Internal Revenue Service

IRS e-file Signature Authorization

OMB No. 1545-0074

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

Submission Identification Number (SID)

T.....

Taxpaye	r's name		Soc	ial sec	urity num	ıber		
SAY.	ALI SUNIL BARVE		2	83-6	53-649	96		
Spouse's name					social see	curity number		
Dart	Part I Tax Return Information – Tax Year Ending December 31, 2023 (Enter year you are authorizing.)							
		Inter	yea	ii you	i ale al	unonzing.)		
Enter	whole dollars only on lines 1 through 5.							
Note:	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.							
1	Adjusted gross income				1	65,569.		
2	Total tax					6,687.		
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099				3	9,739.		
4	Amount you want refunded to you				4	3,052.		
5	Amount you owe							

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

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

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

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my

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.

Your signature

Date

Spouse's PIN: check one box only

I authorize

to enter or generate my PIN

as mv Enter five digits, but don't enter all zeros

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

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

Spouse's signatur	re 🕨 🛛 Da	te 🕨	•							
	Practitioner PIN Method Returns Only—continue	bel	ow							
Part III Certi	ification and Authentication – Practitioner PIN Method Only									
ERO's EFIN/PIN.	. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2	2		 	0 all ze	 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 >		Date 🕨	
) Must Retain This Form — See Inst it This Form to the IRS Unless Requ		
For Denominant's Deduction Act Nation and you	stov vetuvni instructions		Earm 8870 (Bay, 01 2021)

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 02/16/24 PRO

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Attach Sch. B 2a Tax-exempt interest 2a b Taxable interest 2b if required. 3a Qualified dividends 3a b Ordinary dividends 3b Standard 4a IRA distributions 4a b Taxable amount 4b Standard 5a Pensions and annuities 5a b Taxable amount 4b Single or 6a Social security benefits 6a b Taxable amount 5b Married filing separately, st13,850 c If you elect to use the lump-sum election method, check here (see instructions) c 7 8 Additional income from Schedule 1, line 10 c 7 9 65,569 9 65,569 10 9 64,5569 11 65,569 11 65,569 14 0 13 Qualified business income deduction from Schedule A) 12 13,850 14 13,850 13 Subtract line 10 from line 9. This is your adjusted gross income 13 14 13,850 15 Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income<												1z	1	79,439.
if required. 3a Qualified dividends 3a b Ordinary dividends 3b Standard Deduction for- 4a 4a b 5a b 4b Standard Deduction for- 5a Pensions and annuities 5a b Taxable amount 4b Single or Married filing separately, \$13,850 For Qualifying For Qualifying b Taxable amount 5b Married filing separately, \$13,850 Capital gain or (loss). Attach Schedule D if required. If not required, check here Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 Married filing jointly or Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 65, 569. \$27,700 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 10 11 Head of household, \$20,800 Subtract line 10 from line 9. This is your adjusted gross income 11 65, 569. 13 Qualifyied business income deduction or itemized deductions (from Schedule A) 12 13, 850. 14 Add lines 12 and 13 14 13, 850. 14 14 13, 850. 15 Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable incom	Attach Sch. B		Ŭ I	2a			bΤ	axable interest				-		
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Standard Deduction for- 5a Pensions and annuities								2				-		
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\$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 -13,870. 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 65,569. 10 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 65,569. 12 13,850. 12 13,850. 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 14 13,850. 14 Add lines 12 and 13 11.1 free or less, enter -0. This is your taxable income 15 51,719.	Married filing	с	-	lectior	method,	check here	(see	instructions)						
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13Qualified business income deduction from Form 8995 or Form 8995-A1314Add lines 12 and 131415Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income15	\$20,800	12	Standard deduction or itemized	deduo	ctions (fro	m Schedule	A)					12		
Deduction, see instructions.1413,850.15Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income1551,719.	any box under	13	Qualified business income deduct	ion fro	m Form 8	995 or Form	899	5-A				13		
	Deduction,	14	Add lines 12 and 13									14		13,850.
	see instructions.	15	Subtract line 14 from line 11. If zer	o or le	ss, enter	-0 This is y	our	taxable incom	е.		•	15		

