IRS e-file Signature Authorization

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

ERO must obtain and retain completed Form 8879. ▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID)

Taxpayer's name Social security number VIJAY MULE 153 - 37 - 6462Spouse's name Spouse's social security number 988-97-4505 MONIKA PAPIJENNI Tax Return Information — Tax Year Ending December 31, 2023 (Enter year you are authorizing.) Part I 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. 111,833. 1 1 2 2 9,655. 3 3 11,289. 4 4 1,634. 5 5

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

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

Taxpayer's PIN: check one box only

I authorize	GLOBAL TAXES	LLC	to enter or generate my PIN
		ERO firm name	

7	6	4	6	2	
Ent don	er fiv i't er	/e di nter a	gits, all ze	but ros	as

5

7

4 5 0

Enter five digits, but don't enter all zeros

my

as mv

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

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

Your signature

X

Spouse's PIN: check one box only

X lauthorize GLOBAL TAXES LLC ERO firm name

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

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

Spouse's signature >	Date									
Practitioner PIN Method Returns Only—continue below										
Part III Certification and Authentication – Practitioner PIN Method O	nly									
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PI	J. 2	2	2				0 {	_	2 7	1

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 🕨	signature Date Date							
	RO Must Retain This Form — Se bmit This Form to the IRS Unless							
For Demonstrate Deduction Act Nation and			Form 8870 (Day, 01 0001)					

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 01/12/24 PRO

Date

to enter or generate my PIN

E1040		artment of the Treasury—Internal Revenue Servin S. Individual Income Tax		turn	202	3	OMB No. 1545	-0074	IRS Use Only	/—Do not w	/rite or sta	ple in this space.		
For the year Jan	. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20	See se	parate i	nstructions.		
Your first name	and m	iddle initial	Last r	ame						Your so	cial sec	urity number		
VIJAY			MUL	म.						153	37	6462		
	pouse's	s first name and middle initial	Last r									security number		
MONIKA	•			IJENNI	r							4505		
	(numbe	er and street). If you have a P.O. box, see			L			Α	pt. no.		· · ·	ection Campaign		
		AL DRIVE							223			ou, or your		
		ce. If you have a foreign address, also co	mplete	spaces be	low.	Sta	ate	ZIP co		spouse if filing jointly, want \$3				
SAN DIEC		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				CF		921		1 0		nd. Checking a		
Foreign country				Foreian p	rovince/state/	-		_	n postal code		box below will not change your tax or refund.			
				5 1			,			,	Yo	_		
Filing Status		Single					Head of he	nusahi	NG (HOH)					
•		Married filing jointly (even if only or	ne hac	l income)				Juscin						
Check only		Married filing separately (MFS)	ie nae	r moorne,			Qualifying	surviv	ina snouse	(OSS)				
one box.	lf v	you checked the MFS box, enter the	name	of your si	nouse If voi	u che					ild's nai	me if the		
		alifying person is a child but not you												
Digital		ny time during 2023, did you: (a) rece						-		. ,	—			
Assets		hange, or otherwise dispose of a digi					-	et)? (Se	e instructio	ns.)	∐ Ye	es 🛛 No		
Standard Deduction	_	leone can claim: L You as a de Spouse itemizes on a separate returi	•		•		a dependent							
				_				m h of a		0 1050		blind		
		Were born before January 2, 1	909	Are bl	•	ouse		14	ore January	-		s blind see instructions):		
Dependents	•	,		(2) S	Social security number	/	(3) Relationsh	ip (4	Child tax c			r other dependents		
If more	(1) F	irst name Last name			number		to you	_			Orealt 10			
than four dependents,								_						
see instructions	s ——													
and check here	ı —											_ <u>_</u>		
	10	Total amount from Form(a) W(2, b)	ov 1 (o		tiona)					10		124,137.		
Income	1a ⊾	Total amount from Form(s) W-2, be			,						-	124,137.		
Attach Form(s)	b	Household employee wages not re												
W-2 here. Also attach Forms	с С	Tip income not reported on line 1a								. 1d	-			
W-2G and	d	Medicaid waiver payments not rep			, ,									
1099-R if tax	e	Taxable dependent care benefits for						• •		. 1e				
was withheld. If vou did not	T	Employer-provided adoption bene			-			• •	· · ·	. 1f	-			
get a Form	g	Wages from Form 8919, line 6 .				• •		• •	• • •	. <u>1</u> g		0		
W-2, see	h	Other earned income (see instructi				• •	· · · ·	· ·		. 1h		0.		
instructions.	i	Nontaxable combat pay election (s	see ins	tructions)		• •	1 i			_		10/ 107		
		Add lines 1a through 1h			· · · ·	 . .	· · · · ·			. 1z	-	124,137.		
Attach Sch. B if required.	2a	· · –	2a				axable interest		• • •	. 2b	-			
	<u>3a</u>		3a				Ordinary divider				-			
Standard	4a -		4a -				axable amoun			. 4b	-			
Deduction for –	5a		5a				axable amoun			. 5b	-			
 Single or Married filing 	6a		6a				axable amount	t		. 6b	•			
separately,	_c	If you elect to use the lump-sum el						• •	l	\exists				
\$13,850Married filing	7	Capital gain or (loss). Attach Scheo						• •	l	7 . 8	_			
jointly or Qualifying	8											-12,319.		
surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,		•				• •		. 9	_	111,833.		
\$27,700 • Head of	10	Adjustments to income from Schee								. 10				
household,	11	Subtract line 10 from line 9. This is	-	-	-					. 11	-	111,833.		
\$20,800 • If you checked T	12	Standard deduction or itemized								. 12	!	27,700.		
any box under Standard	13	Qualified business income deduction from Form 8995 or Form 8995-A									3			
Deduction,	14									. 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	84,133.		

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

Form **1040** (2023)

Form 1040 (2023	3)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3 🗌		16	9,655.
Credits	17	Amount from Schedule 2, lir	ne3					17	
	18	Add lines 16 and 17						18	9,655.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lin	ne8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	9,655.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			23	0.
	24	Add lines 22 and 23. This is	your total tax					24	9,655.
Payments	25	Federal income tax withheld							
	а	Form(s) W-2				25a 11	,289.		
	b	Form(s) 1099				25b			
	с	Other forms (see instruction	s)			25c		1	
	d	Add lines 25a through 25c						25d	11,289.
If you have a	26	2023 estimated tax payment	ts and amount a	pplied from 20)22 return			26	
qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit from				28			
	29	American opportunity credit	from Form 8863	3, line 8		29		1	
	30	Reserved for future use .				30		1	
	31	Amount from Schedule 3, lir				31		1	
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	undable credits		32	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	11,289.
Refund	34	If line 33 is more than line 24						34	1,634.
	35a	Amount of line 34 you want	refunded to you	J. If Form 8888	3 is attached, che	ck here	. 🗆	35a	1,634.
Direct deposit?	b	Routing number 0 1 1							
See instructions.	d	Account number 4 6 6							
	36	Amount of line 34 you want applied to your 2024 estimated tax 36							
Amount	37	Subtract line 33 from line 24	. This is the amo	ount vou owe					
You Owe		For details on how to pay, g						37	
	38	Estimated tax penalty (see ir	nstructions) .			38			
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?	See			
Designee	ins	tructions	·			🗌 Yes. C	omplete b	elow.	🗙 No
		signee's		Phone			onal identifi	cation	
<u></u>	nai			no.			ber (PIN)	a heat	
Sign		der penalties of perjury, I declare tl ief, they are true, correct, and com							, ,
Here		ur signature		Date	Your occupation				nt you an Identity
	10	ar signature		Date	Tour occupation				IN, enter it here
Joint return?					SR.CATHETER	R&D ENGINE	ER (see i	nst.)	
See instructions.	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupat	ion			nt your spouse an
Keep a copy for your records.						_	Identi (see i		ection PIN, enter it here
,		(005)500.004			HOME MAKEI		`	131.)	
		one no. (937)782-934		Email address	VIJAYREDDY.	MULE@GMAIL.Co			Charlett
Paid		parer's name	Preparer's signat		ATTEN	Date	PTIN		Check if:
Preparer		PRIYA RAM SAGAR GUPTA TALLAM		RAM SAGAR	GUPTA TALLAM	01/25/2024	P02082		Self-employed
Use Only		m's name GLOBAL TAX							678)965-9522
			Y CT E BRU	NSWICK N	J 08816		Firm's	s EIN	84-3171965
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 01/12/24 PRO			Form 1040 (2023)

