(Rev. January 2021)

Department of the Treasury

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

OMB No. 1545-0074

Socres so name 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 2 Total tax. 2 13, 927. 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099. 3 16, 916. 4 Amount you want refunded to you 4 2, 983. 5 Amount you want refunded to you 5 Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Under penalties of perjun; I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the basis of the solid in the tax penalties of perjun; I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing and to the basis of the solid in the store of the amounts from the income tax return (original or amended) I am now authorizing and to the basis of the solid in the store of the amounts of the solid in the store of the amounts of the solid interest tax returns originate (S) (a) an adnowedgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or return, and (c) the date of any return). It is authorize the U.S. Treasury and its designated financial on the transmission (b) the reason for any delay in processing the return or return, and (c) the date of any return). It is a submortation in the submortation in the life of the contact the U.S. Treasury Financial Agent at 1488-35487. Peyment cancellation requests must be received in the tax persistent software for business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment and resolve issues and resolve issues related to the payment. I further declared is any authorizing and the return (original or amended) I am now authorizing and the return of the received is any auth	Internal Revenue Service	► Go to www.irs.gov/Form8879 for the latest information.			
Socres so name 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 2 Total tax. 2 13, 927. 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099. 3 16, 916. 4 Amount you want refunded to you 4 2, 983. 5 Amount you want refunded to you 5 Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Under penalties of perjun; I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the basis of the solid in the tax penalties of perjun; I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing and to the basis of the solid in the store of the amounts from the income tax return (original or amended) I am now authorizing and to the basis of the solid in the store of the amounts of the solid in the store of the amounts of the solid interest tax returns originate (S) (a) an adnowedgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or return, and (c) the date of any return). It is authorize the U.S. Treasury and its designated financial on the transmission (b) the reason for any delay in processing the return or return, and (c) the date of any return). It is a submortation in the submortation in the life of the contact the U.S. Treasury Financial Agent at 1488-35487. Peyment cancellation requests must be received in the tax persistent software for business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment and resolve issues and resolve issues related to the payment. I further declared is any authorizing and the return (original or amended) I am now authorizing and the return of the received is any auth	Submission Identifica	ation Number (SID)			
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Amount you owe 5					
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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. 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	I will enter n	ny PIN as my signature on the income tax return (original or amended) I am now authorize	-		_
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•	authorized to file for ta	x year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this re	turn in	accordance	
•	ERO's signature ▶	Date▶			
mily mays ilvaili ilivi our occincululudd		ERO Must Retain This Form — See Instructions			

Don't Submit This Form to the IRS Unless Requested To Do So

E 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return



OMB No. 1545-007

IRS Use Only—Do not write or staple in this space.

Filing Status	s 🔀 S	Single Married filing jointly [Marrie	ed filing separately	(MFS)	Head of	household (He	OH)		ifying surv	iving
Check only	lf vo	ou checked the MFS box, enter the r	name of v	our angues. If you	obook	od tha UOU a	r OSS hav or	tor the		ise (QSS)	o qualifyina
one box.		son is a child but not your depender		our spouse. If you	CHECK	eu ille non o	QSS DOX, el	iter the	Cillu S	name ii uii	= qualifyirig
Your first name		· · ·	Last na	me				V	our so	cial security	v number
MONICA	and m	iddle ilitidi	SATY							11–4455	
	nouse's	s first name and middle initial	Last na								urity number
ii joint letain, s	pouse	s ili st riai ne ana miadie iliitiai	Lastria	me				١	pouse .	300iai 300	unity mumber
Home address	(numbe	er and street). If you have a P.O. box, se	_l e instructio	ons.			Apt. no.		Presider	ntial Flection	n Campaign
4610 MAI		• •					1 1	+		ere if you,	
		ce. If you have a foreign address, also c	omplete s	paces below.	Sta	ite	ZIP code	s	pouse	if filing joint	tly, want \$3
FREMONT		, , , , , , , , , , , , , , , , , , , ,		,	CZ		94538			this fund. (ow will not (Checking a
Foreign countr	v name		F	oreign province/stat			Foreign postal			or refund.	Jilaliye
3 3	,			3 p		,				You	Spouse
Digital	At ar	ny time during 2022, did you: (a) red	ceive (as	a reward, award, o	or pavr	ment for prope	erty or service	s): or (b) sell.		
Assets		ange, gift, or otherwise dispose of					-			Yes	⊠ No
Standard		eone can claim: You as a de					, ,				
Deduction		 Spouse itemizes on a separate retu	•			•					
A are /Dlinda ee	. V	. Mere have before language (2)	1050 [Arablind C		. \(\text{\tinc{\text{\tin}\text{\ticl{\text{\tex{\tex	un hafaua lau		1050		
Age/Blindness		-	1936	Ī	pouse 		rn before Jan			Is bli	instructions):
Dependent				(2) Social secur number	ity	(3) Relationsh to you	"P ' '	tax cred		,	er dependents
If more than four	(1) First name Last name					10 700	7 Office tax of		alt		
dependents,										<u>L</u>	┽──
see instruction	s —										┽──
and check here	1 —										╡──
	1a	Total amount from Form(s) W-2, I	20 1 (see	e instructions)					1a	1 10	<u> </u>
Income	b		,	,					1b	10	4,342.
Attach Form(s)				1c	+						
W-2 here. Also	d							1d			
attach Forms W-2G and	e	Taxable dependent care benefits			, 1113010	10(10113)			1e		
1099-R if tax	f	•			 o				1f		
was withheld.	g g	Employer-provided adoption benefits from Form 8839, line 29						1g			
If you did not get a Form	9 h	Other earned income (see instruc							1h		0.
W-2, see	ï	Nontaxable combat pay election	,			1i					<u>·</u>
instructions.	z	Add lines 1a through 1h	(000 111011						1z	10	4,342.
Attach Sch. B	2a	Tax-exempt interest	2a		b T	axable interes	t		2b		
if required.	3a	Qualified dividends	3a			ordinary divide			3b		
	4a	IRA distributions	4a			axable amoun			4b		
Standard	5a	Pensions and annuities	5a			axable amoun			5b		
Deduction for—	6a	Social security benefits	6a		b T	axable amoun	t		6b		
Single or Married filing	С	If you elect to use the lump-sum	election r	method, check her	e (see	instructions)					
separately, \$12,950	7	Capital gain or (loss). Attach Sche						. 🗆	7		
• Married filing	8						8	_	8,169.		
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7							9		6,173.
surviving spouse,	10							10			
\$25,900 Head of	11	Subtract line 10 from line 9. This							11	9	6,173.
household, \$19,400	12	Standard deduction or itemized	-	-					12		2,950.
If you checked	13	Qualified business income deduc				5-A			13		
any box under Standard	14	Add lines 12 and 13							14	1	2,950.
Deduction, see instructions.	15	Subtract line 14 from line 11. If ze	ero or less	s, enter -0 This is	your	taxable incon	ne		15	8	3,223.

