Form 8879
(Rev. January 2021)
Department of the Treesury

Department of the Treasury Internal Revenue Service

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

Taxpay	ver's name	Social	securit	y numb	er
FNU	J GUTTA PRUDHVI REDDY	751	-71-	-4177	1
Spouse	o's name	Spouse	e's soc	ial secu	rity number
Par	t I Tax Return Information – Tax Year Ending December 31, 2022 (Enter	year y	/ou a	re aut	horizing.)
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	18,915.
2	Total tax			2	598.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099			3	782.
4	Amount you want refunded to you			4	184.
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

X I authorize GLOBAL TAXES LLC to enter or generate my PIN					FBO firm name	с ;	Ē
	X	I authorize	GLOBAL	TAXES	LLC	to enter or generate my PIN	

1	4	1	7	7	
Ent don	as my				

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

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

Your signature

Date 🕨

Spouse's PIN: check one box only

I authorize

to	enter	or	generate	my	PIN

Enter five digits, but don't enter all zeros

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

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

Spouse's signature 🕨	Date 🕨	
Practitioner PIN N	ethod Returns Only—continue below	
Part III Certification and Authentication – P	ctitioner PIN Method Only	
ERO's EFIN/PIN. Enter your six-digit EFIN followed by y	ur five-digit self-selected PIN. 2 2 2 4 9 6 6 1 9 8	9

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 Don't Submit This Form to the			
For Paperwork Reduction Act Notice, see your tax return instruction	S. BAA	REV 03/08/23 PRO	Form 8879 (Rev. 01-2021)

