E1040		artment of the Treasury—Internal Revenue Servi <b>S. Individual Income Ta</b>		ırn 20	22	OMB No. 1545	-0074	IRS Use Onl	y—Do not v	write or staple	in this space.
Filing Status Check only one box.	lf yo	Single X Married filing jointly u checked the MFS box, enter the nation is a child but not your dependent	ame of y			Head of Head o		. ,	spo	alifying sur use (QSS) s name if tl	U U
Your first name	and mi	ddle initial	Last nar	ne					Your se	ocial securi	ty number
VIVEK KU	MAR		TAMR.	AKAR					739-	03-850	8
lf joint return, sp	ouse's	first name and middle initial	Last nar	ne					Spouse	's social se	curity number
SHOBHANA			TAMR.	AKAR					APPL	IED FO	R
Home address (	numbe	er and street). If you have a P.O. box, see	instructio	ons.			A	Apt. no.	Preside	ential Electi	on Campaigr
555E WAS	HINC	GTON AVENUE					9	901W		here if you,	,
City, town, or po	ost offic	ce. If you have a foreign address, also co	omplete sp	baces below.	Sta	ite	ZIP c	ode			tly, want \$3 Checking a
SUNNYVAL	Е				CZ	J –	940	86		low will not	•
Foreign country	name		F	oreign province/	/state/coun	ty	Foreig	gn postal code	your ta	x or refund	_
District.	A+	unting during 0000 did open (c) as								You	Spouse
Digital Assets		ny time during 2022, did you: (a) rec ange, gift, or otherwise dispose of a								_	X No
Standard		eone can claim:  You as a de	-	<u> </u>		a dependent		(			
Deduction		Spouse itemizes on a separate retur	n or you	were a dual-s	tatus alier	1					
Age/Blindness	You:	Were born before January 2, 1	958	Are blind	Spouse	: 🗌 Was bor	n befo	ore January	2, 1958	🗌 ls b	ind
Dependents	(see	instructions):		(2) Social s	ecurity	(3) Relationsh	ip (4	I) Check the b	oox if qual	ifies for (see	instructions):
If more		irst name Last name		numbe		to you		Child tax of	credit	Credit for ot	her dependents
than four											
dependents,											
see instructions and check								<u> </u>			$\square$
here											
Incomo	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructions)					. 1a	a .	40,020.
Income	b	Household employee wages not re	eported of	on Form(s) W-	2				. 11		
Attach Form(s)	с	Tip income not reported on line 1a							. 10	<b>.</b>	
W-2 here. Also attach Forms	d	Medicaid waiver payments not rep							. 10	8	
W-2G and	e	Taxable dependent care benefits f							. 10	e	
1099-R if tax	f	Employer-provided adoption bene							. 1		
was withheld. If you did not	g	Wages from Form 8919, line 6 .							. 19	3	
get a Form	h	Other earned income (see instruct							. 11		0.
W-2, see	i	Nontaxable combat pay election (s	,			1					
instructions.	z	Add lines 1a through 1h		,					. 12	z ·	40,020.
Attach Sch. B	2a	Ŭ I	2a		1	axable interest					
if required.	3a	· ·	3a		-	Ordinary divider					
	4a		4a		-	axable amount			. 4	<b>b</b>	
Standard	5a		5a		-	axable amount			. 5ł	5	
Deduction for –	6a	Social security benefits	6a		b T	axable amount	t		. 61	5	
Single or Married filing	с	If you elect to use the lump-sum e	lection n	nethod, check							
separately,	7	Capital gain or (loss). Attach Sche		-		,			7		
<ul><li>\$12,950</li><li>Married filing</li></ul>	8	Other income from Schedule 1, lin							. 8		
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7							. 9		40,020.
surviving spouse,	10	Adjustments to income from Sche		-					. 10		
\$25,900 • Head of	11	Subtract line 10 from line 9. This is							. 1		40,020.
household,	12	Standard deduction or itemized							. 12		<u>10,020.</u> 25,900.
\$19,400 • If you checked	13	Qualified business income deduct				5-A			. 10		
any box under Standard	14	Add lines 12 and 13							. 14		25,900.
Deduction,	15	Subtract line 14 from line 11. If zer				taxable incom	e .		. 15		14,120.
see instructions.	-	···· ··· ···· ··· ··· ··· ··· ··· ···		,	,					· · · · ·	

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

Form **1040** (2022)