	Page 2
16	13,927.
17	
18	13,927.
19	
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22	13,927.
23	0. 13,927.
24	13,927.
25d	16,916.
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32	
33	16,916. 2,989. 2,989.
34	2,989.
5a	2,989.
37	
ow.	⊠No

Form 1040 (2022	2)											Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌			16		13,	927.
Credits	17	Amount from Schedule 2, lin	ne 3						17			
	18	Add lines 16 and 17							18		13,	927.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812				19			
	20	Amount from Schedule 3, lin	ne 8						20			
	21	Add lines 19 and 20							21			
	22	Subtract line 21 from line 18	. If zero or less,	enter -0					22		13,	927.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21				23	<u> </u>		0.
	24	Add lines 22 and 23. This is	your total tax						24	<u> </u>	13,	927.
Payments	25	Federal income tax withheld	from:									
	а	Form(s) W-2				25a	16	,916.				
	b	Form(s) 1099				25b						
	С	Other forms (see instructions	s)			25c						
	d	Add lines 25a through 25c							25d	<u> </u>	16,	916.
If you have a	26	2022 estimated tax payment	ts and amount a	pplied from 20	21 return				26	<u> </u>		
qualifying child,	27	Earned income credit (EIC)			No .	27						
attach Sch. EIC.	28	Additional child tax credit from	m Schedule 8812			28						
	29	American opportunity credit	from Form 8863	8, line 8		29						
	30	Reserved for future use .				30						
	31	Amount from Schedule 3, lin	ne 15			31						
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	ındable	credits		32	<u> </u>		
-	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments					33			916.
Refund	34	·						34			989.	
	35a	Amount of line 34 you want	-		is attached, ched	ck here			35a	<u> </u>	2,	989.
Direct deposit?	b	Routing number 0 7 1			c Type: 🛛 🗙	Checkir	ig 🗌	Savings				
See instructions.	d	Account number 4 6 6	8 3 5 7	5 7 7]					
	36	Amount of line 34 you want	applied to your	2023 estimate	ed tax	36				<u> </u>		
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g							37			
	38	Estimated tax penalty (see in	nstructions) .			38						
Third Party Designee		you want to allow another	person to disc	cuss this retu	rn with the IRS?	See	Ves C	omplete	nelow	×N	lo.	
Designee		signee's		Phone		• _		onal identi		<u> </u>		
	nai			no.				per (PIN)	noation			
Sign		der penalties of perjury, I declare tief, they are true, correct, and com										
Here	Yo	ur signature		Date	Your occupation			If the	e IRS sei	nt you a	an Ider	ntity
								I .	ection P	IN, ente	er it he	re
Joint return?					TECHNICAL PI		MANAGE	717	inst.)			
See instructions. Keep a copy for your records.	Sp	ouse's signature. If a joint return, I	both must sign.	Date	Spouse's occupati	ion		Iden	e IRS ser tity Prote inst.)			e an iter it here
	———	one no. (217) 953-272	g	Email address	MONICASATYA	MITACM	ΔΤΙ. CC		,			
	_	eparer's name	Preparer's signat		MONTOWNITE	Date	ان و تت د د	PTIN		Check	 < if:	
Paid		•			GUPTA TAT.T.AM		/2023	P0208	2703			nployed
Preparer	SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/17/2023 P020827 Firm's name GLOBAL TAXES LLC Phone r								-9522			
Use Only			Y CT E BRU	NSWICK N	J 08816				's EIN			71965
	- "							1	2 -114	<u> </u>		

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2022
Attachment Sequence No. 01

Department of the Treasury Internal Revenue Service

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

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

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

MONICA SATYANI

Your social security number
651-41-4455

Par	Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta	ch Schedule E .	5	-8,169.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a (
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()	
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
- 1	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
0	Section 951A(a) inclusion (see instructions)	80		
р	Section 461(I) excess business loss adjustment	8p		
q	Taxable distributions from an ABLE account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
S	Nontaxable amount of Medicaid waiver payments included on Form			
	1040, line 1a or 1d	8s ()	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t		
u		8u		
Z				
		8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR,	or 1040-NR, line 8	10	-8,169.

