

▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury  
Internal Revenue Service

Calendar Year —  
Due **04/18/2023**

# 2023 Form 1040-ES Payment Voucher 1

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the 'United States Treasury.' Write your social security number and '2023 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

|  |             |
|--|-------------|
| Amount of estimated tax<br>you are paying by check<br>or money order.....▶ | <b>873.</b> |
|--|-------------|

REV 03/02/23 PRO 1555

119-65-1633                      765-55-3070  
NITHIN KUMAR KASIREDDY  
SOUNDARYA LAHARI JAMALAPURAM  
3783 MILTON TERRACE  
FREMONT CA 94555-2242

INTERNAL REVENUE SERVICE  
PO BOX 802502  
CINCINNATI OH 45280-2502

119651633 YL KASI 30 0 202312 430

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Department of the Treasury  
Internal Revenue Service

Calendar Year —  
Due **06/15/2023**

## 2023 Form 1040-ES Payment Voucher 2

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the 'United States Treasury.' Write your social security number and '2023 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

|  |             |
|--|-------------|
| Amount of estimated tax<br>you are paying by check<br>or money order.....▶ | <b>873.</b> |
|--|-------------|

REV 03/02/23 PRO 1555

119-65-1633                      765-55-3070  
NITHIN KUMAR KASIREDDY  
SOUNDARYA LAHARI JAMALAPURAM  
3783 MILTON TERRACE  
FREMONT CA 94555-2242

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119651633 YL KASI 30 0 202312 430

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Department of the Treasury  
Internal Revenue Service

Calendar Year —  
Due **09/15/2023**

# 2023 Form 1040-ES Payment Voucher 3

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the 'United States Treasury.' Write your social security number and '2023 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

|  |             |
|--|-------------|
| Amount of estimated tax<br>you are paying by check<br>or money order.....▶ | <b>873.</b> |
|--|-------------|

REV 03/02/23 PRO 1555

119-65-1633                      765-55-3070  
NITHIN KUMAR KASIREDDY  
SOUNDARYA LAHARI JAMALAPURAM  
3783 MILTON TERRACE  
FREMONT CA 94555-2242

INTERNAL REVENUE SERVICE  
PO BOX 802502  
CINCINNATI OH 45280-2502

119651633 YL KASI 30 0 202312 430

▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury  
Internal Revenue Service

Calendar Year —  
Due **01/16/2024**

# 2023 Form 1040-ES Payment Voucher 4

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the 'United States Treasury.' Write your social security number and '2023 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

|  |      |
|--|------|
| Amount of estimated tax<br>you are paying by check<br>or money order.....▶ | 873. |
|--|------|

REV 03/02/23 PRO 1555

119-65-1633 765-55-3070  
NITHIN KUMAR KASIREDDY  
SOUNDARYA LAHARI JAMALAPURAM  
3783 MILTON TERRACE  
FREMONT CA 94555-2242

INTERNAL REVENUE SERVICE  
PO BOX 802502  
CINCINNATI OH 45280-2502

119651633 YL KASI 30 0 202312 430

# IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.  
▶ Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.

Submission Identification Number (SID) ▶

|   |  |
|---|--|
| Taxpayer's name<br>NITHIN KUMAR KASIREDDY     | Social security number<br>119-65-1633          |
| Spouse's name<br>SOUNDARYA LAHARI JAMALAPURAM | Spouse's social security number<br>765-55-3070 |

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

Enter whole dollars only on lines 1 through 5.

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

|   |   |          |
|---|---|----------|
| 1 Adjusted gross income . . . . .   | 1 | 280,568. |
| 2 Total tax . . . . .   | 2 | 47,333.  |
| 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . . . | 3 | 48,576.  |
| 4 Amount you want refunded to you . . . . .                               | 4 | 1,243.   |
| 5 Amount you owe . . . . .  | 5 |          |

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

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

### Taxpayer's PIN: check one box only

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

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

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

Your signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

### Spouse's PIN: check one box only

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

|   |   |   |   |   |
|---|---|---|---|---|
| 5 | 3 | 0 | 7 | 0 |
|---|---|---|---|---|

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

Spouse's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

### Practitioner PIN Method Returns Only—continue below

## Part III Certification and Authentication – Practitioner PIN Method Only

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

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

  
Don't enter all zeros

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

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

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

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

Form fields for personal information: Your first name and middle initial (NITHIN KUMAR), Last name (KASIREDDY), Your social security number (119-65-1633), Spouse's social security number (765-55-3070), Home address (3783 MILTON TERRACE), City (Fremont), State (CA), ZIP code (945552242).

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.) [ ] Yes [X] No

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

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

Table with 6 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Child tax credit, Credit for other dependents. Row 1: MAHIRA, KASIREDDY, 011-41-1044, Daughter, [X], [ ]

Main income table with columns 1a-1z and 2a-2z. Total income (line 9) is 280,568. Taxable income (line 15) is 254,668. Includes sub-table for Attach Sch. B (2a-2z) and Standard Deduction (5a-5b).

|                        |           |  |           |         |
|------------------------|-----------|--|-----------|---------|
| <b>Tax and Credits</b> | <b>16</b> | <b>Tax</b> (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____ | <b>16</b> | 48,791. |
|                        | <b>17</b> | Amount from Schedule 2, line 3   | <b>17</b> |         |
|                        | <b>18</b> | Add lines 16 and 17  | <b>18</b> | 48,791. |
|                        | <b>19</b> | Child tax credit or credit for other dependents from Schedule 8812   | <b>19</b> | 2,000.  |
|                        | <b>20</b> | Amount from Schedule 3, line 8   | <b>20</b> |         |
|                        | <b>21</b> | Add lines 19 and 20  | <b>21</b> | 2,000.  |
|                        | <b>22</b> | Subtract line 21 from line 18. If zero or less, enter -0-  | <b>22</b> | 46,791. |
|                        | <b>23</b> | Other taxes, including self-employment tax, from Schedule 2, line 21   | <b>23</b> | 542.    |
|                        | <b>24</b> | Add lines 22 and 23. This is your <b>total tax</b>   | <b>24</b> | 47,333. |

|                 |           |   |            |         |
|-----------------|-----------|---|------------|---------|
| <b>Payments</b> | <b>25</b> | Federal income tax withheld from:   |            |         |
|                 | <b>a</b>  | Form(s) W-2   | <b>25a</b> | 48,576. |
|                 | <b>b</b>  | Form(s) 1099  | <b>25b</b> |         |
|                 | <b>c</b>  | Other forms (see instructions)  | <b>25c</b> | 0.      |
|                 | <b>d</b>  | Add lines 25a through 25c   | <b>25d</b> | 48,576. |
|                 | <b>26</b> | 2022 estimated tax payments and amount applied from 2021 return                                 | <b>26</b>  |         |
|                 | <b>27</b> | Earned income credit (EIC)  | <b>27</b>  |         |
|                 | <b>28</b> | Additional child tax credit from Schedule 8812  | <b>28</b>  |         |
|                 | <b>29</b> | American opportunity credit from Form 8863, line 8  | <b>29</b>  |         |
|                 | <b>30</b> | Reserved for future use   | <b>30</b>  |         |
|                 | <b>31</b> | Amount from Schedule 3, line 15   | <b>31</b>  |         |
|                 | <b>32</b> | Add lines 27, 28, 29, and 31. These are your <b>total other payments and refundable credits</b> | <b>32</b>  |         |
|                 | <b>33</b> | Add lines 25d, 26, and 32. These are your <b>total payments</b>                                 | <b>33</b>  | 48,576. |

|               |            |   |            |        |
|---------------|------------|---|------------|--------|
| <b>Refund</b> | <b>34</b>  | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>                        | <b>34</b>  | 1,243. |
|               | <b>35a</b> | Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>             | <b>35a</b> | 1,243. |
|               | <b>b</b>   | Routing number 3 2 2 2 7 1 6 2 7 <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings |            |        |
|               | <b>d</b>   | Account number 8 0 8 4 6 7 8 4 6  |            |        |
|               | <b>36</b>  | Amount of line 34 you want <b>applied to your 2023 estimated tax</b>  | <b>36</b>  |        |

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

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

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

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

|   |                                    |  |   |
|---|------------------------------------|--|---|
| Your signature  | Date                               | Your occupation<br>SOFTWARE ENGINEER     | If the IRS sent you an Identity Protection PIN, enter it here (see inst.)         |
| Spouse's signature. If a joint return, <b>both</b> must sign. | Date                               | Spouse's occupation<br>SOFTWARE ENGINEER | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) |
| Phone no. (510) 953-9507                                      | Email address KASINREDDY@GMAIL.COM |  |   |