REV 01/12/24 PRO

Additional Income and Adjustments to Income

Attach to Form 1040 1040-SB or 1040-NB

OMB No. 1545-0074 2023

	nent of the Treasury Revenue Service	Go to www.irs.gov/Form1040 for instructions and the latest info							
Name	(s) shown on Fo	u orm 1040, 1040-SR, or 1040-NR		Your so		equence No. 01			
VIJA		MONIKA PAPIJENNI		153-3		•			
Par	t Additi	onal Income	1						
1		nds, credits, or offsets of state and local income taxes			1				
2a	Alimony rece				2a				
b		nal divorce or separation agreement (see instructions):			2 a				
3	Business inc	ome or (loss). Attach Schedule C			3				
4	Other gains (or (losses). Attach Form 4797		• •	4				
5	•	state, royalties, partnerships, S corporations, trusts, etc. Attach S			5	-12,319.			
6		e or (loss). Attach Schedule F.			6	i			
7		ent compensation			7				
8	Other income	•							
а	Net operating	gloss	r L)					
b	Gambling	8b							
С		of debt							
d	•	ed income exclusion from Form 2555 8d)					
е		Form 8853							
f		Form 8889							
g		anent Fund dividends			-				
h		y							
i		wards							
j		engaged in for profit income			-				
	•	s							
I		the rental of personal property if you engaged in the rental							
		were not in the business of renting such property 81							
m		d Paralympic medals and USOC prize money (see							
n		a) inclusion (see instructions)			-				
n o		A(a) inclusion (see instructions)			-				
a a) excess business loss adjustment							
ч р	•	ibutions from an ABLE account (see instructions) 8q							
۹ r		and fellowship grants not reported on Form W-2 8r							
S		amount of Medicaid waiver payments included on Form							
-		or 1d)					
t		nnuity from a nonqualifed deferred compensation plan or							
		mental section 457 plan							
u		ed while incarcerated							
z	Other income	e. List type and amount:							
		87							

10 Combine lines 1 through 7 and 9. This is your additional income. Enter here and on Form 10

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

Schedule 1 (Form 1040) 2023

-12,319.

ar	t II Adjustments to Income					
1	Educator expenses				. 11	
2	Certain business expenses of reservists, performing artists, and fee	-basis	s gov	ernmei	nt	
	officials. Attach Form 2106				. 12	
3	Health savings account deduction. Attach Form 8889				. 13	
4	Moving expenses for members of the Armed Forces. Attach Form 3903				. 14	
5	Deductible part of self-employment tax. Attach Schedule SE					
6	Self-employed SEP, SIMPLE, and qualified plans					
7	Self-employed health insurance deduction					
8	Penalty on early withdrawal of savings					
9a	Alimony paid					
b	Recipient's SSN					
c	Date of original divorce or separation agreement (see instructions):				-	
0	IRA deduction				. 20	
1	Student loan interest deduction					
2	Reserved for future use					
3	Archer MSA deduction				. 23	
4	Other adjustments:	l i	• •	• •		
а		24a				
b	Deductible expenses related to income reported on line 81 from the	2-74			_	
D		24b				
с	Nontaxable amount of the value of Olympic and Paralympic medals	240			_	
C	and USOC prize money reported on line 8m	24c				
А		240 24d			-	
u	Repayment of supplemental unemployment benefits under the Trade	24u			_	
е		24e				
	Act of 1974				_	
f	Contributions to section 501(c)(18)(D) pension plans	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					
	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				
5	Total other adjustments. Add lines 24a through 24z				. 25	
6	Add lines 11 through 23 and 25. These are your adjustments to income	. Ente	er here	e and c	n	
	Form 1040, 1040-SR, or 1040-NR, line 10				. 26	

						ntal Income and Loss							OMB No. 1545-0074			
(Form	1040)	(Fror	n re	ental real estate	e, royalties, partnersl	hips, S	6 corpora	tions, es	tates,	trusts, REM	Cs, etc.)	20	23			
	ent of the Treasury				Attach to Form 1040,							Attachn	nent 10			
	Revenue Service			Go to www.ii	rs.gov/ScheduleE for	r instr	uctions a	nd the la	itest ir	formation.			ce No. 13			
	shown on return				_							al security				
VIJA				PAPIJENNI							153-3	7-6462				
Part	Note: If yo	ou are i	n th	e business of re	al Real Estate an enting personal proper 35 on page 2, line 40.			e C. See	instru	ctions. If you	are an indi	vidual, rep	ort farm			
Α					t would require you	to file	Form(s)	1099? 5	See ins	structions .		. Y e	s 🛛 No			
					Form(s) 1099?											
1a					treet, city, state, ZIF											
	-						0)									
	IN															
<u>В</u> С																
 1b		unter (~	Fau aaab yant		utu i Kas	tool		.	in Danital	Davaa					
1D	Type of Prope (from list below		2		or each rental real estate property lis bove, report the number of fair rental				га	ir Rental Days		nal Use avs	QJV			
Α	3	,			days. Check the Q			Α		365		0				
B					ne requirements to f			B				0				
C				qualified joint	venture. See instru	iction	s.	C								
	of Property:															
	Single Family R	esider	nce	3 Vacati	on/Short-Term Ren	tal	5 Lan	d	7	Self-Rental						
2	Multi-Family Re	siden	се	4 Comm	nercial		6 Roy	alties	8	Other (desc	cribe)					
										Propert						
Incom								Α		B			С			
3		1				3			00.	D			C			
4						4		0	00.							
Exper			•													
5						5										
6	-					6										
7				-		7		1,3	10.							
8	-					8										
9						9										
10	Legal and othe	er prof	ess	ional fees .		10										
11	Management f	ees .				11		1,0	24.							
12	Mortgage inter	rest pa	aid 1	to banks, etc.	(see instructions)	12										
13	Other interest					13										
14	Repairs					14		2,4								
15						15		1,8	14.							
16						16										
17						17			98.							
18		xpens	se o	r depletion .		18		2,9	77.							
19	Other (list)				0	19		10.0	1.0							
20	•			•	9	20		12,9	19.							
21		s), see	ins	structions to fi	d/or 4 (royalties). If nd out if you must	21		-12,3	19.							
22					r limitation, if any,	22	(12,31	9.)	()	(
23a	Total of all am	ounts	rep	orted on line 3	3 for all rental prope	rties	·		23a		600.					
b					for all royalty prop	erties			23b							
с					2 for all properties				23c							
d					8 for all properties			•	23d		2,977.					
е			-		20 for all properties				23e	1:	2,919.					
24					n on line 21. Do not		-				. 24					
25	Losses. Add ro	yalty l	oss	es from line 21	and rental real estate	e loss	es from lii	ne 22. E	nter to	tal losses he	re 25	(12,319.			