Schedule 1 (Form 1040) 2022 Page **2**

Par	Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-t			
	officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903		14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN			
С	Date of original divorce or separation agreement (see instructions):			
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			
а	Jury duty pay (see instructions)	24a		
b	Deductible expenses related to income reported on line 8I from the			
	rental of personal property engaged in for profit	24b		
С	Nontaxable amount of the value of Olympic and Paralympic medals			
		24c		
d		24d		
е	Repayment of supplemental unemployment benefits under the Trade			
		24e		
f		24f		
g	, , , , , , , , , , , , , , , , , , , ,	24g		
h	Attorney fees and court costs for actions involving certain unlawful			
	·	24h		
i	Attorney fees and court costs you paid in connection with an award			
	from the IRS for information you provided that helped the IRS detect	- 41		
	F	24i		
j	<u> </u>	24j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	S.4.		
		24k		
Z	Other adjustments. List type and amount:			
05		24z	05	
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income .		00	
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26	

SCHEDULE E (Form 1040)

Supplemental Income and Loss

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

Attachment

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

Sequence No. 13

Go to www.irs.gov/ScheduleE for instructions and the latest information. Name(s) shown on return Your social security number MONICA SATYANI 651-41-4455 Part I **Income or Loss From Rental Real Estate and Royalties** Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40. Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions В 1a Physical address of each property (street, city, state, ZIP code) BESIDE TELEPHONE EXCHANGE PALAKOL ANDHRA PRADESH IN 534260 Α В C 1b Type of Property **Fair Rental Personal Use** For each rental real estate property listed QJV (from list below) above, report the number of fair rental and Days **Davs** personal use days. Check the QJV box only Α Α 365 0 if you meet the requirements to file as a В В qualified joint venture. See instructions. C C Type of Property: 1 Single Family Residence 3 Vacation/Short-Term Rental 7 Self-Rental 5 Land 8 Other (describe) 2 Multi-Family Residence 4 Commercial 6 Royalties **Properties:** Α В C Income: 580. 3 Rents received . 4 Royalties received **Expenses:** 5 5 Advertising 6 Auto and travel (see instructions) 6 957. 7 7 Cleaning and maintenance. 8 Commissions 8 9 9 Insurance . . 10 10 Legal and other professional fees 11 Management fees 11 1,059. 12 12 Mortgage interest paid to banks, etc. (see instructions) 13 13 2,716. 14 14 Repairs 15 15 2,410. Supplies 16 16 Taxes 17 17 1,607. 18 18 Depreciation expense or depletion Other (list) 19 19 20 20 8,749. Total expenses. Add lines 5 through 19 21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must -8,169.file Form 6198 21 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) 8,169.) 580. 23a Total of all amounts reported on line 3 for all rental properties 23a Total of all amounts reported on line 4 for all royalty properties 23b Total of all amounts reported on line 12 for all properties 23c Total of all amounts reported on line 18 for all properties 23d e Total of all amounts reported on line 20 for all properties . 23e 8,749. 24 **Income.** Add positive amounts shown on line 21. **Do not** include any losses 24 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 25 8,169.

26

-8,169.

Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result

here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 ...

175 DO NOT MAIL THIS FORM TO THE FTB TAXABLE YEAR **FORM California e-file Signature Authorization for Individuals** Your SSN or ITIN Your name MONICA 651-41-4455 SATYANI Spouse's/RDP's name Spouse's/RDP's SSN or ITIN Part I Tax Return Information (whole dollars only) California adjusted gross income (AGI). See instructions Taxpayer Declaration and Signature Authorization (Be sure you obtain and keep a copy of your return.) Under penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2022, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider, including my name, address, and social security number (SSN) or individual tax identification number (ITIN), and the amounts shown in Part I above agree with the information and amounts shown on the corresponding lines of my electronic income tax return. If applicable, I authorize an electronic funds withdrawal of the amount on line 2 and/or the estimated tax payments as shown on my return and on form FTB 8455, California e-file Payment Record for Individuals, or a comparable form. If applicable, I declare that direct deposit refund amount on line 3 agrees with the direct deposit authorization stated on my return. If I have filed a joint return, this is an irrevocable appointment of the other spouse/registered domestic partner (RDP) as an agent to authorize an electronic funds withdrawal or direct deposit. I authorize my ERO, transmitter, or intermediate service provider to transmit my complete return to the Franchise Tax Board (FTB). If the processing of my return or refund is delayed, I authorize the FTB to disclose to my ERO, intermediate service provider, and/or transmitter the reason(s) for the delay or the date when the refund was sent. If I am filling a balance due return, I understand that if the FTB does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I acknowledge that I have read and consent to the Electronic Funds Withdrawal Consent included on the copy of my electronic income tax return. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent. Taxpayer's PIN: check one box only X Lauthorize GLOBAL TAXES LLC FRO firm name Do not enter all zeros as my signature on my 2022 e-filed California individual income tax return. U I will enter my PIN as my signature on my 2022 e-filed California individual income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below. Date **•** Your signature > Spouse's/RDP's PIN: check one box only ☐ I authorize to enter my PIN Do not enter all zeros ERO firm name as my signature on my 2022 e-filed California individual income tax return. I will enter my PIN as my signature on my 2022 e-filed California individual income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below. Spouse's/RDP's signature

____ Practitioner PIN Method Returns Only -- continue below Part III Certification and Authentication — Practitioner PIN Method Only ERO's Electronic Filer Identification Number (EFIN)/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. Do not enter all zeros

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

e-file Providers.

