35 Add line 33 and line 34. ● 35 .00

40 Nonrefundable Child and Dependent Care Expenses Credit. See instructions. ● 40 .00

43 Enter credit name code ● and amount. . . ● 43 .00

44 Enter credit name code ● and amount. . . ● 44 .00

Your name:

Your SSN or ITIN:

Special Credits

- 45 To claim more than two credits. See instructions. Attach Schedule P (540). 45 .00
- 46 Nonrefundable Renter's Credit. See instructions 46 .00
- 47 Add line 40 through line 46. These are your total credits 47 .00
- 48 Subtract line 47 from line 35. If less than zero, enter -0- 48 .00

Other Taxes

- 61 Alternative Minimum Tax. Attach Schedule P (540) 61 .00
- 62 Mental Health Services Tax. See instructions 62 .00
- 63 Other taxes and credit recapture. See instructions 63 .00
- 64 Add line 48, line 61, line 62, and line 63. This is your total tax. 64 .00

Payments

- 71 California income tax withheld. See instructions 71 .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
- 74 Excess SDI (or VPD) withheld. See instructions 74 .00
- 75 Earned Income Tax Credit (EITC). See instructions 75 .00
- 76 Young Child Tax Credit (YCTC). See instructions 76 .00
- 77 Foster Youth Tax Credit (FYTC). See instructions 77 .00
- 78 Add line 71 through line 77. These are your total payments. See instructions 78 .00

Use Tax

- 91 **Use Tax.** Do not leave blank. See instructions. 91 .00
- If line 91 is zero, check if: No use tax is owed. You paid your use tax obligation directly to CDTFA.

ISR Penalty

- 92 If you and your household had full-year health care coverage, check the box. See instructions. Medicare Part A or C coverage is qualifying health care coverage. If you did not check the box, see instructions.
- Individual Shared Responsibility (ISR) Penalty. See instructions 92 .00

Overpaid Tax/Tax Due

- 93 Payments balance. If line 78 is more than line 91, subtract line 91 from line 78 93 .00
- 94 **Use Tax balance.** If line 91 is more than line 78, subtract line 78 from line 91 94 .00
- 95 Payments after Individual Shared Responsibility Penalty. If line 93 is more than line 92, subtract line 92 from line 93. 95 .00
- 96 Individual Shared Responsibility Penalty Balance. If line 92 is more than line 93, subtract line 93 from line 92. 96 .00
- 97 Overpaid tax. If line 95 is more than line 64, subtract line 64 from line 95. 97 .00

Your name: Your SSN or ITIN:

| | | | |
|-----------------------------|---|-----------------------------------|----------------------------------|
| Overpaid Tax/Tax Due | 98 Amount of line 97 you want applied to your 2023 estimated tax ● 98 | <input type="text" value="0"/> | <input type="text" value=".00"/> |
| | 99 Overpaid tax available this year. Subtract line 98 from line 97 ● 99 | <input type="text" value="4158"/> | <input type="text" value=".00"/> |
| | 100 Tax due. If line 95 is less than line 64, subtract line 95 from line 64 ● 100 | <input type="text"/> | <input type="text" value=".00"/> |

