Filing Status       Single       Head of household (HOH)         Check only       Married filing jointly (even if only one had income)       Qualifying surviving spouse (QSS)         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:       Qualifying surviving spouse (QSS)         Digital       At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions)       Yes       No         Standard       Someone can claim:       You is a dependent       Your spouse as a dependent       Image: Status in the component on you were a dual-status alien         Age/Blindness       You:       Were born before January 2, 1959       Are blind       Spouse:       Was born before January 2, 1959       Is blind         Dependents:       (see instructions):       (i) Reationship       (i) Check the box if qualifies for icee instructions)       Image: Check the box if qualifies dependent in a you       Image: Check the box if qualifies dependent in a you       Image: Check the box if qualifies dependent in a you         Harton Form (a)       W-2, box 1 (see instructions)       Image: Check the cemptone in the popoted on form (a) W-2, box 1 (see instructions)       Image: Check the cemptone in the popoted on form (a) W-2 (see instructions)       Image: Check the cemptone in reported on	<b>1040</b>		artment of the Treasury—Internal Revenue Servi <b>S. Individual Income Ta</b>		turn	202	3	OMB No. 1545	-0074	IRS Use O	nly—Do not v	vrite or sta	ple in this space.	
SAMANTH       KOMAR       YARLAGADDA       B86       36       2375         Hjoht num, spoors is first name and middle initial       Lad name       98       199       5624         JARHANT       PatitAPROTU       98       199       5624         JARHANT       Romadess funder and strad, if you have a foreign address, also complete spaces below.       74       71       Creek here if you, or your         City, toon, or poor office. If you have a foreign address, also complete spaces below.       State       210 October if you have a foreign address, also complete spaces below.       State       210 October if you have a foreign address, also complete spaces below.       State       210 October if you have a foreign address, also complete spaces below.       State       210 October if you have a foreign address, also complete spaces below.       State       210 October if you have a foreign address, also complete spaces below.       Ver ()       Spaces	For the year Jar	n. 1–Dec	2. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20	See se	parate i	nstructions.	
If port term, spouse is fart name and middle initial         Lat name         Spouse's social security number           JENIRATY         PAILAPROLU         Spouse's social security number           JENIRATY         PAILAPROLU         Spouse's fact name           JEARDARY         Ath no.         The comparison of the name of your spouse. If you checked the MFS how, and the name of your spouse. If you checked the MFS how, and the name of your spouse. If you checked the MFS how, and the name of your spouse. If you checked the HOH or QSS how, enter the child's name if the qualifying person is a child but not your dependent:           Digital         Aary time during 2023, did you: (a) ceake (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)         Yes         No           Standard         Someone can called anuary 2, 1959         Are blind         Spouse itemizes on a separate return or you were a dual-status alian         Age/Bindness You:         Were born before January 2, 1959         Is blind           Dependentis, see instructions)         If a total amount from Form(g) W-2, box 1 (see instructions)         If a tot2, 183.         If a tot2, 183.           If market finang         If a total amount from Form(g) W-2, box 1 (see i	Your first name	and mi	iddle initial	Last n	ame						Your so	cial sec	urity number	
If port term, spouse is fart name and middle initial         Lat name         Spouse's social security number           JENIRATY         PAILAPROLU         Spouse's social security number           JENIRATY         PAILAPROLU         Spouse's fact name           JEARDARY         Ath no.         The comparison of the name of your spouse. If you checked the MFS how, and the name of your spouse. If you checked the MFS how, and the name of your spouse. If you checked the MFS how, and the name of your spouse. If you checked the HOH or QSS how, enter the child's name if the qualifying person is a child but not your dependent:           Digital         Aary time during 2023, did you: (a) ceake (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)         Yes         No           Standard         Someone can called anuary 2, 1959         Are blind         Spouse itemizes on a separate return or you were a dual-status alian         Age/Bindness You:         Were born before January 2, 1959         Is blind           Dependentis, see instructions)         If a total amount from Form(g) W-2, box 1 (see instructions)         If a tot2, 183.         If a tot2, 183.           If market finang         If a total amount from Form(g) W-2, box 1 (see i	SAMANTH	KUM	AR	YAR	LAGADE	A					886	36	2375	
Internet and steek in unite and steek. If you have a P.O. box, see instructions.         Ad. m.         Presidential Election Campaigners of the provided states of												· ·		
Internet and steek in unite and steek. If you have a P.O. box, see instructions.         Ad. m.         Presidential Election Campaigners of the provided states of	JAHNAVI			PAL	LAPROI	IJ					988	99	5624	
2222_HUNTINGTON_DR       71       Chack here if you, or year         GP, town, or post office. If you have a foreign address, also complete spaces below.       State       2/D declement         Foreign country name       Foreign province/state/county       Foreign postal code       91010         Filing Status       Single       Head of household (HOH)       Work of the WE household (HOH)         Filing Status       Single       Dualitying surviving spouse (GSS)       Hyou checked the MFS box, enter the name of your spouse. If you checked the HOH or GSS box, enter the child's name if the qualifying person is a child but nut your dependent.         Digital       At any time during 2023, did you; (a) receive (as a reward, sward, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? Ree instructions.       Ives M no         Statudard       Someone can called interms:       Your spouse a dual-status allen       Ives box before January 2, 1959       Ive bind         Dependents, see instructions;       (i) Finit name       Las name       Ives instructions;       Ives box before January 2, 1959       Ite bind         Mered How of the display adoption benefits, see instructions;       (i) Finit name       Las name       Ives bind       Ives bind         Begendents, see instructions;       (i) Finit name       Las name       Ives bind       Ives bind         We		(numbe	er and street). If you have a P.O. box, see						A	pt. no.		• •		
City, conv. or potat office. If you have a foreign address, also complete spaces below.       State       2P code 910.0       spouse if filling jointly, want 38 box below will not change box below will not box box below will not change box below will not box box below will not box box below will not box box below will not box box below will not box box box below will not box box below will not box box below will not box box box below will not box box box below will not box box below will not box box box below will not box box below will not box box below will not box box box below will not box box below will not box box box below will not box box box below will not box box box bo	2222 HUN	JTTIN	STON DR						7	1				
DDARTE       CA       91010       box below will not change         Foreign country name       Foreign province/state/country       Foreign postal code       you tax or refund.         Filing Status       Single       Head of household (HOH)       Outlifying surviving spouse (OSS)         Filing Married filing jointly (even if only one had income)       Outlifying surviving spouse (OSS)       Outlifying surviving spouse (OSS)         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.       Outlifying surviving spouse (OSS)         Digital       At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions)       Yes       No         Standard       Someone can claim:       You as a dependent       Your spouse as a dependent       Yes       No         Dependents       (see instructions):       (2) Social security       (a) Relationative in the relation form dependent       Image: claim clai				mplete	spaces be	low.	Sta	ite						
Foreign country name       Foreign province/state/country       Foreign postal code       your tax or refund.         Filing Status       Single       Head of household (HOH)         Check only       Married filing jointly (even if only one had income)       Quality are one constructions       Quality are one constructions         One box.       Married filing separately (MFS)       Quality are one constructions       Quality are one constructions       Quality are one constructions       Quality are one constructions         Digital       Anny time during 2023, did your (g) receive (se ar exward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)       Yes       No         Standard       Sonce can claim:       You as a dependent       Quar spouse as a dependent       Quar tax or end word.       Yes       No         Age/Blindness       You:       Were born before January 2, 1959       Are bind       Spouse interactions.       Yes       No         Income       1a       Total amount from Form(s).W-2, box 1 (see instructions)       In       Q.       In       Q.       In         West with that       Total amount from Form(s).W-2, box 1 (see instructions)       In       In       Q.       In         Operation from Sign, inc 2       Dit household employee wages not reported o	DUARTE						CZ	4	910	10				
Filing Status       Single       Head of household (HOH)         Check only       Married filing jointly (even if only one had income)       Cualifying surviving spouse (QSS)         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 gerson is a child but not your dependent:       Check only         Digital       Anny time during 2023, did you: (a) receive (as a reward, award, or payment for property or services; or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)       Yes       No         Standard       Someone can claim:       You as a dependent:       Your spouse as a dependent       Yes       No         Spouse iteratizes on a separate return or you were a dual-status allen       Check the box if qualifies for feer instructions;       (f) First name       Last name       (g) Selationship       (d) Othet the box if qualifies for feer instructions;         If more       (f) First name       Last name       (g) Social security       (g) Relationship       (h) Id (c) Check the box if qualifies for feer instructions;         table formic       (f) First name       Last name       (g) Check the box if qualifies for feer instructions;       (h) Id (c) Check the box if qualifies for feer instructions;         table formic       (f) First name       Last name       (g) Check the box if qualifies for feer instructins;       (h) Id (c) Check the box if		/ name			Foreign p	rovince/state/							0	
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Check only one box.       Married filing jointly (even if only one had income)       Qualifying surviving spouse (QSS)         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:	Filing Status		Sinale					Head of h	ouseho	old (HOH)				
Characterized filling separately (MFS)	-			ne had	income)					- ( - )				
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:         Digital       At any time during 2023, did your (a) receive (as a reward, or payment for property or services); or (b) self, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions)       Image: Comparison of the com			1						surviv	ina spous	e (QSS)			
qualifying person is a child but not your dependent:         Digital Assets       At any time during 2023, did you; (a) receive (as a reward, award, or payment for property or services); or (b) sell, Assets         Standard       Someone can claim:       Your spouse as a dependent       Your spouse as a dependent         Deduction       Spouse itemizes on a separate return or you were a dual-status alien         Age/Blindness You:       Were born before January 2, 1959       Are blind       Spouse:       Was born before January 2, 1959       Is blind         Dependents       (see instructions):       (a) Fish name       Child tax credit       Child tax credit       Child tax credit         If more       10       Intermed tast name       Intermed tast name       Intermed tast credit       Child tax credit       Child tax credit       Child tax credit       Child tax credit       Intermed tast credit       Child tax credit       Child tax credit       Child tax credit       Child tax credit       Intermed tast credit       Intermed tast credit       Child tastast credit       Child tast credit<	one box.	lf v		name	of your s	pouse. If vo	u che					ild's nar	me if the	