Form 1040 (2022	2)									Pag
Tax and	16	Tax (see instructions). Check	if any from Form	n(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3			16	1,413
Credits	17	Amount from Schedule 2, lir	ne3						17	
	18	Add lines 16 and 17							18	1,413
	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							22	1,413
	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	1,413
Payments	25	Federal income tax withheld								
,, <b>,</b>	а	Form(s) W-2				25a	6	,793.		
	b	Form(s) 1099				25b			1	
	с	Other forms (see instruction				25c				
	d	Add lines 25a through 25c	<i>.</i>						25d	6,793
15	26	2022 estimated tax paymen	ts and amount a	pplied from 20	)21 return				26	
If you have a l qualifying child,	27	Earned income credit (EIC)		• •		27				
attach Sch. EIC.	28	Additional child tax credit from				28				
	29	American opportunity credit	from Form 8863	3, line 8		29				
	30	Reserved for future use .		-		30				
	31	Amount from Schedule 3, lir				31				
	32	Add lines 27, 28, 29, and 31				undable	credits		32	
	33	Add lines 25d, 26, and 32. T	2		-				33	6,793
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amou	nt you <b>c</b>	overpaid		34	5,380
neiulia	35a	Amount of line 34 you want	refunded to you	u. If Form 8888	is attached, che	ck here		. 🗆	35a	5,380
Direct deposit?	b	Routing number 1 2 1				] Check		Savings		
See instructions.	d	Account number 3 2 5					ľ	0		
	36	Amount of line 34 you want	applied to your	2023 estimate	ed tax	36				
Amount	37	Subtract line 33 from line 24	. This is the <b>am</b>	ount vou owe						
You Owe		For details on how to pay, g							37	
	38	Estimated tax penalty (see in	nstructions) .			38				
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?	See				
Designee		structions	· · · · ·			[	Yes. Co	mplete l	below.	X No
		signee's		Phone				nal identi	fication	
	na			no.				per (PIN)		
Sign		der penalties of perjury, I declare t lief, they are true, correct, and com								
Here		ur signature		Date	Your occupation			1		nt you an Identity
	10			Date						IN, enter it here
Joint return?					SERVICE			(see	inst.)	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	both must sign.	Date	Spouse's occupat	ion				nt your spouse an
your records.									inst.)	ection PIN, enter it h
	Dh	one no. (669)577-645	E	Email address	HOMEMAKER TAMRAKAR.VIV	TEVOOR	OMATT OC	`	,	
		eparer's name	D Preparer's signat		IAMRAKAR.VIV	Date	JMAIL.CC	PTIN		Check if:
Paid		I PRIYA RAM SAGAR GUPTA TALLAM			(110 ሞለ ከለተገለል		8/2023	P0208	2702	Self-employed
Preparer				ICAPI SAGAR	GUFIA IALLAM	103/1	0/2023			
Use Only		m's name GLOBAL TA	Y CT E BRU	INICIMITOR M	J 08816					678)965-952
		m's address 245 ROONE		TIDMICK IN	08810			Firm	's EIN	84-317196

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

BAA REV 03/09/23 PRO

Form **1040** (2022)

FORM

8879

## **2022** California e-file Signature Authorization for Individuals

Your	name	Your SSN or	ITIN		
VI	VEK KUMAR TAMRAKAR	739-03-	8508		
Spou	use's/RDP's name	Spouse's/RD	P's SSN c	r ITIN	
SH	OBHANA TAMRAKAR	APPLIED	FOR		
	t I Tax Return Information (whole dollars only)		-		
1 (	California adjusted gross income (AGI). See instructions			4	10020
	Amount You Owe. See instructions				
<b>3</b> F	Refund or No Amount Due. See instructions	3			2189
Par	t II Taxpayer Declaration and Signature Authorization (Be sure you obtain and keep a copy of your return.)				
elect idem inco and agre dom prov <b>to m</b> retur pena	ng December 31, 2022, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare the tronic return originator (ERO), transmitter, or intermediate service provider, including my name, address, and social sec tification number (ITIN), and the amounts shown in Part I above agree with the information and amounts shown on the me tax return. If applicable, I authorize an electronic funds withdrawal of the amount on line 2 and/or the estimated tax p on form FTB 8455, California e-file Payment Record for Individuals, or a comparable form. If applicable, I declare that di es with the direct deposit authorization stated on my return. If I have filed a joint return, this is an irrevocable appointme estic partner (RDP) as an agent to authorize an electronic funds withdrawal or direct deposit. I authorize my ERO, trans- ider to transmit my complete return to the Franchise Tax Board (FTB). If the processing of my return or refund is delay <b>y ERO, intermediate service provider, and/or transmitter the reason(s) for the delay or the date when the refund wa</b> rn, I understand that if the FTB does not receive full and timely payment of my tax liability, I remain liable for the tax liabi alties. I acknowledge that I have read and consent to the Electronic Funds Withdrawal Consent included on the copy of n cred a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, my El	urity number correspondin payments as s rect deposit r ent of the othe mitter, or inte red, I authoriz s sent. If I an lity and all ap ny electronic i	(SSN) or ag lines of shown or refund an er spouse rmediate <b>ze the FT</b> n filing a oplicable i income ta	indivi my e my r nount regis servic <b>B to d</b> balance nteres	idual tax lectronic eturn on line 3 stered ce lisclose ce due st and urn. I have
Тахр	ayer's PIN: check one box only	_			
X	l authorize GLOBAL TAXES LLC to ente	r my PIN	3 8	5	0 8
	ERO firm name	Ī	Do not er	ter al	l 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 <b>only</b> if your return is filed using the Practitioner PIN method. The ERO must complete Part III below.	u are entering	g your ov	n PIN	l and your
Your	r signature 🕨 Date 🕨				
Spor	use's/RDP's PIN: check one box only				
X	l authorize GLOBAL TAXES LLC to ente	r my PIN			
_	ERO firm name	· ·	Do not er	ter al	l 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 or and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.	l <b>ly</b> if you are	e entering	your	own PIN
Spoi	use's/RDP's signature 🕨 Date 🕨				
	Practitioner PIN Method Returns Only continue below				
Par	t III Certification and Authentication — Practitioner PIN Method Only				
	's Electronic Filer Identification Number (EFIN)/PIN.         r your six-digit EFIN followed by your five-digit self-selected PIN.         Do not enter all z	6 1 9	8	9	
conf	tify that the above numeric entry is my PIN, which is my signature for the 2022 California individual income tax return irm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and FTB Pub. e Providers.	for the taxpa	ayer(s) in Handbool	dicate c for <i>F</i>	d above. I Authorized
ERO	's signature ▶ Date ▶Date ▶	023			

