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

3	6	4	9	6	
			gits, all ze		as

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 <b>8870</b> (Bay, 01 2021)

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

Deduction for Sa Persions and annutices	<b>1040</b>		artment of the Treasury—Internal Revenue Servi <b>S. Individual Income Ta</b>		turn	202	3	OMB No. 1545-	-0074	IRS Use C	)nly—Dc	o not wr	ite or stap	ole in this space.
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If joint return, spoces's first name and middle initial       Last name       Spoces's social security number         Home address (number and street), if you have a P.O. box, see instructions.       Apt. no.       Pre-indential Election Campaign         1.80 _ ALICONTE DRAVE       Draw a toreign address, also complete spaces below.       State       ZPP code       Toreith mer if you, or your as a SAN JOSE         Foreign country name       Foreign province/state/county       Foreign province/state/county       Foreign province/state/county       Foreign province/state/county       Image: space	Your first name	and m	iddle initial	Last r	name						Yo	ur soo	ial secu	urity number
If joint return, spoces's first name and middle initial       Last name       Spoces's social security number         Home address (number and street), if you have a P.O. box, see instructions.       Apt. no.       Pre-indential Election Campaign         1.80 _ ALICONTE DRAVE       Draw a toreign address, also complete spaces below.       State       ZPP code       Toreith mer if you, or your as a SAN JOSE         Foreign country name       Foreign province/state/county       Foreign province/state/county       Foreign province/state/county       Foreign province/state/county       Image: space	SAYALI S	SUNI	G	BAR	VE						2	83	63	6496
1190       ALTCANTE DBIVE       118       Check here if you are a foreign address, also complete spaces below.       State       2IP code       351.34         GY, town, or post office. If you have a foreign address, also complete spaces below.       CA       951.34       below will not change         Foreign country rame       Foreign province/state/country       Foreign province/state/country       Foreign province/state/country       Foreign province/state/country       Foreign province/state/country       You       genous         Filing Status       Single       If you checked the MFS box, enter the name of your spouse. If you checked the MFS box, enter the child's name if the audifying persons is a child but not your dependent:       Qualifying persons, or otherwise dispose of a digital asset (or a financial interest in a digital asset); (See instructions, Importance)       Yee       No         Standard       Someone can claim::       Qual spouse is a dide but not you as a dependent:       Qual spouse is a dide but not you as a dependent:       Qual spouse is a dide but not you as a dependent:       Qual spouse is a dide but not you as a dependent:       Qual spouse is a dide but not you as a dependent:       Qual spouse is a dide but not you as a dependent:       Qual spouse is a dide but not you as a dependent:       Qual spouse is a dide but not you as a dependent:       Qual spouse is a dide but not you as a dependent:       Qual spouse is a dide but not you as a dependent:       Qual spouse is a dide but not you aspouse is a dide but not you as a dependent:       Qual i														
1190       ALTCANTE DBIVE       118       Check here if you are a foreign address, also complete spaces below.       State       2IP code       351.34         GY, town, or post office. If you have a foreign address, also complete spaces below.       CA       951.34       below will not change         Foreign country rame       Foreign province/state/country       Foreign province/state/country       Foreign province/state/country       Foreign province/state/country       Foreign province/state/country       You       genous         Filing Status       Single       If you checked the MFS box, enter the name of your spouse. If you checked the MFS box, enter the child's name if the audifying persons is a child but not your dependent:       Qualifying persons, or otherwise dispose of a digital asset (or a financial interest in a digital asset); (See instructions, Importance)       Yee       No         Standard       Someone can claim::       Qual spouse is a dide but not you as a dependent:       Qual spouse is a dide but not you as a dependent:       Qual spouse is a dide but not you as a dependent:       Qual spouse is a dide but not you as a dependent:       Qual spouse is a dide but not you as a dependent:       Qual spouse is a dide but not you as a dependent:       Qual spouse is a dide but not you as a dependent:       Qual spouse is a dide but not you as a dependent:       Qual spouse is a dide but not you as a dependent:       Qual spouse is a dide but not you as a dependent:       Qual spouse is a dide but not you aspouse is a dide but not you as a dependent:       Qual i														