TAXABLE YEAR

2022

California Nonresident or Part-Year Resident Income Tax Return

CALIFORNIA FORM

540NR

APE

ATTACH FEDERAL RETURN

651-41-4455 SATY MONICA SATYANI 22

4610 MARGERY DRIVE

FREMONT CA 94538

03-01-1991

		If your California filing status is different from	n your federal	filing status, check the box h	ere						
	1	X Single	4 He	ad of household (with qualify	ring person). See instruction	ns.					
Filing Status	2	Married/RDP filing jointly. See instr.	5 Qu	alifying surviving spouse/RD	P. Enter year spouse/RDP d	ied.					
ш()			Se	e instructions.							
	3	Married/RDP filing separately. Enter s	pouse's/RDP's	SSN or ITIN above and full r	name here						
	6	If someone can claim you (or your spouse/R	DP) as a depe	ndent, check the box here. So	ee instr • 6						
•	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 on										
	7	Personal: If you checked box 1, 3, or 4 above	,	,	1 X \$140 = • \$	140					
	8	checked box 2 or 5, enter 2. If you checked to Blind: If you (or your spouse/RDP) are visua	110								
	Ü	if both are visually impaired, enter 2									
	9	Senior: If you (or your spouse/RDP) are 65 of	or older, enter	1;							
S	10	if both are 65 or older, enter 2. See instruction			X \$140 = • \$						
tion	10	Dependents: Do not include yourself or you Dependent 1	r spouse/KDP.	Dependent 2	Dependent 3						
Exemptions		First Name	•		•						
ш		Last Name			•						
		SSN. See instructions.	•		•						
		Dependent's relationship to you			•						
	Total	dependent exemptions		• 10	X \$433 = • \$						

175

You	ır nar	ne: SATYANI Your SSN or ITIN: 651-41-4455			
	11	Exemption amount: Add line 7 through line 10	• 11	14	. 0
	12	Total California wages from your federal Form(s) W-2, box 16	_00		
ome	13 14	Enter federal AGI from federal Form 1040, 1040-SR, or 1040-NR, line 11	1314		00
Total Taxable Income	15 16	Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions California adjustments – additions. Enter the amount from Schedule CA (540NR), Part II, line 27, column C	15		00
Total	17 18	Adjusted gross income from all sources. Combine line 15 and line 16	• 17 • 18	96173	00
	19	Subtract line 18 from line 17. This is your total taxable income . If less than zero, enter -0-	1819	00071	00
	31	Tax. Check the box if from:		5016	
	32	FTB 3800 FTB 3803 FTB 3803 FTB 3803 FTB 3803 22867	• 31 L	5216] .	. 00
e.	35	CA Taxable Income from Schedule CA (540NR), Part IV, line 5	• 35	21630	00
CA Taxable Income	36 37	CA Tax Rate. Divide line 31 by line 19	37	1239	00
SA Taxak	38	CA Exemption Credit Percentage. Divide line 35 by line 19. If more than 1, enter 1.0000			
•	39	CA Prorated Exemption Credits. Multiply line 11 by line 38. If the amount on line 13 is more than \$229,908, see instructions	39		00
	40	CA Regular Tax Before Credits. Subtract line 39 from line 37. If less than zero, enter -0	40	1206	00
	41	Tax. See instructions. Check the box if from: Schedule G-1 FTB 5870A	• 41		.00
	42	Add line 40 and line 41	• 42	1206	00
Special Credits	50 51	Nonrefundable Child and Dependent Care Expenses Credit. See instructions. Attach form FTB 3506	• 50		.00
	52 53 54	Credit for dependent parent. See instructions • 52 Credit for senior head of household. See instructions • 53 Credit percentage. Enter the amount from line 38 here. If more than 1, enter 1.0000. See instructions • 54	. 00		
	55	Credit amount. See instructions	• 55		00

Υοι	ır nar	ne: SATYANI Your SSN or ITIN: 651-41-4455	
	58	Enter credit name code ● and amount ● 58	00
Special Credits continued	59	Enter credit name code ● and amount ● 59	. 00
s cont	60	To claim more than two credits. See instructions. • 60	00
redits	61	Nonrefundable Renter's Credit. See instructions	. 00
cial C	62	Add line 50 and line 55 through 61. These are your total credits	. 00
Spe	63	Subtract line 62 from line 42. If less than zero, enter -0- 63 1206	00
se	71		00
Other Taxes	72		00
Oth	73		00
	74	Add line 63, line 71, line 72, and line 73. This is your total tax	00
	81	California income tax withheld. See instructions	. 00
	82	2022 CA estimated tax and other payments. See instructions	00
	83	Withholding (Form 592-B and/or Form 593). See instructions. • 83	00
Payments	84	Excess SDI (or VPDI) withheld. See instructions	00
Payn	85	Earned Income Tax Credit (EITC). See instructions	00
	86	Young Child Tax Credit (YCTC). See instructions	00
	87	Foster Youth Tax Credit (FYTC). See instructions	00
	88	Add line 81 through line 87. These are your total payments. See instructions	00
Penalty	91	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	
ISR		Individual Shared Responsibility (ISR) Penalty. See instructions • 91	
Overpaid Tax/Tax Due	92 93	Individual Shared Responsibility Penalty Balance. If line 91 is more than line 88,	00
id Tax	101	Overpaid tax. If line 92 is more than line 74, subtract line 74 from line 92 • 101	00
verpa	102	Amount of line 101 you want applied to your 2023 estimated tax	00
Ó	103	Overpaid tax available this year. Subtract line 102 from line 101	00