For the year Jan. 1–Dec. 31, 2022, or other tax year beginning , 2022, ending , 20 See separate instructions. Filing X Single Married filing separately (MES) Qualifying surviving spouse (QSS) Estate Trust	1040)-[VR Department of the Treasury-Inte U.S. Nonresident A	ernal Revei lien In	nue Service Come Tax R	eturn	2022	OMB No. 1	545-0074	IRS Use or sta	e Only—Do not write aple in this space.
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Tour first name and middle initial Last name Vour itentifying number from the problem instructions. PNU GUTTA PRIJENVI REDDY 751-71-4177 Home address (number and street). If you have a P.O. box, see instructions. 233 Apt no. 2550 DORTAGE BAX W State ZIP code DAVIS CA 95616 Freign country name Foreign province/state/county Foreign postal code Digital Assets At any time during 2022, diryou: (a) receive (as a reward, award, or payment for property or services); (b) sell, exchange, gift, or oreating in a digital asset? (or financial interes in a digital asset?) (d) Check the box fourilles to be net; Check the cont fourilles t	,		you checked the QSS box, enter the c	hild's nar	ne if the qualifying	person i	is a child but not y	our deper		state	Trust
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City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code DAVIS CA 95616 Foreign country name Foreign province/state/country Foreign postal code 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)? (See instructions.) (d) Check hox if unlifes fore intri-Cohing is instructions.) Dependents (e) First name Last name (g) Dependents' (a) (First name (e) The total amount from Form(s) W-2, box 1 (see instructions) Ia 18, 915. Income 1a Total amount from Form(s) W-2, box 1 (see instructions) Ia 18, 915. Effectively b Household employee wages not reported on Form(s) W-2. 1b Ia Connected Tip income not reported on ine 1a (see instructions) 1a 18, 915. 1b Usualses f Employee-provided adoption benefits from Form 8283, line 29 1f 1a With U.S. d Medicaid waiver payments not reported on in the room 8283, line 29 1f 1a Itae f Employee-provided adoption benefits from Form 8283, line 29 1f	Home address	(num	ber and street). If you have a P.O. bo	x, see ins	structions.						
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withheld. 4a b Taxable amount 4b If you did not get a Form W-2, see instructions. 5a b Taxable amount 5b 6 Reserved for future use 6 7 7 Capital gain or (loss). Attach Schedule D (Form 1040) if required. If not required, check here 7 8 Other income from Schedule 1 (Form 1040), line 10 7 9 Add lines 1z, 2b, 3b, 4b, 5b, 7, and 8. This is your total effectively connected income 9 18, 915. 10 Adjustments to income: 10a 9 18, 915. 10 Reserved for future use 10a 10 10a 11 Subtract line 104 (Form 1040), line 26 10a 10a 12 Reserved for future use 10b 10a 11 13 Reserved for future use 10c 11 18, 915. 14 Mediation (from Schedule A (Form 1040-NR)) or, for certain residents of India, standard deduction (see instructions) 12 12, 950. 13a Qualified business income deduction from Form 8995 or Form 8995-A 13a 12 12, 950. 14 Add lines 12 and 13c Content form line 11. If zero or less, ent	• •	2 a	•							_	
If you did not get a Form W-2, see instructions. 5a Pensions and annuities		3a					•			_	
get a Form W-2, see instructions. 6 6 W-2, see instructions. 7 6 7 7 7 8 0 7 9 Add lines 1z, 2b, 3b, 4b, 5b, 7, and 8. This is your total effectively connected income 9 18, 915. 10 Adjustments to income: a From Schedule 1 (Form 1040), line 26. 10a 9 18, 915. 10 Adjustments to income: a From Schedule 1 (Form 1040), line 26. 10a 10a 10a 10 Reserved for future use 10a 10d 11 18, 915. 11 Subtract line 10d, from line 10a. These are your total adjustments to income 10d 11 18, 915. 12 Itemized deductions (from Schedule A (Form 1040-NR)) or, for certain residents of India, standard deduction (see instructions). 11 18, 915. 12 12, 950. 13a Qualified business income deduction from Form 8995 or Form 8995-A . b Exemptions for estates and trusts only (see instructions) 13a 13a 13a 13a 13a 13a 14 Add lines 12 and 13c 14 12, 950. 13c 14 12, 950. 15 Subtract line 14 from line 1										_	
W-2, see instructions. 0 Reserved for future use 1)	
8 Other income from Schedule 1 (Form 1040), line 10. 8 9 Add lines 1z, 2b, 3b, 4b, 5b, 7, and 8. This is your total effectively connected income 9 18, 915. 10 Adjustments to income: 10a 9 18, 915. 10 Adjustments to income: 10a 9 18, 915. 10 Adjustments to income: 10a 9 18, 915. 10 Reserved for future use . 10b 10c 10b 11 Subtract line 10d from line 10a. These are your total adjustments to income 11 18, 915. 11 Subtract line 10d from line 9. This is your adjusted gross income 11 18, 915. 12 Itemized deductions (from Schedule A (Form 1040-NR)) or, for certain residents of India, standard deduction (see instructions). \$td Pedn US/India, Treaty 12 12, 950. 13a Qualified business income deduction from Form 8995 or Form 8995-A . 13a 13a 13b 13c 14 Add lines 12 and 13c Add lines 12 and 13c 11 fizero or less, enter -0. This is your taxable income 15 5, 965.	•										
9 Add lines 1z, 2b, 3b, 4b, 5b, 7, and 8. This is your total effectively connected income 9 18, 915. 10 Adjustments to income: 10a 10a a From Schedule 1 (Form 1040), line 26 10a 10b b Reserved for future use 10b 10c c Reserved for future use 10c 10d d Enter the amount from line 10a. These are your total adjustments to income 10d 11 Subtract line 10d from line 9. This is your adjusted gross income 11 18, 915. 12 Itemized deductions (from Schedule A (Form 1040-NR)) or, for certain residents of India, standard deduction (see instructions)	instructions.				-						
10 Adjustments to income: 10a 10a a From Schedule 1 (Form 1040), line 26				,						_	10 015
a From Schedule 1 (Form 1040), line 26				10. 1115 1					. 9		10,915.
b Reserved for future use 10b 10c 10c c Reserved for future use 10c 10c 10c d Enter the amount from line 10a. These are your total adjustments to income 10c 10d 11 Subtract line 10d from line 9. This is your adjusted gross income 11 18,915. 12 Itemized deductions (from Schedule A (Form 1040-NR)) or, for certain residents of India, standard deduction (see instructions) 12 12,950. 13a Qualified business income deduction from Form 8995 or Form 8995-A 13a 12 12,950. c Add lines 13a and 13b 13b 13c 13c 14 Add lines 12 and 13c 11 f 2ero or less, enter -0 This is your taxable income 15 5,965.				26			10a				
c Reserved for future use											
dEnter the amount from line 10a. These are your total adjustments to income10d11Subtract line 10d from line 9. This is your adjusted gross income1118,915.12Itemized deductions (from Schedule A (Form 1040-NR)) or, for certain residents of India, standard deduction (see instructions).1212,950.13aQualified business income deduction from Form 8995 or Form 8995-A13a1212,950.bExemptions for estates and trusts only (see instructions)13b13ccAdd lines 13a and 13b13c1412,950.14Add lines 12 and 13c11. If zero or less, enter -0 This is your taxable income155,965.											
11 Subtract line 10d from line 9. This is your adjusted gross income 11 18,915. 12 Itemized deductions (from Schedule A (Form 1040-NR)) or, for certain residents of India, standard deduction (see instructions). 12 12 13a Qualified business income deduction from Form 8995 or Form 8995-A. 13a 12 12,950. 15 Subtract line 11. If zero or less, enter -0 This is your taxable income 13 14 12,950.							· · · · · ·		10	d	
12 Itemized deductions (from Schedule A (Form 1040-NR)) or, for certain residents of India, standard deduction (see instructions). 12 12,950. 13a Qualified business income deduction from Form 8995 or Form 8995-A. 13a 13a b Exemptions for estates and trusts only (see instructions) 13b 13b c Add lines 13a and 13b 13c 14 12,950. 14 Add lines 12 and 13c 11 ferro or less, enter -0 This is your taxable income 15 5,965.					-					-	18.915
deduction (see instructions). \$td Pedn JS/India Treaty 12 12,950. 13a Qualified business income deduction from Form 8995 or Form 8995-A 13a 13a b Exemptions for estates and trusts only (see instructions) 13b 13b c Add lines 13a and 13b 13c 13c 14 Add lines 12 and 13c 14 12,950. 15 Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income 15 5,965.				•							
13a Qualified business income deduction from Form 8995 or Form 8995-A 13a 13a b Exemptions for estates and trusts only (see instructions) 13b 13b c Add lines 13a and 13b 13c 13c 14 Add lines 12 and 13c 11 fzero or less, enter -0 This is your taxable income 14 12,950. 15 Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income 15 15		-		•						2	12,950.
c Add lines 13a and 13b 1 13c 14 Add lines 12 and 13c 1 14 12,950. 15 Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income 15 15		13a	Qualified business income deduction	on from F	orm 8995 or Forr	n 8995-A	. 13 a				
14 Add lines 12 and 13c 12 14 12,950. 15 Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income 15 5,965.		b	Exemptions for estates and trusts	only (see	instructions) .		. 13b				
15 Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income 15 5,965.		с	Add lines 13a and 13b						. 13	c	
		14	Add lines 12 and 13c						. 14	<u>ا</u>	12,950.
		15	Subtract line 14 from line 11. If zero	o or less,	enter -0 This is	your taxa	able income .		. 15		· · · · · · · · · · · · · · · · · · ·

Form **1040-NR** (2022)