25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, and 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

For Paperwork Reduction Act Notice, see the separate instructions.

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-12,319.

Form 4562	•	ciation and Amortization Information on Listed Property)									
Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Fo	Attach to your tax return. rm4562 for instructions and the latest information.									
Name(s) shown on return	-	Business or activity to which this form relates									
VIJAY MULE &	MONIKA PAPIJENNI	Sch E Schedule E, Page 1, Copy 1, Prop									
Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.											
1 Maximum amou	unt (see instructions)										

2	Total cost of section 179 property placed in service (see		2		
3	Threshold cost of section 179 property before reduction	in limitation (see instruct	ions)	3	2,890,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero	o or less, enter -0		4	
5	Dollar limitation for tax year. Subtract line 4 from line separately, see instructions			5	
6		(b) Cost (business use only)			
7	Listed property. Enter the amount from line 29	7			
8	Total elected cost of section 179 property. Add amounts	s in column (c), lines 6 an	d7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8			9	
10	Carryover of disallowed deduction from line 13 of your 2		10		
11	Business income limitation. Enter the smaller of business in	or line 5. See instructions	11		
12	Section 179 expense deduction Add lines 9 and 10 but	ne 11	12		

12	2 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11							
13	Carryover of disallowed deduction to 2024. Add lines 9 and 10, less line 12 .	13						
Net	N. Den't use Dert II as Dert III below for listed preperty Instead use Dert V							

Pa	rt II	Special Depreciation Allowance and Other Depreciation (Don't include listed property.	See	instructions.)
14	Spe	cial depreciation allowance for qualified property (other than listed property) placed in service		
	duri	ng the tax year. See instructions	14	
15	Pro	perty subject to section 168(f)(1) election	15	
		er depreciation (including ACRS)	16	
Par	t III	MACRS Depreciation (Don't include listed property. See instructions.)		

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2023
18	f you are electing to group any assets placed in service during the tax year into one or more general
	asset accounts, check here

Section B—Assets Placed in Service During 2023 Tay Year Using the General Depreciation System

Section	3—Assets Plac	ed in Service During	g 2023 Tax Y	ear Using the G	eneral Depreciatio	n System
(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental	01/23	85,421.	27.5 yrs.	MM	S/L	2,977.
property			27.5 yrs.	MM	S/L	
i Nonresidential rea	I		39 yrs.	MM	S/L	
property				MM	S/L	
Section C	-Assets Place	d in Service During	2023 Tax Ye	ar Using the Alt	ernative Depreciat	ion System
20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	
Part IV Summary	See instructio	ons.)				
21 Listed property. En	iter amount fror	n line 28				21
22 Total. Add amour	ts from line 12.	lines 14 through 17,	lines 19 and	20 in column (a)	, and line 21. Enter	
here and on the ap	propriate lines	of your return. Partne	rships and S	corporations-se	ee instructions	22 2,977.
23 For assets shown	above and plac	ed in service during t	he current ye	ear, enter the		

		0		,			
portion of the basis attribut	table to sectio	n 263A costs.					23

For Paperwork Reduction Act Notice, see separate instructions.

OMB No. 1545-0172 2023 Attachment Sequence No. **179**

1,160,000.