| | | Code | Amount |
|---|--|----------------------------------|----------------------------------|
| Contributions | California Seniors Special Fund. See instructions ● 400 | <input type="text"/> | <input type="text" value=".00"/> |
| | Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund ● 401 | <input type="text"/> | <input type="text" value=".00"/> |
| | Rare and Endangered Species Preservation Voluntary Tax Contribution Program ● 403 | <input type="text"/> | <input type="text" value=".00"/> |
| | California Breast Cancer Research Voluntary Tax Contribution Fund ● 405 | <input type="text"/> | <input type="text" value=".00"/> |
| | California Firefighters' Memorial Voluntary Tax Contribution Fund ● 406 | <input type="text"/> | <input type="text" value=".00"/> |
| | Emergency Food for Families Voluntary Tax Contribution Fund ● 407 | <input type="text"/> | <input type="text" value=".00"/> |
| | California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund ● 408 | <input type="text"/> | <input type="text" value=".00"/> |
| | California Sea Otter Voluntary Tax Contribution Fund ● 410 | <input type="text"/> | <input type="text" value=".00"/> |
| | California Cancer Research Voluntary Tax Contribution Fund ● 413 | <input type="text"/> | <input type="text" value=".00"/> |
| | School Supplies for Homeless Children Voluntary Tax Contribution Fund ● 422 | <input type="text"/> | <input type="text" value=".00"/> |
| | State Parks Protection Fund/Parks Pass Purchase ● 423 | <input type="text"/> | <input type="text" value=".00"/> |
| | Protect Our Coast and Oceans Voluntary Tax Contribution Fund ● 424 | <input type="text"/> | <input type="text" value=".00"/> |
| | Keep Arts in Schools Voluntary Tax Contribution Fund ● 425 | <input type="text"/> | <input type="text" value=".00"/> |
| | Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund ● 431 | <input type="text"/> | <input type="text" value=".00"/> |
| | California Senior Citizen Advocacy Voluntary Tax Contribution Fund ● 438 | <input type="text"/> | <input type="text" value=".00"/> |
| | Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund ● 439 | <input type="text"/> | <input type="text" value=".00"/> |
| | Rape Kit Backlog Voluntary Tax Contribution Fund ● 440 | <input type="text"/> | <input type="text" value=".00"/> |
| | Suicide Prevention Voluntary Tax Contribution Fund ● 444 | <input type="text"/> | <input type="text" value=".00"/> |
| Mental Health Crisis Prevention Voluntary Tax Contribution Fund ● 445 | <input type="text"/> | <input type="text" value=".00"/> | |
| California Community and Neighborhood Tree Voluntary Tax Contribution Fund ● 446 | <input type="text"/> | <input type="text" value=".00"/> | |
| 110 Add amounts in code 400 through code 446. This is your total contribution ● 110 | <input type="text"/> | <input type="text" value=".00"/> | |

Amount You Owe **111 AMOUNT YOU OWE.** If you do not have an amount on line 99, add line 94, line 96, line 100, and line 110. See instructions. **Do not send cash.**
 Mail to: **FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001** ● **111**
 Pay Online – Go to **ftb.ca.gov/pay** for more information.

REV 02/17/23 PRO

Your name: Your SSN or ITIN:

Interest and Penalties
112 Interest, late return penalties, and late payment penalties 112 .00
113 Underpayment of estimated tax.
Check the box: FTB 5805 attached FTB 5805F attached 113 .00
114 Total amount due. See instructions. Enclose, but **do not** staple, any payment 114 .00

115 **REFUND OR NO AMOUNT DUE.** Subtract the sum of line 110, line 112, and line 113 from line 99. See instructions.

Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001**..... 115 .00

Refund and Direct Deposit
Fill in the information to authorize direct deposit of your refund into one or two accounts. **Do not** attach a voided check or a deposit slip. See instructions. **Have you verified the routing and account numbers?** Use whole dollars only.
All or the following amount of my refund (line 115) is authorized for direct deposit into the account shown below:

Routing number Type Account number 116 Direct deposit amount
 Checking .00
 Savings

The remaining amount of my refund (line 115) is authorized for direct deposit into the account shown below:

Routing number Type Account number 117 Direct deposit amount
 Checking .00
 Savings

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

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

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

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

Sign Here

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

Joint tax return? See instructions.