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	6,687.
Credits	17	Amount from Schedule 2, lir	ne3					17	
	18	Add lines 16 and 17					[18	6,687.
	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	6,687.
	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	6,687.
Payments	25	Federal income tax withheld	from:						
•	а	Form(s) W-2				25a	,739.		
	b	Form(s) 1099				25b			
	с	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c						25d	9,739.
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)			No .	27			
attach Sch. EIC.	28	Additional child tax credit from	m Schedule 8812			28			
	29	American opportunity credit	from Form 8863	8, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lir	ne 15			31			
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and ref	undable credits		32	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	9,739.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amou	nt you overpaid		34	3,052.
	35a	Amount of line 34 you want	refunded to you	J. If Form 8888	is attached, che	ck here	. 🗆 🏾	35a	3,052.
Direct deposit?	b	Routing number 1 1 1	9 0 0 6	59	c Type: 🛛 🗙	Checking	Savings		
See instructions.	d	Account number 2 7 6	6 1 2 8	8 4 3					
	36	Amount of line 34 you want a	applied to your	2024 estimate	edtax	36			
Amount	37	Subtract line 33 from line 24	. This is the amo	ount you owe					
You Owe		For details on how to pay, g	o to <i>www.ir</i> s.gov	//Payments or	see instructions			37	
	38	Estimated tax penalty (see in	nstructions) .			38			
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?				_
Designee	ins	tructions				🗌 Yes. C	omplete be	elow.	X No
	De nai	signee's		Phone no.			onal identifio ber (PIN)	cation	
Ciarra		der penalties of perjury, I declare tl	nat I have examined		accompanying sche		()	e hest	of my knowledge and
Sign		ief, they are true, correct, and com							
Here	Yo	ur signature		Date	Your occupation		If the I	IRS ser	nt you an Identity
							Protec	ction Pl	N, enter it here
Joint return?						AGEMENT SPEC	IA (see ir	ıst.)	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupat	ion			nt your spouse an ection PIN, enter it here
your records.							(see in		ection Pin, enter it here
	Ph	one no. (361)228-168	2	Email address		OMATE COM	,		
		one no. (361)228-168 eparer's name	3 Preparer's signat		SATALI393	@GMAIL.COM Date	PTIN		Check if:
Paid		PRIYA RAM SAGAR GUPTA TALLAM					P02082	702	Self-employed
Preparer		n's name GLOBAL TA		TAUAG INAN	OUFIA IAUDAM	02/24/2024			678)965-9522
Use Only			Y CT E BRU	NSWICK N	J 08816		Firm's		84-3171965
Go to www.irs.cr		1040 for instructions and the late		TIONICIC IN					Form 1040 (2023)
		noro for manuallons and the late	scinomation.		BAA	REV 02/16/24 PRO			10m 10m (2023)

REV 02/16/24 PRO

SCHEDULE	1
(Form 1040)	

Department of the Treasury

Additional Income and Adjustments to Income

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

OMB No. 1545-0074 20 3

Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form1040 for instructions and the latest information.		Attachment Sequence No. 01
Name(s) shown on Fo	rm 1040, 1040-SR, or 1040-NR	Your soc	ial security number
SAYALI SUNIL B	ARVE	283-63	-6496

Par	Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta	ach Schedule E .	5	-13,870.
6	Farm income or (loss). Attach Schedule F.		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a ()	
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()	
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
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 \ldots	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
ο	Section 951A(a) inclusion (see instructions)	80		
р	Section 461(I) excess business loss adjustment	8p		
q	Taxable distributions from an ABLE account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
S	Nontaxable amount of Medicaid waiver payments included on Form			
_	1040, line 1a or 1d	8s ()	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t	-	
u	Wages earned while incarcerated	8u	_	
Z	Other income. List type and amount:			
•	Tatal athen in some Add lines Os through Os	8z		
9	Total other income. Add lines 8a through 8z.		9	
10	Combine lines 1 through 7 and 9. This is your additional income . Enter 1040, 1040-SR, or 1040-NR, line 8		10	-13,870.
For Pa	perwork Reduction Act Notice, see your tax return instructions.	· · · · ·		e 1 (Form 1040) 2023