Digital Assets       At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) self, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)       Use of the second sec														
Assets       exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)       ↓ Yes       ⊠ No         Standard       Someore can claim:       \operatorname       \operatornam       \ope														
Standard Deduction       Someone can claim:       You as a dependent       Your spouse as a dependent         Age/Blindness       You spouse itemizes on a separate return or you were a dual-status alien         Age/Blindness       Your spouse itemizes on a separate return or you were a dual-status alien         Age/Blindness       Your spouse itemizes on a separate return or you were a dual-status alien         Age/Blindness       Your spouse itemizes on a separate return or you were a dual-status alien         Age/Blindness       Your spouse itemizes on a separate return or you were a dual-status alien         Dependents       (see instructions):       (a) Social security       (a) Check the box if qualifies or (see instructions)         If more       (1) First name       Last name       (a) Social security       (a) Relationship       (b) Check the box if qualifies or (see instructions)         If more functions       (a) Check the box if qualifies or (see instructions)       (b) Check the box if qualifies or (see instructions)       (b) Check the box if qualifies or (see instructions)         Income       1a       Total amount from Form(s) W-2, box 1 (see instructions)       (b) Check the box if qualifies or (see instructions)       (c) Check the box if qualifies or (see instructions)         Income       1a       Total amount from Form(s) W-2, box 1 (see instructions)       (c) Check the box if qualifies or (see instructions)       (c) Check the box if qualifies or (see instructions)									-					
Deduction       Spouse itemizes on a separate return or you were a dual-status alien         Age/Blindness       You:       Were bom before January 2, 1959       Are blind       Spouse:       Was bom before January 2, 1959       Is blind         Dependents       (see instructions):       (1) First name       Last name       (2) Social security       (3) Relationship       (4) Check the box if qualifies for Gee instructions):         If more than four dependents, see instructions       (1) First name       Last name       (2) Social security       (3) Relationship       (4) Check the box if qualifies for Gee instructions);         If more than four dependents, see instructions       (1) First name       Last name       (2) Social security       (3) Relationship       (4) Check the box if qualifies for Gee instructions);         Incomme       1a       Total amount from Form(s) W-2, box 1 (see instructions)       1a       102, 183.         Musch Forms       W-2 Arer, Also       Medicaid waiver payments not reported on Form(s) W-2.       1a       102, 183.         If was withhed.       f       Employer-provided adoption benefits from Form 8839, line 29       11       12         W-2, see       instructions;       1a       102, 183.       1a       102, 183.         W-2, see       instructions;       1a       10, Cher earned income (see instructions)       1a					·				t)? (Se	e instruct	ons.)	L Ye		
Age/Blindness       You:       Were born before January 2, 1959       Are blind       Spouse:       Was born before January 2, 1959       Is blind         Dependents       (see instructions):       (2) Social security       (3) Relationship       (4) Check the box if qualifies for (see instructions):         If more than four       (1) First name       Last name       (2) Social security       (3) Relationship       (4) Check the box if qualifies for (see instructions):         dependents, see instructions		_		•		•		•						
Dependents (see instructions):       (2) Social security       (3) Relationship       (4) Check the box if qualifies for (see instructions):         If more than four dependents, see instructions and check here <ul> <li>(1) First name</li> <li>(2) Social security</li> <li>(3) Relationship</li> <li>(4) Check the box if qualifies for (see instructions);</li> <li>(b) Relationship</li> <li>(c) Relationship</li></ul>	Deduction		Spouse itemizes on a separate return	n or yc	ou were a	dual-status	alien	1						
If more than four dependents, see instructions and check here       Last name       number       to you       Child tax credit       Credit for other dependents         see instructions and check	Age/Blindness	s You:	: 🗌 Were born before January 2, 1	959	Are bl	lind <b>Sp</b> o	ouse	: 🗌 Was bor	n befo	re Januar	/ 2, 1959	🗌 Is	blind	
If more       10 minute       10 minute       10 minute         dependents, see instructions       1       1       102,183.         and check       1       102,183.       102,183.         here       1       Total amount from Form(s) W-2, box 1 (see instructions)       1a       102,183.         Attach Form(s)       Household employee wages not reported on Form(s) W-2.       1b       1c         Attach Form(s)       Tip income not reported on Form(s) W-2 (see instructions)       1d       1d         W-26 and       Taxable dependent care benefits from Form 2441, line 26       1d       1e         U99-R if tax       Finployer-provided adoption benefits from Form 8839, line 29       1f       1g         If you did not       g Wages from Form 8919, line 6       1e       102,183.         W-2, see       instructions,       1h       0.       1c         instructions,       X Add lines 1a through 1h       1z       102,183.         Xtach Sch. B       Tax-exempt interest       2a       b       Taxable amount       4b         Standard       Social security benefits       5a       b       Taxable amount       4b         Standard filing pintly or Qualified dividends       3a       b       Taxable amount       4b	Dependent	s (see	instructions):		(2) 5	Social security	,	(3) Relationsh	ip (4	) Check the	box if qual	ifies for (s	see instructions):	
than four       dependents, see instructions	•									Child tax	credit	Credit for	r other dependents	
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Attach Form(s)       b       Household employee wages not reported on Form(s) W-2.       1b         Attach Forms       c       Tip income not reported on line 1a (see instructions)       1c         W-2G and       e       Taxable dependent care benefits from Form 2441, line 26       1c         Wage strict       f       Employer-provided adoption benefits from Form 839, line 29       1f         If you did not get a form       g       Wages from Form 8919, line 6       1g         W-2, see       h       Other earned income (see instructions)       1i       1g         V-2, see       in Nontaxable combat pay election (see instructions)       1i       1z       102, 183.         Attach Sch. B       2a       Tax-exempt interest       2a       b       Dranard bividends       3b         Attach Sch. B       2a       Tax-exempt interest       2a       b       Ordinary dividends       3b         Attach Sch. B       2a       Tax-exempt interest       5a       b       Ordinary dividends       3b         Beductin for-       6a       Social security benefits       5a       b       Taxable amount       4b         Standard Deduction for-       6a       Social security benefits       5a       b       Taxable amount       6b		]												
Attach Form(s)       b       Household employee wages not reported on Form(s) W-2.       1b         W-2 Rarch Also attach Forms       c       Tip income not reported on line 1a (see instructions)       1c         W-26 and 1099-R1 itax       d       Medicaid waiver payments not reported on Form (S) W-2 (see instructions)       1d         W-26 and 1099-R1 itax       e       Taxable dependent care benefits from Form 2441, line 26       1e         was withheld.       f       Employer-provided adoption benefits from Form 8839, line 29       1f         If you did not get a form W-2, see       m       Other earned income (see instructions)       1i         Attach Sch. B       2a       b       Tax-exempt interest       2b         if required.       3a       Qualified dividends       3b       3b         Standard Deduction for- 6a       5a       Pensions and annuities       5a       b       Taxable amount       4b         Standard filing separately, S13.850       r       If you elect to use the lump-sum election method, check here (see instructions)       7       6a       Social security benefits       6a       b       Taxable amount       6b         Married filing separately, S13.850       r       If you elect to use the lump-sum election method, check here (see instructions)       7       6a       9       93,874.	Income	1a	Total amount from Form(s) W-2, be	ox 1 (s	ee instruc	ctions) .					. 1a	1	102,183.	
W-2 here. Also       c       Tip income not reported on line 1a (see instructions)       1c         ettach Forms       d       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d         1099-R if tax       e       Taxable dependent care benefits from Form 2441, line 26       1e         was withhed       f       Employer-provided adoption benefits from Form 839, line 29       1f         If you did not       g       Wages from Form 8919, line 6       1g         get a Form       h       Other earned income (see instructions)       1i       1g         w42, see       i       Nontaxable combat pay election (see instructions)       1i       1g         w42, see       in Nontaxable combat pay election (see instructions)       1i       1g       1g         Attach Sch. B       za       Tax-exempt interest       2a       b       b Taxable interest       2b       35.         Standard       Deduction for-       5a       Deduction for-       6a       b       Taxable amount       4b       5b         Standard fling separately, \$13.850       r       If you elect to use the lump-sum election method, check here (see instructions)       7       6b         Married fling separately, \$13.850       r       Gapital gain or (loss). Attach Schedule 1 if required. If not requi		b	Household employee wages not re	eported	d on Form	n(s) W-2 .					. 1t			
W-2G and 1099-R if tax       e       Taxable dependent care benefits from Form 2441, line 26       1e         was withheld.       f       Employer-provided adoption benefits from Form 2441, line 26       1f         If you did not get a Form W-2, see       g       Wages from Form 8919, line 6       1g         Attach Sch. B       i       Nontaxable combat pay election (see instructions)       1h       0.         X-2, see       i       Nontaxable combat pay election (see instructions)       1i       1z       102,183.         Attach Sch. B       i       Nontaxable combat pay election (see instructions)       1i       1z       102,183.         Attach Sch. B       a       Qualified dividends       3a       b       Draxable amount       4b         Standard       4a       IRA distributions       4a       b       Draxable amount       4b         Standard       5a       6a       b       Taxable amount       5b         Obduction for-       6a       Social security benefits       6a       b       Taxable amount       5b         Standard       C       If you elect to use the lump-sum election method, check here (see instructions)       7       7         Married filing point or or loss.       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income <td></td> <td>с</td> <td>Tip income not reported on line 1a</td> <td>(see ii</td> <td>nstruction</td> <td>ıs)</td> <td></td> <td></td> <td></td> <td></td> <td>. 10</td> <td>;</td> <td></td>		с	Tip income not reported on line 1a	(see ii	nstruction	ıs)					. 10	;		
1099-R if tax       e       Taxable dependent care benefits from Form 2441, line 26       1         was withheld.       f       Employer-provided adoption benefits from Form 8839, line 29       1         If you did not       g       Wages from Form 8919, line 6       1       1         W2, see       Nontaxable combat pay election (see instructions)       1       1       0.         W2, see       Nontaxable combat pay election (see instructions)       1       1       0.         Attach Sch. B       2a       Tax-exempt interest       2a       2a       b       Taxable amount       2b       35.         Standard Deduction for-       Sa       Ga       b       Taxable amount       4b       5b         Standard Deduction for-       Ga       Social security benefits       Ga       b       Taxable amount       7         Standard Deduction for-       Ga       Social security benefits       Ga       b       Taxable amount       7         Gapite or Married fling separately, ing poster, S13860       Ga       b       Taxable amount       7         Standard Deduction for-       Ga       Social security benefits       Ga       So       7       7         Ga Social security benefits       Ga       So       So		d	Medicaid waiver payments not rep	ictions)			. 10	I						