Your na	me: SATYANI Your SSN or ITIN: 651-41-4455	_	
104	Tax due. If line 92 is less than line 74, subtract line 92 from line 74		. 00
	Code	2 Amount	
	California Seniors Special Fund. See instructions		. 00
	Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund		. 00
	Rare and Endangered Species Preservation Voluntary Tax Contribution Program	3	. 00
	California Breast Cancer Research Voluntary Tax Contribution Fund	5	00
	California Firefighters' Memorial Voluntary Tax Contribution Fund	3	00
	Emergency Food for Families Voluntary Tax Contribution Fund • 407	7	00
	California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund • 408	3	00
	California Sea Otter Voluntary Tax Contribution Fund		00
SL	California Cancer Research Voluntary Tax Contribution Fund	3	00
Contributions	School Supplies for Homeless Children Voluntary Tax Contribution Fund • 422	2	00
Contri	State Parks Protection Fund/Parks Pass Purchase	3	00
	Protect Our Coast and Oceans Voluntary Tax Contribution Fund	1	00
	Keep Arts in Schools Voluntary Tax Contribution Fund • 425	5	00
	Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund • 431	1	00
	California Senior Citizen Advocacy Voluntary Tax Contribution Fund	3	00
	Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund • 439		00
	Rape Kit Backlog Voluntary Tax Contribution Fund • 440		00
	Suicide Prevention Voluntary Tax Contribution Fund • 444	4	00
	Mental Health Crisis Prevention Voluntary Tax Contribution Fund	5	. 00

121 AMOUNT YOU OWE. Add line 93, line 104, and line 120. See instructions. **Do not send cash**. Mail to: Franchise Tax Board, Po Box 942867, Sacramento Ca 94267-0001. Pay Online – Go to **ftb.ca.gov/pay** for more information.

California Community and Neighborhood Tree Voluntary Tax Contribution Fund •

	12	
_		

REV 02/03/23 PRO

Your	nam	ne:	SATYANI		Your SSN or ITIN:	651-41-	4455				
and ies			est, late return pena erpayment of estima	, ,	/ment penalties			122			. 00
Interest and Penalties		Ched	ck the box:	FTB 5805 attac	hed ● FTB 5805	F attached .		123			. 00
_	124	Tota	amount due. See in	structions. Enclo	se, but do not staple, ar	ny payment .		124			. 00
					line 120 from line 103.					40 F	
					X 942840, SACRAMENT					405	. 00
Refund and Direct Deposit		See	instructions. Have y	ou verified the rount of my refund	deposit of your refund in buting and account num (line 125) is authorized	ibers? Use w	hole dollars only.			or a deposit slip.	
ect I		• 1	Routing number	TypeChecking	 Account number 			• 12	26 Direct de	posit amount	
d Dir			71921891	Cilecking	4668357577					405	. 00
d an				Savings							
efun		The	remaining amount of	f my refund (line	125) is authorized for d	irect deposit	into the account sl	nown below	<i>'</i> :		
			Routing number	● Type Checking Savings	Account number			• 12	7 Direct de	posit amount	. 00
Voter Info.		Forv	oter registration info	ormation, check t	the box and go to sos.c a	a.gov/electio	ns . See instruction	ns			
			Attach a copy of your			to learn about	our privacy policy stat	tement or an	to fth ca nov /	forms and search f	or 1131
Unde	er per	naltie		e that I have exan	ne. Go to ftb.ca.gov/privacy e on Collection. To request the nined this tax return, incle.						
Your	signati	ure			Date		Spouse's/RDP's s	signature (if a	joint tax retur	n, both must sign)	
			Your email addre	ess. Enter only one	email address.					ed phone number	
Si	gn									532729	
He	ere)		•	of preparer is based on all		f which preparer ha	is any knowl	edge)		
It is u	ınlaw de a	rful				АППАМ				● PTIN	
spou RDP	se's/		Firm's name (or your							P020827	03
signa	ature.		Firm's address							Firm's FEIN	
Joint retur			245 ROONI	EY CT E E	BRUNSWICK NJ	08816				8431719	65
See instru	uction	ıs.	Do you want to all	ow another perso	on to discuss this tax ret	urn with us? \$	See instructions	•	Yes	× No	
			Print Third Party Des	ignee's Name					Telephone	Number	
									REV 02/0	3/23 PR∩	