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-ba	asis government		
	officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903		14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN			
с	Date of original divorce or separation agreement (see instructions):			
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			
а	Jury duty pay (see instructions)	la		
b	Deductible expenses related to income reported on line 8I from the			
	rental of personal property engaged in for profit	lb		
с	Nontaxable amount of the value of Olympic and Paralympic medals			
	and USOC prize money reported on line 8m	lc		
d	Reforestation amortization and expenses	ld		
е	Repayment of supplemental unemployment benefits under the Trade			
	Act of 1974	le		
f	Contributions to section 501(c)(18)(D) pension plans	4f		
g	Contributions by certain chaplains to section 403(b) plans 24	lg		
ĥ	Attorney fees and court costs for actions involving certain unlawful			
	discrimination claims (see instructions)	lh 🛛		
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	4i		
j	Housing deduction from Form 2555			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form			
	1041)	lk		
z	Other adjustments. List type and amount:			
	24	lz		
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income. E			
	Form 1040, 1040-SR, or 1040-NR, line 10	<u></u> .	26	
	BAA R	EV 02/16/24 PRO	Schedule 1	(Form 1040) 202

SCHEDULE	Ε
(Form 1040)	

Supplemental Income and Loss

OMB No. 1545-0074

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

Department of the Treasury Internal Revenue Service Attach to Form 1040, 1040-SR, 1040-NR, or 1041. Go to *www.irs.gov/ScheduleE* for instructions and the latest information.

'	2023
	Attachment Sequence No. 13

	snown on return								ocial securi	-	er
	LI SUNIL BAR							283-	-63-649	16	
Part	Note: If you a	Loss From Rental Real Estate an re in the business of renting personal proper or loss from Form 4835 on page 2, line 40.	ty, use	schedule	e C . See	e instru	ctions. If you a	re an ir	ndividual, r	eport fa	rm
A		ayments in 2023 that would require you	to file	Form(s) 1	0992 8	See ins	structions .			Yes 🗵	No
		will you file required Form(s) 1099?									No
								<u> </u>	· · ⊔	<u> </u>	
1a	Physical address	s of each property (street, city, state, ZII	P code	Э)							
Α	1003-04/ SI	LVINO TOWER COMPLEX, NAHUR	EASI	r mumba	AI IN	400	080				
В											
С											
1b	Type of Property	2 For each rental real estate prope				Fa	ir Rental		onal Use	;	JN
	(from list below)	above, report the number of fair					Days		Days	`	
Α	1	personal use days. Check the Q. if you meet the requirements to f			Α		365		0		
В		qualified joint venture. See instru			В						
С					С						
Туре	of Property:										
1 :	Single Family Resid	dence 3 Vacation/Short-Term Ren	tal	5 Lanc	ł		Self-Rental				
2	Multi-Family Resid	ence 4 Commercial		6 Roya	alties	8	Other (descr	ibe)			
							Propertie				
Incom					Α		B	55.		С	
3			3			50.	D				
3 4			4		0	50.					
		d	4								
Expen			5								
5			5 6								
6	,	ee instructions)	7		1 0	F 7					
7		ntenance	-		1,9	57.					
8			8								
9			9								
10		rofessional fees	10			0.6					
11		S	11		2,9	96.					
12		paid to banks, etc. (see instructions)	12								
13			13			0.5					
14			14			95.					
15			15		3,0	85.					
16			16			0.7					
17			17		3,0	87.					
18		ense or depletion	18								
19	Other (list)	Add lines 5 through 19	19		14 5	0.0					
20			20		14,7	20.					
21		rom line 3 (rents) and/or 4 (royalties). If									
		see instructions to find out if you must			-13,8	70					
			21		-13,0	70.					
22		real estate loss after limitation, if any,		,	1 2 05		1				,
		ee instructions)	22	(13,87		(0 - 0)()
23a		ts reported on line 3 for all rental prope			•	23a		850	·		
b		nts reported on line 4 for all royalty prop	erties		•	23b			_		
C		ts reported on line 12 for all properties	• •		•	23c			_		
d		ts reported on line 18 for all properties				23d			_		
e		ts reported on line 20 for all properties				23e	14	,720			
24		itive amounts shown on line 21. Do not				• •		. 24			
25		ty losses from line 21 and rental real estat							5 (13,8	370.)
26		estate and royalty income or (loss).									
		II, and IV, and line 40 on page 2 do no 1040), line 5. Otherwise, include this a								1.0	070
	ochequie i (Form	i 1040). Ilne 5. Omerwise. Include this al	HOUNT	in me to	iai on l	uue 41	00 0806 /	. 2	h	- 1 3	.870.