was withheld.       f       Employer-provided adoption benefits from Form 8839, line 29       1f         If you did not get a Form       g       Wages from Form 8919, line 6       1g         get a Form       h       Other earned income (see instructions)       1i         web2, see       i       Nontaxable combat pay election (see instructions)       1i         Attach Sch. B       2a       Tax-exempt interest       2a         Attach Sch. B       2a       Tax-exempt interest       2b         Attach Sch. B       2a       Jax-exempt interest       2b         Gualified dividends       3a       b       b         Deduction for-       5a       Qualified dividends       3b         Standard       5a       Fax-ascentry benefits       5a         Deduction for-       6a       Social security benefits       6a         Single or       Married filing segarately,		е	Taxable dependent care benefits f	rom Fo	orm 2441,	, line 26					. 1e			
get a Form W-2, see instructions.       h       Other earned income (see instructions)       1h       0.         w-2, see instructions.       i       Nontaxable combat pay election (see instructions)       1i       1i       102,183.         Attach Sch. B if required.       2a       b       Tax-exempt interest       2a       2b       35.         Attach Sch. B if required.       3a       b       Ordinary dividends       3b       2b       35.         Standard Deduction for-       5a       b       Taxable amount       4b       5b       5b         Standard Deduction for-       5a       Social security benefits       5a       b       Taxable amount       5b         6a       Social security benefits       6a       b       Taxable amount       5b         9       Social security benefits       6a       b       Taxable amount       7         6b       C       If you elect to use the lump-sum election method, check here (see instructions)       7       7         9       93,874.       9       93,874.       9       9,874.         9       93,874.       10       11       93,874.       12       27,700.         10       11       93,874.       12       27,700.		f	Employer-provided adoption bene	fits fro	m Form 8	839, line 29					. 11	:		
W-2, see       In       Outer earlied informe (see instructions)       In       O.         instructions.       i       Nontaxable combat pay election (see instructions)       1i       1i       102,183.         Attach Sch. B       za       Tax-exempt interest       2a       b       Taxable interest       2b       35.         if required.       3a       Qualified dividends       3a       b       Definition of the factor of the fac	,	g	Wages from Form 8919, line 6 .								. 10	1		
instructions.       i       Nontaxable combat pay election (see instructions)       1i         Attach Sch. B       z       Add lines 1a through 1h       12       102,183.         Attach Sch. B       za       Tax-exempt interest       2a       b       Taxable interest       2b       35.         Attach Sch. B       a       Qualified dividends       3a       b       Ordinary dividends       3b         Attach Sch. B       a       Qualified dividends       3a       b       Ordinary dividends       3b         Bandard Deduction for-       Fa       Pensions and annuities       5a       b       Taxable amount       4b         Single or       Fa       Social security benefits       6a       b       Taxable amount       6b         Social security benefits       6a       b       Taxable amount       7       6b         Married filing separately, St33850       for Qualifying       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       7       7         Married filing source, St27,700       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       93, 874.         9       93, 874.       10       Adjustments to income from Schedule 1, line 26       10       11         14 <t< td=""><td></td><td>h</td><td>Other earned income (see instruction</td><td>ons)</td><td></td><td></td><td></td><td></td><td></td><td></td><td>. 1ŀ</td><td>ı  </td><td>0.</td></t<>		h	Other earned income (see instruction	ons)							. 1ŀ	ı	0.	
Attach Sch. B       2a       Tax-exempt interest       2a       b       Taxable interest        2b       35.         if required.       3a       Qualified dividends       3a       b       Ordinary dividends        3b         4a       BA distributions       4a       b       Taxable amount        4b         5a       Pensions and annuities       5a       b       Taxable amount        5b         6a       Social security benefits       6a       b       Taxable amount        6b         Married filing separately, 513,850       c       If you elect to use the lump-sum election method, check here (see instructions)         7         • Married filing jointly or       Qualifying       Additional income from Schedule D if required. If not required, check here         7         • Married filing surving spouse, \$27,700       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income         9       93, 874.         10       Addiusents to income from Schedule 1, line 26         10       11       93, 874.         \$20,800       12       Standard deduction or itemized deductions (from Schedule A)        12       2		i	Nontaxable combat pay election (s	see ins	tructions)			<b>1</b> i						
if required. 3a Qualified dividends 3a b Ordinary dividends 3b   4a IRA distributions 4a b Taxable amount 4b   5a Pensions and annuities 5a b Taxable amount 4b   5a Pensions and annuities 5a b Taxable amount 5b   6a Social security benefits 6a b Taxable amount 5b   6a Social security benefits 6a b Taxable amount 5b   6a Social security benefits 6a b Taxable amount 5b   6a Social security benefits 6a b Taxable amount 5b   6a Social security benefits 6a b Taxable amount 5b   6a If you elect to use the lump-sum election method, check here (see instructions) 10 6b   Married filing jointly or Qualifying 8 Additional income from Schedule D if required. If not required, check here 7   8 -8, 344. 9 93, 874.   9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 10   • Head of household, \$20,800 11 Subtract line 10 from line 9. This is your adjusted gross income 11   9 93, 874. 12 27, 700.   13 Qualified business income deduction from Form 8995 or Form 8995-A 13   14 27, 700. 14 Add lines 12 and 13 14		z	Add lines 1a through 1h			<u>.</u>					. 1z	:		
Otal       Examined dividends       Otal       O	Attach Sch. B	2a	Tax-exempt interest	2a			bΤ	axable interest	t.		. 2t	•	35.	
Standard Deduction for -       5a       5a       5a       b       Taxable amount       5b         • Single or Married filing separately, \$13,850       6a       Social security benefits       6a       b       Taxable amount       6b         • Married filing separately, \$13,850       7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       7         • Married filing jointy or Qualifying surviving spouse, \$27,700       8       Additional income from Schedule 1, line 10       7       8       -8,344.         9       93,874.       9       93,874.       9       93,874.         \$20,800       12       Standard deduction or itemized deductions (from Schedule A)       11       93,874.         \$20,800       12       Standard deduction or itemized deductions (from Schedule A)       12       27,700.         13       Qualified business income deduction from Form 8995 or Form 8995-A       13       14       27,700.	if required.	3a	Qualified dividends	3a			b C	Ordinary divider	nds .		. 3t	•		
Deduction for-       Sa       Definitions and annutations annutations and annutations anutation anutations and annutations anutations and anu		4a	IRA distributions	4a			bΤ	axable amoun	t		. 4k	)		
<ul> <li>Single or Married filing separately, \$13,850</li> <li>Married filing jointy or Qualifying surviving spouse, \$27,700</li> <li>Head of household, \$20,800</li> <li>Head of household, \$20,800</li> <li>Standard deduction or itemized deductions (from Schedule A)</li> <li>Standard deduction or itemized deductions (from Schedule A)</li> <li>Married filing 13 Qualified business income deduction from Form 8995 or Form 8995-A</li> <li>Married filing 14 Add lines 12 and 13</li> </ul>		5a	Pensions and annuities	5a			bΤ	axable amoun	t		. 5t	•		
separately, \$13,850       C       If you elect to use the lump-sum election method, check here (see instructions)	<ul> <li>Single or</li> </ul>	6a	Social security benefits	6a			bΤ	axable amoun	t		. 6t	•		
\$13,850       7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7         • Married filing jointly or Qualifying surviving spouse, \$27,700       8       Additional income from Schedule 1, line 10       8       -8,344.         9       93,874.       9       93,874.       9       93,874.         \$27,700       10       Adjustments to income from Schedule 1, line 26       10       11       93,874.         * Head of household, \$20,800       12       Standard deduction or itemized deductions (from Schedule A)       12       27,700.         If you checked any box under Standard Deduction, 14       Add lines 12 and 13       13       14       27,700.	separately,	с	If you elect to use the lump-sum e	lection	method,	check here	(see	instructions)						
jointy or Qualifying surviving spouse, \$27,7008Additional income from Schedule 1, line 108-8, 344.9Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income993, 874.993, 874.993, 874.993, 874.10101193, 874.1193, 874.121227, 700.1213Qualified business income deduction from Form 8995 or Form 8995-A121427, 700.14	\$13,850	7	Capital gain or (loss). Attach Schee	dule D	if require	d. If not requ	uired	, check here						
surviving spouse, \$27,700       9       93,874.         10       Add lines 12, 20, 30, 40, 50, 60, 7, and 8. This is your total income       10         *27,700       Adjustments to income from Schedule 1, line 26       10         • Head of household, \$20,800       11       Subtract line 10 from line 9. This is your adjusted gross income       11       93,874.         • If you checked any box under Standard Deduction,       13       Qualified business income deduction from Form 8995 or Form 8995-A       12       27,700.         14       Add lines 12 and 13       14       27,700.       14       27,700.	jointly or	8	Additional income from Schedule	1, line	10						. 8		-8,344.	
\$27,700       10       Adjustments to income from Schedule 1, line 26       10         • Head of household, s20,800       11       Subtract line 10 from line 9. This is your adjusted gross income       11       93,874.         • If you checked any box under Standard Deduction, leduction, and deduction, leduction, leductiducti		9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	and 8	. This is y	our <b>total in</b> e	com	e			. 9		93,874.	
household, \$20,80011Subtract line 10 from line 9. This is your adjusted gross income1193,874.\$20,80012Standard deduction or itemized deductions (from Schedule A)1227,700.If you checked any box under Standard Deduction,13Qualified business income deduction from Form 8995 or Form 8995-A13Id d lines 12 and 13131427,700.	\$27,700	10	Adjustments to income from Sche	dule 1,	line 26						. 10	)		
If you checked any box under Standard deduction or nemized deductions (norm Schedule A)       12       27,700.         If you checked any box under Standard deduction from Form 8995 or Form 8995-A       13       13         Qualified business income deduction from Form 8995 or Form 8995-A       13       14         Add lines 12 and 13       13       14       27,700.	household,	11	Subtract line 10 from line 9. This is	your a	adjusted	gross inco	ne				. 11		93,874.	
any box under Standard Deduction,13Qualified business income deduction from Form 8995 or Form 8995-A1314Add lines 12 and 131314		12	Standard deduction or itemized	deduc	tions (fro	m Schedule	- A)				. 12	2	27,700.	
Deduction, 14 Add lines 12 and 13	any box under	13	Qualified business income deduction	on froi	m Form 8	995 or Form	ı 899	5-A			. 13	8		
Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income 15 66, 174.	Deduction,	14	Add lines 12 and 13								. 14	•	27,700.	
	see instructions.	15	Subtract line 14 from line 11. If zer	o or le	ss, enter	-0 This is y	our	taxable incom	ie .		. 15	5	66,174.	