540

## 2022 California Resident Income Tax Return

			A	PE		DO	NOT	ATTACH	FEDERAL	RETURN
739-03-8508 VIVEKKUMAR SHOBHANA	TAMR TAMF TAMF	RAKA		0		22				
555E WASHINGT SUNNYVALE			94086		APT	901W				

08-11-1984 08-27-1991

		Enter your county at time of filing (see instructions)
Ð	$oldsymbol{O}$	SANTA CLARA
Suc	-	If your address above is the same as your principal/physical residence address at the time of filing, check this box • ×
ide		If not, enter below your principal/physical residence address at the time of filing.
Ses		
alF		Street address (number and street) (If foreign address, see instructions.) Apt. no/ste. no.
cip	ullet	
Principal Residence		
<u>a</u>	$\frown$	City State ZIP code
	ullet	
		If your California filing status is different from your federal filing status, check the box here
Ś	1	Single 4 Head of household (with qualifying person). See instructions.
atu		
Filing Status	2	× Married/RDP filing jointly. See instr. 5 Qualifying surviving spouse/RDP. Enter year spouse/RDP died.
ing		
ΪĒ		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 💿 🧧 📃
		v line 7. line 0. line 10. Multich, the sumbary our entry in the hey by the aver swinted dellay encryst for thet line
	- F0	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. Whole dollars only
Suc	1	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. (a) 7 2 X \$140 = (a) \$ 280
ptic	8	Blind: If you (or your spouse/RDP) are visually impaired, enter 1;
Exemptions	0	if both are visually impaired, enter 2
Ж	9	Senior: If you (or your spouse/RDP) are 65 or older, enter 1;
		if both are 65 or older, enter 2. See instructions
		REV 03/10/23 PRO
		175 3101224 Form 540 2022 Side 1

You	r na	me:	TAM	RAK	CAR				Your S	SN o	r ITIN:	73	9-0	3-85	08					
	10	Depen	dents:		ot inclu Dependo		Irself	or you	r spouse	e/RDF		endent	2					Dependent 3		
		Firs	t Name	۲	Deheum	GIIL I						ICHUCH	2				۲			
us		Last	Name	۲							•						۲			
Exemptions			I. See ructions.	•							•						•			
Exen		Dep	endent's tionship								•									
		to yo	ou .														-			
	Tota	l depe	ndent e	exemp	otions .								. ●	10	X	\$433	= 🖲	)\$		
	11	Exen	nption	amou	Int: Add	line 7	throu	gh line	10. Tra	nsfer	this an	nount t	o line	32		(	<b>1</b> 1	\$	2	80
	12	State	wages	s from	n your fe x 16	ederal			(	<b>1</b> 2	,			40	020	. 00				
	40											1040					0		40020	. 00
	13 14	California adjustments – subtractions. Enter the amount from Schedule CA (540),																		
	15								ro, ente							. • 1	4			
ome	16															. 1	5		40020	.00
e Inc	10	6 California adjustments – additions. Enter the amount from Schedule CA (540),         Part I, line 27, column C												.00						
Taxable Income	17	California adjusted gross income. Combine line 15 and line 16																		
Ë	18	Enter the Your California <b>itemized deductions</b> from Schedule CA (540), Part II, line 30; <b>OR</b> Iarger of Your California <b>standard deduction</b> 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, <b>STOP</b> . See instructions																		
	19	Subtract line 18 from line 17. This is your taxable income.																		
		If les	s than :	zero,	enter -(	)										. • 1	9			_ <u>∎ [UU</u>
	31	Тах	Chack t	ho ho	ox if fro	m.	×	Tax Ta	ble		Ta	ax Rate	Sche	edule						
	01	Tax.	Oncorr			•		FTB 3	800	•	F	TB 380	3			. 🌒 3	1		390	. 00
	32								ine 11. I	-						. 🖲 3	2		280	. 00
Тах	00															0			110	
	33									7				7		-				_ <u>00</u>
	34	Tax.	See ins	tructi	ons. Ch	ieck the	e box	if from	:●	_ Scl	hedule	G-1 (		_ FTB	5870A.	• 3	4			
	35	Add	line 33	and I	ine 34 .											. 💽 3	5		110	. 00
its	40	Nonr	ofunda	bla C	hild and	Donor	adont	Caro E	vnancae	Croc	lit Soo	inetruc	tione				n			. 00
Cred						Deper	luent		лрепаса											
Special Credits	43		r credit								code				nount		ა			<u>    00</u>
Sp	44	Entei	r credit	nam	e 📖						code	•		and an	nount	. • 4	4	REV 03/10/23 PRO		. 00
		Side 2	<b>?</b> Form	n 540	2022			1	L75		31	0222	24	ſ		· –				