**Paid Preparer Use Only**

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

**SCHEDULE 1  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

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

Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2022**  
Attachment  
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR  
N KASIREDDY & S JAMALAPURAM

Your social security number  
119-65-1633

**Part I Additional Income**

|           |   |           |        |
|-----------|---|-----------|--------|
| <b>1</b>  | Taxable refunds, credits, or offsets of state and local income taxes . . . . .  | <b>1</b>  | 0.     |
| <b>2a</b> | Alimony received . . . . .  | <b>2a</b> |        |
| <b>b</b>  | Date of original divorce or separation agreement (see instructions): _____  |           |        |
| <b>3</b>  | Business income or (loss). Attach Schedule C . . . . .  | <b>3</b>  |        |
| <b>4</b>  | Other gains or (losses). Attach Form 4797 . . . . .   | <b>4</b>  |        |
| <b>5</b>  | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .   | <b>5</b>  |        |
| <b>6</b>  | Farm income or (loss). Attach Schedule F . . . . .  | <b>6</b>  |        |
| <b>7</b>  | Unemployment compensation . . . . .   | <b>7</b>  | 1,320. |
| <b>8</b>  | Other income:   |           |        |
| <b>a</b>  | Net operating loss . . . . .  | <b>8a</b> | ( )    |
| <b>b</b>  | Gambling . . . . .  | <b>8b</b> |        |
| <b>c</b>  | Cancellation of debt . . . . .  | <b>8c</b> |        |
| <b>d</b>  | Foreign earned income exclusion from Form 2555 . . . . .  | <b>8d</b> | ( )    |
| <b>e</b>  | Income from Form 8853 . . . . .   | <b>8e</b> |        |
| <b>f</b>  | Income from Form 8889 . . . . .   | <b>8f</b> |        |
| <b>g</b>  | Alaska Permanent Fund dividends . . . . .   | <b>8g</b> |        |
| <b>h</b>  | Jury duty pay . . . . .   | <b>8h</b> |        |
| <b>i</b>  | Prizes and awards . . . . .   | <b>8i</b> |        |
| <b>j</b>  | Activity not engaged in for profit income . . . . .   | <b>8j</b> |        |
| <b>k</b>  | Stock options . . . . .   | <b>8k</b> |        |
| <b>l</b>  | 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 . . . . . | <b>8l</b> |        |
| <b>m</b>  | Olympic and Paralympic medals and USOC prize money (see instructions) . . . . .   | <b>8m</b> |        |
| <b>n</b>  | Section 951(a) inclusion (see instructions) . . . . .   | <b>8n</b> |        |
| <b>o</b>  | Section 951A(a) inclusion (see instructions) . . . . .  | <b>8o</b> |        |
| <b>p</b>  | Section 461(l) excess business loss adjustment . . . . .  | <b>8p</b> |        |
| <b>q</b>  | Taxable distributions from an ABL account (see instructions) . . . . .  | <b>8q</b> |        |
| <b>r</b>  | Scholarship and fellowship grants not reported on Form W-2 . . . . .  | <b>8r</b> |        |
| <b>s</b>  | Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d . . . . .  | <b>8s</b> | ( )    |
| <b>t</b>  | Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan . . . . .                                   | <b>8t</b> |        |
| <b>u</b>  | Wages earned while incarcerated . . . . .   | <b>8u</b> |        |
| <b>z</b>  | Other income. List type and amount: _____   | <b>8z</b> |        |
| <b>9</b>  | Total other income. Add lines 8a through 8z . . . . .   | <b>9</b>  |        |
| <b>10</b> | Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8   | <b>10</b> | 1,320. |

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

Schedule 1 (Form 1040) 2022



**Part II Adjustments to Income**

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

**SCHEDULE 2  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Taxes**

Attach to Form 1040, 1040-SR, or 1040-NR.  
Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2022**  
Attachment  
Sequence No. **02**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR  
N KASIREDDY & S JAMALAPURAM

Your social security number  
119-65-1633

**Part I Tax**

|          |  |          |  |
|----------|--|----------|--|
| <b>1</b> | Alternative minimum tax. Attach Form 6251 . . . . .                                    | <b>1</b> |  |
| <b>2</b> | Excess advance premium tax credit repayment. Attach Form 8962 . . . . .                | <b>2</b> |  |
| <b>3</b> | Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17 . . . . . | <b>3</b> |  |

**Part II Other Taxes**

|           |   |           |      |
|-----------|---|-----------|------|
| <b>4</b>  | Self-employment tax. Attach Schedule SE . . . . .   | <b>4</b>  |      |
| <b>5</b>  | Social security and Medicare tax on unreported tip income. Attach Form 4137 . . . . .   | <b>5</b>  |      |
| <b>6</b>  | Uncollected social security and Medicare tax on wages. Attach Form 8919 . . . . .   | <b>6</b>  |      |
| <b>7</b>  | Total additional social security and Medicare tax. Add lines 5 and 6 . . . . .  | <b>7</b>  |      |
| <b>8</b>  | Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required.<br>If not required, check here <input type="checkbox"/> . . . . . | <b>8</b>  |      |
| <b>9</b>  | Household employment taxes. Attach Schedule H . . . . .   | <b>9</b>  |      |
| <b>10</b> | Repayment of first-time homebuyer credit. Attach Form 5405 if required . . . . .  | <b>10</b> |      |
| <b>11</b> | Additional Medicare Tax. Attach Form 8959 . . . . .   | <b>11</b> | 542. |
| <b>12</b> | Net investment income tax. Attach Form 8960 . . . . .   | <b>12</b> |      |
| <b>13</b> | Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12 . . . . .                             | <b>13</b> |      |
| <b>14</b> | Interest on tax due on installment income from the sale of certain residential lots and timeshares . . . . .  | <b>14</b> |      |
| <b>15</b> | Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000 . . . . .                                       | <b>15</b> |      |
| <b>16</b> | Recapture of low-income housing credit. Attach Form 8611 . . . . .  | <b>16</b> |      |

(continued on page 2)

**Part II Other Taxes** *(continued)*

|           |   |            |           |
|-----------|---|------------|-----------|
| <b>17</b> | Other additional taxes:   |            |           |
| <b>a</b>  | Recapture of other credits. List type, form number, and amount:<br>_____  | <b>17a</b> |           |
| <b>b</b>  | Recapture of federal mortgage subsidy, if you sold your home see instructions . . . . .   | <b>17b</b> |           |
| <b>c</b>  | Additional tax on HSA distributions. Attach Form 8889 . . . . .   | <b>17c</b> |           |
| <b>d</b>  | Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889 . . . . .   | <b>17d</b> |           |
| <b>e</b>  | Additional tax on Archer MSA distributions. Attach Form 8853 . . . . .  | <b>17e</b> |           |
| <b>f</b>  | Additional tax on Medicare Advantage MSA distributions. Attach Form 8853 . . . . .  | <b>17f</b> |           |
| <b>g</b>  | Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property . . . . .   | <b>17g</b> |           |
| <b>h</b>  | Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A . . . . .                                  | <b>17h</b> |           |
| <b>i</b>  | Compensation you received from a nonqualified deferred compensation plan described in section 457A . . . . .  | <b>17i</b> |           |
| <b>j</b>  | Section 72(m)(5) excess benefits tax . . . . .  | <b>17j</b> |           |
| <b>k</b>  | Golden parachute payments . . . . .   | <b>17k</b> |           |
| <b>l</b>  | Tax on accumulation distribution of trusts . . . . .  | <b>17l</b> |           |
| <b>m</b>  | Excise tax on insider stock compensation from an expatriated corporation . . . . .  | <b>17m</b> |           |
| <b>n</b>  | Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866 . . . . .  | <b>17n</b> |           |
| <b>o</b>  | Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR . . . . .   | <b>17o</b> |           |
| <b>p</b>  | Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund . . . . .                                | <b>17p</b> |           |
| <b>q</b>  | Any interest from Form 8621, line 24 . . . . .  | <b>17q</b> |           |
| <b>z</b>  | Any other taxes. List type and amount: _____<br>_____   | <b>17z</b> |           |
| <b>18</b> | Total additional taxes. Add lines 17a through 17z . . . . .   |            | <b>18</b> |
| <b>19</b> | Reserved for future use . . . . .   |            | <b>19</b> |
| <b>20</b> | Section 965 net tax liability installment from Form 965-A . . . . .   | <b>20</b>  |           |
| <b>21</b> | Add lines 4, 7 through 16, and 18. These are your <b>total other taxes</b> . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b . . . . . |            | <b>21</b> |

542.