TAXABLE YEAR		FORM
2023	California e-file Signature Au	uthorization for Individuals 8879
Your name		Your SSN or ITIN
SAYALI SUNI		283-63-6496
Spouse's/RDP's name	9	Spouse's/RDP's SSN or ITIN
Part I Tax Retur	n Information (whole dollars only)	
		1 6556
		2 3 165
	r Declaration and Signature Authorization (Be sure you obta	······································
electronic return origidentification number income tax return. If and on form FTB 84. agrees with the direct domestic partner (R provider to transmit to my ERO, intermer return, I understand penalties. I acknowle	ginator (ERO), transmitter, or intermediate service provider, i er (ITIN), and the amounts shown in Part I above agree with t f applicable, I authorize an electronic funds withdrawal of the 55, California e-file Payment Record for Individuals, or a com ct deposit authorization stated on my return. If I have filed a j (DP) as an agent to authorize an electronic funds withdrawal er my complete return to the Franchise Tax Board (FTB). If the ediate service provider, and/or transmitter the reason(s) for that if the FTB does not receive full and timely payment of m edge that I have read and consent to the Electronic Funds Wir	e, correct, and complete. I further declare that the information I provided to my including my name, address, and social security number (SSN) or individual ta the information and amounts shown on the corresponding lines of my electron amount on line 2 and/or the estimated tax payments as shown on my return nparable form. If applicable, I declare that direct deposit refund amount on line joint return, this is an irrevocable appointment of the other spouse/registered or direct deposit. I authorize my ERO, transmitter, or intermediate service processing of my return or refund is delayed, I authorize the FTB to disclose r the delay or the date when the refund was sent. If I am filing a balance due ny tax liability, I remain liable for the tax liability and all applicable interest and thdrawal Consent included on the copy of my electronic income tax return. I h, c income tax return and, if applicable, my Electronic Funds Withdrawal Consert
Taxpayer's PIN: che		c income tax return and, if applicable, my Liectronic runus withdrawar conser
		to enter my PIN 3 6 4 9
	ERO firm name	Do not enter all zeros
as my signatur	re on my 2023 e-filed California individual income tax return.	
	PIN as my signature on my 2023 e-filed California individual using the Practitioner PIN method. The ERO must complete P	income tax return. Check this box only if you are entering your own PIN and y Part III below.
Your signature		Date
Spouse's/RDP's PIN	N: check one box only	
		to enter my PIN
	ERO firm name	Do not enter all zeros
as my signatur	re on my 2023 e-filed California individual income tax return.	
-	y PIN as my signature on my 2023 e-filed California indivi n is filed using the Practitioner PIN method. The ERO must co	idual income tax return. Check this box only if you are entering your own l complete Part III below.
Spouse's/RDP's sigr	nature	Date
	Practitioner PIN Method Ret	turns Only continue below
Part III Certifica	ation and Authentication — Practitioner PIN Method Only	
	ler Identification Number (EFIN)/PIN. EFIN followed by your five-digit self-selected PIN.	2 2 2 4 9 6 0 8 2 7 1 Do not enter all zeros
confirm that I am su		2023 California individual income tax return for the taxpayer(s) indicated abov t the Practitioner PIN method and FTB Pub. 1345, 2023 Handbook for Authori
e-file Providers.		

DO NOT MAIL THIS FORM TO THE FTB

2023 California Resident Income Tax Return

			APE			ATTACH	FEDERAL	RETURN	
283-63-6496 SAYALISUNIL	BARV BARVE					23			
180 ALICANTE SAN JOSE	DRIVE CA	95134		APT	118	3			
05-27-1995									