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

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

Firm's address Firm's FEIN

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

Print Third Party Designee's Name Telephone Number

2022 California Adjustments — Residents

CA (540)

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

Name(s) as shown on tax return: **AKSHIT REDDY GUDOR** SSN or ITIN: **690716359**

Part I Income Adjustment Schedule
Section A – Income from federal Form 1040 or 1040-SR

| | A Federal Amounts (taxable amounts from your federal tax return) | B Subtractions See instructions | C Additions See instructions |
|---|--|---|--|
| 1 a Total amount from federal Form(s) W-2, box 1. See instructions 1a | <input checked="" type="radio"/> 115404 | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| b Household employee wages not reported on federal Form(s) W-2 1b | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| c Tip income not reported on line 1a 1c | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| d Medicaid waiver payments not reported on federal Form(s) W-2. See instructions 1d | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| e Taxable dependent care benefits from federal Form 2441, line 26 1e | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| f Employer-provided adoption benefits from federal Form 8839, line 29 1f | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| g Wages from federal Form 8919, line 6. 1g | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| h Other earned income. See instructions 1h | <input checked="" type="radio"/> 0 | <input checked="" type="radio"/> | <input checked="" type="radio"/> 3650 |
| i Nontaxable combat pay election. See instructions 1i | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| z Add line 1a through line 1i. 1z | <input checked="" type="radio"/> 115404 | <input checked="" type="radio"/> | <input checked="" type="radio"/> 3650 |
| 2 Taxable interest. a <input checked="" type="radio"/> 2b <input checked="" type="radio"/> | <input checked="" type="radio"/> 59 | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 3 Ordinary dividends. See instructions. a <input checked="" type="radio"/> 187 3b <input checked="" type="radio"/> | <input checked="" type="radio"/> 205 | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 4 IRA distributions. See instructions. a <input checked="" type="radio"/> 4b <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 5 Pensions and annuities. See instructions. a <input checked="" type="radio"/> 5b <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 6 Social security benefits. a <input checked="" type="radio"/> 6b <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 7 Capital gain or (loss). See instructions 7 | <input checked="" type="radio"/> -1961 | <input checked="" type="radio"/> | <input checked="" type="radio"/> |

Section B – Additional Income from federal Schedule 1 (Form 1040)

| | | | |
|---|---|----------------------------------|----------------------------------|
| 1 Taxable refunds, credits, or offsets of state and local income taxes 1 | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 2 a Alimony received. See instructions. 2a | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 3 Business income or (loss). See instructions. . . . 3 | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 4 Other gains or (losses) 4 | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. 5 | <input checked="" type="radio"/> -32968 | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 6 Farm income or (loss) 6 | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 7 Unemployment compensation 7 | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |

| Section B – Additional Income Continued | A Federal Amounts (taxable amounts from your federal tax return) | B Subtractions See instructions | C Additions See instructions |
|--|---|---|--|
| 8 Other income: | | | |
| a Federal net operating loss 8a | <input type="radio"/> () | | <input type="radio"/> |
| b Gambling 8b | <input type="radio"/> | <input type="radio"/> | |
| c Cancellation of debt 8c | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d Foreign earned income exclusion from federal Form 2555 8d | <input type="radio"/> () | | <input type="radio"/> |
| e Income from federal Form 8853 8e | <input type="radio"/> | | <input type="radio"/> |
| f Income from federal Form 8889 8f | <input type="radio"/> | <input type="radio"/> | |
| g Alaska Permanent Fund dividends 8g | <input type="radio"/> | | |
| h Jury duty pay 8h | <input type="radio"/> | | |
| i Prizes and awards 8i | <input type="radio"/> | | |
| j Activity not engaged in for profit income 8j | <input type="radio"/> | | |
| k Stock options 8k | <input type="radio"/> | | <input type="radio"/> |
| l Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property . . 8l | <input type="radio"/> | | |
| m Olympic and Paralympic medals and USOC prize money 8m | <input type="radio"/> | | |
| n IRC Section 951(a) inclusion 8n | <input type="radio"/> | <input type="radio"/> | |
| o IRC Section 951A(a) inclusion 8o | <input type="radio"/> | <input type="radio"/> | |
| p IRC Section 461(l) excess business loss adjustment 8p | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| q Taxable distributions from an ABLE account . . 8q | <input type="radio"/> | | |
| r Scholarship and fellowship grants not reported on federal Form(s) W-2 8r | <input type="radio"/> | | |
| s Nontaxable amount of Medicaid waiver payments included on federal Form 1040, line 1a or line 1d. . 8s | <input type="radio"/> () | | |
| t Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental IRC Section 457 plan 8t | <input type="radio"/> | | |
| u Wages earned while incarcerated. 8u | <input type="radio"/> | | |
| z Other income. List type and amount. <input type="radio"/> _____ 8z | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