Form 1040-NR (2	2022)					Page 2
Tax and	16	Tax (see instructions). Check if any from Form(s): 1] 8814 2 🗌 497	2 3	16	598.
Credits	17	Amount from Schedule 2 (Form 1040), line 3			17	0.
	18	Add lines 16 and 17			18	598.
	19	Child tax credit or credit for other dependents from Sch	nedule 8812 (Form 10	40)	19	
	20	Amount from Schedule 3 (Form 1040), line 8			20	
	21	Add lines 19 and 20			21	
	22	Subtract line 21 from line 18. If zero or less, enter -0-			22	598.
	23a	Tax on income not effectively connected with a U.S. tra	de or business from			
		Schedule NEC (Form 1040-NR), line 15		23a		
	b	Other taxes, including self-employment tax, from Sche	dule 2 (Form 1040),			
		line 21		23b		
	с	Transportation tax (see instructions)		23c		
	d	Add lines 23a through 23c			23d	
	24	Add lines 22 and 23d. This is your total tax			24	598.
Payments	25	Federal income tax withheld from:				
2	а	Form(s) W-2		25a 782		
	b	Form(s) 1099		25b		
	с	Other forms (see instructions)		25c		
	d	Add lines 25a through 25c			25d	782.
	е	Form(s) 8805			25e	
	f	Form(s) 8288-A			25f	
	g	Form(s) 1042-S			25g	
	26	2022 estimated tax payments and amount applied from	2021 return		26	
	27	Reserved for future use		27		
	28	Additional child tax credit from Schedule 8812 (Form 10	040)	28		
	29	Credit for amount paid with Form 1040-C		29		
	30	Reserved for future use		30		
	31	Amount from Schedule 3 (Form 1040), line 15		31		
	32	Add lines 28, 29, and 31. These are your total other pa	yments and refundation	able credits	32	
	33	Add lines 25d, 25e, 25f, 25g, 26, and 32. These are you	ir total payments .		33	782.
Refund	34	If line 33 is more than line 24, subtract line 24 from line		•	34	184.
	35a	Amount of line 34 you want refunded to you. If Form 8			35a	184.
Direct deposit?	b	Routing numberXXXXXXXX			;	
See instructions.	d	Account number X X X X X X X X X X				
	е	If you want your refund check mailed to an address ou	tside the United State	es not shown on page 1	,	
		enter it here.		1		
	36	Amount of line 34 you want applied to your 2023 estin		36		
Amount	37	Subtract line 33 from line 24. This is the amount you o				
You Owe	00	For details on how to pay, go to <i>www.irs.gov/Payments</i>			37	
T 1.1.1	38	Estimated tax penalty (see instructions)		38		No No
Third Party		u want to allow another person to discuss this return wit			plete below	
Designee	Desig name	20	one	Personal ident number (PIN)	tification	
		penalties of perjury, I declare that I have examined this return an		(the best of m	knowledge and
		they are true, correct, and complete. Declaration of preparer (oth				
Sign	Your	signature Date	Your occupation	If t	he IRS sent	you an Identity
Here		с 				, enter it here
			STUDENT	(se	e inst.)	
	Phon		SS			
Paid		rer's name Preparer's signature		Date PTIN		neck if:
Preparer		PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SA	GAR GUPTA TALLAM			Self-employed
Use Only		name GLOBAL TAXES LLC		Phone	1)965-9522
		address 245 ROONEY CT E BRUNSWICK	NJ 08816	Firm's		3171965
Go to www.irs.	gov/Fo	m1040NR for instructions and the latest information.		REV 03/08/23 PRO	Form	1040-NR (2022)

SCHEDULE NEC (Form 1040-NR)

Tax on Income Not Effectively Connected With a U.S. Trade or Business Go to www.irs.gov/Form1040NR for instructions and the latest information.

Attach to Form 1040-NR.

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

Name shown on Form 1040-NB

Sequence No. 7B Your identifying number

2

Attachment

751-71-4177

Nume 5			
FNU	GUTTA	PRUDHVI	REDDY

Enter a	amount of income unde	er the	appropriate rate of tax. See instructions.							
	Nature of Income				(a) 10%	(b) 15%	(c) 30%	(d) Other (specify)		
						(4) 1070	(4) 1070	(0) 0070	%	%
1	Dividends and divide		•							
а	Dividends paid by U.	S. co	rporations		1a					
b		-	corporations		1b					
С	Dividend equivalent p	ayme	nts received with respect to section 871(m)	transactions	1c					
2	Interest:									
а	Mortgage				2a					
b	Paid by foreign corpo	oratio	ns		2b					
С	Other				2c					
3	Industrial royalties (p	atents	s, trademarks, etc.)		3					
4	Motion picture or TV	copy	right royalties		4					
5	Other royalties (copy	rights	, recording, publishing, etc.)		5					
6	Real property income	e and	natural resources royalties		6					
7	Pensions and annuiti	ies .			7					
8	Social security benef	fits .			8					
9			elow		9					
10	Gambling-Resident	s of C r -0	Canada only. Enter net income in column (c).						
а	Winnings									
b					10c					
11	Note: Losses not allo	owed	dents of countries other than Canada.		11					
12					12					
13			columns (a) through (d)		13					
14	0		f tax at top of each column		14					
15			rely connected with a U.S. trade or busine			through (d) of line 1	4 Enter the total her	e and on Form 1040	-NR. line 23a 15	
		licotii	Capital Gains an							
losses exchan	nly the capital gains and from property sales or ges that are from sources he United States and not	16	(a) Kind of property and description (if necessary, attach statement of descriptive details not shown below)	(b) Date acq mm/dd/yy	quired	(c) Date sold mm/dd/yyyy	(d) Sales price	(e) Cost or other basis	(f) LOSS If (e) is more than (d), subtract (d) from (e).	(g) GAIN If (d) is more than (e), subtract (e) from (d).
effectiv	ely connected with a U.S.									
or loss	ss. Do not include a gain on disposing of a U.S. real									
	y interest; report these nd losses on Schedule D									
(Form 1										
	property sales or ges that are effectively									
connec	ted with a U.S. business	17	Add columns (f) and (g) of line 16 .					17	()	
	edule D (Form 1040), 797, or both.		Capital gain. Combine columns (f) and						<u> </u> ()	
										1

SCHE	DULE	ΟΙ
(Form	1040-N	R)

Other Information

OMB No. 1545-0074

SCHEDULE OI			OMB No. 1545-0074						
(Form 1040-NR)		Go to www.irs.gov/Form1040NR for instructions and the latest information.						>>	
	ent of the Treasury								
			wer all questions.			Sequence N	lo. 7C		
	hown on Form 1040					Your identify	•		
	GUTTA PRUD	-				751-71-	-4177		
A			vere you a citizen or nation						
B C	In what country	and you claim	residence for tax purpose green card holder (lawful p	s during the tax year?	the United States?				
D	Were you ever:		green card holder (lawiul p	bermanent resident) of	the United States?		. L res		
_	A U.S. citizen?						Ves		
			rmanent resident) of the Ur					X No	
	•		2), see Pub. 519, chapter 4,						
Е	If you had a vis	sa on the last	day of the tax year, enter	your visa type. If you	didn't have a visa, er	•			
F	Have you ever	changed your \	visa type (nonimmigrant sta te the date and nature of th	tus) or U.S. immigratic	on status?		. 🗌 Yes	X No	
G	l ist all dates vo	u entered and	left the United States durin	a 2022 See instructio	ins				
ŭ			Canada or Mexico AND cor	•		ent intervals	5		
			r Mexico and skip to item I			Mexic			
	Date entered	United States	Date departed United Stat mm/dd/yy	es Da	te entered United State mm/dd/yy	es Date d	eparted Unite mm/dd/yy	d States	
							····· , ··· , j j		
н			vacation, nonworkdays, and , 2021				g:		
I	Did you file a U	.S. income tax	return for any prior year? . nd form number you filed:				. 🗌 Yes	🛛 No	
J	Are you filing a	return for a tru	st?				. Yes	🗙 No	
			U.S. or foreign owner unde ribution from a U.S. person					🗌 No	
κ	Did you receive	e total compens	sation of \$250,000 or more	during the tax year? .			. 🗌 Yes	X No	
			ative method to determine		•			🗌 No	
L			f you are claiming exempt v. See Pub. 901 for more in			tax treaty v	vith a foreigr	ו country,	
1.	Enter the name of the country, the applicable tax treaty article, the number of months in prior years you claimed the treaty benefit, and the amount of exempt income in the columns below. Attach Form 8833 if required. See instructions.								
		(a) Cou	intry	(b) Tax treaty article	(c) Number of month claimed in prior tax ye		Amount of ex ne in current t		
	(a) Total Esta	r this amount a	n Form 1040 ND line 44) Do not optor it optories	ra alea an lina 1				
0			n Form 1040-NR, line 1k. E preign country on any of the			· [. 🗌 Yes	No	
			ts pursuant to a Competen				Yes		
0.	-		Competent Authority deterr	-			. 🖂 163		
	,								