175 3135224

Form 540NR 2022 **Side 5**

TAXABLE YEAR

2022

SCHEDULE

California Adjustments — Nonresidents or Part-Year Residents

		_
\sim	(540N	п
L-A	1 7 4UN	ĸ
VA	IVTVII	

Important: Attach this schedule behind Fo	orr	n 540NR, Side 5 a	s a supporting Ca	lifornia schedule.				
Name(s) as shown on tax return		,	11 0			SSN or IT	IN	
MONICA SATYANI						651414	1455	
Part I Residency Information. Complete all I	line	s that apply to you a	nd your spouse/RDP	for taxable year 2022				
During 2022:				<u> </u>				
1 My California (CA) Residency (Check one)								
a Myself: X Nonresident Part-Yea	ır R	esident Reside	nt b Spous	se: • Nonresident	t (art-Year Res	sident (Resident
· , , · · · · · · · · · · · · · · · · ·		<u> </u>		Yourself	<u> </u>		Spouse/RI	
a I was domiciled in (enter two letter code, see	o ir	notruotiono)			ΤX		<u> </u>	Jr
b I was in the military and stationed in (enter t	יו לייי	istructions)				•		
				_		O	,	
I became a CA resident (enter state of prior resI became a CA nonresident (enter new state of		•		_			'	-/
5 I was a CA nonresident the entire year (enter s		•		_	т Х	_		-/
6 The number of days I spent in CA for any purp		,		_		•		
7 I owned a home/property in CA (enter Y for Ye					$$ $\frac{-}{N}$	•		
Before 2022: I was a CA resident for the perior					_	•/_	1	_ —
o Betute 2022. I was a GA Testuent for the perior	u u	1		• / / • / /		•/_	/	
				<u> </u>	_		'	
Part II Income Adjustment Schedule		A	В	С		D		E
Section A — Income		Federal Amounts (taxable amounts from	Subtractions See instructions	Additions See instructions		Amounts CA Law		mounts e earned or
from federal Form 1040 or 1040-SR		your federal tax return)	(difference between	(difference between	As If Yo	ou Were a	receive	d as a CA
			CA & federal law)	CA & federal law)		esident col. B from		and income or received
					col. A; a	add col. C	from CA	A sources
					to the	e result)	as a no	nresident)
1 a Total amount from federal Form(s) W-2, box 1. See instructions	4.	• 104342			•	104342		22867
b Household employee wages not reported	ıa	9 101012				101012		
	1b	•	•	•	lacktriangle		•	
c Tip income not reported on line 1a 1	1 c	•	•	•	•		•	
d Medicaid waiver payments not reported								
on federal Form(s) W-2. See instr 1	1d	•	•	•	•		•	
e Taxable dependent care benefits from federal Form 2441, line 26	10	•	•		•		•	
T Employer-provided adoption benefits								
from federal Form 8839, line 29 1	1f	<u> </u>	•	•	•		•	
g Wages from federal Form 8919, line 6 1	1g	<u> </u>	•	•	•		•	
h Other earned income. See instructions 1	1h	0	\odot	•	•	0	lacksquare	
i Nontaxable combat pay election.								
See instructions				•	•		•	
z Add line 1a through line 1i	1z	• 104342	•	•	•	104342	•	22867
	2b	•	•	•	•		lacksquare	
3 Ordinary dividends. See instructions.		-						
a 🕙 3	3b	<u> </u>	o	•	•		•	
4 IRA distributions. See instructions.								
a 🖲	4b	•	•	•	•		\odot	
5 Pensions and annuities. See		_						
instructions. a 🔘	5b	•	•	•	•		•	
6 Social security benefits.								
a 🕙	6b	•	O					
7 Capital gain or (loss). See instructions 7	7							

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		Α	В	C	D	E
	on B — Additional Income from federal Schedule 1 (Form 1040)	Federal Amounts (taxable amounts from your federal tax return)		Additions See instructions (difference between CA & federal law)	Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
	axable refunds, credits, or offsets of state nd local income taxes	•	•			
2 a	Alimony received. See instructions 2a			•	•	•
	Business income or (loss). See instructions 3	•	•	•	•	•
	Other gains or (losses) 4	•	•	•	•	<u> </u>
5 P	Rental real estate, royalties, partnerships,	-8169		•	-8169	•
	corporations, trusts, etc		•	•	-8109	
	arm income or (loss) 6	(a)	•			•
	Inemployment compensation	•	•			
	Other income: Federal net operating loss	()				
b	Gambling		•		•	•
C	0 1112 (1111		•	•	•	•
d				•		<u> </u>
е	Income from federal Form 8853 8e			•	•	•
f	Income from federal Form 8889 8f	•	•			
g	Alaska Permanent Fund dividends 8g	•			•	•
h	Jury duty pay8h	•			•	•
i	Prizes and awards 8i	•			•	•
j	Activity not engaged in for profit income 8j	•			•	•
k I	Stock options			•	•	••
n	n Olympic and Paralympic medals	_			•	•
_	, ,					
n	• •	●	O			
o p	IRC Section 461(I) excess business	•	•	•	•	•
q	Taxable distributions from an ABLE	_				
r	0 1 1 12 16 11 12 1	•			•	•
s	Form(s) W-2					
t	nonqualified deferred compensation plan or a nongovernmental IRC	() ()			•	•
u	Wages earned while incarcerated 8u	•			•	•
Z						
(•	•	•	•	lacktriangle
9 a	Total other income. Add line 8a	_				
	through line 8z 9a	•	•	•	•	REV 02/03/23 PRO

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		Α	В	C	D	E
Sei	ction B — Additional Income Continued	Federal Amounts (taxable amounts from your federal tax return)	Subtractions See instructions (difference between CA & federal law)	Additions See instructions (difference between CA & federal law)	Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
	b1 Disaster loss deduction from form FTB 3805V 9b1		•		•	•
	b2 NOL deduction from form FTB 3805V		•		•	•
	b3 NOL from form FTB 3805Z, FTB 3807, or FTB 3809 9b3		•		•	•
10	Total. Combine Section A, line 1z through line 7, and Section B, line 1 through line 7, line 9a and line 9b1 through line 9b3 (as applicable) in each column. See instructions. Go to Section C	96173	•	•	96173	22867
Sec	ction C — Adjustments to Income from federal Schedule 1 (Form 1040)					
11	Educator expenses	•	•			
	Certain business expenses of reservists, performing artists, and fee-basis	-				
40	-	<u>•</u>	<u>•</u>	•	O	•
	Moving expenses. Attach form FTB 3913.	OO	•	•	•	•
15	Deductible part of self-employment tax.	<u> </u>				
16	Self-employed SEP, SIMPLE, and	O	•			
17	Self-employed health insurance deduction.	O	•			
12	İ	<u> </u>			OO	
	a Alimony paid. b Enter recipient's: SSN ● – –					
	Last name • 19a	•		•	•	•
20	IRA deduction	•	•	•	•	•
21	Student loan interest deduction 21	<u> </u>		•	•	•
22	Reserved for future use					
23		•			•	•
24	Other adjustments: a Jury duty pay	•			•	•
	b Deductible expenses related to income reported on line 8I from the rental of personal property engaged in for profit	•	•	•	•	•
	c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m 24c	•	•			
	d Reforestation amortization and expenses	•	•		•	•
	e Repayment of supplemental unemployment benefits under the federal Trade Act of 1974 24e	•			•	•
	f Contributions to IRC Section 501(c)(18)(D) pension plans 24f	•	•	•	•	•
	g Contributions by certain chaplains to IRC Section 403(b) plans 24g	•	•	•	•	•
	h Attorney fees and court costs for actions involving certain unlawful discrimination claims	•			•	•