REV 02/17/23 PRO



| Section B – Additional Income Continued | A Federal Amounts (taxable amounts from your federal tax return) | B Subtractions See instructions | C Additions See instructions |
|--|---|---|--|
| 9 a Total other income. Add lines 8a through 8z. 9a | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b1 Disaster loss deduction from form FTB 3805V.. 9b1 | | <input type="radio"/> | |
| b2 NOL deduction from form FTB 3805V 9b2 | | <input type="radio"/> | |
| b3 NOL from form FTB 3805Z, 3807, or 3809 . . 9b3 | | <input type="radio"/> | |
| 10 Total. Combine Section A, line 1z through line 7, and Section B, line 1 through line 7, and line 9a in column A and column C. Add Section A, line 1z through line 7, and Section B, line 1 through line 7, line 9a, and line 9b1 through line 9b3 in column B (as applicable). See instructions. 10 | <input type="radio"/> 80739 | <input type="radio"/> | <input type="radio"/> 3650 |

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

| | | | |
|--|-----------------------|-----------------------|-----------------------|
| 11 Educator expenses 11 | <input type="radio"/> | <input type="radio"/> | |
| 12 Certain business expenses of reservists, performing artists, and fee-basis government officials. 12 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 13 Health savings account deduction 13 | <input type="radio"/> | <input type="radio"/> | |
| 14 Moving expenses. Attach form FTB 3913. See instructions 14 | <input type="radio"/> | | <input type="radio"/> |
| 15 Deductible part of self-employment tax. See instructions. 15 | <input type="radio"/> | <input type="radio"/> | |
| 16 Self-employed SEP, SIMPLE, and qualified plans. . 16 | <input type="radio"/> | | |
| 17 Self-employed health insurance deduction. See instructions. 17 | <input type="radio"/> | <input type="radio"/> | |
| 18 Penalty on early withdrawal of savings 18 | <input type="radio"/> | | |
| 19 a Alimony paid. 19a | <input type="radio"/> | | <input type="radio"/> |
| b Recipient's: SSN <input type="radio"/> _____ | | | |
| Last Name <input type="radio"/> _____ | | | |
| 20 IRA deduction 20 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 21 Student loan interest deduction 21 | <input type="radio"/> | | <input type="radio"/> |
| 22 Reserved for future use 22 | | | |
| 23 Archer MSA deduction. 23 | <input type="radio"/> | | |

REV 02/17/23 PRO

| Section C – Adjustments to Income Continued | | A Federal Amounts (taxable amounts from your federal tax return) | B Subtractions See instructions | C Additions See instructions |
|---|--|--|---|--|
| 24 | Other adjustments: | | | |
| a | Jury duty pay 24a | <input type="radio"/> | | |
| b | Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit. 24b | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c | Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m 24c | <input type="radio"/> | <input type="radio"/> | |
| d | Reforestation amortization and expenses. 24d | <input type="radio"/> | <input type="radio"/> | |
| e | Repayment of supplemental unemployment benefits under the federal Trade Act of 1974 24e | <input type="radio"/> | | |
| f | Contributions to IRC Section 501(c)(18)(D) pension plans 24f | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g | Contributions by certain chaplains to IRC Section 403(b) plans 24g | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| h | Attorney fees and court costs for actions involving certain unlawful discrimination claims 24h | <input type="radio"/> | | |
| i | Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations. 24i | <input type="radio"/> | <input type="radio"/> | |
| j | Housing deduction from federal Form 2555 24j | <input type="radio"/> | <input type="radio"/> | |
| k | Excess deductions of IRC Section 67(e) expenses from federal Schedule K-1 (Form 1041) 24k | <input type="radio"/> | | |
| z | Other adjustments. List type and amount. <input type="radio"/> _____ 24z | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 25 | Total other adjustments. Add line 24a through line 24z 25 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 26 | Add line 11 through line 23 and line 25 in columns A, B, and C. See instructions 26 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 27 | Total. Subtract line 26 from line 10 in columns A, B, and C. See instructions 27 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | | 80739 | | 3650 |