**SCHEDULE D  
(Form 1040)**

**Capital Gains and Losses**

OMB No. 1545-0074

**2022**

Department of the Treasury  
Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.  
Go to [www.irs.gov/ScheduleD](http://www.irs.gov/ScheduleD) for instructions and the latest information.  
Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

Attachment  
Sequence No. **12**

Name(s) shown on return

N KASIREDDY & S JAMALAPURAM

Your social security number

119-65-1633

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?  Yes  No

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

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

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

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

|  | (d)<br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | (g)<br>Adjustments<br>to gain or loss from<br>Form(s) 8949, Part I,<br>line 2, column (g) | (h) Gain or (loss)<br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g) |
|--|----------------------------------|---------------------------------|---|---|
| <b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . |                                  |                                 |   |   |
| <b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked . . . . .   | 25,015.                          | 38,014.                         |   | -12,999.  |
| <b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked . . . . .  |                                  |                                 |   |   |
| <b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked . . . . .  |                                  |                                 |   |   |
| <b>4</b> Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .  |                                  |                                 |   | <b>4</b>  |
| <b>5</b> Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .   |                                  |                                 |   | <b>5</b>  |
| <b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .  |                                  |                                 |   | <b>6</b> ( 745. )   |
| <b>7 Net short-term capital gain or (loss).</b> Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back . . . . .  |                                  |                                 |   | <b>7</b> -13,744.   |

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

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

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

|   | (d)<br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | (g)<br>Adjustments<br>to gain or loss from<br>Form(s) 8949, Part II,<br>line 2, column (g) | (h) Gain or (loss)<br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g) |
|---|----------------------------------|---------------------------------|--|---|
| <b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . |                                  |                                 |  |   |
| <b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked . . . . .  |                                  |                                 |  |   |
| <b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked . . . . .   |                                  |                                 |  |   |
| <b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked . . . . .  |                                  |                                 |  |   |
| <b>11</b> Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .  |                                  |                                 |  | <b>11</b>   |
| <b>12</b> Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .  |                                  |                                 |  | <b>12</b>   |
| <b>13</b> Capital gain distributions. See the instructions . . . . .  |                                  |                                 |  | <b>13</b>   |
| <b>14</b> Long-term capital loss carryover. Enter the amount, if any, from line 13 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .  |                                  |                                 |  | <b>14</b> ( )   |
| <b>15 Net long-term capital gain or (loss).</b> Combine lines 8a through 14 in column (h). Then, go to Part III on the back . . . . .   |                                  |                                 |  | <b>15</b>   |

**Part III Summary**

|           |  |           |            |
|-----------|--|-----------|------------|
| <b>16</b> | Combine lines 7 and 15 and enter the result . . . . .  | <b>16</b> | -13,744.   |
|           | <ul style="list-style-type: none"> <li>• If line 16 is a <b>gain</b>, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.</li> <li>• If line 16 is a <b>loss</b>, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.</li> <li>• If line 16 is <b>zero</b>, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.</li> </ul> |           |            |
| <b>17</b> | Are lines 15 and 16 <b>both</b> gains?<br><input type="checkbox"/> <b>Yes.</b> Go to line 18.<br><input type="checkbox"/> <b>No.</b> Skip lines 18 through 21, and go to line 22.  |           |            |
| <b>18</b> | If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet . . . . .   | <b>18</b> |            |
| <b>19</b> | If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet . . . . .   | <b>19</b> |            |
| <b>20</b> | Are lines 18 and 19 both zero or blank and you are not filing Form 4952?<br><input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 16. <b>Don't</b> complete lines 21 and 22 below.<br><br><input type="checkbox"/> <b>No.</b> Complete the <b>Schedule D Tax Worksheet</b> in the instructions. <b>Don't</b> complete lines 21 and 22 below.                             |           |            |
| <b>21</b> | If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the <b>smaller</b> of:<br><ul style="list-style-type: none"> <li>• The loss on line 16; or</li> <li>• (\$3,000), or if married filing separately, (\$1,500) } . . . . .</li> </ul>   | <b>21</b> | ( 3,000. ) |
|           | <b>Note:</b> When figuring which amount is smaller, treat both amounts as positive numbers.  |           |            |
| <b>22</b> | Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?<br><br><input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 16.<br><br><input checked="" type="checkbox"/> <b>No.</b> Complete the rest of Form 1040, 1040-SR, or 1040-NR.  |           |            |

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/Form8949](http://www.irs.gov/Form8949) for instructions and the latest information.  
File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

|  |   |
|--|---|
| Name(s) shown on return<br>N KASIREDDY & S JAMALAPURAM | Social security number or taxpayer identification number<br>119-65-1633 |
|--|---|

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

**Part I Short-Term.** Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.  
**Note:** You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

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

- (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (B) Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (C) Short-term transactions not reported to you on Form 1099-B

| 1                | (a)<br>Description of property<br>(Example: 100 sh. XYZ Co.)   | (b)<br>Date acquired<br>(Mo., day, yr.) | (c)<br>Date sold or disposed of<br>(Mo., day, yr.) | (d)<br>Proceeds<br>(sales price)<br>(see instructions) | (e)<br>Cost or other basis<br>See the <b>Note</b> below<br>and see <i>Column (e)</i><br>in the separate<br>instructions. | Adjustment, if any, to gain or loss<br>If you enter an amount in column (g),<br>enter a code in column (f).<br><b>See the separate instructions.</b> |                                | (h)<br><b>Gain or (loss)</b><br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g). |
|------------------|--|---|--|--|--|--|--------------------------------|--|
|                  |  |   |  |  |  | (f)<br>Code(s) from<br>instructions  | (g)<br>Amount of<br>adjustment |  |
|                  | APEX CLEARING  | 01/01/22                                | 12/31/22   | 474.   | 9,792.   |  |                                | -9,318.  |
|                  | E*TRADE SECURITIES LLC   | 01/01/22                                | 12/31/22   | 24,541.  | 28,222.  |  |                                | -3,681.  |
|                  |  |   |  |  |  |  |                                |  |
|                  |  |   |  |  |  |  |                                |  |
|                  |  |   |  |  |  |  |                                |  |
|                  |  |   |  |  |  |  |                                |  |
|                  |  |   |  |  |  |  |                                |  |
|                  |  |   |  |  |  |  |                                |  |
|                  |  |   |  |  |  |  |                                |  |
|                  |  |   |  |  |  |  |                                |  |
|                  |  |   |  |  |  |  |                                |  |
|                  |  |   |  |  |  |  |                                |  |
| <b>2 Totals.</b> | Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 1b</b> (if <b>Box A</b> above is checked), <b>line 2</b> (if <b>Box B</b> above is checked), or <b>line 3</b> (if <b>Box C</b> above is checked). |   |  | 25,015.  | 38,014.  |  |                                | -12,999.   |

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

**SCHEDULE 8812  
(Form 1040)**

**Credits for Qualifying Children  
and Other Dependents**

OMB No. 1545-0074

**2022**

Attachment  
Sequence No. **47**

Department of the Treasury  
Internal Revenue Service

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

Go to [www.irs.gov/Schedule8812](http://www.irs.gov/Schedule8812) for instructions and the latest information.