You	r nar	me: TAMRAKAR	Your SSN or ITIN:	739-03-8508				
Ś	45	To claim more than two credits. See ir	nstructions. Attach Schedul	e P (540)	45			. 00
Sredit:	46	Nonrefundable Renter's Credit. See ins	structions		46			. 00
Special Credits	47	Add line 40 through line 46. These are	e your total credits		9 47			. 00
Spe	48	Subtract line 47 from line 35. If less th			Г		110	. 00
					Γ			
(es	61	Alternative Minimum Tax. Attach Sche	edule P (540)	•••••••••••••••••••••••••••••••	• 61 L		]	<u>   00</u>
Other Taxes	62	Mental Health Services Tax. See instru	uctions	••••••••••••••••••••••••••••••••	62 [			- 00
Oth	63	Other taxes and credit recapture. See	63 [			<b>.</b> 00		
	64	Add line 48, line 61, line 62, and line 6	63. This is your total tax	••••••	64		110	. 00
	71	California income tax withheld. See in:	structions		71		2299	. 00
	72	2022 California estimated tax and othe	er payments. See instructio	ns	72			. 00
	73	Withholding (Form 592-B and/or Form	n 593). See instructions		73			. 00
ents	74	Excess SDI (or VPDI) withheld. See in			Г			. 00
Payments	75	Earned Income Tax Credit (EITC). See			Г			. 00
	76	Young Child Tax Credit (YCTC). See in			Г			. 00
	77	Foster Youth Tax Credit (FYTC). See in			Г			. 00
	78	Add line 71 through line 77. These are See instructions			78		2299	. 00
ax	91	<b>Use Tax.</b> Do not leave blank. See instr	ructions	• 91		0 .00		
Use Tax	01		No use tax is owed.	You paid your use tax	obligation			
	92	If you and your household had full-ye						
ISR Penaltv		See instructions. Medicare Part A or C If you did not check the box, see instr		Ith care coverage	×			
		Individual Shared Responsibility (ISR)	) Penalty. See instructions .	• 92		_ 00		
<b>(</b> )	93	Payments balance. If line 78 is more t	than line 91, subtract line 91	from line 78	93		2299	. 00
X Due	94	<b>Use Tax balance.</b> If line 91 is more th			Г			. 00
Тах/Та	95	Payments after Individual Shared Res subtract line 92 from line 93	ponsibility Penalty. If line 93	3 is more than line 92,	95		2299	. 00
Overpaid Tax/Tax Due	96	Individual Shared Responsibility Pena subtract line 93 from line 92	alty Balance. If line 92 is mo	re than line 93,	Γ			. 00
Ove	97	Overpaid tax. If line 95 is more than li	ine 64, subtract line 64 from		Г		2189	. 00
		REV 03/10/23 PRO						
			175 310	3224		Form 540 2022	Side 3	