- Check the applicable box if: Μ
 - 1. This is the first year you are making an election to treat income from real property located in the United States as effectively connected
 - 2. You have made an election in a previous year that has not been revoked, to treat income from real property located in the United States as effectively connected with a U.S. trade or business under section 871(d). See instructions

For Paperwork Reduction Act Notice, see the Instructions for Form 1040-NR.

			C	O NOT MA	IL THIS F	ORMT	O THE	FTB
TAXABLE YEAR							FOF	RM
2022	California e-file Signa	ature Authori	zation fo	or Indivi	duals		88	79
Your name					Your SSN or	' ITIN		
FNU GUTTA	PRUDHVI REDDY				751-71-			
Spouse's/RDP's nam	ne				Spouse's/RE)P's SSN o	r ITIN	
Part I Tax Retu	Irn Information (whole dollars only)							
1 California adjus	sted gross income (AGI). See instructions				1		18	915
	we. See instructions							198
3 Refund or No A	Mount Due. See instructions				3			198
ending December 3 electronic return or identification numb income tax return. and on form FTB 8- agrees with the dirn domestic partner (I provider to transm to my ERO, interm return, I understan penalties. I acknow	perjury, I declare that I have examined a copy of 31, 2022, and to the best of my knowledge and riginator (ERO), transmitter, or intermediate ser- ber (ITIN), and the amounts shown in Part I about If applicable, I authorize an electronic funds wit 455, California e-file Payment Record for Indivi- ect deposit authorization stated on my return. I RDP) as an agent to authorize an electronic fur- it my complete return to the Franchise Tax Boa nediate service provider, and/or transmitter th d that if the FTB does not receive full and timely iledge that I have read and consent to the Elect I identification number (PIN) as my signature for	belief, it is true, correct, a rvice provider, including n ove agree with the informa thdrawal of the amount or iduals, or a comparable fo f I have filed a joint return ds withdrawal or direct de rd (FTB). If the processin e reason(s) for the delay y payment of my tax liabil ronic Funds Withdrawal C	and complete. I funy name, address, ition and amounts in line 2 and/or the rm. If applicable, , this is an irrevoor eposit. I authorize g of my return or or the date wher ity, I remain liable onsent included or	rther declare th and social sec s shown on the estimated tax I declare that d cable appointm my ERO, trans refund is delay the refund wa for the tax liab on the copy of r	at the inform urity number correspondin payments as irect deposit ent of the oth mitter, or inta yed, I author is sent. If I an ility and all a ny electronic	ation I pro (SSN) or ng lines of shown on refund am er spouse armediate ize the FT n filing a oplicable i income ta	ovided to individua my elec o my retu nount on e/register service B to disc balance o nterest a ux return.	o my al tax tronic rn line 3 red :lose due nd . I have
Taxpayer's PIN: ch	leck one box only							
I authorize <u>G</u>				to ente	er my PIN	1 4	1 7	7
	ERO firm					Do not en	ter all ze	eros
_	ure on my 2022 e-filed California individual inco							
	y PIN as my signature on my 2022 e-filed Califo using the Practitioner PIN method. The ERO m			is box only if yo	ou are enterin	g your ow	n PIN ar	nd your
Your signature			Date 🕨					
Spouse's/RDP's Pl	IN: check one box only							
🗌 I authorize				to ente	er my PIN			
	ERO firm				-	Do not en	ter all ze	eros
_	ure on my 2022 e-filed California individual inco							
	ny PIN as my signature on my 2022 e-filed (rrn is filed using the Practitioner PIN method. T			eck this box o l	nly if you ar	e entering	your ov	wn PIN
Spouse's/RDP's siç	gnature 🕨			_ Date 🕨				
	Practitioner	PIN Method Returns Only	continue below					
Part III Certifie	cation and Authentication — Practitioner PIN	Method Only						
	iler Identification Number (EFIN)/PIN. t EFIN followed by your five-digit self-selected I	PIN.	2 2 2	4 9 6		9 8	9	
I certify that the ab confirm that I am s e-file Providers.	pove numeric entry is my PIN, which is my sig submitting this return in accordance with the r	nature for the 2022 Califo equirements of the Practi	rnia individual ind	come tax return	for the taxp	ayer(s) ind Handbook	dicated a c for Autl	bove. I horized
ERO's signature	·		Date 🕨	03/16/2	2023			

2022 California Resident Income Tax Return 540 APE DO NOT ATTACH FEDERAL RETURN

751-71-4177 FNU	GUTT GUTTA PRUDHVI REDDY		22
2950 PORTAGE DAVIS	BAY W CA 95616	APT 2	233

01-24-1997

		Enter your county at time of filing (see instructions)								
ð	$oldsymbol{igodol}$	YOLO								
enc		If your address above is the same as your principal/physical residence address at the time of filing, check this box 🖲 🗙								
sid		If not, enter below your principal/physical residence address at the time of filing.								
Å		Street address (number and street) (If foreign address, see instructions.) Apt. no/ste. no.								
Principal Residence	ullet									
Prii		City State ZIP code								
	۲									
	If your California filing status is different from your federal filing status, check the box here									
S	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.								
Filli		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								
•	- Fo	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.								
S	7	Personal: If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked								
otio	•	box 2 or 5, enter 2 in the box. If you checked the box on line 6, see instructions. $\textcircled{7}$ 1 X $\$140 = \textcircled{8}$ 140								
Exemptions	8	Blind: If you (or your spouse/RDP) are visually impaired, enter 1; 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. \bullet 9 X \$140 = \bullet \$								
		REV 03/10/23 PRO								
		175 3101224 Form 540 2022 Side 1								