180. ALTCANTE DRIVE       118       Check here if you draw a foreign address, also complete spaces below.       State       212 code       CA       95134       b goto this fund. Checking a goto this fund. Some concervation. So checking a goto this fund. Some goto this fund. Some of a goto the some a goto there the name of your spouse is a digetal asset (or a financial interest in a digital asset)? (See instructions.)       Yes No         Standard       Some on a latim:       You a so dependent       Your spouse a dependent       Yes of the fund. Yes of t	Home address	(numbe	er and street). If you have a P.O. box, see	instruc	tions.				A	pt. no.	Pro	esider	tial Elec	ction Campaigr
City, con, or post office. If you have a foreign address, also complete spaces below.       State       2/2 cod       95134       spouse filling jointly, want 32         Foreign country runne       Foreign province/state/country       Foreign postance/state/country       Foreign postance/state/country       Foreign postance/state/country       you below will not change book bolow will not book bolow will not change book bolow will not change book bolow will not change book bolow will not book bolow wil	180. ALI	CAN	TE DRIVE						1	18				
SAN_JOSE         CA         95134         Ib go to this fund, Checking all power without change growth and growth and change growth and growth and change growth and growthand growthand growth and growth and growth and growth and growth				mplete	spaces be	low.	Sta	ite		-				
Foreign country name       Foreign province/stata/county       Foreign postal code       you " tax or inflund.         Filing Status       Single       Image: Status       Single       Image: Status       You       Spouse         Filing Status       Single       Image: Status       Single       Image: Status       You       Spouse         Check only       Married filing jointly (even if only one had income)       Qualifying surviving spouse (ISS)       I'you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:							CA	4	951	34		•		•
Filing Status       Single       Head of household (HOH)         Check only       Married filing jointly (even if only one had income)       Qualifying surviving spouse (QSS)         Hyou checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying genson is a child but not your dependent:	Foreign country	y name			Foreign p	rovince/state/o	count	ty	Foreig	n postal co				•
Check only one box.       Impaired filing jointly (even if only one had income)       Qualifying surviving spouse (QSS)         If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:													Ο Υοι	u 🗌 Spouse
Check only one box.       Impaired filing jointly (even if only one had income)       Qualifying surviving spouse (QSS)         If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:	Filing Status	; 🗵	Single					Head of ho	ouseho	old (HOH)				
one box.          Married filing separately (MFS)                     Countifying survives (QSS)          Digital Assets       At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)           Yes Mos          Standard Deduction          Someone can claim:           You as a dependent           You sa a dependent          Dependents       (see instructions):         (1) Fint name         Last name           (2) Sodial security         (2) Relationship         (4) Check the box if qualifies for (see instructions):         (1) Fint name         Last name         (2) Sodial security         (2) Relationship         (4) Check the box if qualifies         (1) Fint name         Last name         (2) Sodial security         (2) Relationship         (4) Check the box if qualifies         (1) Fint name         Last name         (2) Sodial security         (2) Relationship         (4) Check the box if qualifies         (1) Fint name         Last name         (2) Sodial security         (2) Relationship         (4) Check the box if qualifies         (1) Fint name         Last name         (1) Fint name         (2) Sodial security         (2) Relationship         (4) Check the box if qualifies         (1) Check the box if qualifies         (1) Fint name         (1) Fint name         (2) Sodial security         (2) Relationship         (3) Relationship         (4) Check the box         (1) Relationship         (4) Relationship         (4) Relationship         (4) Relationship         (4) Relatio	-			ne hac	l income)					,				