Identifying number 153-37-6462

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17

Property A

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	Pă	assive Activi	ty Loss Lin	nitations		OMB No. 1545-1008		
			rate instructions.			2023		
epartment of the Treasury		Attach to Form		Attachment				
ternal Revenue Service	Go to www.i	irs.gov/Form8582 fo	r instructions and	the latest information		Sequence No. 858		
ame(s) shown on return		_			-	ng number		
	MONIKA PAPIJENNI				153-3	37-6462		
	Passive Activity Loss n: Complete Parts IV ar		ting Part I.					
	ctivities With Active Pa			ive participation s				
	I Real Estate Activities	• •						
1a Activities with	net income (enter the a	mount from Part IV	. column (a))	1 a	0.			
	net loss (enter the amo				12,319.)			
	allowed losses (enter th)			
-	1a, 1b, and 1c				1	d -12,319		
I Other Passive Ac	tivities							
2a Activities with	net income (enter the a	mount from Part V	column (a))	2 a				
	net loss (enter the amo)			
	allowed losses (enter th)			
	2a, 2b, and 2c				2	d		
	1d and 2d and subtra							
	stop here and include							
	llowed losses entered of							
normally used						3 -12,319		
If line 3 is a los	ss and: • Line 1d is a l	oss, go to Part II.						
	 Line 2d is a l 	oss (and line 1d is	zero or more), sk	ip Part II and go to	line 10.			
aution: If your filing	status is married filing	separately and yo	u lived with your	spouse at any tim	e during the ye	ar, do not compl		
art II. Instead, go to	line 10.							
Part II Specia	al Allowance for Rer	ntal Real Estate	Activities With	Active Participa	ation			
Note: E	Enter all numbers in Par	t II as positive amo	unts. See instruc	tions for an examp				
				tions for an examp	ne.			
4 Enter the sma	ller of the loss on line 1	d or the loss on lin				1 12,319		
	Iler of the loss on line 1 0. If married filing separ		e3			4 12,319		
5 Enter \$150,00		ately, see instruction	e3	5 1	4	4 12,319		
5 Enter \$150,006 Enter modified	0. If married filing separ	ately, see instructions, but not less than	e 3 ons zero. See instruc	tions 6 1	/ 50,000.	4 12,319		
5 Enter \$150,006 Enter modifiedNote: If line 6	0. If married filing separ adjusted gross income	ately, see instructions, but not less than	e 3 ons zero. See instruc	tions 6 1	/ 50,000.	4 12,319		
 5 Enter \$150,00 6 Enter modified Note: If line 6 on line 9. Other 	0. If married filing separ adjusted gross income is greater than or equal erwise, go to line 7.	ately, see instructions, but not less than	e 3 ons zero. See instruc	5 1 ter -0- 6 1	/ 50,000.	4 12,319		
 5 Enter \$150,00 6 Enter modified Note: If line 6 on line 9. Other 7 Subtract line 6 	0. If married filing separ adjusted gross income is greater than or equal erwise, go to line 7.	ately, see instructions, but not less than to line 5, skip lines	e 3 ons zero. See instruc s 7 and 8 and ent	25,848.	4 12,319 8 12,924		
 5 Enter \$150,00 6 Enter modified Note: If line 6 on line 9. Other 7 Subtract line 6 8 Multiply line 7 	0. If married filing separ d adjusted gross income is greater than or equal erwise, go to line 7. 6 from line 5	ately, see instruction but not less than to line 5, skip lines nter more than \$25,	e 3 5 6 7 . . . 7		3 12,924		
 5 Enter \$150,00 6 Enter modified Note: If line 6 on line 9. Other 7 Subtract line 6 8 Multiply line 7 9 Enter the sma 	0. If married filing separ d adjusted gross income is greater than or equal erwise, go to line 7. 6 from line 5 by 50% (0.50). Do not en	ately, see instruction but not less than to line 5, skip lines nter more than \$25,	e 3 5 6 7 . . . 7		3 12,924		
 5 Enter \$150,00 6 Enter modified Note: If line 6 on line 9. Othe 7 Subtract line 6 8 Multiply line 7 9 Enter the sma Part III Total 	0. If married filing separ d adjusted gross income is greater than or equal erwise, go to line 7. 5 from line 5 by 50% (0.50). Do not er Iler of line 4 or line 8. If	ately, see instruction a, but not less than to line 5, skip lines nter more than \$25, line 3 includes any	e 3	5 1 ctions 6 1 ter -0- 7		3 12,924 9 12,319		
 5 Enter \$150,00 6 Enter modified Note: If line 6 on line 9. Other 7 Subtract line 6 8 Multiply line 7 9 Enter the sma Part III Total 0 Add the incom 1 Total losses a 	0. If married filing separ d adjusted gross income is greater than or equal erwise, go to line 7. 5 from line 5 by 50% (0.50). Do not er Iler of line 4 or line 8. If Losses Allowed ne, if any, on lines 1a an allowed from all passiv	ately, see instruction e, but not less than to line 5, skip lines Inter more than \$25, line 3 includes any d 2a and enter the re activities for 202	e 3	. . 5 1 ctions 6 1 ter -0- 7 ng separately, see in the second s		3 12,924 9 12,319		
 5 Enter \$150,00 6 Enter modified Note: If line 6 on line 9. Other 7 Subtract line 6 8 Multiply line 7 9 Enter the sma Part III Total 0 Add the incom 1 Total losses a out how to rep 	0. If married filing separ d adjusted gross income is greater than or equal erwise, go to line 7. 5 from line 5 by 50% (0.50). Do not er Iler of line 4 or line 8. If Losses Allowed ne, if any, on lines 1a an allowed from all passiv port the losses on your t	ately, see instructions, but not less than to line 5, skip lines 	e 3	. . 5 1 ctions 6 1 ter -0- 7 . . 7 ng separately, see in the second seco		3 12,924 9 12,319 0 0		
 5 Enter \$150,00 6 Enter modified Note: If line 6 on line 9. Other 7 Subtract line 6 8 Multiply line 7 9 Enter the sma 2art III Total 0 Add the incom 1 Total losses a out how to rep 	0. If married filing separ d adjusted gross income is greater than or equal erwise, go to line 7. 5 from line 5 by 50% (0.50). Do not er Iler of line 4 or line 8. If Losses Allowed ne, if any, on lines 1a an allowed from all passiv	ately, see instructions, but not less than to line 5, skip lines 	e 3	. . 5 1 ctions 6 1 ter -0- 7 . . 7 ng separately, see in the second seco		3 12,924 9 12,319 0 0		
 5 Enter \$150,00 6 Enter modified Note: If line 6 on line 9. Othe 7 Subtract line 6 8 Multiply line 7 9 Enter the sma Part III Total 1 0 Add the incom 1 Total losses a out how to rep Part IV Comp 	0. If married filing separ d adjusted gross income is greater than or equal erwise, go to line 7. 5 from line 5 by 50% (0.50). Do not er Iler of line 4 or line 8. If Losses Allowed ne, if any, on lines 1a an allowed from all passiv port the losses on your to lete This Part Before	ately, see instructions, but not less than to line 5, skip lines 	e 3	. . 5 1 ctions 6 1 ter -0- 7 . . 7 ng separately, see i . ctions 		3 12,924 9 12,319 0 0		
 5 Enter \$150,00 6 Enter modified Note: If line 6 on line 9. Othe 7 Subtract line 6 8 Multiply line 7 9 Enter the sma Part III Total 1 0 Add the incom 1 Total losses a out how to rep Part IV Comp 	0. If married filing separ d adjusted gross income is greater than or equal erwise, go to line 7. 5 from line 5 by 50% (0.50). Do not er Iler of line 4 or line 8. If Losses Allowed ne, if any, on lines 1a an allowed from all passiv port the losses on your t	ately, see instruction of the set of the set	e 3			3 12,924 9 12,319 0 0 1 12,319 I gain or loss		
 5 Enter \$150,00 6 Enter modified Note: If line 6 on line 9. Othe 7 Subtract line 6 8 Multiply line 7 9 Enter the sma Part III Total 0 Add the incom 1 Total losses a out how to rep Part IV Comp 	0. If married filing separ d adjusted gross income is greater than or equal erwise, go to line 7. 5 from line 5 by 50% (0.50). Do not er Iler of line 4 or line 8. If Losses Allowed ne, if any, on lines 1a an allowed from all passiv port the losses on your to lete This Part Before	ately, see instructions, but not less than to line 5, skip lines 	e 3	. . 5 1 ctions 6 1 ter -0- 7 . ng separately, see i . . ctions . . nd 10. See instructions. . . See instructions. . .		3 12,924 9 12,319 0 0 1 12,319		
 5 Enter \$150,00 6 Enter modified Note: If line 6 on line 9. Othe 7 Subtract line 6 8 Multiply line 7 9 Enter the sma Part III Total 0 Add the incom 1 Total losses a out how to rep Part IV Comp 	0. If married filing separ d adjusted gross income is greater than or equal erwise, go to line 7. 5 from line 5 by 50% (0.50). Do not er Iler of line 4 or line 8. If Losses Allowed ne, if any, on lines 1a an allowed from all passiv port the losses on your to lete This Part Before	ately, see instructions, but not less than to line 5, skip lines 	e 3	. . 5 1 . . 5 1 . . 6 1 . . . 7 <		3 12,924 9 12,319 0 0 1 12,319 I gain or loss (e) Loss		
 5 Enter \$150,00 6 Enter modified Note: If line 6 on line 9. Othe 7 Subtract line 6 8 Multiply line 7 9 Enter the sma Part III Total 0 Add the incom 1 Total losses a out how to rep Part IV Comp 	0. If married filing separ d adjusted gross income is greater than or equal erwise, go to line 7. 5 from line 5 by 50% (0.50). Do not er Iler of line 4 or line 8. If Losses Allowed ne, if any, on lines 1a an allowed from all passiv port the losses on your to lete This Part Before	ately, see instructions, but not less than to line 5, skip lines 	e 3	. . 5 1 . . 5 1 . . 6 1 . . . 7 <		3 12,924 9 12,319 0 0 1 12,319 I gain or loss		
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 5 Enter \$150,00 6 Enter modified Note: If line 6 on line 9. Othe 7 Subtract line 6 8 Multiply line 7 9 Enter the sma Part III Total 0 Add the incom 1 Total losses a out how to rep Part IV Comp 	0. If married filing separ d adjusted gross income is greater than or equal erwise, go to line 7. 5 from line 5 by 50% (0.50). Do not er Iler of line 4 or line 8. If Losses Allowed ne, if any, on lines 1a an allowed from all passiv port the losses on your to lete This Part Before	ately, see instructions, but not less than to line 5, skip lines 	e 3	. . 5 1 . . . 1 . . . 6 1 <td></td> <td>3 12,924 9 12,319 0 0 1 12,319 I gain or loss (e) Loss</td>		3 12,924 9 12,319 0 0 1 12,319 I gain or loss (e) Loss		
 5 Enter \$150,00 6 Enter modified Note: If line 6 on line 9. Othe 7 Subtract line 6 8 Multiply line 7 9 Enter the sma Part III Total 1 0 Add the incom 1 Total losses a out how to rep Part IV Comp 	0. If married filing separ d adjusted gross income is greater than or equal erwise, go to line 7. 5 from line 5 by 50% (0.50). Do not er Iler of line 4 or line 8. If Losses Allowed ne, if any, on lines 1a an allowed from all passiv port the losses on your to lete This Part Before	ately, see instructions, but not less than to line 5, skip lines 	e 3	. . 5 1 . . . 1 . . . 6 1 <td></td> <td>3 12,924 9 12,319 0 0 1 12,319 I gain or loss (e) Loss</td>		3 12,924 9 12,319 0 0 1 12,319 I gain or loss (e) Loss		
 5 Enter \$150,00 6 Enter modified Note: If line 6 on line 9. Other 7 Subtract line 6 8 Multiply line 7 9 Enter the smat Part III Total 10 Add the incom 11 Total losses a out how to rep Part IV Comp 	0. If married filing separ d adjusted gross income is greater than or equal erwise, go to line 7. 5 from line 5 by 50% (0.50). Do not er Iler of line 4 or line 8. If Losses Allowed ne, if any, on lines 1a an allowed from all passiv port the losses on your to lete This Part Before	ately, see instructions, but not less than to line 5, skip lines 	e 3	. . 5 1 . . . 1 . . . 6 1 <td></td> <td> 3 12, 9 12, 0 1 12, I gain or loss (e) Lo </td>		 3 12, 9 12, 0 1 12, I gain or loss (e) Lo 		

Part V Complete This Part Before Part I, Lines 2a, 2b, and 2c. See instructions.