Yo	ur nar	ne:	TAMRAKAR	Your SSN or ITIN:	739-03-8508		I	
2	<u>98</u>	Amo	unt of line 97 you want applied to yo	ur <b>2023</b> estimated tax		• 98		. 00
Overpaid	ב 99 99	Over	paid tax available this year. Subtract l	ine 98 from line 97		• 99	2189	. 00
0) F	- 100	Tax o	lue. If line 95 is less than line 64, sub	tract line 95 from line 64		• 100		. 00
						<u>Code</u>	Amount	
		Califo	ornia Seniors Special Fund. See instru	uctions		• 400		. 00
		Alzhe	eimer's Disease and Related Dementia	a Voluntary Tax Contribut	ion Fund	• 401		<u>   00    </u>
		Rare	and Endangered Species Preservatio	n Voluntary Tax Contribu	tion Program	• 403		<u>   00    </u>
		Califo	ornia Breast Cancer Research Volunta	ry Tax Contribution Fund	L	• 405		. 00
		Califo	ornia Firefighters' Memorial Voluntary	r Tax Contribution Fund .		• 406		<b>.</b> 00
		Emer	gency Food for Families Voluntary Ta	x Contribution Fund		• 407		<b>.</b> 00
		Califo	ornia Peace Officer Memorial Foundat	ion Voluntary Tax Contril	bution Fund	• 408		<b>.</b> 00
		Califo	ornia Sea Otter Voluntary Tax Contrib	• 410		<b>.</b> 00		
		Califo	ornia Cancer Research Voluntary Tax	Contribution Fund		• 413		. 00
itions		Scho	ol Supplies for Homeless Children Vo	oluntary Tax Contribution	Fund	• 422		. 00
Contributions		State	Parks Protection Fund/Parks Pass P	urchase		• 423		. 00
ပိ		Prote	ect Our Coast and Oceans Voluntary 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 Con	tribution Fund	• 431		. 00
		Califo	ornia Senior Citizen Advocacy Volunta	ary Tax Contribution Fund	I	• 438		<b>.</b> 00
		Nativ	e California Wildlife Rehabilitation Vo	luntary Tax Contribution	Fund	• 439		<b>.</b> 00
		Rape	Kit Backlog Voluntary Tax Contributi	on Fund		• 440		. 00
		Suici	de Prevention Voluntary Tax Contribu	ition Fund		• 444		. 00
		Ment	al Health Crisis Prevention Voluntary	Tax Contribution Fund		• 445		. 00
		Califo	ornia Community and Neighborhood	Tree Voluntary Tax Contri	bution Fund	• 446		. 00
	110	Add	amounts in code 400 through code 4	46. This is your total con	tribution	• 110		- 00
Int	§ 111	AMO	UNT YOU OWE. If you do not have an	amount on line 99, add lin	e 94, line 96, line 100, a	nd line 110. S	See instructions. Do not send cash.	
Amount			to: FRANCHISE TAX BOARD, PO B Online – Go to ftb.ca.gov/pay for mo		TO CA 94267-0001	• 111		. 00