Υοι	ır na	me: GUTTA	A PRUDHVI REDDY	Your SSN or ITI	N: 751-7	1-4177	_		
	10	Dependents: Do	o not include yourself or yo Dependent 1	•)ependent 2		De	ependent 3	
		First Name	•	۲					
suc		Last Name	•						
Exemptions		SSN. See instructions.	•						
Exe			•						
	Tota	to you al dependent exer	emptions			10 X \$4	433 = • \$	5	
	11		nount: Add line 7 through lin				_		.40
	12	State wages fro	rom your federal			18915			
			box 16			•	00	10015	
	13 14		adjusted gross income from Istments – subtractions. Ent				● 13 L	18915	
	15	Part I, line 27,	column B				● 14		.00
ome		See instruction	ns				15	18915	
e Inco	16		column C				• 16 L		.00
Taxable Income	17	California adjus	isted gross income. Combin	e line 15 and line 1	6		17	18915	. 00
Та	18	larger of Yo	our California itemized ded our California standard ded Single or Married/RDP filing Married/RDP filing jointly, Head	u ction shown below g separately d of household, or Qu	w for your filin	ng status: \$5. ng spouse/RDP. \$10.	202 404	5202	
	19	Subtract line 1	Married/RDP filing separately o 18 from line 17. This is your ro, enter -0-	taxable income.			● 18 └ ● 19 └	13713	
	31	Tax. Check the	e box if from:	Fable	Tax Rate Sch	edule			
	32	Exemption cred	edits. Enter the amount from			ore than	31	173	.00
Тах	01	\$229,908, see					•) 32 L	140	.00
	33	Subtract line 3	32 from line 31. If less than a	zero, enter -0		(33	33	. 00
	34	Tax. See instru	uctions. Check the box if from	m: • Schedu	le G-1 •	FTB 5870A	34		. 00
	35	Add line 33 and	nd line 34				35	33	. 00
edits	40	Nonrefundable	e Child and Dependent Care	Expenses Credit. S	ee instruction	S	• 40		.00
Special Credits	43	Enter credit na	ame	cod	e •	and amount	43		.00
Speci	44	Enter credit na	ame	cod	e •	and amount	• 44		. 00
		Side 2 Form 54	40 2022	175 3	102224		R	EV 03/10/23 PRO	

You	r nar	me: GUTTA PRUDHVI REDDY Your SSN or ITIN: 751-71-4177				
Ś	45	To claim more than two credits. See instructions. Attach Schedule P (540)	• 45			. 00
credit:	46	Nonrefundable Renter's Credit. See instructions	• 46		60	. 00
Special Credits	47	Add line 40 through line 46. These are your total credits	• 47		60	. 00
Spe	48	Subtract line 47 from line 35. If less than zero, enter -0	• 48		0	. 00
Se	61	Alternative Minimum Tax. Attach Schedule P (540)	• 61			. 00
Other Taxes	62	Mental Health Services Tax. See instructions	• 62			. 00
Othe	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		0	. 00
	71	California income tax withheld. See instructions	• 71		198	- 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
Payments	74	Excess SDI (or VPDI) 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 78	Foster Youth Tax Credit (FYTC). See instructions			198	• 00 • 00
Тах	91	Use Tax. Do not leave blank. See instructions		0.00		
Use Tax		If line 91 is zero, check if: X No use tax is owed. You paid your use t	ax obligat	ion directly to CDTFA.		
ISR Penaltv	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	• ×	.00		
		Individual Shared Responsibility (ISR) Penalty. See Instructions • 92				
oue	93	Payments balance. If line 78 is more than line 91, subtract line 91 from line 78	• 93		198	. 00
Overpaid Tax/Tax Due	94 95	Use Tax balance. If line 91 is more than line 78, subtract line 78 from line 91 Payments after Individual Shared Responsibility Penalty. If line 93 is more than line 92,	9 4			- 00
id Tax	96	subtract line 92 from line 93	• 95		198	<u> 00</u>
verpa	-	subtract line 93 from line 92.	• 96			. 00
0	97	Overpaid tax. If line 95 is more than line 64, subtract line 64 from line 95	• 97 		198	. 00
		175 3103224		Form 540 2022	Side 3	

You	r nar	me: GUTTA PRUDHVI REDDY Your SSN or ITIN: 751-71-4177		·
d	98	Amount of line 97 you want applied to your 2023 estimated tax	• 98	
Overpaid Tax/Tax Due	99	Overpaid tax available this year. Subtract line 98 from line 97	• 99	198.00
	100	Tax due. If line 95 is less than line 64, subtract line 95 from line 64	100	
			<u>Code</u>	
		California Seniors Special Fund. See instructions	• 400	.00
		Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund	• 401	
		Rare and Endangered Species Preservation Voluntary Tax Contribution Program	• 403	.00
		California Breast Cancer Research Voluntary Tax Contribution Fund.	• 405	. 00
		California Firefighters' Memorial Voluntary Tax Contribution Fund	• 406	.00
		Emergency Food for Families Voluntary Tax Contribution Fund	• 407	. 00
		California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund	• 408	
		California Sea Otter Voluntary Tax Contribution Fund	• 410	
		California Cancer Research Voluntary Tax Contribution Fund	• 413	00
tions		School Supplies for Homeless Children Voluntary Tax Contribution Fund	• 422	. 00
Contributions		State Parks Protection Fund/Parks Pass Purchase	• 423	.00
ပိ		Protect Our Coast and Oceans Voluntary Tax Contribution Fund.	• 424	.00
		Keep Arts in Schools Voluntary Tax Contribution Fund	• 425	00
		Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund	• 431	00
		California Senior Citizen Advocacy Voluntary Tax Contribution Fund	• 438	. 00
		Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund	• 439	. 00
		Rape Kit Backlog Voluntary Tax Contribution Fund	• 440	. 00
		Suicide Prevention Voluntary Tax Contribution Fund	• 444	. 00
		Mental Health Crisis Prevention Voluntary Tax Contribution Fund	• 445	. 00
		California Community and Neighborhood Tree Voluntary Tax Contribution Fund	• 446	00
	110	Add amounts in code 400 through code 446. This is your total contribution	• 110	
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 Mail to: FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001 Pay Online – Go to ftb.ca.gov/pay for more information.		See instructions. Do not send cash.