	Complete This Part Delor		a, 20,									
	Name of activity	Current year			Prior y	ears	Overall gain or loss					
	Name of activity		(a) Net income (b) N (line 2a) (lir		Net loss (c) Unallo ine 2b) loss (line		(d) Gain		(e) Loss			
			(11)		1000 (111	0 20)						
Total. Enter	on Part I, lines 2a, 2b, and 2c											
Part VI	Use This Part if an Amour	nt Is Shown on F	Part II,	Line 9. S	ee instruc	ctions.						
	Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss		(b) Ratio		(c) Special allowance		(d) Subtract column (c) from column (a).			
		E Ln 22		12,319.	1.0000	0000	12,31	9.	0.			
Total				12,319.	1.00	n	12,31	9	0.			
Part VII	Allocation of Unallowed L	.osses. See instr	uction	s.	110							
	Name of activity	Form or sche and line nur to be reporte (see instruct	nedule mber ed on (a) L		Loss		(b) Ratio		Unallowed loss			
Total .							1.00					
Part VIII	Allowed Losses. See instr	uctions.		1								
	Name of activity	Form or sche and line nur to be reporte (see instruct	nber ed on	(a) Loss		Loss (b) Unallo		(c) Allowed loss			
Total .	<u></u>	<u>.</u> .										

REV 01/12/24 PRO

Form **8582** (2023)

RM

TAXABLE YEAR		FOF
2023	California e-file Signature Authorization for Individuals	88

Yo	our name	Your SSN or ITIN	
V	/IJAY MULE	153-37-646	2
Sp	pouse's/RDP's name	Spouse's/RDP's SS	SN or ITIN
M	MONIKA PAPIJENNI	988-97-450	5
Pa	Part I Tax Return Information (whole dollars only)		
1	California adjusted gross income (AGI). See instructions		111833
2	Amount you owe. See instructions		
	Refund or no amount due. See instructions		

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

Under penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2023, 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 filing 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

ERO firm name	,	Don	ot er	nter a	ll zer	os
X Lauthorize GLOBAL TAXES LLC	to enter my PIN	7	6	4	6	2

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 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.

You	r signature 🕨	_ Date	▶_						
Spouse's/RDP's PIN: check one box only									
X	lauthorize GLOBAL TAXES LLC			to enter my PIN	7	4	5	0	5
	ERO firm name				Do not enter all zero:				
	as my signature on my 2023 e-filed California individual income tax return.								
	Lucill anten my DIN as new simplement on my 0000 s filed O-life mis individual income ter		01						

L will enter my PIN as my signature on my 2023 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 🕨	Date 🕨										
Practitioner PIN Method Returns Only	CO	ntinue	e belo	W							
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. I certify that the above numeric entry is my PIN, which is my signature for the 2023 Califor confirm that I am submitting this return in accordance with the requirements of the Practi e-file Providers.			lual i		e tax	returr	n for t	he ta			

ERO's signature 🕨	 Date	01/25/2024	
-			

2023 California Resident Income Tax Return

		APE		ATTACH FEDERAL RETURN
153-37-6462 VIJAY MONIKA	MULE MULE PAPIJ	988-97-4505 ENNI		23
9175 JUDICIA SAN DIEGO	L DRIVE CA	92122	APT	6223
06-01-1992	09-02-199	7		

		Enter your county at time of filing (see instructions)
e	ullet	SAN DIEGO
enc		If your address above is the same as your principal/physical residence address at the time of filing, check this box 🖲 🗙
sid		If not, enter below your principal/physical residence address at the time of filing.
Å.		Street address (number and street) (If foreign address, see instructions.) Apt. no/ste. no.
Principal Residence	$oldsymbol{igodol}$	
Prir		City State ZIP code
		If your California filing status is different from your federal filing status, check the box here
(0	1	Single 4 Head of household (with qualifying person). See instructions.
Filing Status		Single 4 Head of household (with qualitying person). See instructions.
	2	× Married/RDP filing jointly (even if 5 Qualifying surviving spouse/RDP. Enter year spouse/RDP died.
		only one spouse/RDP had income).
		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 • 6
_	- Fo	or line 7, line 8, line 9, and line 10: Multiply the number you enter in the box by the pre-printed dollar amount for that line.
S		Personal: If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked
tion		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	
Exe	9	
	3	if both are 65 or older, enter 2. See instructions
		REV 01/02/24 PRO
		175 3101234 Form 540 2023 Side 1

Υοι	ır na	me: MULE		Your SSN or ITIN:	153-37-6462	-							
	10	•	not include yourself or yo Dependent 1	•	endent 2	Dependent 3							
		First Name 💿	-										
รเ		Last Name 💿)										
Exemptions		SSN. See instructions.		• [•							
Exen		Dependent's relationship)										
	. .	to you			a 10								
			iptions			X \$446 = • \$	288						
	11	Exemption amol	unt: Add line 7 through lir	ie IU. Transfer this am	ount to line 32	• 11 \$	200						
	12	State wages from Form(s) W-2, bo	m your federal ox 16	• 12	12413	7 .00							
	13	Enter federal adju	111833 .00										
	14		tments – subtractions. Ent olumn B			• 14	_ 00						
ē	15	Subtract line 14	from line 13. If less than	zero, enter the result in	n parentheses.		111833 _00						
ncom	16												
Taxable Income	17		California adjusted gross income. Combine line 15 and line 16										
Тах	18	(ur California itemized ded)							
		larger of You	Iarger of Your California standard deduction shown below for your filing status: • Single or Married/RDP filing separately										
		Married/RDP filing jointly, Head of household, or Qualifying surviving spouse/RDP. \$10,726											
	19	Subtract line 18 1											
		If less than zero,	• 19	101107 .00									
	04		Tax	Table X Ta	x Rate Schedule								
	31	Tax. Check the bo		3800 • FT	В 3803	• 31	3312 _00						
~	32	•	its. Enter the amount from nstructions	•		(•) 32	288 _00						
Тах	33		from line 31. If less than				3024 .00						
	34		tions. Check the box if fro										
	35		line 34				3024 .00						
			IIIIC 34										
edits	40	Nonrefundable C	Child and Dependent Care	Expenses Credit. See i	nstructions	● 40	- 00						
Special Credits	43	Enter credit name	ne	code (and amount	• 43	- 00						
Speci	44	Enter credit nam	ne	code	and amount	• 44	_ 00						
		0.1.0.5		175		REV 01/02/24	PRO						
		Side 2 Form 540	0 2023	175 310)2234								