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

Form 1040 (2023)

Form 1040 (2023	3)								Page <b>2</b>
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3	1	16	7,501.
Credits	17	Amount from Schedule 2, lin	e3				1	17	
	18	Add lines 16 and 17 .						18	7,501.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812		1	19	
	20	Amount from Schedule 3, lin	e8				2	20	7,500.
	21	Add lines 19 and 20 .					2	21	7,500.
	22	Subtract line 21 from line 18					2	22	1.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .		2	23	0.
	24	Add lines 22 and 23. This is					2	24	1.
Payments	25	Federal income tax withheld							i
i ujinonto	а	Form(s) W-2				<b>25a</b> 12	,660.		
	b	Form(s) 1099				25b	·		
	c	Other forms (see instructions				25c			
	d	Add lines 25a through 25c	,				2	5d	12,660.
	26	2023 estimated tax payment						26	,
If you have a l qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit from				28			
	29	American opportunity credit				29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin				31			
	32	Add lines 27, 28, 29, and 31				-		32	
	32 33	Add lines 25d, 26, and 32. T	•	-	-			33	12,660.
Defined	34	If line 33 is more than line 24						34	12,659.
Refund								5a	12,659.
Direct deposit?	35a	Amount of line 34 you want Routing number $  1   1   1$						Ja	12,000.
See instructions.	b	Account number 4 8 8				] Checking	Savings		
	d	· · · · · ·							
	36	Amount of line 34 you want a	•• •			36			
Amount	37	Subtract line 33 from line 24						_	
You Owe		For details on how to pay, g				1 1	· · 2	37	
	38	Estimated tax penalty (see in	,			38			
Third Party		you want to allow another							< No
Designee							omplete belo		<b>NO</b>
	De nai	signee's ne		Phone no.			onal identificat per (PIN)	ion	
Sign	Un	der penalties of perjury, I declare tl	nat I have examined	d this return and	accompanying sche	edules and statement	s, and to the b	est of m	ly knowledge and
Here	bel	nder penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the elief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which						parer h	as any knowledge.
пеге	Yo	ur signature		Date Your occupation				3 sent yr	ou an Identity
		-							enter it here
Joint return?					BUSINESS S		, 		
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	Date					our spouse an on PIN, enter it here	
your records.					HOME MAKE	B	(see inst.		off int, enter it here
	Ph	one no. (216) 255-223	5	Email address		ARY@GMAIL.CO	)M		
		eparer's name	Preparer's signat			Date	PTIN	Cr	neck if:
Paid		I PRIYA RAM SAGAR GUPTA TALLAM					P0208270		Self-employed
Preparer		n's name GLOBAL TAX		ITTU DUGUL	COLIN INDER	02/10/2024			8) 965-9522
Use Only			Y CT E BRU	NOWICK N	J 08816		Firm's El		
Co to unine inc.				INDWICK N				11	84-3171965 Form <b>1040</b> (2023)
GO IO WWW.IIS.go	JVIPOM	n1040 for instructions and the late	st mornation.		BAA	REV 02/11/24 PRO			Form 1040 (2023)

REV 02/11/24 PRO

SCHEDULE	1
(Form 1040)	

Department of the Treasury

#### Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074

Attachment Internal Revenue Service Sequence No. 01 Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number SAMANTH KUMAR YARLAGADDA & JAHNAVI PALLAPROLU 886-36-2375 Part Additional Income 1 1 2a 2a b Date of original divorce or separation agreement (see instructions): 3 3 4 4 -8,344. 5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 5 6 Farm income or (loss). Attach Schedule F. 6 7 7 8 Other income: а Net operating loss 8a 8b b Cancellation of debt 8c С Foreign earned income exclusion from Form 2555 d 8d 8e е 8f f 8g g 8h h i Prizes and awards 8i 8i i 8k L Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property . . . 81 m Olympic and Paralympic medals and USOC prize money (see 8m Section 951(a) inclusion (see instructions) 8n n Section 951A(a) inclusion (see instructions) 0 80 Section 461(I) excess business loss adjustment 8p р Taxable distributions from an ABLE account (see instructions) . . . 8q α Scholarship and fellowship grants not reported on Form W-2 . . . 8r r Nontaxable amount of Medicaid waiver payments included on Form S 8s Pension or annuity from a nongualifed deferred compensation plan or t a nongovernmental section 457 plan 8t Wages earned while incarcerated . . . . . . . . . . . . . 8u u z Other income. List type and amount: 8z 9 9 10 Combine lines 1 through 7 and 9. This is your additional income. Enter here and on Form 10 -8,344. For Paperwork Reduction Act Notice, see your tax return instructions. Schedule 1 (Form 1040) 2023

Par	Adjustments to Income				
11	Educator expenses			. 11	
12	Certain business expenses of reservists, performing artists, and fee-officials. Attach Form 2106	basis	governmei	nt	
13	Health savings account deduction. Attach Form 8889			13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903				
15	Deductible part of self-employment tax. Attach Schedule SE				
16	Self-employed SEP, SIMPLE, and qualified plans				
17	Self-employed health insurance deduction				
18	Penalty on early withdrawal of savings				
19a	Alimony paid				
b	Recipient's SSN				
c	Date of original divorce or separation agreement (see instructions):				
20	IRA deduction				1
21	Student loan interest deduction				
22	Reserved for future use				
23	Archer MSA deduction			. 23	
24	Other adjustments:				
a		24a			
b	Deductible expenses related to income reported on line 8I from the				
		24b			
с	Nontaxable amount of the value of Olympic and Paralympic medals				
		24c			
d	Reforestation amortization and expenses	24d			
е	Repayment of supplemental unemployment benefits under the Trade				
		24e			
f		24f			
g		24g			
ĥ	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				
	tax law violations	24i			
j	Housing deduction from Form 2555	24j			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form				
		24k			
z	Other adjustments. List type and amount:				
		24z			
25	Total other adjustments. Add lines 24a through 24z			. 25	
26	Add lines 11 through 23 and 25. These are your adjustments to income.			n	
	Form 1040, 1040-SR, or 1040-NR, line 10		<u></u>	. 26	
	BAA	REV 02	/11/24 PRO	Sched	ule 1 (Form 1040) 202

Department of the Treasury

Internal Revenue Service

### **Additional Credits and Payments**

OMB No. 1545-0074

Attachment Sequence No. 03

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

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

	(s) shown on Form 1040, 1040-SR, or 1040-NR ANTH KUMAR YARLAGADDA & JAHNAVI PALLAPROLU			ocial se 36-23	curity number
Par			000	50 25	/ 3
1	Foreign tax credit. Attach Form 1116 if required			1	
2	Credit for child and dependent care expenses from Form 2441	, line 11.	Attach	2	
3	Education credits from Form 8863, line 19			3	
4	Retirement savings contributions credit. Attach Form 8880			4	
5a	Residential clean energy credit from Form 5695, line 15			5a	
b	Energy efficient home improvement credit from Form 5695, line 32			5b	
6	Other nonrefundable credits:				
а	General business credit. Attach Form 3800	6a		-	
b	Credit for prior year minimum tax. Attach Form 8801	6b		-	
С	Adoption credit. Attach Form 8839	6c		-	
d	Credit for the elderly or disabled. Attach Schedule R	6d		-	
е	Reserved for future use	6e		-	
f	Clean vehicle credit. Attach Form 8936	6f	7,500.	-	
g	Mortgage interest credit. Attach Form 8396	6g		-	
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h		-	
i	Qualified electric vehicle credit. Attach Form 8834	6i		-	
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6ј		-	
k	Credit to holders of tax credit bonds. Attach Form 8912	6k		-	
Ι	Amount on Form 8978, line 14. See instructions	61		-	
m	Credit for previously owned clean vehicles. Attach Form 8936 .	6m		-	
z	Other nonrefundable credits. List type and amount:				
		6z			
7	5			7	7,500.
8	Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 10 1040-NR, line 20	040, 1040- 	SR, or	8	7,500.
			(cc	ontinue	ed on page 2,

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

Schedule 3 (Form 1040) 2023

Schedule 3 (Form 1040) 2023

Par	t II Other Payments and Refundable Credits			
9	Net premium tax credit. Attach Form 8962		9	
10	Amount paid with request for extension to file (see instructions) .		10	
11	Excess social security and tier 1 RRTA tax withheld		11	
12	Credit for federal tax on fuels. Attach Form 4136		12	
13	Other payments or refundable credits:			
а	Form 2439	13a		
b	Credit for repayment of amounts included in income from earlier years	13b		
С	Elective payment election amount from Form 3800, Part III, line 6, column (i)	13c		
d	Deferred amount of net 965 tax liability (see instructions)	13d		
z	Other payments or refundable credits. List type and amount:			
		13z		
14	Total other payments or refundable credits. Add lines 13a through	13z	14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040 line 31	D-SR, or 1040-NR,	15	
	BAA REV	02/11/24 PRO	Schedu	ule 3 (Form 1040) 2023