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

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You	r nan	me: GUTTA PRUDHVI REDDY Your SSN or ITIN: 751-71-4177	
Interest and Penalties		Interest, late return penalties, and late payment penalties	.00
Inte Pe	114	Total amount due. See instructions. Enclose, but do not staple, any payment	.00
	115	REFUND OR NO AMOUNT DUE. Subtract the sum of line 110, line 112, and line 113 from line 99. See instructio	 ns.
		Mail to: FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001 • 115	198 _00
:t Deposit		Fill in the information to authorize direct deposit of your refund into one or two accounts. Do not attach a voided 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	
Refund and Direct Deposit		Type Checking Savings Savings	Direct deposit amount
Ref		 The remaining amount of my refund (line 115) is authorized for direct deposit into the account shown below: Type Checking Savings 	Direct deposit amount
Voter Info.		For voter registration information, check the box and go to sos.ca.gov/elections . See instructions	
Our p to loc Unde is tru	rivacy ate FT r pena	ANT: See the instructions to find out if you should attach a copy of your complete federal tax return. / 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 ftl ITB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form coord alties of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the be rect, and complete. ture Date Spouse's/RDP's signature (if a join	le 948 when instructed. est of my knowledge and belief, it
		Your email address. Enter only one email address.	Preferred phone number
Si He	gn ere	Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledg	e)
It is i	unlaw	SYAM PRIYA RAM SAGAR GUPTA TALLAM	
	rge a ise's/ ''s		• PTIN P02082703
	ature.		Firm's FEIN
Joint retur		245 ROONEY CT E BRUNSWICK NJ 08816	843171965
See instr	uctior	Do you want to allow another person to discuss this tax return with us? See instructions	Yes X No elephone Number
			ev 03/10/23 pro n 540 2022 Side 5

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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
F	NU GUTTA PRUDHVI REDDY				751714177
	art I Income Adjustment Schedule ction A – Income from federal Form 1040 or 1040-SR	A	Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
1	a Total amount from federal Form(s) W-2, box 1. See instructions 1a	$ \mathbf{O} $	18915	\odot	\odot
	b Household employee wages not reported on federal Form(s) W-2 1b	$ \mathbf{O} $		۲	۲
	c Tip income not reported on line 1a 1c	ullet		\odot	۲
	d Medicaid waiver payments not reported on federal Form(s) W-2. See instructions 1d	$ \mathbf{O} $		۲	\odot
	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	$ \overline{} $		۲	۲
	${\bf g}~$ Wages from federal Form 8919, line 6 ${\bf 1g}$			۲	۲
	h Other earned income. See instructions $\ldots\ldots$. 1h	ullet		۲	۲
	i Nontaxable combat pay election. See instructions1i				۲
	z Add line 1a through line 1i1z	۲	18915	۲	۲
2	Taxable interest. a • 2b	ullet		۲	
3	Ordinary dividends. See instructions. a • 3b	۲		۲	۲
4	IRA distributions. See instructions. a • 4b	۲		۲	۲
5	Pensions and annuities. See instructions. a • 5b				\odot
6	Social security benefits. a • 6b	$ \mathbf{O} $		۲	
		۲		۲	۲
	ction B – Additional Income from federal Schedule 1	(For	m 1040)		
1	Taxable refunds, credits, or offsets of state and local income taxes	۲		۲	
2	a Alimony received. See instructions 2a	$ \mathbf{O} $			۲
3	Business income or (loss). See instructions 3	۲		۲	۲
	Other gains or (losses)	۲		۲	۲
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc 5	۲		۲	۲
6	Farm income or (loss)6	۲		۲	۲
7	Unemployment compensation7	۲		۲	

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Section B – Additional Income Continued	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
8 Other income: a Federal net operating loss8a	• ()		۲
b Gambling	۲	۲	
c Cancellation of debt	\odot	\odot	\odot
d 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	$\textcircled{\textbf{O}}$		
n IRC Section 951(a) inclusion 8 n	۲	۲	
o IRC Section 951A(a) inclusion	۲	\odot	
p IRC Section 461(I) excess business loss adjustment 8p	۲	۲	۲
q Taxable distributions from an ABLE account 8q	\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		
u Wages earned while incarcerated8 u	$\textcircled{\bullet}$		
z Other income. List type and amount.			
• 8z	۲	۲	\bullet

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Se	tion B – Additional Income Continued	A	Federal Amounts (taxable amounts from your federal tax return)		B Subtractions See instructions	C Additions See instructions
9	a Total other income. Add lines 8a through 8z. 9a	۲		$ \mathbf{O} $		۲
	b1 Disaster loss deduction from form FTB 3805V. 9b1			$ \mathbf{O} $		
	b2 NOL deduction from form FTB 3805V 9 b2			$ \mathbf{O} $		
	b3 NOL from form FTB 3805Z, 3807, or 3809 9b3					
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	۲	18915	۲		۲
	ction C – Adjustments to Income n federal Schedule 1 (Form 1040)					
11	Educator expenses	$ \mathbf{O} $		$ \mathbf{O} $		
12	Certain business expenses of reservists, performing artists, and fee-basis government officials 12	ullet		$ \mathbf{O} $		۲
13	Health savings account deduction	$oldsymbol{igodol}$		$ \mathbf{O} $		
	Moving expenses. Attach form FTB 3913. See instructions	۲				۲
15	Deductible part of self-employment tax. See instructions	ullet		۲		
16	Self-employed SEP, SIMPLE, and qualified plans16	$oldsymbol{O}$				
17	Self-employed health insurance deduction. See instructions			$ \mathbf{O} $		
18	Penalty on early withdrawal of savings	۲				
19	a Alimony paid19a	۲				۲
	b Recipient's: SSN •					
	Last Name 🖲					
20	RA deduction	۲		$ \mathbf{O} $		۲
21	Student loan interest deduction	۲				۲
22	Reserved for future use					
23	Archer MSA deduction					