Name(s) shown on return

Your social security number

N KASIREDDY & S JAMALAPURAM

119-65-1633

**Part I Child Tax Credit and Credit for Other Dependents**

|           |   |           |          |          |
|-----------|---|-----------|----------|----------|
| <b>1</b>  | Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR . . . . .  |           | <b>1</b> | 280,568. |
| <b>2a</b> | Enter income from Puerto Rico that you excluded . . . . .   | <b>2a</b> |          |          |
| <b>b</b>  | Enter the amounts from lines 45 and 50 of your Form 2555 . . . . .  | <b>2b</b> | 0.       |          |
| <b>c</b>  | Enter the amount from line 15 of your Form 4563 . . . . .   | <b>2c</b> |          |          |
| <b>d</b>  | Add lines 2a through 2c . . . . .   | <b>2d</b> | 0.       |          |
| <b>3</b>  | Add lines 1 and 2d . . . . .  | <b>3</b>  | 280,568. |          |
| <b>4</b>  | Number of qualifying children under age 17 with the required social security number . . . . .   | <b>4</b>  | 1        |          |
| <b>5</b>  | Multiply line 4 by \$2,000 . . . . .  | <b>5</b>  | 2,000.   |          |
| <b>6</b>  | Number of other dependents, including any qualifying children who are not under age 17 or who do not have the required social security number . . . . .   | <b>6</b>  | 0        |          |
|           | <b>Caution:</b> Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4.   |           |          |          |
| <b>7</b>  | Multiply line 6 by \$500 . . . . .  | <b>7</b>  |          |          |
| <b>8</b>  | Add lines 5 and 7 . . . . .   | <b>8</b>  | 2,000.   |          |
| <b>9</b>  | Enter the amount shown below for your filing status.<br>• Married filing jointly—\$400,000 }<br>• All other filing statuses—\$200,000 }   | <b>9</b>  | 400,000. |          |
| <b>10</b> | Subtract line 9 from line 3.<br>• If zero or less, enter -0-.<br>• If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc. } | <b>10</b> | 0.       |          |
| <b>11</b> | Multiply line 10 by 5% (0.05) . . . . .   | <b>11</b> | 0.       |          |
| <b>12</b> | Is the amount on line 8 more than the amount on line 11? . . . . .  | <b>12</b> | 2,000.   |          |
|           | <input type="checkbox"/> <b>No. STOP.</b> You cannot take the child tax credit, credit for other dependents, or additional child tax credit. Skip Parts II-A and II-B. Enter -0- on lines 14 and 27.  |           |          |          |
|           | <input checked="" type="checkbox"/> <b>Yes.</b> Subtract line 11 from line 8. Enter the result.   |           |          |          |
| <b>13</b> | Enter the amount from the <b>Credit Limit Worksheet A</b> . . . . .   | <b>13</b> | 48,791.  |          |
| <b>14</b> | Enter the smaller of line 12 or 13. <b>This is your child tax credit and credit for other dependents</b> . . . . .  | <b>14</b> | 2,000.   |          |

**Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.**

If the amount on line 12 is more than the amount on line 14, you may be able to take the **additional child tax credit** on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-NR through line 27 (also complete Schedule 3, line 11) before completing Part II-A.

**Part II-A Additional Child Tax Credit for All Filers**

**Caution:** If you file Form 2555, you cannot claim the additional child tax credit.

|            |  |            |    |
|------------|--|------------|----|
| <b>15</b>  | Check this box if you <b>do not</b> want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 . . . . . <input type="checkbox"/>   |            |    |
| <b>16a</b> | Subtract line 14 from line 12. If zero, <b>stop here</b> ; you cannot take the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 . . . . .   | <b>16a</b> | 0. |
| <b>b</b>   | Number of qualifying children under 17 with the required social security number: _____ x \$1,500.<br>Enter the result. If zero, <b>stop here</b> ; you cannot claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 . . . . .  | <b>16b</b> |    |
|            | <b>TIP:</b> The number of children you use for this line is the same as the number of children you used for line 4.  |            |    |
| <b>17</b>  | Enter the <b>smaller</b> of line 16a or line 16b . . . . .   | <b>17</b>  |    |
| <b>18a</b> | Earned income (see instructions) . . . . .   | <b>18a</b> |    |
| <b>b</b>   | Nontaxable combat pay (see instructions) . . . . .   | <b>18b</b> |    |
| <b>19</b>  | Is the amount on line 18a more than \$2,500?<br><input type="checkbox"/> <b>No.</b> Leave line 19 blank and enter -0- on line 20.<br><input type="checkbox"/> <b>Yes.</b> Subtract \$2,500 from the amount on line 18a. Enter the result . . . . .   | <b>19</b>  |    |
| <b>20</b>  | Multiply the amount on line 19 by 15% (0.15) and enter the result . . . . .<br><b>Next.</b> On line 16b, is the amount \$4,500 or more?<br><input type="checkbox"/> <b>No.</b> If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the <b>smaller</b> of line 17 or line 20 on line 27.<br><input type="checkbox"/> <b>Yes.</b> If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21. | <b>20</b>  |    |

**Part II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Residents of Puerto Rico**

|           |   |           |  |
|-----------|---|-----------|--|
| <b>21</b> | Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see instructions. . . . . |           |  |
| <b>22</b> | Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13 . . . . .  | <b>22</b> |  |
| <b>23</b> | Add lines 21 and 22 . . . . .   | <b>23</b> |  |
| <b>24</b> | <b>1040 and 1040-SR filers:</b> Enter the total of the amounts from Form 1040 or 1040-SR, line 27, and Schedule 3 (Form 1040), line 11. }<br><b>1040-NR filers:</b> Enter the amount from Schedule 3 (Form 1040), line 11. }  | <b>24</b> |  |
| <b>25</b> | Subtract line 24 from line 23. If zero or less, enter -0- . . . . .   | <b>25</b> |  |
| <b>26</b> | Enter the <b>larger</b> of line 20 or line 25 . . . . .<br><b>Next,</b> enter the <b>smaller</b> of line 17 or line 26 on line 27.  | <b>26</b> |  |

**Part II-C Additional Child Tax Credit**

|           |  |           |  |
|-----------|--|-----------|--|
| <b>27</b> | This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28 . . . . . |           |  |
|           |  | <b>27</b> |  |



**Paid Preparer's Due Diligence Checklist**  
*Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC),  
Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and  
Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status*  
**To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.  
Go to [www.irs.gov/Form8867](http://www.irs.gov/Form8867) for instructions and the latest information.**

|   |  |   |
|---|--|---|
| Taxpayer name(s) shown on return<br>N KASIREDDY & S JAMALAPURAM |  | Taxpayer identification number<br>119-65-1633   |
| Preparer's name<br>SYAM PRIYA RAM SAGAR GUPTA TALLAM            |  | Preparer tax identification number<br>P02082703 |

**Part I Due Diligence Requirements**

Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I-V for the benefit(s) claimed (check all that apply).  EIC  CTC/ACTC/ODC  AOTC  HOH

|   | Yes                                 | No                                  | N/A                      |
|---|-------------------------------------|-------------------------------------|--------------------------|
| <b>1</b> Did you complete the return based on information for the applicable tax year provided by the taxpayer or reasonably obtained by you? (See instructions if relying on prior year earned income.) . . . . .  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                          |
| <b>2</b> If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Schedule 8812 (Form 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed? . . . . .   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>3</b> Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following.<br>• Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status.<br>• Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of any credit(s) . . . . .   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                          |
| <b>4</b> Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.) . . . . .   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                          |
| <b>a</b> Did you make reasonable inquiries to determine the correct, complete, and consistent information? . . . . .  | <input type="checkbox"/>            | <input type="checkbox"/>            |                          |
| <b>b</b> Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.) . . . . .  | <input type="checkbox"/>            | <input type="checkbox"/>            |                          |
| <b>5</b> Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in question 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure the amount(s) of the credit(s) . . . . .<br>List those documents provided by the taxpayer, if any, that you relied on:<br>_____<br>_____<br>_____ | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                          |
| <b>6</b> Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit? . . . . .   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                          |
| <b>7</b> Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? . . . . .<br><b>(If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)</b>  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <b>a</b> Did you complete the required recertification Form 8862? . . . . .   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>8</b> If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040)? . . . . .   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |

**Part II Due Diligence Questions for Returns Claiming EIC** (If the return does not claim EIC, go to Part III.)

|   | Yes                      | No                       | N/A                      |
|---|--------------------------|--------------------------|--------------------------|
| <b>9a</b> Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? <b>(If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)</b> . . . . . | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| <b>b</b> Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year? . . . . .   | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| <b>c</b> Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)? . . . . .  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Part III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC** (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)

|   | Yes                                 | No                       | N/A                      |
|---|-------------------------------------|--------------------------|--------------------------|
| <b>10</b> Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States? . . . . .  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                          |
| <b>11</b> Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child? . . . . . | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>12</b> Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return? . . . . .   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Part IV Due Diligence Questions for Returns Claiming AOTC** (If the return does not claim AOTC, go to Part V.)

|  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| <b>13</b> Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC? . . . . . | <input type="checkbox"/> | <input type="checkbox"/> |

**Part V Due Diligence Questions for Claiming HOH** (If the return does not claim HOH filing status, go to Part VI.)

|  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| <b>14</b> Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person? . . . . . | <input type="checkbox"/> | <input type="checkbox"/> |

**Part VI Eligibility Certification**

**You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:**

- A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s);
- B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;
- C. Submit Form 8867 in the manner required; **and**
- D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention*.
  - 1. A copy of this Form 8867.
  - 2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
  - 3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
  - 4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
  - 5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).

**If you have not complied with all due diligence requirements, you may have to pay a penalty for each failure to comply related to a claim of an applicable credit or HOH filing status (see instructions for more information).**

|   | Yes                                 | No                       |
|---|-------------------------------------|--------------------------|
| <b>15</b> Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete? . . . . . | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

**Additional Medicare Tax**

If any line does not apply to you, leave it blank. See separate instructions.  
 Attach to Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.  
 Go to [www.irs.gov/Form8959](http://www.irs.gov/Form8959) for instructions and the latest information.