]
dollars only
144

Υοι	ır na	me: I	BAR	/E					Your	SSN	or ITIN	1: 2	283-	63-6	496							
	10	Depende	ents: E			lude y Ident 1		f or yo	our spo	use/RD		pende	ant 2					Dene	ndent 3			
		First N	ame	$oldsymbol{igodol}$	Debei							penue	, iii 2				۲	Debe				
S		Last N	ame														$oldsymbol{igodol}$					
Exemptions		SSN. S															-					
Exem		instruc Depen relatio	dent's														•					
		to you												[
	Tota	al depenc	lent ex	emp	otions								•	10	X	\$446	5 = 🤆)\$[[
	11	Exemp	tion a	mou	nt: A	dd line	7 thro	ough li	ne 10. 1	Fransfe	r this a	moun	it to lin	e 32			• 1 ⁻	1\$			1	44
	12	State v	vages	from	n your	federa	al			• 1	<u>_</u>			7	9439	. 00						
																					65569	
	13 14								tedera							. 🔍 '	13				0000	<u> 00</u>
	15								 zero, e							. • ·	14					.00
ome	16	See ins Califor															15				65569	.00
le Inc	10															. • ·	16					.00
Taxable Income	17	Califor	nia adj	uste	d gro	ss inco	ome. C	Combir	ne line 1	15 and	line 16					. • ·	17				65569	. 00
F	18	Enter t larger							luctions luction				` '		, line 30; Is [.]	OR						
		larger	j.	• Sir	ngle o	r Marr	ried/RD)P filin	g sepai	rately												
							•••							• •	se/RDP. \$ tructions.						5363	. 00
	19	Subtra	ct line	18 f	rom I	ine 17.	. This i	is vour	taxabl	e inco	me.										60206	. 00
		11 1000				· · ·					· · · · · · ·											
	31	Tax. Ch	neck th	ie bo	ox if fi	om:	×	Tax	Table			Tax Ra	ate Sch	nedule								
		_			_		•	_	3800	•						. • :	31				2357	. 00
X	32								n line 1 [.] 	-					1 	. 💽 :	32				144	. 00
Тах	33	Subtra	ct line	32 f	rom l	ine 31.	. If les	s than	zero, e	nter -0 [,]						. 🔘	33				2213	. 00
	34	Tax. Se	e inst	ructi	ons. (Check	the bo	x if fro	om:	S	chedule	e G-1	•	FTF	5870A.		34					.00
	35															. 🔘	-				2213	.00
		Auu III														. 🕑 (
dits	40	Nonref	undab	le Cl	hild a	nd Dep	benden	nt Care	Expens	ses Cre	dit. Se	e instr	ruction	S		. • 4	40					.00
Special Credits	43	Enter c	redit r	name	9						code	•		and a	mount	. • 4	43					. 00
Specia	44	Enter c	redit r	name	9						code	•		and a	mount	. •	44					. 00
										_				-		-		REV	02/02/24 P	RO		
		Side 2	Form	540	202	3			175		31	.022	234									

You	r nar	ne:	BAR	VE			You	r SSN oi	r ITIN:	283-6	3-649	6				
(0	45	To cl	laim mo	re than tv	/o credits	, see ins	truction	s. Attach	Schedule	P (540).		•	45			. 00
credit:	46	Nonr	refundat	ole Rentei	's Credit.	See inst	ructions					•	46			. 00
Special Credits	47	Add	line 40 t	through li	ne 46. Th	ese are y	/our tota	al credits					9 47			. 00
Spe	48														2213	. 00
(es	61	Alter	rnative N	linimum	Tax. Attac	h Sched	ule P (5	40)				• • • • •	61			<u> </u>
Other Taxes	62	Ment	tal Healt	h Service	s Tax. Se	e instruc	tions					• • • • •	62			<u> </u>
Oth	63	Othe	er taxes a	and credit	recaptur	e. See in	structio	ns				• • • • •	63			. 00
	64	Add	line 48,	line 61, li	ne 62, an	d line 63	8. This is	your tota	al tax			• • • • •	64		2213	. 00
	71	Califo	ornia inc	come tax	withheld.	See inst	ructions					•	71		3869	. 00
	72	2023	3 Califor	nia estima	ated tax a	nd other	paymer	nts. See ir	nstruction	18		•	72			. 00
	73	With	holding	(Form 59	2-B and/	or Form	593). Se	e instruc	tions			•	73			. 00
ents	74	Exce	ess SDI ((or VPDI)	withheld	. See inst	tructions	S				•	74			. 00
Payments	75	Earne	ed Incor	me Tax Cı	edit (EIT)	C). See ir	nstructio	ons				•	75			. 00
	76	Youn	ng Child	Tax Credi	t (YCTC).	See inst	tructions	8				•	76			. 00
	77 78	Add	line 71 t	hrough li	ne 77. Th	ese are y	/our tota	al paymen	its.			•	77 78		3869	• 00 • 00
Тах	91	Use	Tax. Do	not leave	blank. S	ee instru	ctions.				• 91			0	00	
Use Tax		If line	e 91 is z	ero, chec	k if: 🖲	×N	o use ta	x is owed		Υοι	ı paid yo	ur use tax	obligati	on directly to CDTI	FA.	
ISR Penaltv	92	See If yo	instruct ou did no	ions. Mec ot check t	licare Par he box, s	t A or C o ee instru	coverag ctions.	e is qualif	ying hea	eck the boy Ith care co	verage	•••••	×]	00	
		manv			ponoioni		r onarty.				JL					
oue	93	Payn	nents ba	alance. If	line 78 is	more tha	an line 9	1, subtra	ct line 91	from line	78		93		3869	
х/Тах Г	94 95	Payn	nents af	ter Indivi	dual Shar	ed Respo	onsibility	/ Penalty.	If line 93	3 is more t	han line 🤅				2000	
Overpaid Tax/Tax Due	96	Indiv	/idual Sł	nared Res	ponsibilit	y Penalty	y Balanc	e. If line 9	92 is moi	re than line	93,		95		3869	
Overp	_											C			1656	
	97		rpaid tax v 02/02/24		5 is more	than line	e 64, sul	otract line	e 64 from	line 95) 97	L	1030	. 00
				-			17	5	310	3234	Г			Form 540 2	2023 Side 3	