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Section C – Adjustments to Income Continued	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
24 Other adjustments: a Jury duty pay	۲		
 b Deductible expenses related to income reported on line 8I from the rental of personal property engaged in for profit	\odot	۲	۲
c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	۲	۲	
d Reforestation amortization and expenses24d			
e Repayment of supplemental unemployment benefits under the federal Trade Act of 1974 24e	•		
f Contributions to IRC Section 501(c)(18)(D) pension plans24f	•	۲	۲
g Contributions by certain chaplains to IRC Section 403(b) plans	۲	۲	۲
h Attorney fees and court costs for actions involving certain unlawful discrimination claims	۲		
i Attorney fees and court costs you paid in connection 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 24 j	$\textcircled{\bullet}$		
k Excess deductions of IRC Section 67(e) expenses from federal Schedule K-1 (Form 1041)24k	•		
z Other adjustments. List type and amount.			
② 24z	$\textcircled{\bullet}$	\odot	۲
25 Total other adjustments. Add line 24a through line 24z	۲	۲	۲
26 Add line 11 through line 23 and line 25 in columns A, B, and C. See instructions 26	۲	۲	۲
27 Total. Subtract line 26 from line 10 in columns A, B, and C. See instructions27	• 18915	۲	۲

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Part II	Adjustments to	Federal Itemized	Deductions
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]	
Che	eck the box if you did NOT itemize for federal but will itemiz	e for (California Federal Amounts (from federal Schedule A (Form 1040))		B Subtractions See instructions	C 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					
3	Multiply line 2 by 7.5% (0.075) (•) 1419 3					
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter 0					\odot
	tes You Paid		198		198	
อ	a State and local income tax or general sales taxes5		170		170	
	b State and local real estate taxes	b 💽				
	${\bf c}~$ State and local personal property taxes $\ldots\ldots{\bf 5}$	c 💽				
	d Add line 5a through line 5c	d 💽	198			
	 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 Figure 5 and line 5e. 		198		198	• 0
	column A in line 5e, column C					
6	Other taxes. List type • 6	۲		$ \mathbf{O} $		۲
7	Add line 5e and line 67		198		198	• 0
	erest You Paid					
ŏ	a Home mortgage interest and points reported to you on federal Form 1098	a 💽				$\textcircled{\bullet}$
	b Home mortgage interest not reported to you on federal Form 1098	b 💿				۲
	c Points not reported to you on federal Form 10988	c 💽				\odot
	d Reserved for future use	d				
	e Add line 8a through line 8c	e 💽		۲		•
9	Investment interest	۲		۲		۲
10	Add line 8e and line 9 10	۲		۲		۲