	DULE E	Supplemental Income and Loss								OMB No. 1545-0074		
(Form	1040)	(From	n re	ntal real estate, royalties, partnersl	hips, S	corporation corporatio	tions, e	states,	trusts, REMICs	, etc.)	20	93
	ent of the Treasury Revenue Service			Attach to Form 1040, Go to www.irs.gov/ScheduleE for					nformation.		Attachn	nent ce No. <b>13</b>
Name(s)	shown on return								Y	our soci	al security	
SAMA	NTH KUMAR	YARLA	AGZ	ADDA & JAHNAVI PALLAPRO	JLU				8	886-3	6-2375	
Part				From Rental Real Estate an								
	Note: If yo	ou are in	n the	e business of renting personal proper from <b>Form 4835</b> on page 2, line 40.	ty, use	Schedul	<b>e C</b> . See	e instru	ctions. If you are	an indi	vidual, rep	ort farm
Α				ts in 2023 that would require you	to file	Form(s)	10992 9	See in	structions			s X No
				u file required Form(s) 1099?								
1a				ch property (street, city, state, ZIF								
Α	13-4-391,	ASHOK	K N	IAGAR COLON BHADRACHALA	AM BH	HADRAD	RI KO	THAG	UDEM, TELAN	GANA	IN 507	7111
В												
С												
1b	Type of Prope (from list below			For each rental real estate prope above, report the number of fair				Fa	air Rental I Days		nal Use ays	QJV
Α	3	~~		personal use days. Check the Q			Α		365		0	
B				if you meet the requirements to f	file as	a	B		303		0	
C				qualified joint venture. See instru	ictions	3.	C					
	of Property:						Ŭ					
	Single Family R	esiden	се	3 Vacation/Short-Term Ren	tal	5 Lano	d	7	Self-Rental			
	Multi-Family Re			4 Commercial		6 Roy	alties	8	Other (describ	e)		
	-								Properties			
Incom							Α		B	•		С
3		ł			3			641.				<u> </u>
4					4							
Exper												
5					5							
6				ructions)	6							
7					7		1,3	21.				
8	-				8							
9	Insurance .				9							
10	Legal and othe	er profe	essi	onal fees	10							
11	Management f	fees .			11		1,5	514.				
12				o banks, etc. (see instructions)	12							
13	Other interest	• •	·		13							
14	Repairs		•		14			24.				
15					15		1,3	52.				
16					16		0.0					
17				· · · · · · · · · · · · · · · · · · ·	17 18		Ζ,Ζ	274.				
18 19		expense	9 01		19							
20	Other (list)			es 5 through 19	20		р с	85.				
21	•			e 3 (rents) and/or 4 (royalties). If	20		0,5	.05.				
21				tructions to find out if you must	1							
					21		-8,3	44.				
22	Deductible rer	ntal real	l es	state loss after limitation, if any,								
	on Form 8582	(see in	nstr	uctions)	22	(	8,34	14.)	(	)	(	)
23a	Total of all am	ounts r	epo	orted on line 3 for all rental prope	rties			23a		641.		
b	Total of all am	ounts r	epo	orted on line 4 for all royalty prop	erties			23b				
С				orted on line 12 for all properties			•	23c				
d				orted on line 18 for all properties			•	23d				
е				orted on line 20 for all properties				23e	8,	985.		
24				mounts shown on line 21. Do not						24		<u> </u>
25				es from line 21 and rental real estate						25	(	8,344.)
26				e and royalty income or (loss).								
				IV, and line 40 on page 2 do no , line 5. Otherwise, include this ar						26		-8,344.
For Do			,	tice, see the separate instructions.			PA		-8,344.		 	
FUT Pa	perwork Reduct	JOH ACT	140	uce, see the separate instructions.		11			.,	Sc	neaule E (F	orm 1040) 2023

<b>Clean Ve</b>	hicle	<b>Credits</b>
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\$	<b>3936</b>	Clean Vehicle Credits		0	MB No. 1545-2137
Form	1330				9 <b>072</b>
Departm	ent of the Treasury	Attach to your tax return.		At	
Internal	Revenue Service	Go to www.irs.gov/Form8936 for instructions and the latest information.		Se	equence No. 69
.,	shown on return		Identifying		
		YARLAGADDA & JAHNAVI PALLAPROLU	886-3		375
Notes	•	a separate Schedule A (Form 8936) for each clean vehicle placed in service during	g the tax y	/ear.	
		completing Parts II, III, or IV, must also complete Part I. See "Note" text below.			
Part		d Adjusted Gross Income Amount			
1a			8,874.		
b		me from Puerto Rico you excluded			
С	-	ount from Form 2555, line 45			
d	-	ount from Form 2555, line 50			
е	-	ount from Form 4563, line 15			
2		nrough 1e		2	93,874.
3a			,597.		
b	-	me from Puerto Rico you excluded			
С	-	bunt from Form 2555, line 45			
d	•	bunt from Form 2555, line 50			
е	-	ount from Form 4563, line 15		_	
4				4	79,597.
5		Iler of line 2 or line 4		5	79,597.
Part		or Business/Investment Use Part of New Clean Vehicles			
		dividuals can't claim a credit on line 6 if Part I, line 5, is more than \$150,000 (\$300 g surviving spouse; \$225,000 if head of household).	J,000 if m	narrie	a filing jointly or a
6	Enter the total	credit amount figured in Part II of Schedule(s) A (Form 8936)		6	0.
7		nicle credit from partnerships and S corporations (see instructions)		7	
8		estment use part of credit. Add lines 6 and 7. Partnerships and S corporations, sto			
		amount on Schedule K. All others, report this amount on Form 3800, Part III, line 1	у	8	0.
Part		or Personal Use Part of New Clean Vehicles			
		bu can't claim the Part III credit if Part I, line 5, is more than \$150,000 (\$300,0 g surviving spouse; \$225,000 if head of household).	000 if ma	arried	filing jointly or a
9	Enter the total	credit amount figured in Part III of Schedule(s) A (Form 8936)		9	7,500.
10	Enter the amo	unt from Form 1040, 1040-SR, or 1040-NR, line 18	[	10	7,501.
11	Personal credi	ts from Form 1040, 1040-SR, or 1040-NR (see instructions)	[	11	<u> </u>
12	Subtract line 1	1 from line 10. If zero or less, enter -0- and stop here. You can't claim the person	nal use		
	part of the cre	dit		12	7,501.
13		part of credit. Enter the smaller of line 9 or line 12 here and on Schedule 3			
		If line 12 is smaller than line 9, see instructions		13	7,500.
Part	V Credit f	or Previously Owned Clean Vehicles			
		bu can't claim the Part IV credit if Part I, line 5, is more than \$75,000 (\$150,0 g surviving spouse; \$112,500 if head of household).	000 if ma	arried	filing jointly or a
14	Enter the total	credit amount figured in Part IV of Schedule(s) A (Form 8936)		14	
15		unt from Form 1040, 1040-SR, or 1040-NR, line 18	-	15	
16		ts from Form 1040, 1040-SR, or 1040-NR (see instructions)	-	16	
17	Subtract line 1	6 from line 15. If zero or less, enter -0- and stop here. You can't claim the Part IV	credit	17	
18	Enter the sma	aller of line 14 or line 17 here and on Schedule 3 (Form 1040), line 6m. If line	e 17 is		
	smaller than lir	ne 14, see instructions		18	
Part		or Qualified Commercial Clean Vehicles			
19	Enter the total	credit amount figured in Part V of Schedule(s) A (Form 8936)		19	
20	Qualified comr	mercial clean vehicle credit from partnerships and S corporations (see instructions)	[	20	
21		nd 20. Partnerships and S corporations, stop here and report this amount on Sc			
	K. All others, r	eport this amount on Form 3800, Part III, line 1aa		21	
For Pa	perwork Reduct	ion Act Notice, see separate instructions. BAA REV 02/11	/24 PRO		Form <b>8936</b> (2023)

#### SCHEDULE A (Form 8936)

#### **Clean Vehicle Credit Amount**

OMB No. 1545-2137

(⊦orn	n 8936)			2023
	nent of the Treasury Revenue Service	Attach to your tax return. Go to <i>www.irs.gov/Form8</i> 936 for instructions and the latest informat	ion.	Attachment Sequence No. <b>69A</b>
Name(s	) shown on return		Identi	fying number
SAM	ANTH KUMAR	YARLAGADDA & JAHNAVI PALLAPROLU	886	-36-2375
Part	Vehicle	Details		
1a	Year			2023
b	Make		TES	LA
с	Model		3	
2	Vehicle identif	ication number (VIN) (see instructions) 5 Y J 3 E 1 E A 6	ē P	F 4 9 2 1 8 0
3	Enter date veh	icle was placed in service (MM/DD/YYYY)	02/	15/2023
4		le used primarily outside the United States? Answer "No" if it was but an exception <b>here.</b> You can't claim a credit amount for a vehicle used primarily outside the Un		
5	Does the VIN e definitions. X <b>Yes.</b> Go to <b>No.</b> Go to		year? :	See instructions for
6			2 and	placed in service during
7		entered on line 2 belong to a <b>qualified commercial clean vehicle</b> acquired after year? See instructions for definitions. Part V.	2022 :	and placed in service
Part		nere. You can't use this schedule to figure a credit amount for a vehicle not descr Amount for Business/Investment Use Part of New Clean Vehicle	ribed o	on line 5, 6, or 7.
8	Did you acquir another person	e the vehicle for use or to lease to others, and not for resale? Answer "No" if you		-
9	Tentative cred	it amount (see instructions)	9	7,500.
10	Business/inve	stment use percentage (see instructions)	10	%
11	entered 100%	by line 10. Include this credit amount on line 6 in Part II of Form 8936. If you on line 10, stop here. Otherwise, go to Part III below	11	0.
Part	Credit A	Amount for Personal Use Part of New Clean Vehicle		
12	Part III of Form		12	7,500.
For Pa	perwork Reduct	ion Act Notice, see the Form 8936 instructions. BAA REV 02/11/24	PRO	Schedule A (Form 8936) 2023