our na	me:	BARVE	Your SSN or ITIN:	283-63-6496			
, e 98	Amo	unt of line 97 you want applied to you	ur 2024 estimated tax .		• 98	0	. 00
0 99	Over	unt of line 97 you want applied to you paid tax available this year. Subtract l lue. If line 95 is less than line 64, sub prnia Seniors Special Fund. See instru	ine 98 from line 97		• 99	1656	. 00
, Tax 100	Tax o	lue. If line 95 is less than line 64, sub	otract line 95 from line 6	64 (● 100		. 00
					<u>Code</u>	<u>Amount</u>	
	Califo	ornia Seniors Special Fund. See instru	uctions		• 400		- 00
		imer's Disease and Related Dementia					. 00
	Rare	and Endangered Species Preservatio	n Voluntary Tax Contrib	ution Program	• 403		. 00
	Califo	ornia Breast Cancer Research Volunta	ry Tax Contribution Fun	ıd	• 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 Foundat	ion Voluntary Tax Contr	ribution Fund	• 408		. 00
	Califo	ornia Sea Otter Voluntary Tax Contrib	ution Fund		• 410		. 00
suons	Califo	ornia Cancer Research Voluntary Tax	Contribution Fund		• 413		. 00
Contributions	Scho	ol Supplies for Homeless Children Vo	oluntary Tax Contributio	n Fund	• 422		. 00
3	State	Parks Protection Fund/Parks Pass P	urchase		• 423		. 00
	Prote	ct Our Coast and Oceans Voluntary 1	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 Fur	nd	• 438		. 00
	Nativ	e California Wildlife Rehabilitation Vo	luntary Tax Contribution	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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Health Care Coverage Info.)	-									ecking the "Yes rnia. See instru			• Yes	No
Voter Info.		For \	/oter	registra	tion ir	nform	ation, check	the box and g	10 to sos.c a	a.gov/electi	ons . See instru	ictions			
							Savings								
		● F	Routin	ig numb			Checking	Account r	iumber]		• 117 Dire	ect deposit amount	
Refu		The	remai	ning an		of my • Ty		e 115) is autho	orized for d	irect deposi	t into the acco	unt shown	below:		
ind an		1	119	0065	59		Savings	276612	8843					1650	5 .00
d Dir				ig numb	ber [×	Checking	Account r			Г		• 116 Dire	ct deposit amount	
Refund and Direct Deposit		See	instru	ctions.	Have Ig amo	you v	verified the r of my refund	outing and ac	count num	bers? Use	whole dollars o posit into the a	nly.		eck or a deposit s	lip.
_)-0001			1650	
	115										ne 113 from li		instructions.		
	114	Tota	l amo	unt due	. See	instru	ictions. Encl	ose, but do no	t staple, an	iy payment		114			. 00
Interest and Penalties		Cheo	ck the	box:		FTE	3 5805 attac	hed	FTB 5805	F attached		• 113			.00
it and Ities	113			ment of								112			
	112	Inter	est la	ate retu	rn ner	alties	and late na	vment nenalti				112			. 00
Amount You Owe								BOX 942867, Store information		NTO CA 942	67-0001	• 111			. 00
			UNT	YOU OV	VE. If y	you de	o not have an			ne 94, line 9	6, line 100, and	line 110. S	ee instruction	s. Do not send cas	<u>h.</u>
Υου	r nar	ne.	BAI	RVE				Your SSN	or ITIN [.]	283-63	-6496				