175 7743224 Schedule CA (540NR) 2022 **Side 3**

		Α	В	C	D	E
Sec	tion C — Adjustments to Income Continued	Federal Amounts (taxable amounts from your federal tax return)		Additions See instructions (difference between CA & federal law)	Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	CA Amounts (income earned or received as a CA resident and incom earned or receivec from CA sources as a nonresident)
	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	•	•			
	j Housing deduction from federal Form 2555 24j	•	•			
	k Excess deductions of IRC Section 67(e) expenses from federal Schedule K-1 (Form 1041)	•			•	•
	z Other adjustments. List type and amount.					
	● 24z	•	•	•	•	•
25	Total other adjustments. Add line 24a through line 24z	•	•	•	•	•
26	Add line 11 through line 23 and line 25 in each column, A through E	•	•	•	•	•
	Total. Subtract line 26 from line 10 in each column, A through E. See instructions 27	96173	•	•	96173	2286
				▲ Federal Amounts	Subtractions	♠ Additions
	rt III Adjustments to Federal Itemized Deduck the box if you did NOT itemize for federal but will			(from federal Schedule A (Form 1040)	See instructions	See instructions
	dical and Dental Expenses See instructions.	itemize for Gamornia .		Solidadio / (Form 1010)	′	
	<u> </u>			4		
1	Medical and dental expenses			1		
2	Enter amount from federal Form 1040 or 1040-					
3	Multiply line 2 by 7.5% (0.075)					•
4 Tavi	es You Paid	ii iiile 1, eiilei 0		4 0		
	State and local income tax or general sales taxe			1863	1863	
	State and local real estate taxes				1003	
	State and local personal property taxes					
	Add line 5a through line 5c				8	
	Enter the smaller of line 5d or \$10,000 (\$5,000)				/	
00	Enter the amount from line 5a, column B in line		- /			
	Enter the difference from line 5d and line 5e, col			1863	1863	
6					•	•
7	Add line 5e and line 6				1863	•
nte	rest You Paid					
Ba	Home mortgage interest and points reported to	you on federal Form	10988	a 💿		
3b	Home mortgage interest not reported to you or	n federal Form 1098	8I	•		•
3c	Points not reported to you on federal Form 109					•
3d	Reserved for future use		80	d		
3e	Add line 8a through line 8c		80	e <u> </u>	•	•
9	Investment interest			-	•	•
10	Add line 8e and line 9		10		•	•
	s to Charity				T =	1 -
11	Gifts by cash or check				•	•
12	Other than by cash or check				•	•
13	Carryover from prior year				O	O
14	Add line 11 through line 13		4.			

Pa	Adjustments to Federal Itemized Deductions Continued	A	Federal Amounts (from federal Schedule A (Form 1040))	В	Subtractions See instructions	C	Additions See instructions
Cas	ualty and Theft Losses						
15	Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions	15)	•		•	
0th	er Itemized Deductions					l _	
16	Other—from list in federal instructions	_		<u>•</u>	1000	<u> </u>	
<u>17</u>	Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C	17 C) 1863	<u> </u>	1863		0
18	Total. Combine line 17 column A less column B plus column C				🖲 18		0
Job	Expenses and Certain Miscellaneous Deductions						
19	Unreimbursed employee expenses: job travel, union dues, job education, etc. Attach federal Form 2106 if required. See instructions	19 _					
20	Tax preparation fees	20 _					
21	Other expenses: investment, safe deposit box, etc. List type	21	0				
22	Add line 19 through line 21	22	0				
23	Enter amount from federal Form 1040 or 1040-SR, line 11 96173						
24	Multiply line 23 by 2% (0.02). If less than zero, enter 0	24	1923				
25	Subtract line 24 from line 22. If line 24 is more than line 22, enter 0				• 25		0
26	Total Itemized Deductions. Add line 18 and line 25.				• 26		0
27	Other adjustments. See instructions. Specify.				• 27		
28	Combine line 26 and line 27.				💿 28		0
29	Is your federal AGI (Form 540NR, line 13) more than the amount shown below for your Single or married/RDP filing separately	\$229 \$34	9,908 4,867				
	Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (5	40NF	R), line 29		• 29		0
30	Enter the larger of the amount on line 29 or your standard deduction listed below:						
	Single or married/RDP filing separately. See instructions	\$5	5,202				
	Married/RDP filing jointly, head of household, or qualifying surviving spouse/RDP	. \$10),404		• 30		5202
Pa	rt IV California Taxable Income						
	California AGI. Enter your California AGI from Part II, line 27, column E						22867
	Enter your deductions from line 30				5202		
J	to four places. If the result is greater than 1.0000, enter 1.0000. If less than zero, enter -0			0 2	2 3 7 8		
4	California Itemized/Standard Deductions. Multiply line 2 by the percentage on line 3						1237
	California Taxable Income. Subtract line 4 from line 1. Transfer this amount to Form 540	NR, li	ne 35. If less than				
	zero, enter -0						21630