If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:         Digital Assets       A any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions).       Image: The text of the text of the text of the text of te														
Digital Assets       At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)       Yes       X ho         Standard Deduction       Someone can claim:       You as a dependent       Your spouse as a dependent       Your spouse as a dependent         Age/Blindness       You:       Were born before January 2, 1959       Are blind       Spouse:       Was born before January 2, 1959       Is blind         Dependents       (see instructions):       (i) First name       Last name       (ii) Relationship       (ii) Check the boxit qualifies for (see instructione):       Child tax credit       Credit for other dependent         If more than four dependents, see instructions;       (ii) First name       Last name       Iii       Iiii       Iiii       Iiii       Iiii       Iiii       Iiii       Iiiiiii       Iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii		lf y												
Digital Assets       At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)       ↓ Yes       Xes         Standard Deduction       Someone can claim:       \overlap Vas a dependent       \overlap Vas born before January 2, 1959       Is bind         Age/Blindness       You:       Were born before January 2, 1959       Are blind       Spouse:       \overlap Vas born before January 2, 1959       Is blind         Dependents       (see instructions):       (f) First name       Last name       number       (g) Relationship       (h) Check the box if qualifies for (see instructions):         If more than four dependents, see instructions):       (g) Relationship       (g) Relationship       (g) Check the box if qualifies for (see instructions)       Child tax credit       Code the obox if qualifies for (see instructions)         Income there		qu	alifying person is a child but not you	ır depe	endent:									
Assets       exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)       □ Yes       ⊠ No         Standard       Someone can claim:       □ You as a dependent       □ Your spouse as a dependent       □       <	<b>D</b> :		nutime during 2002, did your (a) rea											
Standard Deduction       Someone can claim:       You as a dependent       Your spouse as a dependent         Age/Blindness You:       Were born before January 2, 1959       A re blind       Spouse:       Was born before January 2, 1959       Is blind         Dependents (and check here       (1) First name       Last name       (2) Relationship (2) Social security       (3) Relationship (3) Relationship (4) Check the box fit qualifies for (see instructions)         Income (1) First name       Last name       (1) First name       (1) First name       (1) First name         Income (1) First name       Last name       (1) First name         Income (1) First name       Last name       (1) First name									-					s 🛛 No
Deduction       Spouse itemizes on a separate return or you were a dual-status alien         Age/Blindness       You:       Were born before January 2, 1959       Are blind       Spouse:       Was born before January 2, 1959       Is blind         Dependents       (see instructions):       (a) Social security       (a) Relationship       (b) Check the box if qualifies for (see instructions):       Child tax credit       Credit for other dependent         dependents, see instructions       1       1       1       1       1         ese instructions       1       1       1       1       1       1         here       1 </td <td></td> <td>-</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>-</td> <td><i>i</i>). (OC</td> <td></td> <td></td> <td></td> <td></td> <td></td>		-						-	<i>i</i> ). (OC					
Age/Blindness       You:       Were born before January 2, 1959       Are blind       Spouse:       Was born before January 2, 1959       Is blind         Dependents       (see instructions):       (2) Social security       (3) Relationship       (4) Check the box if qualifies for (see instructions):         If more       (1) First name       Last name       number       (b) Relationship       (c) Check the box if qualifies for (see instructions):         If more       (1) First name       Last name       number       (c) Check the box if qualifies for (see instructions):         dependents, see instructions		_		•		•		•						
Dependents (see instructions):       (2) Social security number       (3) Relationship       (4) Check the box if qualifies for (see instructions); Child tax credit       Credit for other dependents to you         if more than four dependents, see instructions and check here .       1			·		_			_						