REV 02/02/24 PRO

Sign your tax return on Side 6

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		E
Your	name:	1-

BARVE	
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our SSN or ITIN.	283-63-6496



IMPORTANT:	See the instructions to find out if you should attach a copy of your complete federal tax return.						
Our privacy notice to locate FTB 113	e can be found in annual tax booklets or online. Go to ftb.ca.gov/privacy to learn about our privacy policy statement, or 1 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter	r go to ftb.ca.gov/forms and search for 1131 form code 948 when instructed.					
Under penalties (is true, correct, a	of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and ind complete.	to the best of my knowledge and belief, it					
Your signature	Date Spouse's/RDP's signature	e (if a joint tax return, both must sign)					
	Your email address. Enter only one email address.	Preferred phone number					
Sign		3612281683					
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)	• PTIN					
spouse's/ RDP's signature.	GLOBAL TAXES LLC	P02082703					
0	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

REV 02/02/24 PRO

Telephone 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	lame(s) as shown on tax return SSN or ITIN							
SAYALI SUNIL BARVE 283636496								
	Int I Income Adjustment Schedule ction A – Income from federal Form 1040 or 1040-SR	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions				
1	a Total amount from federal Form(s) W-2, box 1. See instructions 1a	• 79439	\bullet	۲				
	 b Household employee wages not reported on federal Form(s) W-2 1b 	۲	۲	۲				
	c Tip income not reported on line 1a 1c	۲	\odot	۲				
	d Medicaid waiver payments not reported on federal Form(s) W-2. See instructions 1d	۲	\odot	\odot				
	e Taxable dependent care benefits from federal Form 2441, line 26 1e	۲	۲	۲				
	f Employer-provided adoption benefits from federal Form 8839, line 29 1f	۲	۲	۲				
	g Wages from federal Form 8919, line 6 1 g	۲	۲	۲				
	${\bf h}$ Other earned income. See instructions $\ldots \ldots .{\bf 1}{\bf h}$	• 0	۲	۲				
	i Nontaxable combat pay election. See instructions1i			۲				
	z Add line 1a through line 1i1z	• 79439	۲	۲				
2	Taxable interest. a • 2b	۲	۲	۲				
3	Ordinary dividends. See instructions. a	\odot	\odot	۲				
4	IRA distributions. See instructions. a	۲	۲	۲				
5	Pensions and annuities. See instructions. a • 5 b	۲	۲	۲				
6	Social security benefits. a • 6b	۲	۲					
		•	۲	۲				
	ction B – Additional Income from federal Schedule 1 Taxable refunds, credits, or offsets of state	(FORM 1040)						
'	and local income taxes	•	۲					
2	a Alimony received. See instructions	۲		۲				
3	Business income or (loss). See instructions 3	۲	۲	۲				
	Other gains or (losses)4	۲	۲	۲				
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc	• -13870	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 Gambling	۲	۲			
c Cancellation of debt	۲	\odot	\odot		
d Foreign earned income exclusion from federal Form 2555	• ()		۲		
e Income from federal Form 8853 8e	۲		۲		
f Income from federal Form 8889	۲	۲			
g Alaska Permanent Fund dividends	۲				
h Jury duty pay8h	۲				
i Prizes and awards8i	۲				
j Activity not engaged in for profit income 8j	۲				
k Stock options8k	۲		\odot		
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				
n IRC Section 951(a) inclusion 8 n	۲	۲			
o IRC Section 951A(a) inclusion	۲	۲			
p IRC Section 461(I) excess business loss adjustment 8p	۲	۲	۲		
q Taxable distributions from an ABLE account 8q	۲				
r Scholarship and fellowship grants not reported on federal Form(s) W-2 8r	۲				
s Nontaxable amount of Medicaid waiver payments included on federal Form 1040, line 1a or line 1d8s	• ()				
t Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental IRC Section 457 plan 8t	۲				
u Wages earned while incarcerated 8 u	\odot				
z Other income. List type and amount.					
8z	۲	۲	$\textcircled{\bullet}$		