Schedu	e A (Form 8936) 2023	Page <b>2</b>
Part	V Credit Amount for Previously Owned Clean Vehicle	
13a	Is the sales price of the vehicle more than \$25,000?	
	Yes. Stop here. The vehicle doesn't qualify for the Part IV credit.	
	□ No.	
b	Did you acquire the vehicle for use and not for resale? Answer "No" if you are leasing the vehicle	e from another person.
	☐ Yes.	
	No. Stop here. You can't claim a credit amount for a vehicle you didn't acquire for use or a	cquired for resale.
•	Can you be alaimed as a dependent on another person's tay return, such as your persont's return	
С	Can you be claimed as a dependent on another person's tax return, such as your parent's return Yes. Stop here. You can't claim a credit amount if you can be claimed as a dependent.	112
	□ No.	
	—	
d	Is the vehicle a qualified fuel cell motor vehicle? See instructions.	
	<ul> <li>☐ Yes.</li> <li>☐ No.</li> </ul>	
14	Enter the sales price of the vehicle	14
15	Multiply line 14 by 30% (0.30)	15
16	Maximum vahiala avadit amaunt	4 000
16	Maximum vehicle credit amount	<b>16</b> 4,000.
17	Enter the smaller of line 15 or line 16. Stop here and include this credit amount on line	
17	14 in Part IV of Form 8936	17
Part		
18a	Is the vehicle of a character subject to the allowance for depreciation? Answer "Yes" if the exce	ption for certain tax-exempt
	entities discussed in the instructions applies.	
	Yes.	
	<b>No. Stop here.</b> The vehicle is not a qualified commercial clean vehicle unless the exception	applies.
b	Did you acquire the vehicle for use or to lease to others, and not for resale? Answer "No" if you	are leasing the vehicle from
	another person.	5
	No. Stop here. You can't claim a credit amount for a vehicle you didn't acquire for use or to	b lease to others, or acquired for
	resale.	
с	Is the vehicle also powered by gas or diesel? See instructions.	
	☐ Yes.	
	□ No.	
19	Enter the cost or other basis of the vehicle. See instructions	19
20	Section 179 expense deduction (see instructions)	20
21	Subtract line 20 from line 19	21
22	Multiply line 21 by 15% (0.15) [30% (0.30) if the answer on line 18c above is "No"]	22
00	Enter the incremental each of the unbials. One instructions	
23	Enter the incremental cost of the vehicle. See instructions	23
24	Enter the smaller of line 22 or line 23	24
24		
25	Maximum credit. Enter \$7,500 (\$40,000 if the vehicle's gross vehicle weight rating (GVWR) is	
	14,000 pounds or more)	25
26	Enter the smaller of line 24 or line 25. Include this credit amount on line 19 in Part V	
	of Form 8936	26

Schedule A (Form 8936) 2023

FORM

# **2023** California e-file Signature Authorization for Individuals

2023 California e-file Signature Authorization fo	or Individuals	8879
Your name	Your SSN or ITIN	
SAMANTH KUMAR YARLAGADDA	886-36-237	5
Spouse's/RDP's name	Spouse's/RDP's SS	N or ITIN
JAHNAVI PALLAPROLU	988-99-562	4
Part I Tax Return Information (whole dollars only)		
1 California adjusted gross income (AGI). See instructions	1	93874
2 Amount you owe. See instructions		
3 Refund or no amount due. See instructions		2795
Part II Taxpayer Declaration and Signature Authorization (Be sure you obtain and keep a copy of your n	return.)	
electronic return originator (ERO), transmitter, or intermediate service provider, including my name, address, identification number (ITIN), and the amounts shown in Part I above agree with the information and amounts income tax return. If applicable, I authorize an electronic funds withdrawal of the amount on line 2 and/or the and on form FTB 8455, California e-file Payment Record for Individuals, or a comparable form. If applicable, agrees with the direct deposit authorization stated on my return. If I have filed a joint return, this is an irrevoor domestic partner (RDP) as an agent to authorize an electronic funds withdrawal or direct deposit. I authorize provider to transmit my complete return to the Franchise Tax Board (FTB). If the processing of my return or to my ERO, intermediate service provider, and/or transmitter the reason(s) for the dalay or the date wher return, I understand that if the FTB does not receive full and timely payment of my tax liability, I remain liable penalties. I acknowledge that I have read and consent to the Electronic Funds Withdrawal Consent included consent included a personal identification number (PIN) as my signature for my electronic income tax return and, if a	s shown on the corresponding line e estimated tax payments as showr I declare that direct deposit refund cable appointment of the other spo my ERO, transmitter, or intermedi refund is delayed, I authorize the n the refund was sent. If I am filing for the tax liability and all applicab on the copy of my electronic incom	s of my electronic a on my return amount on line 3 use/registered ate service FTB to disclose g a balance due le interest and e tax return. I have
Taxpayer's PIN: check one box only		
I authorize GLOBAL TAXES LLC	to enter my PIN 6	2 3 7 5
ERO firm name	Do not	enter all zeros
as my signature on my 2023 e-filed California individual income tax return.		
I will enter my PIN as my signature on my 2023 e-filed California individual income tax return. Check the return is filed using the Practitioner PIN method. The ERO must complete Part III below.	is box <b>only</b> if you are entering your	own PIN and your
Your signature  Date		
Spouse's/RDP's PIN: check one box only		
I authorize GLOBAL TAXES LLC	to enter my PIN 9	5 6 2 4
ERO firm name		t enter all zeros
as my signature on my 2023 e-filed California individual income tax return.	50 10	
I will enter my PIN as my signature on my 2023 e-filed California individual income tax return. Cha and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.	eck this box <b>only</b> if you are enter	ing your own PIN
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.         2       2         Description	4 9 6 0 8 2 7 o not enter all zeros	1
I certify that the above numeric entry is my PIN, which is my signature for the 2023 California individual inc confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method e-file Providers.		
ERO's signature  Date	02/16/2024	

540

## 2023 California Resident Income Tax Return

		APE			ATTACH	FEDERAL	RETURN	
	988-99- ARLAGADDA ALLAPROLU	5624			23			
2222 HUNTINGTON D DUARTE	R CA 91010		APT	71				
04-19-1992 10-19	-1996							

		Enter your county at time of filing (see instructions)						
ö	$oldsymbol{igodol}$	LOS ANGELES						
enc		If your address above is the same as your principal/physical residence address at the time of filing, check this box 🖲 🗙						
sid		If not, enter below your principal/physical residence address at the time of filing.						
I R		Street address (number and street) (If foreign address, see instructions.) Apt. no/ste. no.						
Principal Residence	۲							
Prii		City State ZIP code						
	$oldsymbol{O}$							
	If your California filing status is different from your federal filing status, check the box here							
SU	1	Single 4 Head of household (with qualifying person). See instructions.						
Filing Status	•							
ng,	2	X Married/RDP filing jointly (even if 5 Qualifying surviving spouse/RDP. Enter year spouse/RDP died.						
E		See instructions. See instructions.						
	3	Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here.						
	6	If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See instr						
•	Fo	r line 7, line 8, line 9, and line 10: Multiply the number you enter in the box by the pre-printed dollar amount for that line.						
SU	7	Personal: If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked						
otio		box 2 or 5, enter 2 in the box. If you checked the box on line 6, see instructions. $\bigcirc 7$ 2 X \$144 = $\bigcirc$ \$ 288						
Exemptions	8	Blind: If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2. See instructions						
ЖЩ	9 Senior: If you (or your spouse/RDP) are 65 or older, enter 1;							
		if both are 65 or older, enter 2. See instructions. $\bullet$ 9 X \$144 = $\bullet$ \$						
		REV 02/02/24 PRO						
		175 3101234 Form 540 2023 <b>Side 1</b>						

Υοι	ır naı	me: YAR	LA	GADDA		Your	· SSN c	or ITIN:	886-	36-2	375					
	10	Dependents:	Do n	ot include y Dependent 1	ourself o	r your spo	use/RD		ndent 2				Depen	dent 3		
		First Name	$oldsymbol{O}$					•								
suc		Last Name	۲					•								
Exemptions		SSN. See instructions.	•					•								
Exel		Dependent's relationship to you						•								
	Tota	I dependent e	exem	ptions					(	<b>● 10</b>	х	\$446 = 0	• \$			
	11	Exemption	amoi	unt: Add line	7 throug	h line 10. <sup>-</sup>	Transfei	r this amo	ount to li	ne 32 .		•	11 \$		2	88
	12	State wages Form(s) W-	s fror 2, bo	n your federa x 16	al 		. • 1	2		10	2183	. 00				
Taxable Income	13 14	California a	djusti	usted gross ments – sub olumn B	tractions.	Enter the	amount	t from Sc	hedule C	A (540)	,				93874	. 00 . 00
	15	Subtract lin	e 14	from line 13	. If less th	nan zero, e	nter the	e result in	parenth	eses.					93874	. 00
	16	California adjustments – additions. Enter the amount from Schedule CA (540).														
	47	,													93874	
	17 18	Enter the		ed gross inc r California <b>i</b>								1			55071	_ 00
	19		• Si • Ma If Ma e 18	r California <b>s</b> ngle or Marr arried/RDP fili arried/RDP fili from line 17 enter -0-	ied/RDP 1 ng jointly, ng separat . This is y	filing sepa Head of hou ely or the bo rour <b>taxab</b> l	rately usehold, ox on line <b>le incor</b>	or Qualify e 6 is chec <b>me</b> .	ing surviv ked, <b>STOI</b>	ring spou P. See ins	use/RDP. \$	10,726 • <b>18</b>	} 		10726	
	31	Tax. Check	the b	ox if from:		Tax Table	[		Rate Sc							1
Тах	32			ts. Enter the structions	amount f		-	ur federal	AGI is m	nore tha		• • 31 . • 32			2232	.00 .00
Ë	33	Subtract lin	e 32	from line 31	. If less th	nan zero, e	nter -0-	•				. 💽 33			1944	. 00
	34	Tax. See ins	struct	ions. Check	the box if	from:	So	chedule G	-1	FTE	35870A	• 34				. 00
	35	Add line 33	and	line 34								. • 35			1944	. 00
redits	40	Nonrefunda	ble C	hild and Dep	oendent C	are Expen	ses Cre	dit. See ii	nstructio	ns		. ● 40				.00
Special Credits	43	Enter credit	nam	e				code 🗨		and a	imount	• 43				.00
Spec	44	Enter credit	nam	e				code 🗨		and a	imount	• 44		2/02/24 PPC		. 00
		Side 2 Forn	n 540	2023		175		310	2234			• —	REV U	2/02/24 PRO		