if more than four dependents       (1) First name       Last name       number       Child tax credit       Credit for other dependents         see instructions and check				959	Are b	lind Spo	ouse	: 📋 Was bor			-			
If more       University       Image and the form       Image and the form         dependents, see instructions       Image and the form       Image and the form       Image and the form         Attach Form(s)       Household employee wages not reported on Form(s) W-2.       Image and the form       Image and the form         W-2 here. Also attach Forms       Household employee wages not reported on Form(s) W-2.       Image and the form       Image and the form         W-20 and toges from Form Self and the form       Image and the form       Image and the form       Image and the form         W-20 and toges from Form Self and the form       Image and the form       Image and the form       Image and the form         W-20 and toges from Form Self and the form form Form 2441, line 26       Image and the form       Image and the form         W-20 and toges from Form Self and the form form Form 839, line 6       Image and the form       Image and the form         W-20 and toges from Form Self and the form form Self and the form form form form form form form form	Dependents				(2) S		'		ip <b>(4</b>			· ·		,
dependents, see instructions	If more	<b>(1)</b> F	irst name Last name			number		to you		Child ta:	< credit	: (	Credit for	other dependents
see instructions       Image: Constructions and check here											<u> </u>			
here		s ——								L	<u> </u>			
Income Attach Forms()       1a       Total amount from Form(s) W-2, box 1 (see instructions)       1a       79,439.         Attach Forms()       b       Household employee wages not reported on Form(s) W-2.       1b       1b         W-26 and W-26 and 1099-Pit tax       d       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1c       1d         W-26 and 1099-Pit tax       d       Medicaid waiver payments not reported on Form (SW-2 (see instructions)       1d       1d         W-27 and 1099-Pit tax       f       Employer-provided adoption benefits from Form 8839, line 29       1f       1d         W-2, see       h       Other earned income (see instructions)       1i       1g       1g         get a Form get a Form       i       Nontaxable combat pay election (see instructions)       1ii       1         z       Add lines 1a through 1h       1       2       2b       2b         Attach Sch. B       2a       b       Tax-exempt interest       2b       2b       2b         Standard Deduction for- Single or Married fling gentry or Outalifying Detured of Narried fling gentry or Married fling gentry or Married fling gentry or Outalifying survive gaparately, to add lines 12, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       5b       5b         10       Additional income from Schedule 1, line 10       1		ı —									<u> </u>			
Attach Form(s) W-2 here. Also W-2 here. Also W-2 here. Also W-2 here. Also C       b       Household employee wages not reported on Form(s) W-2.       1b         W-2 here. Also W-2 here. Also C       C       Tip income not reported on line 1a (see instructions)       1c         W-2 here. Also W-2 here. Also C       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d         W-2 here. Also W-2 here. Also C       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d         W-2 here. Also W-2 here. Als		4 -											-	
Attach Form(s)       Tip income not reported on line 1a (see instructions)       1c         w2 here. Also       C       Tip income not reported on Form(s) W-2 (see instructions)       1d         W-26 and       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d         W-26 and       Taxable dependent care benefits from Form 2441, line 26       1e         was withheld.       f       Employer-provided adoption benefits from Form 8839, line 29       1f         get a Form       Mages from Form 8919, line 6       1g       1f         get a Form       Other earned income (see instructions)       1i       1f         W-2, see       i       Nontaxable combat pay election (see instructions)       1i       1z       79, 439.         Attach Sch. B       2a       Tax-exempt interest       2a       b       Taxable interest       2b         if required.       3a       Qualified dividends       3a       b       Taxable amount       4b         Standard       Deduction for-       Sa       Social security benefits       5a       b       Taxable amount       6b         Mariid filing separately, separately, right of file gene of the set (see instructions)       1g       -13, 870.         Standard       C alita gain or (loss). Attach Schedule D if required. If not require	Income											-	-	19,439.