You	r nar	me: MUL	E	Your SSN (or ITIN:	153-37-6	5462				
S	45	To claim mo	re than two credits, see in	structions. Attach	h Schedule	P (540)		45			. 00
Special Credits	46	Nonrefundal	ble Renter's Credit. See in:	structions				46			. 00
ecial (47	Add line 40 through line 46. These are your total credits									. 00
Sp	48	Subtract line	e 47 from line 35. If less th	nan zero, enter -0 [.]				9 48		3024	. 00
							_				
Xes	61		/linimum Tax. Attach Sche]	• 00
Other Taxes	62		th Services Tax. See instru								• 00
	63		and credit recapture. See							2004	<u>00</u>
	64	Add line 48,	line 61, line 62, and line 6	63. This is your to	otal tax		•••••	64		3024	. 00
	71	California in	come tax withheld. See in:	structions			•	71		4480	. 00
	72	2023 Califor	nia estimated tax and othe	er payments. See	instructior	IS	• • • • • •	72			. 00
	73	Withholding	(Form 592-B and/or Form	n 593). See instru	ictions		•	73			. 00
Payments	74	Excess SDI	(or VPDI) withheld. See in	structions			•	74			- 00
Payr	75	Earned Inco	me Tax Credit (EITC). See	instructions			•	75			- 00
	76	Young Child	Tax Credit (YCTC). See in	structions			•	76			- 00
	77 78	Add line 71	n Tax Credit (FYTC). See in through line 77. These are ions	your total payme	ents.			77 78		4480	• 00 • 00
Use Tax	91	Use Tax. Do	not leave blank. See instr	ructions			1		0_00		
Use		If line 91 is z	zero, check if:	No use tax is owe	ed. 💿	You paid	d your use tax	obligatio	n directly to CDTFA.		
ISR Penaltv	92	See instruct	our household had full-ye ions. Medicare Part A or (ot check the box, see instr	C coverage is qual			ge	×			
		Individual SI	hared Responsibility (ISR)	Penalty. See inst	tructions .	9	2		.00		
ne	93	Payments ba	alance. If line 78 is more t	han line 91, subtr	ract line 91	from line 78 .		93		4480	. 00
Tax Di	94 05		ance. If line 91 is more th					94			- 00
Tax/	95	subtract line	ter Individual Shared Res 92 from line 93					95		4480	. 00
Overpaid Tax/Tax Due	96		hared Responsibility Pena 93 from line 92					96			. 00
Ň	97	Overpaid tax	x. If line 95 is more than li	ne 64, subtract lir	ne 64 from	line 95) 97		1456	. 00
		REV 01/02/24	PRO	100					F. 640.0000	0.1.0	
				175	3103	3234	1		Form 540 2023	Side 3	

/our nai	ne:	MULE	Your SSN or ITIN:	153-37-6462		1	
ع 98 98 ۾	Amo	unt of line 97 you want applied to yo	ur 2024 estimated tax .		98	0	. 00
Tax/Tax Due	Over	paid tax available this year. Subtract	ine 98 from line 97		99	1456	. 00
5× = 100	Tax o	lue. If line 95 is less than line 64, sut	otract line 95 from line 6	4	• 100		. 00
					<u>Code</u>		
	Califo	ornia Seniors Special Fund. See instru	uctions		• 400		. 00
	Alzhe	imer's Disease and Related Dementia	a Voluntary Tax Contribu	ition Fund	401		• 00
	Rare	and Endangered Species Preservatio	n Voluntary Tax Contrib	ution Program	403		. 00
	Califo	ornia Breast Cancer Research Volunta	ry Tax Contribution Fun	d	• 405		. 00
	Califo	ornia Firefighters' Memorial Voluntary	/ Tax Contribution Fund		406		. 00
	Emer	gency Food for Families Voluntary Ta	x Contribution Fund		407		. 00
	Califo	ornia Peace Officer Memorial Founda	tion Voluntary Tax Contr	ibution Fund	• 408		. 00
	Califo	ornia Sea Otter Voluntary Tax Contrib	ution Fund		• 410		. 00
tions	Califo	ornia Cancer Research Voluntary Tax	Contribution Fund		• 413		. 00
Contributions	Scho	ol Supplies for Homeless Children Vo	oluntary Tax Contribution	n Fund	• 422		. 00
ပိ	State	Parks Protection Fund/Parks Pass P	urchase		• 423		. 00
	Prote	ect Our Coast and Oceans Voluntary 7	ax Contribution Fund		• 424		. 00
	Кеер	Arts in Schools Voluntary Tax Contri	bution Fund		• 425		. 00
	Califo	ornia Senior Citizen Advocacy Volunta	ary Tax Contribution Fun	ıd	• 438		. 00
	Nativ	e California Wildlife Rehabilitation Vo	luntary Tax Contributior	n 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 co	ntribution	• 110		. 00

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You	r nan	ne:	MULE			Your SSN or ITIN:	153-37-				
unt	111	AMO	UNT YOU OW	/E. If you	do not have an	amount on line 99, add I	ine 94, line 96	, line 100, and li	ne 110. Se	ee instructions. Do not send cash.	
		Mail	to: FRANC	HISE TAX	BOARD, PO E	BOX 942867, SACRAME	NTO CA 9426	7-0001	• 111	ee instructions. Do not send cash.	. 00
₹≽		Pay (Online – Go te	o ftb.ca.g	ov/pay for mo	pre information.					
	112	Interest, late return penalties, and late payment penalties								. 00	
and es	113		erpayment of						112		
Interest and Penalties											00
nter Per		Cnec	k the box: ●		B 5805 attacl	ned 🌑 🛄 FTB 580;	5F attached .	(• 113		- 00
	114	Total	amount due	. See insti	ructions. Enclo	ose, but do not staple, a	ny payment .		114		<u> 00 </u>
	115	REF	JND OR NO A	AMOUNT	DUE. Subtract	t the sum of line 110, lir	ne 112, and lir	ne 113 from line	e 99. See	instructions.	
		Mail	to: FRANCHI	SE TAX B	OARD, PO BO	X 942840, SACRAMEN	TO CA 94240 [.]	0001	• 115	1456	. 00
sit		Fill in the information to authorize direct deposit of your refund into one or two accounts. Do not attach a voided check or a deposit slip See instructions. Have you verified the routing and account numbers? Use whole dollars only.									
)epc				-		-			•	aun halauu	
ct Ct		All 0	the followin	-	-	(line 115) is authorized	for direct dep	osit into the ac	COUTL SHO	JWII DEIOW.	
Refund and Direct Deposit		• F	louting numb	er ×	Checking	 Account number 				• 116 Direct deposit amount	
and		0	L100013			46600389266	8			1456	. 00
pur					Savings		_				= <u>[00</u>]
Refu		The	he remaining amount of my refund (line 115) is authorized for direct deposit into the account shown below:								
			louting numb	• T	ĺ.	 Account number 				• 117 Direct deposit amount	
			iouting numi		Checking						
					Savings						. 00
<u>.</u>											
lnfo		Forv	otar registrat	tion inform	nation check	the box and go to sos.c	a nov/electio	ne See instruc	tions		
Voter Info.		101 1			nation, check	the box and go to 303.6	a.yov/erectio				
Health Care Coverage Info.											
th C age)	Do y	ou want infor	mation o	n no-cost or lo	ow-cost health care cove	erage? By che	cking the "Yes"	box, you	authorize	7
leal		the F	TB to share I	imited inf	ormation from	n your tax return with Co	overed Califor	nia. See instruc	tions	• Yes	No
±ŏ											

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Sign your tax return on Side 6

Γ

Your name.	MULE
Your name.	