Name(s) shown on return

N KASIREDDY & S JAMALAPURAM

Your social security number

119-65-1633

**Part I Additional Medicare Tax on Medicare Wages**

|          |  |          |          |         |
|----------|--|----------|----------|---------|
| <b>1</b> | Medicare wages and tips from Form W-2, box 5. If you have more than one Form W-2, enter the total of the amounts from box 5 . . . . .  | <b>1</b> | 310,218. |         |
| <b>2</b> | Unreported tips from Form 4137, line 6 . . . . .   | <b>2</b> |          |         |
| <b>3</b> | Wages from Form 8919, line 6 . . . . .   | <b>3</b> |          |         |
| <b>4</b> | Add lines 1 through 3 . . . . .  | <b>4</b> | 310,218. |         |
| <b>5</b> | Enter the following amount for your filing status:<br>Married filing jointly . . . . . \$250,000<br>Married filing separately . . . . . \$125,000<br>Single, Head of household, or Qualifying surviving spouse . . . \$200,000 | <b>5</b> | 250,000. |         |
| <b>6</b> | Subtract line 5 from line 4. If zero or less, enter -0- . . . . .  | <b>6</b> |          | 60,218. |
| <b>7</b> | Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II . . . . .   | <b>7</b> |          | 542.    |

**Part II Additional Medicare Tax on Self-Employment Income**

|           |  |           |  |  |
|-----------|--|-----------|--|--|
| <b>8</b>  | Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you had a loss, enter -0- (Form 1040-PR or 1040-SS filers, see instructions.) . . . . .  | <b>8</b>  |  |  |
| <b>9</b>  | Enter the following amount for your filing status:<br>Married filing jointly . . . . . \$250,000<br>Married filing separately . . . . . \$125,000<br>Single, Head of household, or Qualifying surviving spouse . . . \$200,000 | <b>9</b>  |  |  |
| <b>10</b> | Enter the amount from line 4 . . . . .   | <b>10</b> |  |  |
| <b>11</b> | Subtract line 10 from line 9. If zero or less, enter -0- . . . . .   | <b>11</b> |  |  |
| <b>12</b> | Subtract line 11 from line 8. If zero or less, enter -0- . . . . .   | <b>12</b> |  |  |
| <b>13</b> | Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and go to Part III . . . . .   | <b>13</b> |  |  |

**Part III Additional Medicare Tax on Railroad Retirement Tax Act (RRTA) Compensation**

|           |  |           |  |  |
|-----------|--|-----------|--|--|
| <b>14</b> | Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 (see instructions) . . . . .   | <b>14</b> |  |  |
| <b>15</b> | Enter the following amount for your filing status:<br>Married filing jointly . . . . . \$250,000<br>Married filing separately . . . . . \$125,000<br>Single, Head of household, or Qualifying surviving spouse . . . \$200,000 | <b>15</b> |  |  |
| <b>16</b> | Subtract line 15 from line 14. If zero or less, enter -0- . . . . .  | <b>16</b> |  |  |
| <b>17</b> | Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (0.009). Enter here and go to Part IV . . . . .   | <b>17</b> |  |  |

**Part IV Total Additional Medicare Tax**

|           |   |           |  |      |
|-----------|---|-----------|--|------|
| <b>18</b> | Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 11 (Form 1040-PR or 1040-SS filers, see instructions), and go to Part V . . . . . | <b>18</b> |  | 542. |
|-----------|---|-----------|--|------|

**Part V Withholding Reconciliation**

|           |  |           |          |    |
|-----------|--|-----------|----------|----|
| <b>19</b> | Medicare tax withheld from Form W-2, box 6. If you have more than one Form W-2, enter the total of the amounts from box 6 . . . . .  | <b>19</b> | 4,498.   |    |
| <b>20</b> | Enter the amount from line 1 . . . . .   | <b>20</b> | 310,218. |    |
| <b>21</b> | Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages . . . . .  | <b>21</b> | 4,498.   |    |
| <b>22</b> | Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages . . . . .  | <b>22</b> |          | 0. |
| <b>23</b> | Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions) . . . . .  | <b>23</b> |          |    |
| <b>24</b> | <b>Total Additional Medicare Tax withholding.</b> Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (Form 1040-PR or 1040-SS filers, see instructions) . . . . . | <b>24</b> |          | 0. |

**Net Investment Income Tax—  
Individuals, Estates, and Trusts**

Attach to your tax return.

Go to [www.irs.gov/Form8960](http://www.irs.gov/Form8960) for instructions and the latest information.

Name(s) shown on your tax return

N KASIREDDY & S JAMALAPURAM

Your social security number or EIN

119-65-1633

- Part I Investment Income**  Section 6013(g) election (see instructions)  
 Section 6013(h) election (see instructions)  
 Regulations section 1.1411-10(g) election (see instructions)

|           |   |           |           |         |
|-----------|---|-----------|-----------|---------|
| <b>1</b>  | Taxable interest (see instructions)   |           | <b>1</b>  |         |
| <b>2</b>  | Ordinary dividends (see instructions)   |           | <b>2</b>  |         |
| <b>3</b>  | Annuities (see instructions)  |           | <b>3</b>  |         |
| <b>4a</b> | Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see instructions)                                | <b>4a</b> |           |         |
| <b>b</b>  | Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions) | <b>4b</b> |           |         |
| <b>c</b>  | Combine lines 4a and 4b   |           | <b>4c</b> |         |
| <b>5a</b> | Net gain or loss from disposition of property (see instructions)  | <b>5a</b> | -3,000.   |         |
| <b>b</b>  | Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)           | <b>5b</b> |           |         |
| <b>c</b>  | Adjustment from disposition of partnership interest or S corporation stock (see instructions)                               | <b>5c</b> |           |         |
| <b>d</b>  | Combine lines 5a through 5c   |           | <b>5d</b> | -3,000. |
| <b>6</b>  | Adjustments to investment income for certain CFCs and PFICs (see instructions)  |           | <b>6</b>  |         |
| <b>7</b>  | Other modifications to investment income (see instructions)   |           | <b>7</b>  |         |
| <b>8</b>  | Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7  |           | <b>8</b>  | -3,000. |

**Part II Investment Expenses Allocable to Investment Income and Modifications**

|           |   |           |           |  |
|-----------|---|-----------|-----------|--|
| <b>9a</b> | Investment interest expenses (see instructions)         | <b>9a</b> |           |  |
| <b>b</b>  | State, local, and foreign income tax (see instructions) | <b>9b</b> |           |  |
| <b>c</b>  | Miscellaneous investment expenses (see instructions)    | <b>9c</b> |           |  |
| <b>d</b>  | Add lines 9a, 9b, and 9c                                |           | <b>9d</b> |  |
| <b>10</b> | Additional modifications (see instructions)             |           | <b>10</b> |  |
| <b>11</b> | Total deductions and modifications. Add lines 9d and 10 |           | <b>11</b> |  |

**Part III Tax Computation**

|                            |   |            |           |    |
|----------------------------|---|------------|-----------|----|
| <b>12</b>                  | Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, complete lines 13-17. Estates and trusts, complete lines 18a-21. If zero or less, enter -0- |            | <b>12</b> | 0. |
| <b>Individuals:</b>        |   |            |           |    |
| <b>13</b>                  | Modified adjusted gross income (see instructions)   | <b>13</b>  | 280,568.  |    |
| <b>14</b>                  | Threshold based on filing status (see instructions)   | <b>14</b>  | 250,000.  |    |
| <b>15</b>                  | Subtract line 14 from line 13. If zero or less, enter -0-   | <b>15</b>  | 30,568.   |    |
| <b>16</b>                  | Enter the smaller of line 12 or line 15   |            | <b>16</b> | 0. |
| <b>17</b>                  | Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). <b>Enter here and include on your tax return</b> (see instructions)                                |            | <b>17</b> | 0. |
| <b>Estates and Trusts:</b> |   |            |           |    |
| <b>18a</b>                 | Net investment income (line 12 above)   | <b>18a</b> |           |    |
| <b>b</b>                   | Deductions for distributions of net investment income and deductions under section 642(c) (see instructions)  | <b>18b</b> |           |    |
| <b>c</b>                   | Undistributed net investment income. Subtract line 18b from line 18a (see instructions). If zero or less, enter -0-   | <b>18c</b> |           |    |
| <b>19a</b>                 | Adjusted gross income (see instructions)  | <b>19a</b> |           |    |
| <b>b</b>                   | Highest tax bracket for estates and trusts for the year (see instructions)  | <b>19b</b> |           |    |
| <b>c</b>                   | Subtract line 19b from line 19a. If zero or less, enter -0-   | <b>19c</b> |           |    |
| <b>20</b>                  | Enter the smaller of line 18c or line 19c   |            | <b>20</b> |    |
| <b>21</b>                  | Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.038). <b>Enter here and include on your tax return</b> (see instructions)                         |            | <b>21</b> |    |

TAXABLE YEAR

FORM

2022

California e-file Signature Authorization for Individuals

8879

Table with 2 columns: Name/Spouse's name and SSN/ITIN. Rows include NITHIN KUMAR KASIREDDY and SOUNDARYA LAHARI JAMALAPURAM.