attach Forms W-26 and 1099-R if tax       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d         W-26 and 1099-R if tax       Taxable dependent care benefits from Form 2441, line 26       1e         was withheld.       f       Employer-provided adoption benefits from Form 8339, line 29       1f         If you did not get a Form       g       Wages from Form 8919, line 6       1g         W-2, see       h       Other earned income (see instructions)       1h       0.         W-2, see       i       Nothaxable combat pay election (see instructions)       1i       79,439.         Attach Sch. B       2a       Tax-exempt interest       2a       b       Datable interest       2b         Attach Sch. B       a       IRA distributions       4a       b       Taxable amount       4b         Standard       Gualified dividends       5a       b       Taxable amount       6b         Standard       Figure or Married filing separately.       Figure or (loss). Attach Schedule D if required. If not required, check here       7         Standard       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your adjusted gross income       9       65, 569.         Standard       Standard filing separately.       Statch Schedule D, fine 26       10         Standard diling separatel						.,						-		
W-26 and 1099-R if tax       e       Taxable dependent care benefits from Form 2441, line 26       1         was withheld.       f       Employer-provided adoption benefits from Form 8839, line 29       1         If you did not get a Form W-2, see       g       Wages from Form 8919, line 6       1         Add lines 1a through 1h       1       1       0         Attach Sch, B if required.       2       Add lines 1a through 1h       1       1         Attach Sch, B if required.       2a       b       b       Taxable interest       2b         Standard Deductin for- isingle or Married filing separately, \$13,850       4a       b       Taxable amount       4b         Standard Deductin for- iolingt or Married filing separately, \$13,850       C       If you elect to use the lump-sum election method, check here (se instructions)       5b         Married filing separately, \$13,850       C       If you elect to use the lump-sum election method, check here       7         Married filing separately, \$27,700       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       65,569.         \$20,800       11       Subtract line 10 from line 9. This is your adjusted gross income       11       65,569.         \$20,800       12       Standard deduction or itemized deductions (from Schedule A)       12       13,850. <td></td> <td></td> <td></td> <td></td> <td></td> <td>-</td> <td></td> <td></td> <td></td> <td></td> <td>·</td> <td>-</td> <td></td> <td></td>						-					·	-		
Insert in tax       Femployer-provided adoption benefits from Form 8839, line 29       1f         If you did not get a form       Wages from Form 8919, line 6       1g         If you did not get a form       Wages from Form 8919, line 6       1g         W-2, see       Nontaxable combat pay election (see instructions)       1i         Z       Add lines 1a through 1h       1i         Z       Add lines 1a through 1h       2a         Z       Add lines 1a through 1h       2b         Attach Sch. B       If Required.         3a       Qualified dividends       3a         4a       b Taxable interest       2b         Standard       Pensions and annuities       5a         Deduction for-       6a       b Taxable amount       4b         Standard Deduction for-       6a       b Taxable amount       6b         Standard Deduction for-       6a       b Taxable amount       6b         Married filing binty or ing pouse, St3350       7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7         Married filing souse, St27.700       9       Add lines 12, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       11         Not head of household, St20,800       12       Standard deduction or itemized deductions (	W-2G and						13110		• •		•	-		
If you did not g Wages from Form 8919, line 6 1g   get a Form M Other earned income (see instructions) 1i   Montaxable combat pay election (see instructions) 1i 1z   Add lines 1a through 1h 1z   Attach Sch. B a   Qualified dividends 3a   Gualified dividends 3a   Unalified dividends 3a   Bandard b   Deduction for- 5a   Standard 5a   Deduction for- 6a   Standard filing   Deduction for-   Gaingle or   Gaingle or   Married filing   Joint and filing looting spouse, Standard dividend sincome from Schedule D if required. If not required, check here   Married filing   Joint and filing looting spouse, Standard dividends to come from Schedule 1, line 10   Bandwidt filing   Joint and filing looting any box under   Standard filing looting and cloce from Schedule 1, line 26   Standard deduction or itemized deductions (from Schedule A)   Standard deduction or itemized deductions (from Schedule A)   Standard deduction or itemized deduction from Form 8995 or Form 8995-A		f	•				• •		• •		•	-		
get a Form W-2, see       h       Other earned income (see instructions)       1       1       0.         wV-2, see       i       Nontaxable combat pay election (see instructions)       1i       1i       0.         Attach Sch. B       2a       Tax-exempt interest       2a       b       b       79,439.         Attach Sch. B       2a       Tax-exempt interest       2a       b       b       0.         Attach Sch. B       2a       Tax-exempt interest       2a       b       b       0.         Standard       Qualified dividends       3a       b       b       Dordinary dividends       3b         Standard Deduction for-       5a       Social security benefits       5a       b       Taxable amount       5b         Get af fing separately, \$13,850       r       r       r       r       r       r         Narried fing pinity or Qualifying surving spouse, \$27,700       8       Additional income from Schedule 1, line 10       r       r       r       r         Nuel ad of nousehold, \$20,800       12       Subtract line 10 from line 9. This is your adjusted gross income       11       65,569.       10         Head of rousehold, \$20,800       12       Standard deduction or itemized deductions (from Schedule A) <td< td=""><td></td><td>י מ</td><td></td><td></td><td></td><td>,</td><td></td><td></td><td>• •</td><td></td><td>·</td><td></td><td></td><td></td></td<>		י מ				,			• •		·			