Your SSN or ITIN: 153-37-6462



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 ftb.ca.gov/privacy to learn about our privacy policy statement, I1 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and ent							
Under penalties is true, correct, a	of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, ar and complete.	nd to the best of	my knowledge and belief, it					
Your signature	Date Spouse's/RDP's signat	ure (if a joint tax r	return, both must sign)					
	• Your email address. Enter only one email address.	Pre	ferred phone number					
Sign		937	7829347					
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 signature.	GLOBAL TAXES LLC		P02082703					
-	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	ephone 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		
V	IJAY MULE & MONIKA PAPIJEN			153376462		
Se	art I Income Adjustment Schedule ction A – Income from federal Form 1040 or 1040-SR	A Federal Amounts (taxable amounts from your tederal tax return)	B Subtractions See instructions	C Additions See instructions		
1	a Total amount from federal Form(s) W-2, box 1. See instructions 1a	• 124137		•		
	b Household employee wages not reported on federal Form(s) W-2	•	۲	۲		
	c Tip income not reported on line 1a 1c	۲	۲	\odot		
	d Medicaid waiver payments not reported on federal Form(s) W-2. See instructions 1d	۲	۲	۲		
	e Taxable dependent care benefits from federal Form 2441, line 26 1e	۲	۲	۲		
	f Employer-provided adoption benefits from federal Form 8839, line 29	۲	۲	۲		
	g Wages from federal Form 8919, line 6 1g	۲	۲	•		
	${\bf h}$ Other earned income. See instructions $\ldots\ldots$. 1h	• 0	\odot	\odot		
	i Nontaxable combat pay election. See instructions1i			۲		
	z Add line 1a through line 1i1z	• 124137	۲	•		
2	Taxable interest. a • 2b	• 15	•	•		
3	Ordinary dividends. See instructions. a • 3b	•		۲		
4	IRA distributions. See instructions. a • 4b			• F		
5	Pensions and annuities. See instructions. a • 5b	\odot				
6	Social security benefits. a • 6b	•	•			
		۲	۲	۲		
	ction B – Additional Income from federal Schedule 1	(Form 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 3	۲	۲	•		
	Other gains or (losses)		\odot	۲		
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc 5	• -12319	۲	۲		
6	Farm income or (loss)			•		
7	Unemployment compensation7	\bullet				
				REV 01/02/24 PRO		

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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	()		۲
b Gambling 8 b	0	NT		
c Cancellation of debt				\odot
d Foreign earned income exclusion from federal Form 2555	۲	()		۲
e Income from federal Form 8853 8e				۲
f Income from federal Form 8889	۲		۲	
g Alaska Permanent Fund dividends	۲			
h Jury duty pay8 h				
i Prizes and awards8i				
j Activity not engaged in for profit income \ldots . $8j$				
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		E		
n IRC Section 951(a) inclusion	$oldsymbol{\circ}$			F
o IRC Section 951A(a) inclusion80	۲		۲	
p IRC Section 461(I) excess business loss adjustment 8p	$ \mathbf{O} $		۲	۲
q Taxable distributions from an ABLE account 8q	$ \mathbf{O} $			
r Scholarship and fellowship grants not reported on federal Form(s) W-2 8r				
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				
u Wages earned while incarcerated8 u				
z Other income. List type and amount.				
			۲	۲
DO		ΟΤ	MA	REV 01/02/24 PRO
Side 2 Schedule CA (540) 2023 17	75	7732234		



Sec	ction B	– Additional Income Continued	A	Federal Amounts (taxable amounts from your federal tax return)	E	Subtractions See instructions	C Additions See instructions
9	a To	tal other income. Add lines 8a through 8z 9a	۲		•		۲
	b1 Di	saster loss deduction from form FTB 3805V 9b1		NT	•	ΜА	
	b2 N(DL deduction from form FTB 3805V 9b2					
	b3 N(38	DL deduction from form FTB 3805Z, 07, or 3809			۲		
	and Se in colu throug line 9a	Combine Section A, line 1z through line 7, ection B, line 1 through line 7, and line 9a mn A and column C. Add Section A, line 1z h line 7, and Section B, line 1 through line 7, , and line 9b1 through line 9b3 in column B olicable). See instructions	۲	111833	۲		۲
Sec fro	ction C m fede	 Adjustments to Income ral Schedule 1 (Form 1040) 					
		ator expenses	ullet		۲		
12		n business expenses of reservists, performing s, and fee-basis government officials 12	ullet		ullet		\odot
13	Healt	h savings account deduction	$oldsymbol{O}$		۲		
14	Movii See ii	ng expenses. Attach form FTB 3913. nstructions	$ \mathbf{O} $				۲
15	Dedu See ii	ctible part of self-employment tax. nstructions		E /	0		
		mployed SEP, SIMPLE, and qualified plans 16					
17	Self-e See ii	employed health insurance deduction. nstructions	ullet		۲		-
18	Penalt	y on early withdrawal of savings	ullet				
19	a Ali	mony paid 19a	ullet				۲
	b Re	cipient's: SSN •					
	Las	st Name 🖲					
20	IRA de	eduction	ullet		۲		۲
21	Stude	nt loan interest deduction	ullet				•
22	Reserv	ved for future use					
23	Archei	^r MSA deduction	۲				

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ection C – Adjustments to Income Continued	A	Federal Amounts (taxable amounts from your federal tax return)	B	Subtractions See instructions	C Additions See instructions
I Other adjustments: a Jury duty pay	ullet				
 b Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit24b 	•	ΟΤ			۲
c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m24c	•		•		
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
g Contributions by certain chaplains to IRC Section 403(b) plans			•		۲
h Attorney fees and court costs for actions involving certain unlawful discrimination claims					
i Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations24i			۲		
j Housing deduction from federal Form 2555 24 j	$oldsymbol{O}$				
k Excess deductions of IRC Section 67(e) expenses from federal Schedule K-1 (Form 1041)24k					
z Other adjustments. List type and amount.	•	FC	0		0
i Total other adjustme <mark>nts. Add l</mark> ine 24a through line 24z	$ \bigcirc $		\odot		F
6 Add line 11 through line 23 and line 25 in columns A, B, and C. See instructions					۲
7 Total. Subtract line 26 from line 10 in columns A, B, and C. See instructions		111833	۲		۲

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Pa	rt II Adjustments to Federal Itemized Deductions			_		
Ch	eck the box if you did NOT itemize for federal but will itemiz	ze fo	r California 🕥			
			A Federal Amounts (from federal Schedule A (Form 1040))		B Subtractions See instructions	C Additions See instructions
	dical and Dental Expenses See instructions.					
1	Medical and dental expenses •	Τ				
2	Enter amount from federal Form 1040 or 1040-SR, line 11 (•) 111833 2					
3	Multiply line 2 by 7.5% (0.075) (•) 8387 3					
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter 0					۲
Tax	xes You Paid	1	5506		5506	
5	a State and local income tax or general sales taxes5		5596		5596	
	b State and local real estate taxes	b	•			
	c State and local personal property taxes 5					
	d Add line 5a through line 5c	d	5596			
	e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) in column A. Enter the amount from line 5a, column B in line 5e, column B. Enter the difference from line 5d and line 5e, column A in line 5e, column C	ie (5596	۲	5596	• 0
6	Other taxes. List type • 6			$ \mathbf{O} $		۲
7	Add line 5e and line 6	, (5596		5596	• 0
	erest You Paid a Home mortgage interest and points reported to you on federal Form 10988	a				۲
	b Home mortgage interest not reported to you on federal Form 1098	b				۲
	c Points not reported to you on federal Form 10988	c				۲
	d Reserved for future use	d				
	e Add line 8a through line 8c	e	•	۲		•
9	Investment interest			۲		۲
10	Add line 8e and line 9			$ \mathbf{O} $		۲
	DON		ΟΤ			REV 01/02/24 PRO
	175		7735234	Г	Schedule CA	(540) 2023 Side 5