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

REV 03/10/23 PRO

Γ

You	r nar	ne:	TAMRAKAR Your SSN or ITIN: 739-03-8508							
Interest and Penalties	112 113	Und	rest, late return penalties, and late payment penalties	.00						
Inte Pe			al amount due. See instructions. Enclose, but <b>do not</b> staple, any payment	.00						
			<b>UND OR NO AMOUNT DUE.</b> Subtract the sum of line 110, line 112, and line 113 from line 99. See instruct							
	110		I to: FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001 • 115	2189 _00						
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 s         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:         • Type         • Routing number         121000358         • Savings         • Account number         121000358         • The remaining amount of my refund (line 115) is authorized for direct deposit into the account shown below:										
d Dire			Routing number Checking Account number 116	Direct deposit amount						
nd and		1	21000358 325163319009 325163319009	2189 _00						
Refu			remaining amount of my refund (line 115) is authorized for direct deposit into the account shown below:	7 Direct deposit amount						
Voter Info.										
~	For voter registration information, check the box and go to <b>sos.ca.gov/elections</b> . See instructions									
Our p to loc Unde	orivacy cate FT er pena le, cor	ANT: / notice TB 113 alties rrect, a	See the instructions to find out if you should attach a copy of your complete federal tax return. See can be found in annual tax booklets or online. Go to <b>ftb.ca.gov/privacy</b> to learn about our privacy policy statement, or go to attempt the second statement of the second statement of the second statement of the second statement of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the and complete.	o <b>ftb.ca.gov/forms</b> and search for <b>1131</b> code <b>948</b> when instructed. e best of my knowledge and belief, it						
Our p to loc Unde	orivacy cate FT er pena le, cor	ANT: / notice TB 113 alties rrect, a	See the instructions to find out if you should attach a copy of your complete federal tax return. See can be found in annual tax booklets or online. Go to <b>ftb.ca.gov/privacy</b> to learn about our privacy policy statement, or go to B1 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form of of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the and complete.  Date  Spouse's/RDP's signature (if a	o <b>ftb.ca.gov/forms</b> and search for <b>1131</b> code <b>948</b> when instructed. e best of my knowledge and belief, it joint tax return, both must sign)						
IMP     Our p     to loc     Under     is tru     Your	ORTA privacy cate FT er pena le, cor signat	ANT: y notic TB 113 alties rrect, a ture	See the instructions to find out if you should attach a copy of your complete federal tax return. See can be found in annual tax booklets or online. Go to <b>ftb.ca.gov/privacy</b> to learn about our privacy policy statement, or go to attempt the second statement of the second statement of the second statement of the second statement of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the and complete.	o <b>ftb.ca.gov/forms</b> and search for <b>1131</b> code <b>948</b> when instructed. e best of my knowledge and belief, it						
IMPO Our p to loc Unde is tru Your Si	orrivacy cate FT er pena le, cor signat	ANT: y notic IB 113 alties rrect, a ture	See the instructions to find out if you should attach a copy of your complete federal tax return. See can be found in annual tax booklets or online. Go to <b>ftb.ca.gov/privacy</b> to learn about our privacy policy statement, or go to B1 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form of of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the and complete.  Date  Spouse's/RDP's signature (if a	<b>b ftb.ca.gov/forms</b> and search for <b>1131</b> code <b>948</b> when instructed. e best of my knowledge and belief, it joint tax return, both must sign)     (     • Preferred phone number 6695776455						
IMP Our p to loc Unde is tru Your Sid He to fo spou	orrivacyo privacyo cate FT er pena e, cor signal signal <b>gn</b> <b>bre</b> unlaw rge a use's/	vful	See the instructions to find out if you should attach a copy of your complete federal tax return.  e can be found in annual tax booklets or online. Go to <b>ftb. ca.gov/privacy</b> to learn about our privacy policy statement, or go to  statements. The request this notice by mail, call 800.338.0505 and enter form of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the  and complete.  Date Spouse's/RDP's signature (if a Statement's signature (declaration of preparer is based on all information of which preparer has any knowle SYAM PRIYA RAM SAGAR GUPTA TALLAM Firm's name (or yours, if self-employed)	<b>o ftb.ca.gov/forms</b> and search for <b>1131</b> code <b>948</b> when instructed. e best of my knowledge and belief, it joint tax return, both must sign)     (     • Preferred phone number 6695776455 edge)     • PTIN						
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IMP Our p to loc Unde is tru Your Your Sign Lt is f to fo spoo RDF sign Joint	ORTA privacy ate FI er pena e, cor signat gn er Cor signat Sere unlaw rge a see's/ "'s ature.	ANT: y notic IB 113 alties trrect, a ture vful	See the instructions to find out if you should attach a copy of your complete federal tax return.  e can be found in annual tax booklets or online. Go to <b>ftb. ca.gov/privacy</b> to learn about our privacy policy statement, or go to  statements. The request this notice by mail, call 800.338.0505 and enter form of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the  and complete.  Date Spouse's/RDP's signature (if a Statement's signature (declaration of preparer is based on all information of which preparer has any knowle SYAM PRIYA RAM SAGAR GUPTA TALLAM Firm's name (or yours, if self-employed)	<b>o ftb.ca.gov/forms</b> and search for <b>1131</b> code <b>948</b> when instructed. e best of my knowledge and belief, it joint tax return, both must sign)     (     • Preferred phone number 6695776455 edge)     • PTIN						
IMPP Our p to loc Unde is tru Your Your Sign Sign Sign Sign See	ORTA privacy ate FI er pena e, cor signat gn er Cor signat Sere unlaw rge a see's/ "'s ature.	ANT: y notic IB 113 alties rrect, a ture vful	See the instructions to find out if you should attach a copy of your complete federal tax return. The can be found in annual tax booklets or online. Go to <b>ftb.ca.gov/privacy</b> to learn about our privacy policy statement, or go to 31 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form of perjury. I declare that I have examined this tax return, including accompanying schedules and statements, and to the and complete. Date Spouse's/RDP's signature (if a Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowle SYAM PRIYA RAM SAGAR GUPTA TALLAM Firm's name (or yours, if self-employed) GLOBAL TAXES LLC Firm's address	or <b>th.ca.gov/forms</b> and search for <b>1131</b> code <b>948</b> when instructed. e best of my knowledge and belief, it joint tax return, both must sign) or Preferred phone number 6695776455 edge) or PTIN P02082703 or Firm's FEIN						
IMPP Our p to loc Unde is tru Your Your Sign Sign Sign Sign See	ORT/ privacy ate FI r pen: signat signat Sig	ANT: y notic IB 113 alties rrect, a ture vful	See the instructions to find out if you should attach a copy of your complete federal tax return.  ee can be found in annual tax booklets or online. Go to <b>ftb.ca.gov/privacy</b> to learn about our privacy policy statement, or go to it EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the and complete.  Date Spouse's/RDP's signature (if a  of Your email address. Enter only one email address.  Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowle SYAM PRIYA RAM SAGAR GUPTA TALLAM  Firm's name (or yours, if self-employed) GLOBAL TAXES LLC  Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816  Do you want to allow another person to discuss this tax return with us? See instructions	• ptb.ca.gov/forms and search for 1131 code 948 when instructed. e best of my knowledge and belief, it joint tax return, both must sign)     • Preferred phone number 6695776455 edge)     • PTIN P02082703     • Firm's FEIN 843171965     Yes × No						