Part I Tax Return Information (whole dollars only)

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

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

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

Taxpayer's PIN: check one box only

- I authorize GLOBAL TAXES LLC to enter my PIN 5 1 6 3 3 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.

Your signature Date

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

- I authorize GLOBAL TAXES LLC to enter my PIN 5 3 0 7 0 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.

Spouse's/RDP's signature Date

Practitioner PIN Method Returns Only -- continue below

Part III Certification and Authentication — Practitioner PIN Method Only

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

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

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

Do not enter all zeros

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

ERO's signature Date 03/09/2023

# 2022 California Resident Income Tax Return

# 540

APE

ATTACH FEDERAL RETURN

119-65-1633 KASI 765-55-3070  
NITHINKUMAR KASIREDDY  
SOUNDARYALA JAMALAPURAM

22

3783 MILTON TERRACE  
FREMONT CA 94555-2242

08-15-1993 04-22-1993

Principal Residence

Enter your county at time of filing (see instructions)

ALAMEDA

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

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

Street address (number and street) (If foreign address, see instructions.)

Apt. no/ste. no.

City

State

ZIP code

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

Filing Status

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

See instructions.

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

Exemptions

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

Whole dollars only

- 7 **Personal:** If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2 in the box. If you checked the box on line 6, see instructions.  7  2 X \$140 =  \$  280
- 8 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2.  8  X \$140 =  \$
- 9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2. See instructions.  9  X \$140 =  \$

REV 02/17/23 PRO

Your name:  Your SSN or ITIN:

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

|                                 | Dependent 1                     | Dependent 2           | Dependent 3           |
|---------------------------------|---------------------------------|-----------------------|-----------------------|
| First Name                      | <input type="radio"/> MAHIRA    | <input type="radio"/> | <input type="radio"/> |
| Last Name                       | <input type="radio"/> KASIREDDY | <input type="radio"/> | <input type="radio"/> |
| SSN. See instructions.          | <input type="radio"/> 011411044 | <input type="radio"/> | <input type="radio"/> |
| Dependent's relationship to you | <input type="radio"/> DAUGHTER  | <input type="radio"/> | <input type="radio"/> |

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

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

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

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

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

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

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

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

**18** Enter the larger of {  
 Your California **itemized deductions** from Schedule CA (540), Part II, line 30; **OR**  
 Your California **standard deduction** shown below for your filing status:  
 • Single or Married/RDP filing separately. .... \$5,202  
 • Married/RDP filing jointly, Head of household, or Qualifying surviving spouse/RDP. \$10,404  
 If Married/RDP filing separately or the box on line 6 is checked, **STOP**. See instructions ..... ● 18  .00

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

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

●  FTB 3800 ●  FTB 3803 ..... ● 31  .00

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

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

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

**35** Add line 33 and line 34. .... ● 35  .00

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

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

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

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Your name:  Your SSN or ITIN:

**Special Credits**

45 To claim more than two credits. See instructions. Attach Schedule P (540).  45  .00

46 Nonrefundable Renter's Credit. See instructions  46  .00

47 Add line 40 through line 46. These are your total credits  47  .00

48 Subtract line 47 from line 35. If less than zero, enter -0-  48  .00

**Other Taxes**

61 Alternative Minimum Tax. Attach Schedule P (540)  61  .00

62 Mental Health Services Tax. See instructions  62  .00

63 Other taxes and credit recapture. See instructions  63  .00

64 Add line 48, line 61, line 62, and line 63. This is your total tax.  64  .00

**Payments**

71 California income tax withheld. See instructions  71  .00

72 2022 California estimated tax and other payments. See instructions  72  .00

73 Withholding (Form 592-B and/or Form 593). See instructions  73  .00

74 Excess SDI (or VPMI) withheld. See instructions  74  .00

75 Earned Income Tax Credit (EITC). See instructions  75  .00

76 Young Child Tax Credit (YCTC). See instructions  76  .00

77 Foster Youth Tax Credit (FYTC). See instructions  77  .00

78 Add line 71 through line 77. These are your total payments. See instructions  78  .00

**Use Tax**

91 **Use Tax.** Do not leave blank. See instructions.  91  .00

If line 91 is zero, check if:   No use tax is owed.   You paid your use tax obligation directly to CDTFA.

**ISR Penalty**

92 If you and your household had full-year health care coverage, check the box. See instructions. Medicare Part A or C coverage is qualifying health care coverage.   If you did not check the box, see instructions.

Individual Shared Responsibility (ISR) Penalty. See instructions  92  .00

**Overpaid Tax/Tax Due**

93 Payments balance. If line 78 is more than line 91, subtract line 91 from line 78  93  .00

94 **Use Tax balance.** If line 91 is more than line 78, subtract line 78 from line 91  94  .00

95 Payments after Individual Shared Responsibility Penalty. If line 93 is more than line 92, subtract line 92 from line 93.  95  .00

96 Individual Shared Responsibility Penalty Balance. If line 92 is more than line 93, subtract line 93 from line 92.  96  .00

97 Overpaid tax. If line 95 is more than line 64, subtract line 64 from line 95.  97  .00



Your name:  Your SSN or ITIN:

|                             |   |
|-----------------------------|---|
| <b>Overpaid Tax/Tax Due</b> | <b>98</b> Amount of line 97 you want applied to your <b>2023</b> estimated tax . . . . . ● <b>98</b> <input type="text" value="0"/> .00 |
|                             | <b>99</b> Overpaid tax available this year. Subtract line 98 from line 97 . . . . . ● <b>99</b> <input type="text" value="2108"/> .00   |
|                             | <b>100</b> Tax due. If line 95 is less than line 64, subtract line 95 from line 64 . . . . . ● <b>100</b> <input type="text"/> .00      |

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

**Amount You Owe** **111 AMOUNT YOU OWE.** If you do not have an amount on line 99, add line 94, line 96, line 100, and line 110. See instructions. **Do not send cash.**  
 Mail to: **FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001** . . . . . ● **111**  .00  
 Pay Online – Go to **ftb.ca.gov/pay** for more information.

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Your name:  Your SSN or ITIN:

**Interest and Penalties**

112 Interest, late return penalties, and late payment penalties ..... 112  .00

113 Underpayment of estimated tax.

Check the box:  FTB 5805 attached  FTB 5805F attached ..... 113  .00

114 Total amount due. See instructions. Enclose, but **do not** staple, any payment ..... 114  .00

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

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

**Refund and Direct Deposit**

Fill in the information to authorize direct deposit of your refund into one or two accounts. **Do not** attach a voided check or a deposit slip. See instructions. **Have you verified the routing and account numbers?** Use whole dollars only.

All or the following amount of my refund (line 115) is authorized for direct deposit into the account shown below:

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

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

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

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

**IMPORTANT:** See the instructions to find out if you should attach a copy of your complete federal tax return.

Our privacy notice can be found in annual tax booklets or online. Go to **ftb.ca.gov/privacy** to learn about our privacy policy statement, or go to **ftb.ca.gov/forms** and search for **1131** to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form code **948** when instructed.

Under penalties of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

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

Your email address. Enter only one email address.

Preferred phone number

**Sign Here**

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

Joint tax return? See instructions.