Pa	rt II Adjustments to Federal Itemized Deductions Continued	A	Federal Amounts (from federal Schedule A (Form 1040))		ubtractions ee instructions	C	Additions See instructions
Gif	to Charity		. //				
	Gifts by cash or check11	\odot				۲	
12	Other than by cash or check	0		•			
13	Carryover from prior year13	\odot					
	5	$ \mathbf{O} $		۲		۲	
	Casualty and Theft Losses Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions 15			۲		۲	
Oth	er Itemized Deductions						
		$ \mathbf{O} $		۲		۲	
17	Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C	$ \mathbf{O} $	5596		5596	ullet	0
18	Total. Combine line 17 column A less column B plus co	lumn	C) 18	0
Job	Expenses and Certain Miscellaneous Deductions						
19	Unreimbursed employee expenses: job travel, union due Attach federal Form 2106 if required. See instructions .	es, jo	b education, etc.) 19			
	Tax preparation fees) 20			
21	Other expenses: investment, safe deposit box, etc. List type		•	21	0		
	Add line 19 through line 21			22	0	ľ.	
23	Enter amount from federal Form 1040 or 1040-SR, line 11		111833				
24	Multiply line 23 by 2% (0.02). If less than zero, enter 0.) 24	2237		
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 540, line 13) more than the Single or married/RDP filing separately Head of household Married/RDP filing jointly or qualifying surviving s			. \$237,035	?		
	No. Transfer the amount on line 28 to line 29.				-		
	Yes. Complete the Itemized Deductions Worksheet in th	e ins	tructions for Schedule CA	(540), line 2	9	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	ctior alifyi	ng surviving spouse/RDP	\$10,726	Δ		
	Transfer the amount on line 30 to Form 540, line 18					30	10726
_		_			REV 01/02/24 PRO		
	Side 6 Schedule CA (540) 2023 175		7736234				

Atta	ach to	Form 540, Form 540NR, Form 541, or Form 100S.						
Nam	e(s) as	shown on tax return			SS	SN, ITIN	I, FEIN, or CA corporation	no.
VI	JAY	MULE & MONIKA PAPIJENNI			1	5337	6462	
Pa	rt I	2023 Passive Activity Loss See the instructions for Part IV and Part VI for federal Form 8582, Pass Be sure to use California amounts .	sive A	ctivity Loss Limitations	, befo	re con	npleting Part I.	
Ren	tal Rea	al Estate Activities with Active Participation						
1a	Activit	ties with net income from Part IV, column (a) $\ldots \ldots \ldots \odot$	1a	0	00	-		
1b	Activit	ties with net loss from Part IV, column (b) $\dots \dots \dots \dots \bigoplus$	1b	(-12319)	00	-		
1c	Prior	year unallowed losses from Part IV, column (c) \ldots \ldots \odot	1c	()	00			
		nine line 1a, line 1b, and line 1c				1d	-12319	00
2a	Activit	ties with net income from Part V, column (a) $\ldots \ldots \odot$	2a		00			
2b	Activit	ties with net loss from Part V, column (b) $\ldots \ldots \ldots \odot$	2b	()	00	-		
2c	Prior	year unallowed losses from Part V, column (c). $\ldots \ldots \odot$	2c	()	00			
2d	Comb	ine line 2a, line 2b, and line 2c			•	2d		00
3		vine line 1d and line 2d. If the result is net income or zero, see the instruc d are losses, go to line 4. Otherwise, enter -0- on line 9 and go to line 10.				3	-12319	00
Pa	rt II	Special Allowance for Rental Real Estate Activities with Activ Enter all numbers in Part II as positive amounts. See instructions.	e Pai	ticipation				
4	Enter	the smaller of losses from line 1d or line 3				4	12319	00
5 6	Enter	\$150,000. If married/RDP filing a separate tax return, see instructions. federal modified adjusted gross income, but not less than zero.	5	150000	00			
	If line	nstructions. 6 is greater than or equal to line 5, skip line 7 and line 8, enter -0- e 9, and then go to line 10. Otherwise, go to line 7	6	124152	00			
7		act line 6 from line 5	7	25848	00			
8	Multip	oly line 7 by 50% (.50). Do not enter more than \$25,000			•	8	12924	00
9	Enter	the smaller of line 4 or line 8			•	9	12319	00
Pa	rt III	Total Losses Allowed				1		
10	Add th	he income, if any, from line 1a and line 2a and enter the total				10	0	00
11		Iosses allowed from all passive activities for 2023. Add line 9 and line ne instructions on Page 2 to find out how to report the losses on your tax				11	12319	00

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TAXABLE YEAR

2023

Passive Activity Loss Limitations

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CALIFORNIA FORM



California Passiv	ve Activity Works	sheet (See General Ins	structions for Step 1.)				
	ure California income (los	s) from passive activities	before application of pas	sive activity loss (PAL) ru			
(a) Passive Activity Enter a description of the activity	(b) Federal Schedule Enter the name of the federal form or schedule on which you reported the activity	(c) California Schedule Enter the name of the California form or schedule, if any, used to calculate the California adjustment	(d) Federal Amount Enter your current year federal net income (loss) before application of the PAL rules	(e) California Adjustment Enter any adjustment resulting from differences in federal and California law	(f) California Amount Combine column (d) and column (e)		
	SCH E	N/A	-12319	0	-1231		
California Adius	tment Worksheet	s (See General Instruct	ions for Step 4.)				
-	figure your California adju	•	- /				
(a) Activities Enter a description of the activity. Group activities by the federal schedules on which they were reported	(b) Passive or Nonpassive Enter the character of the activity as passive or nonpassive for California purposes	(c) California Amount Enter the California net income (loss) from the activity after application of the PAL rules	(d) Federal Amount Enter the federal net income (loss) from the activity after application of the PAL rules	California Subtract the Total amo the Total amount of cc difference in column should transfer	e) Adjustment unt of column (d) from olumn (c) and enter the (e) below. Individuals this amount to r 540NR) as follows:		
(a) Schedule C Activities	(b) Passive or Nonpassive	(c) California Amount	(d) Federal Amount	() California	e) Adjustment		
				amount to Sch. CA (5	s positive, transfer the 540), Part I or Sch. CA on B, line 3, column C.		
				If the amount below is neg to Sch. CA (540), Part I or Section B, (as a positive a	r Sch. CA (540NR), Part II		
Total		1(c)	1(d)*	1(e)			
(a) Schedule E Activities	(b) Passive or Nonpassive	(c) California Amount	(d) Federal Amount		e) Adjustment		
, INDIA	PASSIVE	-12319	-12319	9 If the amount below is positive , transfer the amount to Sch. CA (540), Part I or Sch. CA (540NR), Part II, Section B, line 5, column C.			
				If the amount below is ne (to Sch. CA (540), Part I or Section B, (as a positive a	r Sch. CA (540NR), Part I		
		0()	0(1)**	0()			

(b) (C) (d) (e) (a) California Amount Schedule F Activities Passive or Nonpassive Federal Ámount California Adjustment If the amount below is **positive**, transfer the amount to Sch. CA (540), Part I or Sch. CA (540NR), Part II, Section B, line 6, column C. If the amount below is **negative**, transfer the amount to Sch. CA (540), Part I or Sch. CA (540NR), Part II, Section B, (as a positive amount) line 6, column B. 3(d)*** Total 3(c) 3(e)

-12319 2(d)**

-12319 2(e)

2(c)

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* This amount should be the same as the amount reported on Sch. CA (540), Part I or Sch. CA (540NR), Part II, Section B, line 3, column A. ** This amount should be the same as the amount reported on Sch. CA (540), Part I or Sch. CA (540NR), Part II, Section B, line 5, column A.

*** This amount should be the same as the amount reported on Sch. CA (540), Part I or Sch. CA (540NR), Part II, Section B, line 6, column A.

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