REV 02/17/23 PRO

Part II Adjustments to Federal Itemized Deductions

Check the box if you did NOT itemize for federal but will itemize for California

| | A Federal Amounts (from federal Schedule A (Form 1040)) | B Subtractions See instructions | C Additions See instructions |
|---|--|--|---|
| Medical and Dental Expenses See instructions. | | | |
| 1 Medical and dental expenses <input checked="" type="radio"/> _____ 1 | | | |
| 2 Enter amount from federal Form 1040 or 1040-SR, line 11.. <input checked="" type="radio"/> <u>80739</u> 2 | | | |
| 3 Multiply line 2 by 7.5% (0.075) <input checked="" type="radio"/> <u>6055</u> 3 | | | |
| 4 Subtract line 3 from line 1. If line 3 is more than line 1, enter 0 <input checked="" type="radio"/> 4 | | | <input checked="" type="radio"/> |
| Taxes You Paid | | | |
| 5 a State and local income tax or general sales taxes. .5a <input checked="" type="radio"/> <u>8137</u> <input checked="" type="radio"/> 8137 | <input checked="" type="radio"/> <u>8137</u> | <input checked="" type="radio"/> <u>8137</u> | |
| b State and local real estate taxes5b <input checked="" type="radio"/> | <input checked="" type="radio"/> | | |
| c State and local personal property taxes5c <input checked="" type="radio"/> | <input checked="" type="radio"/> | | |
| d Add line 5a through line 5c.5d <input checked="" type="radio"/> <u>8137</u> | <input checked="" type="radio"/> <u>8137</u> | | |
| e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) in column A. Enter the amount from line 5a, column B in line 5e, column B. Enter the difference from line 5d and line 5e, column A in line 5e, column C5e <input checked="" type="radio"/> <u>8137</u> <input checked="" type="radio"/> <u>8137</u> <input checked="" type="radio"/> <u>0</u> | <input checked="" type="radio"/> <u>8137</u> | <input checked="" type="radio"/> <u>8137</u> | <input checked="" type="radio"/> <u>0</u> |
| 6 Other taxes. List type <input checked="" type="radio"/> _____ 6 <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 7 Add line 5e and line 6. 7 <input checked="" type="radio"/> <u>8137</u> <input checked="" type="radio"/> <u>8137</u> <input checked="" type="radio"/> <u>0</u> | <input checked="" type="radio"/> <u>8137</u> | <input checked="" type="radio"/> <u>8137</u> | <input checked="" type="radio"/> <u>0</u> |
| Interest You Paid | | | |
| 8 a Home mortgage interest and points reported to you on federal Form 10988a <input checked="" type="radio"/> | <input checked="" type="radio"/> | | <input checked="" type="radio"/> |
| b Home mortgage interest not reported to you on federal Form 10988b <input checked="" type="radio"/> | <input checked="" type="radio"/> | | <input checked="" type="radio"/> |
| c Points not reported to you on federal Form 1098. .8c <input checked="" type="radio"/> | <input checked="" type="radio"/> | | <input checked="" type="radio"/> |
| d Reserved for future use8d | | | |
| e Add line 8a through line 8c.8e <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 9 Investment interest. 9 <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 10 Add line 8e and line 9. 10 <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |