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

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

Firm's address  ● Firm's FEIN

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

Print Third Party Designee's Name  Telephone Number

# 2022 California Adjustments — Residents

## CA (540)

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

|   |                          |
|---|--------------------------|
| Name(s) as shown on tax return<br>N KASIREDDY & S JAMALAPURAM | SSN or ITIN<br>119651633 |
|---|--------------------------|

| Part I Income Adjustment Schedule | A Federal Amounts<br>(taxable amounts from your federal tax return) | B Subtractions<br>See instructions | C Additions<br>See instructions |
|-----------------------------------|---|------------------------------------|---------------------------------|
|-----------------------------------|---|------------------------------------|---------------------------------|

| Section A – Income from federal Form 1040 or 1040-SR  |   |                                  |                                  |
|---|---|----------------------------------|----------------------------------|
| <b>1 a</b> Total amount from federal Form(s) W-2, box 1. See instructions . . . . . <b>1a</b>   | <input checked="" type="radio"/> 282248 | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| <b>b</b> Household employee wages not reported on federal Form(s) W-2 . . . . . <b>1b</b>   | <input checked="" type="radio"/>        | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| <b>c</b> Tip income not reported on line 1a . . . . . <b>1c</b>   | <input checked="" type="radio"/>        | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| <b>d</b> Medicaid waiver payments not reported on federal Form(s) W-2. See instructions . . . . <b>1d</b>                               | <input checked="" type="radio"/>        | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| <b>e</b> Taxable dependent care benefits from federal Form 2441, line 26 . . . . . <b>1e</b>  | <input checked="" type="radio"/>        | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| <b>f</b> Employer-provided adoption benefits from federal Form 8839, line 29 . . . . . <b>1f</b>  | <input checked="" type="radio"/>        | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| <b>g</b> Wages from federal Form 8919, line 6. . . . . <b>1g</b>  | <input checked="" type="radio"/>        | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| <b>h</b> Other earned income. See instructions . . . . . <b>1h</b>  | <input checked="" type="radio"/> 0      | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| <b>i</b> Nontaxable combat pay election. See instructions . . . . . <b>1i</b>   |   |                                  | <input checked="" type="radio"/> |
| <b>z</b> Add line 1a through line 1i. . . . . <b>1z</b>   | <input checked="" type="radio"/> 282248 | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| <b>2</b> Taxable interest. <b>a</b> <input checked="" type="radio"/> <b>2b</b> <input checked="" type="radio"/>                         | <input checked="" type="radio"/>        | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| <b>3</b> Ordinary dividends. See instructions. <b>a</b> <input checked="" type="radio"/> <b>3b</b> <input checked="" type="radio"/>     | <input checked="" type="radio"/>        | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| <b>4</b> IRA distributions. See instructions. <b>a</b> <input checked="" type="radio"/> <b>4b</b> <input checked="" type="radio"/>      | <input checked="" type="radio"/>        | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| <b>5</b> Pensions and annuities. See instructions. <b>a</b> <input checked="" type="radio"/> <b>5b</b> <input checked="" type="radio"/> | <input checked="" type="radio"/>        | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| <b>6</b> Social security benefits. <b>a</b> <input checked="" type="radio"/> <b>6b</b> <input checked="" type="radio"/>                 | <input checked="" type="radio"/>        | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| <b>7</b> Capital gain or (loss). See instructions . . . . . <b>7</b>  | <input checked="" type="radio"/> -3000  | <input checked="" type="radio"/> | <input checked="" type="radio"/> |

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

|   |                                       |                                       |                                  |
|---|---------------------------------------|---------------------------------------|----------------------------------|
| <b>1</b> Taxable refunds, credits, or offsets of state and local income taxes . . . . . <b>1</b>    | <input checked="" type="radio"/> 0    | <input checked="" type="radio"/> 0    | <input checked="" type="radio"/> |
| <b>2 a</b> Alimony received. See instructions. . . . . <b>2a</b>                                    | <input checked="" type="radio"/>      | <input checked="" type="radio"/>      | <input checked="" type="radio"/> |
| <b>3</b> Business income or (loss). See instructions. . . . <b>3</b>                                | <input checked="" type="radio"/>      | <input checked="" type="radio"/>      | <input checked="" type="radio"/> |
| <b>4</b> Other gains or (losses) . . . . . <b>4</b>   | <input checked="" type="radio"/>      | <input checked="" type="radio"/>      | <input checked="" type="radio"/> |
| <b>5</b> Rental real estate, royalties, partnerships, S corporations, trusts, etc. . . . . <b>5</b> | <input checked="" type="radio"/>      | <input checked="" type="radio"/>      | <input checked="" type="radio"/> |
| <b>6</b> Farm income or (loss) . . . . . <b>6</b>   | <input checked="" type="radio"/>      | <input checked="" type="radio"/>      | <input checked="" type="radio"/> |
| <b>7</b> Unemployment compensation . . . . . <b>7</b>   | <input checked="" type="radio"/> 1320 | <input checked="" type="radio"/> 1320 | <input checked="" type="radio"/> |

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

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| Section B – Additional Income<br>Continued   | <b>A</b> Federal Amounts<br>(taxable amounts from your<br>federal tax return) | <b>B</b> Subtractions<br>See instructions | <b>C</b> Additions<br>See instructions |
|--|---|---|--|
| <b>9 a</b> Total other income. Add lines 8a through 8z. <b>9a</b>  | <input type="radio"/>   | <input type="radio"/>                     | <input type="radio"/>                  |
| <b>b1</b> Disaster loss deduction from form FTB 3805V. <b>9b1</b>  |   | <input type="radio"/>                     |  |
| <b>b2</b> NOL deduction from form FTB 3805V . . . . . <b>9b2</b>   |   | <input type="radio"/>                     |  |
| <b>b3</b> NOL from form FTB 3805Z, 3807, or 3809 . . <b>9b3</b>  |   | <input type="radio"/>                     |  |
| <b>10 Total.</b> 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. . . . . <b>10</b> | <input type="radio"/> 280568  | <input type="radio"/> 1320                | <input type="radio"/>                  |

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

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

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| <b>Section C – Adjustments to Income</b><br>Continued |  | <b>A Federal Amounts</b><br>(taxable amounts from your federal tax return) | <b>B Subtractions</b><br>See instructions | <b>C Additions</b><br>See instructions |
|---|--|--|---|--|
| <b>24</b>   | Other adjustments:   |  |   |  |
| <b>a</b>  | Jury duty pay . . . . . <b>24a</b>   | <input checked="" type="radio"/>   |   |  |
| <b>b</b>  | Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit. . . . . <b>24b</b>                                       | <input checked="" type="radio"/>   | <input checked="" type="radio"/>          | <input checked="" type="radio"/>       |
| <b>c</b>  | Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m . . . . . <b>24c</b>  | <input checked="" type="radio"/>   | <input checked="" type="radio"/>          |  |
| <b>d</b>  | Reforestation amortization and expenses. . . . . <b>24d</b>  | <input checked="" type="radio"/>   | <input checked="" type="radio"/>          |  |
| <b>e</b>  | Repayment of supplemental unemployment benefits under the federal Trade Act of 1974 . . . . . <b>24e</b>   | <input checked="" type="radio"/>   |   |  |
| <b>f</b>  | Contributions to IRC Section 501(c)(18)(D) pension plans . . . . . <b>24f</b>  | <input checked="" type="radio"/>   | <input checked="" type="radio"/>          | <input checked="" type="radio"/>       |
| <b>g</b>  | Contributions by certain chaplains to IRC Section 403(b) plans . . . . . <b>24g</b>  | <input checked="" type="radio"/>   | <input checked="" type="radio"/>          | <input checked="" type="radio"/>       |
| <b>h</b>  | Attorney fees and court costs for actions involving certain unlawful discrimination claims . . . . . <b>24h</b>  | <input checked="" type="radio"/>   |   |  |
| <b>i</b>  | Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations. . . . . <b>24i</b> | <input checked="" type="radio"/>   | <input checked="" type="radio"/>          |  |
| <b>j</b>  | Housing deduction from federal Form 2555 . . . . . <b>24j</b>  | <input checked="" type="radio"/>   | <input checked="" type="radio"/>          |  |
| <b>k</b>  | Excess deductions of IRC Section 67(e) expenses from federal Schedule K-1 (Form 1041) . . . . . <b>24k</b>   | <input checked="" type="radio"/>   |   |  |
| <b>z</b>  | Other adjustments. List type and amount.<br><br><input checked="" type="radio"/> _____ <b>24z</b>  | <input checked="" type="radio"/>   | <input checked="" type="radio"/>          | <input checked="" type="radio"/>       |
| <b>25</b>   | Total other adjustments. Add line 24a through line 24z . . . . . <b>25</b>   | <input checked="" type="radio"/>   | <input checked="" type="radio"/>          | <input checked="" type="radio"/>       |
| <b>26</b>   | Add line 11 through line 23 and line 25 in columns A, B, and C. See instructions . . . . . <b>26</b>   | <input checked="" type="radio"/>   | <input checked="" type="radio"/>          | <input checked="" type="radio"/>       |
| <b>27</b>   | <b>Total.</b> Subtract line 26 from line 10 in columns A, B, and C. See instructions . . . . . <b>27</b>   | <input checked="" type="radio"/> 280568                                    | <input checked="" type="radio"/> 1320     | <input checked="" type="radio"/>       |

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**Part II Adjustments to Federal Itemized Deductions**