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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
9	a Total other income. Add lines 8a through 8z 9a			ullet		\odot
	b1 Disaster loss deduction from form FTB 3805V 9b1			ullet		
	b2 NOL deduction from form FTB 3805V 9b2			ullet		
	b3 NOL deduction from form FTB 3805Z, 3807, or 3809			ullet		
10	Total. Combine Section A, line 1z through line 7, and Section B, line 1 through line 7, and line 9a in column A and column C. Add Section A, line 1z through line 7, and Section B, line 1 through line 7, line 9a, and line 9b1 through line 9b3 in column B (as applicable). See instructions	•	65569	۲		۲
	ction C – Adjustments to Income m federal Schedule 1 (Form 1040)					
11	Educator expenses			۲		
12	Certain business expenses of reservists, performing artists, and fee-basis government officials 12			۲		۲
13	Health savings account deduction			۲		
						۲
15	Deductible part of self-employment tax. See instructions			۲		
16	Self-employed SEP, SIMPLE, and qualified plans16	ullet				
17	Self-employed health insurance deduction. See instructions			۲		
18	Penalty on early withdrawal of savings	ullet				
19	a Alimony paid 19a					۲
	b Recipient's: SSN •					
	Last Name 🖲					
20	IRA deduction	ullet		۲		۲
21	Student loan interest deduction					۲
22	Reserved for future use					
23	Archer MSA deduction					

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Section C – Adjustments to Income Continued		A Federal Amounts (taxable amounts from your federal tax return)		Subtractions See instructions	C Additions See instructions	
4 Other adjustments: a Jury duty pay24a						
 b Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit			۲		۲	
 c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m 	۲		۲			
d Reforestation amortization and expenses24d						
e Repayment of supplemental unemployment benefits under the federal Trade Act of 1974 24e						
f Contributions to IRC Section 501(c)(18)(D) pension plans24f			۲		•	
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		۲			
j Housing deduction from federal Form 2555 24 j						
k Excess deductions of IRC Section 67(e) expenses from federal Schedule K-1 (Form 1041)24k						
z Other adjustments. List type and amount.						
<u>وَ</u>			\odot			
i Total other adjustments. Add line 24a through line 24z	•		۲		۲	
Add line 11 through line 23 and line 25 in columns A, B, and C. See instructions			۲		۲	
7 Total. Subtract line 26 from line 10 in columns A, B, and C. See instructions		65569	۲		۲	

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Part II	Adjustments to	Federal Itemized	Deductions
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	·]		
Che	ck the box if you did NOT itemize for federal but will itemi:	ze for	California		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 (•) 65569 2	2					
3	Multiply line 2 by 7.5% (0.075) (•) 4918 3	;					
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter 0					۲	
	es You Paid a State and local income tax or general sales taxes5	ia 💽	4605	۲	4605		
	b State and local real estate taxes	ib 💽					
	c State and local personal property taxes5	ic 💽	1				
	d Add line 5a through line 5c	id 💽	4605				
	 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 💿	4605		4605		0
6	Other taxes. List type • 6)	۲		۲	
7	Add line 5e and line 67		4605		4605	۲	0
	 a Home mortgage interest and points reported to you on federal Form 1098	ia 💿					
	b Home mortgage interest not reported to you on federal Form 1098	lb 💽				۲	
	c Points not reported to you on federal Form 1098	ic 💽	1			۲	
	d Reserved for future use	d					
	e Add line 8a through line 8c	le 💽				•	
9	Investment interest		1			۲	
10	Add line 8e and line 9		1	۲		۲	

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Pa	rt II Adjustments to Federal Itemized Deductions Continued	A	Federal Amounts (from federal Schedule A (Form 1040))		B Subtractions See instructions	(C Additions See instructions
Gif	ts to Charity						
	Gifts by cash or check	$ \mathbf{O} $		۲		۲	
12	Other than by cash or check	$ \mathbf{O} $		۲		۲	
13	Carryover from prior year			۲		۲	
_	Add line 11 through line 1314			۲		۲	
	ualty and Theft Losses Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions 15						
Oth	er Itemized Deductions						
16	Other—from list in federal instructions 16			۲		۲	
17	Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C		4605		4605	۲	0
18	Total. Combine line 17 column A less column B plus co	lumr	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_			
20	Tax preparation fees) 20			
	Other expenses: investment, safe deposit box, etc. List type				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	1311		
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 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 que Transfer the amount on line 30 to Form 540, line 18	ictioi ialifyi	nsng surviving spouse/RDP	\$10	,726	30	5363
	Side 6 Schedule CA (540) 2023 175	1	7736234		REV 02/02/24 PRO		