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	IVEK KUMAR & SHOBHANA TAMRAKAR     739038508       art L Income Adjustment Schedule     A Federal Amounts										
<b>P</b> a Se	art I Income Adjustment Schedule ction A – Income from federal Form 1040 or 1040-SR	A Fede (taxal federa	<b>ral Amounts</b> ble amounts from your al tax return)		Subtractions See instructions	<b>C</b> Additions See instructions					
1	<b>a</b> Total amount from federal Form(s) W-2, box 1. See instructions <b>1a</b>	۲	40020			۲					
	b Household employee wages not reported on federal Form(s) W-2	۲		۲		۲					
	<b>c</b> Tip income not reported on line 1a <b>1</b> c	۲		۲		۲					
	<b>d</b> Medicaid waiver payments not reported on federal Form(s) W-2. See instructions <b>1d</b>	۲		۲		۲					
	e Taxable dependent care benefits from federal Form 2441, line 26 1e	۲		۲		۲					
	f Employer-provided adoption benefits from federal Form 8839, line 29 1f			۲		۲					
	<b>g</b> Wages from federal Form 8919, line 6 <b>1g</b>			۲		۲					
	h Other earned income. See instructions 1h	•	0	۲		۲					
	i Nontaxable combat pay election. See instructions1i					۲					
	z Add line 1a through line 1i1z	۲	40020	۲		•					
	Taxable interest. a • 2b	•		۲		۲					
3	Ordinary dividends. See instructions. a • 3b	۲		ullet		۲					
4	IRA distributions. See instructions. a • 4b	۲		۲		۲					
5	Pensions and annuities. See instructions. <b>a</b> • 5 <b>b</b>	۲		۲		۲					
6	Social security benefits. <b>a</b> • 6b			۲							
		•		۲		۲					
	ction B – Additional Income from federal Schedule 1 Taxable refunds, credits, or offsets of state		10)								
1	and local income taxes	۲		۲							
2	<b>a</b> Alimony received. See instructions <b>2a</b>	۲				۲					
3	Business income or (loss). See instructions <b>3</b>	۲		۲		•					
		۲		۲		۲					
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc <b>5</b>	۲		۲		۲					
6	Farm income or (loss) <b>6</b>	۲		۲		۲					
7	Unemployment compensation7	۲		۲							

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Section B – Additional Income Continued	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	<b>C</b> Additions See instructions
8 Other income: a Federal net operating loss8a	• ( )		۲
b 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 if you engaged in the rental for profit but were not in the business of renting such property 81	۲		
m Olympic and Paralympic medals and USOC prize money	$\textcircled{\textbf{O}}$		
<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 not reported on federal Form(s) W-2 8r	۲		
s Nontaxable amount of Medicaid waiver payments included on federal Form 1040, line 1a or line 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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	dditional Income ontinued	A	Federal Amounts (taxable amounts from your federal tax return)		B Subtractions See instructions	<b>C</b> Additions See instructions
9 a Total o	other income. Add lines 8a through 8z. 9a	۲		۲		۲
b1 Disast	er loss deduction from form FTB 3805V. 9b1			۲		
b2 NOL c	leduction from form FTB 3805V <b>9b2</b>			۲		
b3 NOLf	rom form FTB 3805Z, 3807, or 3809 <b>9b3</b>			ullet		
and Sectio in column through lir line 9a, an	nbine Section A, line 1z through line 7, n B, line 1 through line 7, and line 9a A and column C. Add Section A, line 1z re 7, and Section B, line 1 through line 7, d line 9b1 through line 9b3 in column B ble). See instructions	۲	40020	۲		۲
	Adjustments to Income Schedule 1 (Form 1040)					
11 Educator	expenses	۲		۲		
	usiness expenses of reservists, performing diffee-basis government officials <b>12</b>	۲		۲		۲
13 Health sa	vings account deduction	$oldsymbol{igodol}$		ullet		
14 Moving e See instr	expenses. Attach form FTB 3913. uctions	$ \bigcirc $				۲
15 Deductib See instr	le part of self-employment tax. uctions	۲		۲		
16 Self-empl	loyed SEP, SIMPLE, and qualified plans16	$oldsymbol{igodol}$				
17 Self-emp See instr	loyed health insurance deduction. uctions	۲		۲		
18 Penalty or	n early withdrawal of savings <b>18</b>	۲				
19 a Alimor	ny paid	۲				۲
<b>b</b> Recipi	ent's: SSN 🖲					
Last N	ame 🖲					
20 IRA deduc	ction	۲		ullet		۲
21 Student Ic	pan interest deduction	۲				۲
22 Reserved	for future use					
23 Archer MS	SA deduction					