TAXABLE YEAR

2022

CALIFORNIA FORM

Health Coverage Exemptions and Individual Shared Responsibility Penalty

- 1			
-			
-			
-			

3853

Attach to your California Form 540, Form 540NR, or Form 540 2EZ.									
Name(s) as shown on your California tax return	SSN or ITIN								
MONICA SATYANI	651-41-4455								

Part I Applicable Household Members. List all members of your applicable household whether or not they have an exemption or an Exemption Certificate Number (ECN) granted by the Marketolace. See instructions

	Certificate Number (ECN) granted by the M	arketplac	e. See instructions.		
	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
	● MONICA	•	● 651-41-4455	<pre> 03/01/1991 </pre>	● 96,173.
1	Last Name		ECN 1	ECN 2	ECN 3
	● SATYANI		•	•	•
	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
_	•	•	•	•	•
2	Last Name	1	ECN 1	ECN 2	ECN 3
	•		•	•	•
	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
	•	•	•	•	•
3	Last Name	<u> </u>	ECN 1	ECN 2	ECN 3
	•		•	•	•
	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
	•	•	•	•	•
4	Last Name	1 -	ECN 1	ECN 2	ECN 3
	•		•	•	•
	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
	•	•	•	•	•
5	Last Name	1	ECN 1	ECN 2	ECN 3
	•		•	•	•
	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
	•	•	•		•
6	Last Name		ECN 1	ECN 2	ECN 3
	•		•	•	●
_	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
	•	•	•	Suite of Birth (min/dd/yyyy)	•
7	Last Name	10	ECN 1	ECN 2	ECN 3
	•		•	•	●
	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
	•	•	•	•	•
8	Last Name		ECN 1	ECN 2	ECN 3
	Edit Numb		•	•	•
	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
	•	•	•	Share (min/dd/yyyy)	•
9	Last Name	10	ECN 1	ECN 2	ECN 3
	•		•	•	•
	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
	•	•	•	•	•
10	Last Name		ECN 1	ECN 2	ECN 3
	•		•	•	•
	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
	•	•	•	Suite of Birth (min/dd/yyyy)	(a)
11	Last Name		ECN 1	ECN 2	ECN 3
	Edit Numb		•	•	●
	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
	(a)	•	O	Date of Birth (min/dd/yyyy)	Modified Adi
12	Last Name		ECN 1	ECN 2	ECN 3
	©		©	©	●
	<u> </u>		<u> </u>	<u> </u>	

	Part II	Coverage	Exemption	Claimed on	Your	Tax Return	for	Your Household
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1 If you are claiming a coverage exemption because your applicable household income or gross income is below the filing threshold, check the box here. See instructions.

Part III Coverage and Exemptions Claimed on Your Tax Return for Individuals. If you and/or a member of your applicable household are reporting any coverage or are claiming exemptions for the tax year, complete Part III. See instructions.

	Coverage and Exemption Codes														
			(a) Full-year	(b) Jan	(c) Feb	(d) Mar	(e) Apr	(f) May	(g) June	(h) July	(i) Aug	(j) Sept	(k) Oct	(I) Nov	(m) Dec
1	First Name MONICA	Initial	• E	•	•	•	•	•	•	•	•	•	•	•	•
	Last Name SATYANI			•	•	•	•	•	•	•	•	•	•	•	•
•	First Name	Initial	•	•	•	•	•	•	•	•	•	•	•	•	•
2	Last Name			•	•	•	•	•	•	•	•	•	•	•	•
•	First Name	Initial	•	•	•	•	•	•	•	•	•	•	•	•	•
3	Last Name			•	•	•	•	•	•	•	•	•	•	•	•
_	First Name	Initial	-	•	•	•	•	•	•	•	•	•	•	•	•
4	Last Name			•	•	•	•	•	•	•	•	•	•	•	•
_	First Name	Initial	•	•	•	•	•	•	•	•	•	•	•	•	•
5	Last Name			•	•	•	•	•	•	•	•	•	•	•	•
•	First Name	Initial	•	•	•	•	•	•	•	•	•	•	•	•	•
6	Last Name			•	•	•	•	•	•	•	•	•	•	•	•
_	First Name	Initial	•	•	•	•	•	•	•	•	•	•	•	•	•
7	Last Name			•	•	•	•	•	•	•	•	•	•	•	•
•	First Name	Initial	•	•	•	•	•	•	•	•	•	•	•	•	•
8	Last Name			•	•	•	•	•	•	•	•	•	•	•	•
_	First Name	Initial	•	•	•	•	•	•	•	•	•	•	•	•	•
9	Last Name			•	•	•	•	•	•	•	•	•	•	•	•
40	First Name	Initial	•	•	•	•	•	•	•	•	•	•	•	•	•
10	Last Name (•)	•		•	•	•	•	•	•	•	•	•	•	•	•
44	First Name	Initial	•	•	•	•	•	•	•	•	•	•	•	•	•
11	Last Name			•	•	•	•	•	•	•	•	•	•	•	•
10	First Name	Initial	•	•	•	•	•	•	•	•	•	•	•	•	•
12	Last Name			•	•	•	•	•	•	•	•	•	•	•	•

Part IV Individual Shared Responsibility Penalty

Part IV IIIulviuudi olidieu nespolisiuliity Feliatty										
1	Your Individual Shared Responsibility Penalty. Enter on Form 540, line 92; Form 540NR, line 91; or Form 540 2EZ, line 27.									
	See instructions	0.								
	REV 02/03/23 PRO									