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Gifts to Charity 11 Gifts to Charity 11 Gifts to Charity 11 Gifts to Charity 11 Gifts to Charity 0 0 12 Other than by cash or check. 12 0 0 0 13 Carryover from prior year. 13 0 0 0 14 Add line 11 through line 13 14 0 0 0 Cassalty and That Itosses Cassalty and That Itosses 0 0 0 Stastaly or that Itosses See instructions. 15 0 0 0 Cassalty and That Itosses See instructions. 16 0 0 0 17 Add lines 4, 5, and 6. . 0 0 0 18 Total In Max 1, 0, 14, 15, and 16 in custom B plus column C 0 0 18 0 19 Unreinburged employee expenses: lob travel, unon dues, lob education, etc. 19 21 0 19 Unreinburged employee expenses: lob travel, unon dues, lob education, etc. 19 22 0 21 Other expension lessaltal educatins . 0 22	Pa	rt II Adjustments to Federal Itemized Deductions Continued	A	Federal Amounts (from federal Schedule A (Form 1040))	B	Subtractions See instructions		C Additions See instructions
11 Gifts by cash or check11 12 Other than by cash or check12 13 Carryover from prior year13 14 Add line 11 through line 13 .14 15 Casually or thit losses(s) (frem than net qualified disaster losses). Attach tederal form 464. See instructions. 15 Casually or thit losses(s) (frem than net qualified disaster losses). Attach tederal form 464. See instructions. 16 Chem-From ist in faderal instructions. 17 Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C. 19 Unreinbursed are playse expenses: (ob travel, union dues, job education, etc. 11 Total. Combine line 17 column A less column B plus column C. 19 Unreinbursed are playse expenses: (in travel, union dues, job education, etc. 10 Ta priparation fess. 21 Other expenses: investment, safe deposit box, etc. List type. 22 Add line 19 through line 21. 23 Tay programion fess. 24 Add line 19 through line 21. 25 Subtract line 224 from line 22. If line 24 is more than line 22, enter 0. 26 Total linenized Deductions. Add line 18 and line 25. 27 Other adjustments. See instructions. Specify: (a) 28 Quer federal AGI (Form 540, line 13) more than the annound show below tory our lining status? 29 Unsert line 24 from 1602 frie gaparately. 21 Other adjustments. See instructions. Specify: (a) 24 Suptract line 24 and line 27. 25 Quer federal AGI (Form 540, line 13) more than the annound show below tory our lining status? 29 See manifeRDP lining paparately. 29 Supre federal AGI (Form 540, line 13) more than the annound status bel	Gif	ts to Charity		· · · · ·				
13 Carryover from prior year. 13 14 Add line 11 through line 13 14 14 Add line 11 through line 13 14 15 Casalty and thell casses 15 Casalty or thell casses 16 Chern-from fist in federal instructions. 17 Add lines 4, 7, 10, 14, 15, and 16 in 17 Add lines 4, 7, 10, 14, 15, and 16 in 17 Add lines 4, 7, 10, 14, 15, and 16 in 17 Add lines 4, 7, 10, 14, 15, and 16 in 17 Add lines 4, 7, 10, 14, 15, and 16 in 18 Other transfer the analysis of the travel, union dues, job education, etc. Attach tederal form 2106 if required. See instructions 19 Unerspress and Certain Miscellaneous Deductions 19 Carpearation fees 20 Tax preparation fees 21 Date preparation fees 22 O 23 Cher expenses: investment, sale deposit box, etc. List type © 24 Multiply line 23 by 2% (0.02). If less than zero, enter 0. 25 O 26 O 27 Other adjustments. See instructions. Specify. © 28 Control in 24 from 1ine 22. I line 24 is more than line 22, enter 0. 29 System tederal AGI (Form 540, line 13 more than the amount shown below for your filing status? 29 O 29 O 20 Is your tederal AGI (Form 540, line 13) more than the amount shown below for your filing status? 29 Single or marring/HDP filing spa					۲		۲	
14 Add line 11 through line 13 14 Add line 11 through line 13 15 Casually and Theft Losses 16 Cherr-Irom list in fideral instructions 16 Cherr-Irom list in fideral instructions 17 Add line 4, 7, 10, 14, 15, and 16 in 17 Add line 4, 7, 10, 14, 15, and 16 in 18 Total. Combine line 17 column A less column B plus column C 19 Urientimuzed employee expenses: job travel, union dues, job education, etc. 19 Attach federa form 2106 if required. See instructions 20 Tax preparation fees. 21 Other expenses: investment, safe deposit 22 0 23 Enter anount from federal form 1040 0 18915 24 24 378 25 0 26 0 27 28 28 0 29 0 29 0 20 118 21 0 22 0 23 Chernic Tom 1040 0 18915 24 29 0 20 21 21 0 22 0 23 Chernic Tom 1040 0 18915 24 29 0 25 20 0 26 21 0 22 0 23 Chernic Tom 1040 0 18915 24 29<	12	Other than by cash or check			۲		ullet	
Casually and Theft Losses Image: Casually of theft lossies of the than net qualified disaster losses, Attach forcer a form 4884. See instructions 16 Image: Casually of theft lossies of the than net qualified disaster losses, Attach forcer a form 4884. See instructions 16 Other Itemized Deductions Image: Casually of theft lossies of the than net qualified disaster losses, Attach forcer a form 4884. See instructions	13	Carryover from prior year			۲		ullet	
15 Casualty or theft loss(s) (other than net qualified disaster lesses), Attach tederal Form 4684. See instructions					۲		ullet	
16 Other—from list in federal instructions		Casualty or theft loss(es) (other than net qualified disaster			۲		۲	
16 Other—from list in federal instructions	Oth	er Itemized Deductions						
columns A, B, and C.	16	Other—from list in federal instructions 16			۲		ullet	
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 20 21 Other expenses: investment, safe deposit box, etc. List type 22 23 Enter amount from federal Form 1040 or 1040-SR, line 11 24 25 24 Multiply line 23 by 2% (0.02). If less than zero, enter 0 25 26 26 27 28 29 20 29 20 20 21 0 22 0 23 Enter amount from federal Form 1040 or 1040-SR, line 11 0 18915 24 Multiply line 23 by 2% (0.02). If less than zero, enter 0 0 26 27 28 29 20 21 21 22 23 24 25 26 27 28 29 20 29 20 29 20 20 21 22 23 24 25 26 27 28 29 29 20 29 20	17	Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C		198		198	$oldsymbol{O}$	0
19 Unreimbursed employee expenses: job travel, union dues, job education, etc. Attach federal Form 2106 if required. See instructions ● 19 20 Tax preparation fees. ● 20 21 Other expenses: investment, safe deposit box, etc. List type ● ● 21 0 22 Add line 19 through line 21 ● ● 22 0 23 Enter amount from federal Form 1040 or 1040-SR, line 11 ● 18915 24 Multiply line 23 by 2% (0.02). If less than zero, enter 0 ● 24 378 25 Subtract line 24 from line 22. If line 24 is more than line 25, enter 0 ● 25 0 26 Total Itemized Deductions. Add line 18 and line 25 ● 0 27 ● 28 O ● 27 ● ● 28 0 29 Is pour federal AGI (Form 540, line 13) more than the amount shown below for your filing status? State 367 Married/RDP filing jointy or qualifying surviving spouse/RDP \$458,87 30 Transfer the amount on line 28 to line 29. Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540), line 29 0 0 30 Erter the larager of the amount on line 29 or your standard deduct			lumn	C			18	0
Attach federal Form 2106 if required. See instructions • 19	Joł	Expenses and Certain Miscellaneous Deductions						
21 Other expenses: investment, safe deposit 	19	Unreimbursed employee expenses: job travel, union due Attach federal Form 2106 if required. See instructions .	es, jol	b education, etc.) 19			
21 Other expenses: investment, safe deposit 	20	Tax proparation food			20			
box, etc. List type. •				•••••••••••••••••••••••••••••••••••••••	20			
23 Enter amount from federal Form 1040 or 1040-SR, line 11	21	Other expenses: investment, safe deposit box, etc. List type		•) 21	0		
23 Enter amount from federal Form 1040 or 1040-SR, line 11	00	Add line 10 through line 01			00	0		
or 1040-SR, line 11				•••••••••••••••••••••••••••••••••••••••	22	0		
24 Multiply line 23 by 2% (0.02). If less than zero, enter 0	23	Enter amount from federal Form 1040						
24 Multiply line 23 by 2% (0.02). If less than zero, enter 0		or 1040-SR, line 11		18915				
25 Subtract line 24 from line 22. If line 24 is more than line 22, enter 0. 25 0 26 Total Itemized Deductions. Add line 18 and line 25 0 26 Total Itemized Deductions. Add line 18 and line 25 0 27 Other adjustments. See instructions. Specify.								
26 Total Itemized Deductions. Add line 18 and line 25 								
 27 Other adjustments. See instructions. Specify. (a) 28 Combine line 26 and line 27	25	25 Subtract line 24 from line 22. If line 24 is more than line 22, enter 0					0	
 28 Combine line 26 and line 27								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	27	27 Other adjustments. See instructions. Specify.					27	
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 0 30 Enter the larger of the amount on line 29 or your standard deduction listed below: \$5,202 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 \$202 REV 03/10/23 PRO REV 03/10/23 PRO	28	Combine line 26 and line 27						0
Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540), line 29 29 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	29	Single or married/RDP filing separately Head of household Married/RDP filing jointly or qualifying surviving s			\$229,90	8		
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 \$202 REV 03/10/23 PRO REV 03/10/23 PRO			e ins [.]	tructions for Schedule CA	(540), line	e 29	29	0
REV 03/10/23 PRO	30	Single or married/RDP filing separately. See instru Married/RDP filing jointly, head of household, or qu	iction ialifyi	ng surviving spouse/RDP	\$10,40	4	30	5202
								5202
						REV 03/10/23 PRO		
		Side 6 Schedule CA (540) 2022 175	1	7736224				