You	ır nar	me: Y	ARLAGADDA	Your SSN or ITIN:	886-36-23	75				
Ś	45	To clain	n more than two credits, see instru	uctions. Attach Schedu	le P (540)	• • • •	45			. 00
Special Credits	46	Nonrefu	undable Renter's Credit. See instru	ictions		•	46			. 00
ecial (	47	Add line	e 40 through line 46. These are yo	ur total credits			47			. 00
Spe	48	Subtrac	ct line 47 from line 35. If less than		48		1944	- 00		
xes	61		tive Minimum Tax. Attach Schedul	, , , , , , , , , , , , , , , , , , ,			Г			• 00
Other Taxes	62		Health Services Tax. See instruction		62 _		]	<u>   00</u>		
đ	63	Other ta	axes and credit recapture. See inst	tructions			<b>63</b>			. 00
	64	Add line	e 48, line 61, line 62, and line 63.	This is your total tax		• • • •	64		1944	. 00
	71	Californ	nia income tax withheld. See instru	uctions			71		4739	. 00
	72	2023 Ca	alifornia estimated tax and other p	•	72			. 00		
	73	Withhol	Iding (Form 592-B and/or Form 59	•	73			. 00		
ients	74	Excess	SDI (or VPDI) withheld. See instru	•	74			. 00		
Payments	75	Earned	Income Tax Credit (EITC). See ins	•	75			. 00		
	76	Young (	Child Tax Credit (YCTC). See instru	•	76			. 00		
	77 78	Add line	Youth Tax Credit (FYTC). See instri e 71 through line 77. These are yo tructions	ur total payments.			Г		4739	• 00
ax	91		<b>x</b> . Do not leave blank. See instruct					0.00		
Use Tax				use tax is owed. 💿		our use tax ol	bligation	directly to CDTFA.		
ISR Penaltv	92	See ins If you d	and your household had full-year h structions. Medicare Part A or C cc did not check the box, see instruct	overage is qualifying he ions.	alth care coverage.	•••••	×			
		Individu	ual Shared Responsibility (ISR) Pe	enalty. See instructions	• 92			• 00		
an	93	Paymer	nts balance. If line 78 is more than		93		4739	. 00		
Overpaid Tax/Tax Due	94 95		<b>x balance.</b> If line 91 is more than nts after Individual Shared Respon	-	94			- 00		
d Tax	96	subtrac	it line 92 from line 93				95		4739	. 00
<i>r</i> erpai	50		t line 93 from line 92				96			. 00
ó	97	Overpai	id tax. If line 95 is more than line 6	64, subtract line 64 fro	m line 95		97		2795	. 00
		REV 02	2/02/24 PRO	175 310	3234			Form 540 2023	Side 3	
									5.40 0	

our nar	ne:	YARLAGADDA	Your SSN or ITIN:	886-36-2375			
e 98	Amo	unt of line 97 you want applied to yo	ur <b>2024</b> estimated tax	•••••••••••••••••••••••••••••••	98	0	. 00
Q 86 23	Over	paid tax available this year. Subtract	line 98 from line 97		99	2795	. 00
, Тах 100	Tax	unt of line 97 you want applied to yo paid tax available this year. Subtract due. If line 95 is less than line 64, sub	otract line 95 from line 64	4	) 100		. 00
						Amount	
	Calif	ornia Seniors Special Fund. See instru	uctions	•••••••	400		. 00
	Alzhe	eimer's Disease and Related Dementia	a Voluntary Tax Contribu	tion Fund	401		- 00
	Rare	and Endangered Species Preservatio	n Voluntary Tax Contribu	ution Program	403		. 00
	Calif	ornia Breast Cancer Research Volunta	ry Tax Contribution Fund	d	405		- 00
	Calif	ornia Firefighters' Memorial Voluntary	/ Tax Contribution Fund .		406		- 00
	Emei	rgency Food for Families Voluntary Ta	407		. 00		
	Calif	ornia Peace Officer Memorial Founda	tion Voluntary Tax Contri	bution Fund	408		. 00
	Calif	ornia Sea Otter Voluntary Tax Contrib	ution Fund		410		. 00
	Calif	ornia Cancer Research Voluntary Tax	Contribution Fund		413		. 00
	Scho	ool Supplies for Homeless Children Vo	oluntary Tax Contributior	n Fund	422		- 00
5	State	Parks Protection Fund/Parks Pass P	urchase	•••••••••••••••••••••••••••••••••••••••	423		- 00
	Prote	ect Our Coast and Oceans Voluntary T	ax Contribution Fund	•••••••••••••••••••••••••••••••••••••••	424		. 00
	Keep	Arts in Schools Voluntary Tax Contri	bution Fund	•••••••••••••••••••••••••••••••••••••••	425		. 00
	Calif	ornia Senior Citizen Advocacy Volunta	ary Tax Contribution Fun	d •	438		. 00
	Nativ	ve California Wildlife Rehabilitation Vo	luntary Tax Contribution	Fund	439		- 00
	Rape	Kit Backlog Voluntary Tax Contributi	on Fund	•••••••••••••••••••••••••••••••	440		- 00
	Suici	de Prevention Voluntary Tax Contribu	ition Fund		444		. 00
	Ment	al Health Crisis Prevention Voluntary	Tax Contribution Fund		445		. 00
110	Add	amounts in code 400 through code 4	45. This is your total cor	ntribution	110		. 00

REV 02/02/24 PRO

Your			YARLAGADI			Your SSN or ITIN:	886-36-					
unt We	111	AMO	UNT YOU OWE. If	you do	o not have an	amount on line 99, add li	ne 94, line 96,	, line 100, and lir	ne 110. Se	ee instructions. <b>Do not send cash.</b>		
		Mail	to: FRANCHISE	TAX B	BOARD, PO B	OX 942867, SACRAME	NTO CA 9426	7-0001	111	ee instructions. <b>Do not send cash.</b>	. 00	
₹≽		Pay (	Online – Go to <b>ftb.</b>	ca.go	<b>v/pay</b> for mo	re information.						
	112	Inter	est late return per	nalties	and late nav	yment penalties			112		. 00	
and			erpayment of estin			- []						
Interest and Penalties		Check the box: • FTB 5805 attached • FTB 5805F attached • 113										
Pe		GHEC										
	114	Total	amount due. See	instru	ictions. Enclo	ose, but <b>do not</b> staple, ar	ly payment .		114		<b>.</b> 00	
	115	REF	JND OR NO AMOL	JNT D	<b>UE.</b> Subtract	the sum of line 110, line	e 112, and lin	ie 113 from line	99. See i	instructions.		
		Mail	to: FRANCHISE TA	AX BO	ARD, PO BO	X 942840, SACRAMENT	O CA 94240-	0001	115	2795	. 00	
sit		Fill ir	n the information t	n a voided check or a deposit slip.								
epo				-		outing and account num			-			
ct		All o	-		-	(line 115) is authorized	for direct dep	osit into the ac	count sho	own below:		
Refund and Direct Deposit		• F	Routing number	● Typ		Account number				• <b>116</b> Direct deposit amount		
and			L1000025	×	Checking	48805688963	5			2795	. 00	
ind §			1000020		Savings	100000000000000	<u> </u>			2795	∎ <u>00</u>	
Refu		The I	remaining amount	of my	/ refund (line	115) is authorized for d	irect deposit	into the accoun	t shown l	below:		
_			outing number	• Typ						• 117 Divert den seit emerunt		
			Routing number		Checking	Account number				• 117 Direct deposit amount		
					Savings						<b>.</b> 00	
<u> </u>					-							
Info		Fart	ator registration is	oform	ation about	the hey and go to eee e	o gov/alastia	ne Coolipatrust	iono			
Voter Info.		FORV	oter registration in	IIOTIII	ation, check i	the box and go to <b>sos.c</b> a	a.gov/electio	<b>ns</b> . See instruct	1011S			
Health Care Coverage Info.												
age C	)	Do v	ou want informatio	on on	no-cost or lo	w-cost health care cove	rage? By che	ckina the "Yes"	box. vou	authorize		
lealt vera						your tax return with Co					No	
- S												

Sign your tax return on Side 6

Г

Your	name:	YAF

Γ

YARLAGADDA
------------

Your SSN or ITIN:

886-36-2375



IMPORTANT:	See the instructions to find out if you should attach a copy of your complete federal tax return.							
	e can be found in annual tax booklets or online. Go to <b>ftb.ca.gov/privacy</b> to learn about our privacy policy statement, or go to 1 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form							
Under penalties is true, correct, a	of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the Ind complete.	e best of n	ny knowledge and belief, it					
Your signature	Date Spouse's/RDP's signature (if a	joint tax re	eturn, both must sign)					
	• Your email address. Enter only one email address.	Pref	erred phone number					
Sign		2552235						
Here	Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge)							
	SYAM PRIYA RAM SAGAR GUPTA TALLAM							
It is unlawful to forge a	Firm's name (or yours, if self-employed)							
spouse's/ RDP's	GLOBAL TAXES LLC		P02082703					
signature.	Firm's address		● Firm's FEIN					
Joint tax return?	245 ROONEY CT E BRUNSWICK NJ 08816		843171965					
See instructions.	Do you want to allow another person to discuss this tax return with us? See instructions	Yes	× No					
	Print Third Party Designee's Name	Telepho	ne Number					

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CA (540)

## **2023 California Adjustments — Residents**

Important: Attach this schedule behind Form 540, Side 6 as a supporting California schedule.