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

|  | <b>A Federal Amounts</b><br>(from federal Schedule A<br>(Form 1040)) | <b>B Subtractions</b><br>See instructions | <b>C Additions</b><br>See instructions |
|--|--|---|--|
| <b>Medical and Dental Expenses</b> See instructions.   |  |   |  |
| <b>1</b> Medical and dental expenses . . . . <input checked="" type="radio"/> _____ <b>1</b>   |  |   |  |
| <b>2</b> Enter amount from federal Form 1040 or 1040-SR, line 11.. <input checked="" type="radio"/> 280568 <b>2</b>  |  |   |  |
| <b>3</b> Multiply line 2 by 7.5% (0.075) . . . . <input checked="" type="radio"/> 21043 <b>3</b>   |  |   |  |
| <b>4</b> Subtract line 3 from line 1. If line 3 is more than line 1, enter 0 . . . . . <input checked="" type="radio"/> <b>4</b>   |  |   | <input checked="" type="radio"/>       |
| <b>Taxes You Paid</b>  |  |   |  |
| <b>5 a</b> State and local income tax or general sales taxes. <b>.5a</b> <input checked="" type="radio"/> 22913 <input checked="" type="radio"/> 22913   | 22913  | 22913                                     |  |
| <b>b</b> State and local real estate taxes . . . . . <b>.5b</b> <input checked="" type="radio"/>   |  |   |  |
| <b>c</b> State and local personal property taxes . . . . . <b>.5c</b> <input checked="" type="radio"/>   |  |   |  |
| <b>d</b> Add line 5a through line 5c. . . . . <b>.5d</b> <input checked="" type="radio"/> 22913  | 22913  |   |  |
| <b>e</b> 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 . . . . . <b>.5e</b> <input checked="" type="radio"/> 10000 <input checked="" type="radio"/> 22913 <input checked="" type="radio"/> 12913 | 10000  | 22913                                     | 12913                                  |
| <b>6</b> Other taxes. List type <input checked="" type="radio"/> _____ <b>6</b> <input checked="" type="radio"/>   |  |   | <input checked="" type="radio"/>       |
| <b>7</b> Add line 5e and line 6. . . . . <b>7</b> <input checked="" type="radio"/> 10000 <input checked="" type="radio"/> 22913 <input checked="" type="radio"/> 12913   | 10000  | 22913                                     | 12913                                  |
| <b>Interest You Paid</b>   |  |   |  |
| <b>8 a</b> Home mortgage interest and points reported to you on federal Form 1098 . . . . . <b>.8a</b> <input checked="" type="radio"/>  |  |   | <input checked="" type="radio"/>       |
| <b>b</b> Home mortgage interest not reported to you on federal Form 1098 . . . . . <b>.8b</b> <input checked="" type="radio"/>   |  |   | <input checked="" type="radio"/>       |
| <b>c</b> Points not reported to you on federal Form 1098. <b>.8c</b> <input checked="" type="radio"/>  |  |   | <input checked="" type="radio"/>       |
| <b>d</b> Reserved for future use . . . . . <b>.8d</b>  |  |   |  |
| <b>e</b> Add line 8a through line 8c. . . . . <b>.8e</b> <input checked="" type="radio"/>  |  | <input checked="" type="radio"/>          | <input checked="" type="radio"/>       |
| <b>9</b> Investment interest. . . . . <b>9</b> <input checked="" type="radio"/>  |  | <input checked="" type="radio"/>          | <input checked="" type="radio"/>       |
| <b>10</b> Add line 8e and line 9. . . . . <b>10</b> <input checked="" type="radio"/>   |  | <input checked="" type="radio"/>          | <input checked="" type="radio"/>       |

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| Part II Adjustments to Federal Itemized Deductions<br>Continued   | A Federal Amounts<br>(from federal Schedule A<br>(Form 1040)) | B Subtractions<br>See instructions     | C Additions<br>See instructions        |
|---|---|--|--|
| <b>Gifts to Charity</b>   |   |  |  |
| 11 Gifts by cash or check. . . . . 11   | <input checked="" type="radio"/>                              | <input checked="" type="radio"/>       | <input checked="" type="radio"/>       |
| 12 Other than by cash or check. . . . . 12  | <input checked="" type="radio"/>                              | <input checked="" type="radio"/>       | <input checked="" type="radio"/>       |
| 13 Carryover from prior year. . . . . 13  | <input checked="" type="radio"/>                              | <input checked="" type="radio"/>       | <input checked="" type="radio"/>       |
| 14 Add line 11 through line 13 . . . . . 14   | <input checked="" type="radio"/>                              | <input checked="" type="radio"/>       | <input checked="" type="radio"/>       |
| <b>Casualty and Theft Losses</b>  |   |  |  |
| 15 Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions . . 15                     | <input checked="" type="radio"/>                              | <input checked="" type="radio"/>       | <input checked="" type="radio"/>       |
| <b>Other Itemized Deductions</b>  |   |  |  |
| 16 Other—from list in federal instructions. . . . . 16  | <input checked="" type="radio"/>                              | <input checked="" type="radio"/>       | <input checked="" type="radio"/>       |
| 17 Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C. . . . . 17  | <input checked="" type="radio"/> 10000                        | <input checked="" type="radio"/> 22913 | <input checked="" type="radio"/> 12913 |
| 18 Total. Combine line 17 column A less column B plus column C . . . . .  | <input checked="" type="radio"/>                              | <input checked="" type="radio"/>       | <input checked="" type="radio"/> 0     |
| <b>Job Expenses and Certain Miscellaneous Deductions</b>  |   |  |  |
| 19 Unreimbursed employee expenses: job travel, union dues, job education, etc. Attach federal Form 2106 if required. See instructions . . . . . | <input checked="" type="radio"/>                              | <input checked="" type="radio"/>       | <input checked="" type="radio"/>       |
| 20 Tax preparation fees . . . . .   | <input checked="" type="radio"/>                              | <input checked="" type="radio"/>       | <input checked="" type="radio"/>       |
| 21 Other expenses: investment, safe deposit box, etc. List type. . . . .  | <input checked="" type="radio"/>                              | <input checked="" type="radio"/>       | <input checked="" type="radio"/> 0     |
| 22 Add line 19 through line 21 . . . . .  | <input checked="" type="radio"/>                              | <input checked="" type="radio"/>       | <input checked="" type="radio"/> 0     |
| 23 Enter amount from federal Form 1040 or 1040-SR, line 11 . . . . .  | <input checked="" type="radio"/> 280568                       | <input checked="" type="radio"/>       | <input checked="" type="radio"/>       |
| 24 Multiply line 23 by 2% (0.02). If less than zero, enter 0. . . . .   | <input checked="" type="radio"/>                              | <input checked="" type="radio"/>       | <input checked="" type="radio"/> 5611  |
| 25 Subtract line 24 from line 22. If line 24 is more than line 22, enter 0. . . . .   | <input checked="" type="radio"/>                              | <input checked="" type="radio"/>       | <input checked="" type="radio"/> 0     |
| 26 Total Itemized Deductions. Add line 18 and line 25 . . . . .   | <input checked="" type="radio"/>                              | <input checked="" type="radio"/>       | <input checked="" type="radio"/> 0     |
| 27 Other adjustments. See instructions. Specify. . . . .  | <input checked="" type="radio"/>                              | <input checked="" type="radio"/>       | <input checked="" type="radio"/>       |
| 28 Combine line 26 and line 27. . . . .   | <input checked="" type="radio"/>                              | <input checked="" type="radio"/>       | <input checked="" type="radio"/> 0     |
| 29 Is your federal AGI (Form 540, line 13) more than the amount shown below for your filing status?   |   |  |  |
| Single or married/RDP filing separately . . . . .   |   |  | \$229,908                              |
| Head of household . . . . .   |   |  | \$344,867                              |
| Married/RDP filing jointly or qualifying surviving spouse/RDP. . . . .  |   |  | \$459,821                              |
| No. Transfer the amount on line 28 to line 29.  |   |  |  |
| Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540), line 29 . . . . .                                    | <input checked="" type="radio"/>                              | <input checked="" type="radio"/>       | <input checked="" type="radio"/> 0     |
| 30 Enter the larger of the amount on line 29 or your standard deduction listed below:   |   |  |  |
| Single or married/RDP filing separately. See instructions . . . . .   |   |  | \$5,202                                |
| Married/RDP filing jointly, head of household, or qualifying surviving spouse/RDP . . . . .   |   |  | \$10,404                               |
| Transfer the amount on line 30 to Form 540, line 18. . . . .  | <input checked="" type="radio"/>                              | <input checked="" type="radio"/>       | <input checked="" type="radio"/> 10404 |