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Section C – Adjustments to Income Continued	A Federal Amounts (taxable amounts from your federal tax return)	<b>B</b> Subtractions See instructions	<b>C</b> Additions See instructions
24 Other adjustments: a Jury duty pay	0		
<ul> <li>b Deductible expenses related to income reported on line 8I from the rental of personal property engaged in for profit</li></ul>	۲	۲	۲
c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m24c	۲	۲	
d Reforestation amortization and expenses24d	$\overline{\bullet}$		
e Repayment of supplemental unemployment benefits under the federal Trade Act of 1974 24e	•		
f Contributions to IRC Section 501(c)(18)(D) pension plans24f	•	۲	۲
g Contributions by certain chaplains to IRC Section 403(b) plans	•	۲	۲
h Attorney fees and court costs for actions involving certain unlawful discrimination claims	•		
i Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations24i	۲	۲	
j Housing deduction from federal Form 2555 <b>24</b> j	$\odot$		
k Excess deductions of IRC Section 67(e) expenses from federal Schedule K-1 (Form 1041)24k	•		
<b>z</b> Other adjustments. List type and amount.			
<u>۵</u> 24z	$\odot$		$\bullet$
	۲	۲	۲
<b>26</b> Add line 11 through line 23 and line 25 in columns A, B, and C. See instructions <b>26</b>	۲	۲	۲
27 Total. Subtract line 26 from line 10 in columns A, B, and C. See instructions27	• 40020	۲	$\textcircled{\textbf{0}}$

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Part II	Adjustments to	<b>Federal Itemized</b>	Deductions
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					]	
Che	ck the box if you did NOT itemize for federal but will itemiz	te for (	California		B Subtractions See instructions	<b>C</b> Additions See instructions
Me	dical and Dental Expenses See instructions.					
1	Medical and dental expenses • 1					
2	Enter amount from federal Form 1040 or 1040-SR, line 11 (•) 40020 2					
3	Multiply line 2 by 7.5% (0.075) (•) 3002					
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter 0					$\odot$
	<b>a</b> State and local income tax or general sales taxes5	ia 💿	2739	۲	2739	
	<b>b</b> State and local real estate taxes5	ib 💽				
	c State and local personal property taxes5	ic 💽				
	d Add line 5a through line 5c	id 💽	2739			
	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 C		2739		2739	• 0
6	Other taxes. List type			•		
	Add line 5e and line 6		2739	•	2739	• 0
	erest You Paid					
	a Home mortgage interest and points reported to					$\odot$
	b Home mortgage interest not reported to you on federal Form 10988	b 💿				۲
	c Points not reported to you on federal Form 10988	ic 💽				۲
	d Reserved for future use	d				
	e Add line 8a through line 8c	e				۲
9	Investment interest					۲
10	Add line 8e and line 9 <b>10</b>					۲

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Pa	rt II Adjustments to Federal Itemized Deductions Continued	A	Federal Amounts (from federal Schedule A (Form 1040))		<b>B</b> Subtractions See instructions		<b>C</b> Additions See instructions
Gif	ts to Charity						
	Gifts by cash or check11			۲		۲	
12	Other than by cash or check	$   \mathbf{O} $		۲		۲	
13	Carryover from prior year13			۲		۲	
14	Add line 11 through line 1314			۲			
	<b>Sualty and Theft Losses</b> Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions <b>15</b>			۲		۲	
Oth	er Itemized Deductions						
16	Other—from list in federal instructions <b>16</b>			۲		۲	
17	Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C <b>17</b>		2739		2739		0
18	Total. Combine line 17 column A less column B plus col	lumn	C			) 18	0
Job	Expenses and Certain Miscellaneous Deductions						
	Unreimbursed employee expenses: job travel, union due Attach federal Form 2106 if required. See instructions	es, jo 	b education, etc.	)19			
	Tax preparation fees			) 20			
21	Other expenses: investment, safe deposit box, etc. List type			) 21	0		
22	Add line 19 through line 21			22	0		
23	Enter amount from federal Form 1040 or 1040-SR, line 11 •		40020				
24	Multiply line 23 by 2% (0.02). If less than zero, enter 0.			24	800		
25	Subtract line 24 from line 22. If line 24 is more than line	22,	enter 0			<sup>)</sup> <b>25</b>	0
26	Total Itemized Deductions. Add line 18 and line 25					) 26	0
27	Other adjustments. See instructions. Specify. •					) 27	
28	Combine line 26 and line 27					28	0
29	Is your federal AGI (Form 540, line 13) more than the a Single or married/RDP filing separately Head of household Married/RDP filing jointly or qualifying surviving s No. Transfer the amount on line 28 to line 29.			. \$229, . \$344.	908 867		
	Yes. Complete the Itemized Deductions Worksheet in th	e ins	tructions for Schedule CA	(540),	line 29	) 29	0
30	Enter the larger of the amount on line 29 or your stand Single or married/RDP filing separately. See instru Married/RDP filing jointly, head of household, or qu	ictior ialifyi	ng surviving spouse/RDP	\$10,	404		1040
	Transfer the amount on line 30 to Form 540, line 18 $\ldots$					30	10404
					REV 03/10/23 PRO		
	<b>Side 6</b> Schedule CA (540) 2022 175	1	7736224				