Na	me(s) as shown on tax return				SSN or ITIN
S	YARLAGADDA & J PALLAPROLU		886362375		
	<b>Art I Income Adjustment Schedule</b> <b>ction A – Income</b> from federal Form 1040 or 1040-SR	A	Federal Amounts (taxable amounts from your federal tax return)	<b>B</b> Subtractions See instructions	<b>C</b> Additions See instructions
1	<b>a</b> Total amount from federal Form(s) W-2, box 1. See instructions <b>1a</b>	۲	102183	۲	$\odot$
	<ul> <li>b Household employee wages not reported on federal Form(s) W-2</li></ul>	ullet		۲	۲
	<b>c</b> Tip income not reported on line 1a <b>1c</b>	۲		۲	۲
	<b>d</b> Medicaid waiver payments not reported on federal Form(s) W-2. See instructions <b>1d</b>	۲		۲	۲
	e Taxable dependent care benefits from federal Form 2441, line 26 <b>1e</b>	۲		۲	۲
	f Employer-provided adoption benefits from federal Form 8839, line 29 1f	۲		٢	۲
	<b>g</b> Wages from federal Form 8919, line 6 <b>1g</b>	۲		۲	•
	$\boldsymbol{h}$ Other earned income. See instructions $\ldots\ldots$ . 1 $\boldsymbol{h}$	ullet	0	۲	•
	i Nontaxable combat pay election. See instructions1i				۲
	z Add line 1a through line 1i1z	۲	102183	۲	•
		ullet	35	۲	$\odot$
3	Ordinary dividends. See instructions. <b>a</b> • 3b	۲		۲	۲
4	IRA distributions. See instructions. <b>a</b> • 4b	۲		۲	۲
5	Pensions and annuities. See instructions. <b>a</b> • 5 <b>b</b>	۲			۲
6	Social security benefits. <b>a</b> • 6b	۲		۲	
		۲		۲	
	ction <b>B</b> – Additional Income from federal Schedule 1	(For	m 1040)		
1	Taxable refunds, credits, or offsets of state and local income taxes	۲		۲	
2	a Alimony received. See instructions 2a	۲			۲
3	Business income or (loss). See instructions <b>3</b>	۲		۲	۲
		۲		۲	۲
Ð	Rental real estate, royalties, partnerships, S corporations, trusts, etc <b>5</b>	۲	-8344	۲	۲
6	Farm income or (loss)6	۲		۲	۲
7	Unemployment compensation7	۲		۲	

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Section B – Additional Income Continued	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
8 Other income: a Federal net operating loss	• ( )		۲
<b>b</b> Gambling 8b	۲	۲	
c Cancellation of debt 8c	$\odot$	$\odot$	$\odot$
<b>d</b> Foreign earned income exclusion from federal Form 2555	• ( )		۲
e Income from federal Form 8853 8e	۲		۲
f Income from federal Form 8889	۲	۲	
g Alaska Permanent Fund dividends	۲		
<b>h</b> Jury duty pay 8h	۲		
i Prizes and awards8i	۲		
j Activity not engaged in for profit income8j	۲		
k Stock options8k	۲		
I Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property 81	۲		
m Olympic and Paralympic medals and USOC prize money	۲		
<b>n</b> IRC Section 951(a) inclusion 8 <b>n</b>	۲	۲	
<b>o</b> IRC Section 951A(a) inclusion	۲	۲	
p IRC Section 461(I) excess business loss adjustment 8p	۲	۲	۲
<b>q</b> Taxable distributions from an ABLE account <b>8q</b>	۲		
r Scholarship and fellowship grants not reported on federal Form(s) W-28r	۲		
s Nontaxable amount of Medicaid waiver payments included on federal Form 1040, line 1a or line 1d8s	• ( )		
t Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental IRC Section 457 plan 8t	۲		
<b>u</b> Wages earned while incarcerated 8 <b>u</b>	$\odot$		
<b>z</b> Other income. List type and amount.			
• 8z	۲	$\odot$	$\bullet$



Se	ction B – Additional Income Continued	A	Federal Amounts (taxable amounts from your federal tax return)		B Subtractions See instructions	<b>C</b> Additions See instructions			
9	a Total other income. Add lines 8a through 8z 9a	$oldsymbol{igstar}$				۲			
	<b>b1</b> Disaster loss deduction from form FTB 3805V <b>9b1</b>								
	<b>b2</b> NOL deduction from form FTB 3805V 9b2								
	<b>b3</b> NOL deduction from form FTB 3805Z, 3807, or 3809			۲					
10	<b>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	۲	93874	۲		۲			
Section C – Adjustments to Income from federal Schedule 1 (Form 1040)									
11	Educator expenses								
12	Certain business expenses of reservists, performing artists, and fee-basis government officials <b>12</b>			۲		۲			
13	Health savings account deduction	ullet							
14	Moving expenses. Attach form FTB 3913. See instructions	$   \mathbf{O} $				۲			
15	Deductible part of self-employment tax. See instructions								
16	Self-employed SEP, SIMPLE, and qualified plans16	ullet							
17	Self-employed health insurance deduction. See instructions			$   \mathbf{O} $					
18	Penalty on early withdrawal of savings								
19	a Alimony paid					۲			
	<b>b</b> Recipient's: SSN •								
	Last Name 🖲								
20	IRA deduction			$   \mathbf{O} $		۲			
21	Student loan interest deduction	•							
22	Reserved for future use								
23	Archer MSA deduction								



Section C – Adjustments to Income Continued	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	<b>C</b> Additions See instructions
<ul> <li>24 Other adjustments:</li> <li>a Jury duty pay</li></ul>	۲		
<ul> <li>b Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit</li></ul>	۲	۲	•
<ul> <li>c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m</li> </ul>	۲	۲	
d Reforestation amortization and expenses24d			
e Repayment of supplemental unemployment benefits under the federal Trade Act of 1974 24e			
f Contributions to IRC Section 501(c)(18)(D) pension plans24f	۲	۲	•
g Contributions by certain chaplains to IRC Section 403(b) plans	$\odot$	۲	۲
h Attorney fees and court costs for actions involving certain unlawful discrimination claims	۲		
i Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations <b>24</b> i	۲	۲	
j Housing deduction from federal Form 2555 <b>24</b> j			
k Excess deductions of IRC Section 67(e) expenses from federal Schedule K-1 (Form 1041)24k			
<b>z</b> Other adjustments. List type and amount.			
<u>و</u> 24z		$\odot$	$\odot$
<b>i</b> Total other adjustments. Add line 24a through line 24z	۲	۲	۲
Add line 11 through line 23 and line 25 in columns A, B, and C. See instructions	۲	۲	۲
7 Total. Subtract line 26 from line 10 in columns A, B, and C. See instructions	93874	۲	۲

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Part II Adjustments to Federal Itemized Deduction
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Che	Not the hey if you did NOT itemize for federal but will itemize	a far (	California 🔘		]		
	ck the box if you did NOT itemize for federal but will itemiz		Federal Amounts (from federal Schedule A (Form 1040))		B Subtractions See instructions		Additions See instructions
Me	dical and Dental Expenses See instructions.						
1	Medical and dental expenses • 1						
2	Enter amount from federal Form 1040 or 1040-SR, line 11						
3	Multiply line 2 by 7.5% (0.075) • 7041 <b>3</b>						
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter 04					۲	
	a State and local income tax or general sales taxes5	a	5659		5659		
	<b>b</b> State and local real estate taxes	b					
	c State and local personal property taxes5	C 🕘					
	<b>d</b> Add line 5a through line 5c	d 💽	5659				
	<ul> <li>e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) in column A.</li> <li>Enter the amount from line 5a, column B in line 5e, column B.</li> <li>Enter the difference from line 5d and line 5e,</li> </ul>						
	column A in line 5e, column C	e 💽	5659	۲	5659	•	0
6	Other taxes. List type • 6	۲		۲		•	
7	Add line 5e and line 67		5659		5659		0
	<ul> <li>a Home mortgage interest and points reported to you on federal Form 1098</li> </ul>	a 💿				۲	
	b Home mortgage interest not reported to you on federal Form 10988	b				۲	
	c Points not reported to you on federal Form 10988	c 💽				۲	
	d Reserved for future use	d					
	e Add line 8a through line 8c	e 💽				•	
9	Investment interest	•		۲		۲	
10	Add line 8e and line 9	۲		$   \mathbf{O} $		۲	



Pa	rt II Adjustments to Federal Itemized Deductions Continued	A	Federal Amounts (from federal Schedule A (Form 1040))		B Subtractions See instructions		<b>C</b> Additions See instructions
Gif	ts to Charity						
	Gifts by cash or check	$   \mathbf{O} $		•		۲	
12	Other than by cash or check	$   \mathbf{O} $		۲		۲	
13	Carryover from prior year	$   \mathbf{O} $		•		۲	
14	Add line 11 through line 1314	۲		۲		۲	
	<b>Sualty and Theft Losses</b> Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions <b>15</b>			•		۲	
Oth	er Itemized Deductions						
	Other—from list in federal instructions <b>16</b>	ullet		۲		۲	
17	Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C <b>17</b>	$   \mathbf{O} $	5659		5659	۲	0
18	Total. Combine line 17 column A less column B plus co	lumn	C			18	0
Jol	Expenses and Certain Miscellaneous Deductions						
19	Unreimbursed employee expenses: job travel, union due Attach federal Form 2106 if required. See instructions .	s, jol	o education, etc.	)19			
20	Tax preparation fees			) 20			
21	Other expenses: investment, safe deposit box, etc. List type			) 21	0		
	Add line 19 through line 21 Enter amount from federal Form 1040 or 1040-SR, line 11			) 22	0		
24	Multiply line 23 by 2% (0.02). If less than zero, enter 0.			) 24	1877		
25	Subtract line 24 from line 22. If line 24 is more than line	22, (	enter O			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 540, line 13) more than the Single or married/RDP filing separately Head of household Married/RDP filing jointly or qualifying surviving s No. Transfer the amount on line 28 to line 29.			. \$237,	035		
	Yes. Complete the Itemized Deductions Worksheet in th	e ins	tructions for Schedule CA	(540),	line 29	29	0
30	Enter the larger of the amount on line 29 or your stand Single or married/RDP filing separately. See instru Married/RDP filing jointly, head of household, or qu	ction alifyi	s ng surviving spouse/RDP	\$10,	726		
	Transfer the amount on line 30 to Form 540, line 18 $\ldots$				•••••••••••••••••••••••••••••••••••••••	30	10726
					REV 02/02/24 PRO		
	<b>Side 6</b> Schedule CA (540) 2023 175	1	7736234				-