REV 02/17/23 PRO

| Part II Adjustments to Federal Itemized Deductions Continued | A Federal Amounts (from federal Schedule A (Form 1040)) | B Subtractions See instructions | C Additions See instructions |
|---|---|---------------------------------------|---------------------------------------|
| Gifts to Charity | | | |
| 11 Gifts by cash or check. 11 | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 12 Other than by cash or check. 12 | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 13 Carryover from prior year. 13 | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 14 Add line 11 through line 13 14 | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| Casualty and Theft Losses | | | |
| 15 Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions . . 15 | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| Other Itemized Deductions | | | |
| 16 Other—from list in federal instructions. 16 | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 17 Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C. 17 | <input checked="" type="radio"/> 8137 | <input checked="" type="radio"/> 8137 | <input checked="" type="radio"/> 0 |
| 18 Total. Combine line 17 column A less column B plus column C | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> 0 |
| Job Expenses and Certain Miscellaneous Deductions | | | |
| 19 Unreimbursed employee expenses: job travel, union dues, job education, etc. Attach federal Form 2106 if required. See instructions | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 20 Tax preparation fees | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 21 Other expenses: investment, safe deposit box, etc. List type. | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> 0 |
| 22 Add line 19 through line 21 | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> 0 |
| 23 Enter amount from federal Form 1040 or 1040-SR, line 11 | <input checked="" type="radio"/> 80739 | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 24 Multiply line 23 by 2% (0.02). If less than zero, enter 0. | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> 1615 |
| 25 Subtract line 24 from line 22. If line 24 is more than line 22, enter 0. | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> 0 |
| 26 Total Itemized Deductions. Add line 18 and line 25 | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> 0 |
| 27 Other adjustments. See instructions. Specify. | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 28 Combine line 26 and line 27. | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> 0 |
| 29 Is your federal AGI (Form 540, line 13) more than the amount shown below for your filing status? | | | |
| Single or married/RDP filing separately | | | \$229,908 |
| Head of household | | | \$344,867 |
| Married/RDP filing jointly or qualifying surviving spouse/RDP. | | | \$459,821 |
| No. Transfer the amount on line 28 to line 29. | | | |
| Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540), line 29. | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> 0 |
| 30 Enter the larger of the amount on line 29 or your standard deduction listed below: | | | |
| Single or married/RDP filing separately. See instructions | | | \$5,202 |
| Married/RDP filing jointly, head of household, or qualifying surviving spouse/RDP | | | \$10,404 |
| Transfer the amount on line 30 to Form 540, line 18. | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> 5202 |

Name as Shown on Return
AKSHIT REDDY GUDDOOR

Social Security No.
690-71-6359

Line 1 – Wages, Salaries, Tips, Etc.

| | (B) Subtractions | (C) Additions |
|---|----------------------------|-------------------------|
| 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 | | 3650 |
| 8 Paid Family Leave Insurance (PFL) benefits | | |
| I confirm that the PFL amount above is accurate <input type="checkbox"/> | | |
| 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 as smallest of amount spent or fair rental value. | | |
| a 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 _____ | | |
| b _____ | | |
| c _____ | | |
| d _____ | | |
| Total adjustments to wages, salaries, tips, etc. Enter here and on Schedule CA (540/540NR), line 1. | | 3650 |

Line 4 – IRA, Pensions, and Annuities

| IRA's | (B) Subtractions | (C) Additions |
|---|----------------------------|-------------------------|
| 1 Other (itemize): | | |
| a _____ | | |
| b _____ | | |
| c _____ | | |
| d _____ | | |
| Total adjustments to IRA distributions. Enter here and on Schedule CA (540/540NR), line 4 | | |

| Pensions and Annuities | (B) Subtractions | (C) Additions |
|---|----------------------------|-------------------------|
| 1 Form 1099-R, Railroad Retirement Benefits. | | |
| Check here to confirm the Tier 2 RRB above is correct <input type="checkbox"/> | | |
| 2 Other (itemize): | | |
| a _____ | | |
| b _____ | | |
| c _____ | | |
| d _____ | | |
| Total adjustments to pensions and annuities. Enter here and on Schedule CA (540/540NR), line 5. | | |