W-2, see       instructions.       i       Nontaxable combat pay election (see instructions)       1i         Attach Sch. B       i       Add lines 1a through 1h       1z       79,439.         Attach Sch. B       if required.       a       Qualified dividends       2a       b       Taxable interest       2b         Standard       a       Qualified dividends       3a       b       b       Ordinary dividends       3b         Standard       beduction for-       5a       Pensions and annuities       5a       b       Taxable amount       4b         Standard       beduction for-       6a       b       Taxable amount       5b       6b         Married filing separately, \$13,850       r       r       r       r       r       r         Varied filing pointly or Qualifying surving spouse, \$27,700       R       Additional income from Schedule 1, line 10       -       -       7         Add dines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       -       10       -       -         Varied filing surving spouse, \$27,700       Add lines 12, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       -       10       -         Varied filing usurving spouse, \$27,700       Qualifying usurving spouse, \$27,800       -       11 <td>get a Form</td> <td>9 h</td> <td></td> <td></td> <td></td> <td></td> <td>• •</td> <td></td> <td>• •</td> <td></td> <td>•</td> <td></td> <td></td> <td>0.</td>	get a Form	9 h					• •		• •		•			0.
z       Add lines 1a through 1h       12       79,439.         Attach Sch. B       2a       Tax-exempt interest       2b         a       Qualified dividends       3a       b       Ordinary dividends       3b         4a       IRA distributions       4a       b       Taxable amount       4b         5andard       5a       b       Taxable amount       4b         5andard       5a       b       Taxable amount       5b         5andard       5a       5a       b       Taxable amount       5b         5andard       5a       6a       b       Taxable amount       5b         5andard       6a       Social security benefits       6a       b       Taxable amount       6b         5andard       c       If you elect to use the lump-sum election method, check here (see instructions)       7       6b         6a       Social security benefits       6a       -13,870.       7         7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       7         9       Additional income from Schedule 1, line 26       10       10       10         11       65,569.       10       11       65,569.       12	,				tructions)	· · · ·	• •	· · · · ·	ì		•			
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				-		
4a       IRA distributions       4a       b       Taxable amount       4b         5a       Pensions and annuities       5a       b       Taxable amount       5b         Single or Married filing separately, \$13,850       6a       b       Taxable amount       5b         6a       Social security benefits       6a       b       Taxable amount       6b         7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       7         Married filing jointy or Qualifying surving spouse, \$27,700       9       Additional income from Schedule 1, line 10       7         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         14       Standard deduction or itemized deductions (from Schedule A)       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       14       13, 850.       14       14       13, 850.         15       Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income       15       51, 719.			· ·				b C	Ordinary divider	nds .			-		
Standard Deduction for-       5a       Pensions and annuities								2				-		
Subtract line 10       6a       Social security benefits       6a       b Taxable amount       6b         Married filing separately, \$13,850       c       If you elect to use the lump-sum election method, check here (see instructions)       .       .       6b         Married filing jointly or Qualifying surviving spouse, \$27,700       7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       .       .       7         9       Additional income from Schedule 1, line 10       .       .       .       8       -13,870.         9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       .       .       9       65,569.         \$27,700       10       Adjustments to income from Schedule 1, line 26       .       .       .       10         Head of household, \$20,800       12       Standard deduction or itemized deductions (from Schedule A)       .       .       .       11       65,569.         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       .       .       .       14       13,850.         15       Subtract line 14 from line 11. If zero or less, enter -0 This is your t	Standard											-		
Married filing separately, \$13,850       c       If you elect to use the lump-sum election method, check here (see instructions)       .	Single or	6a	Social security benefits	6a			bТ	axable amount	:			6b		
\$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)						
jointly or Qualifying surviving spouse, \$27,7008Additional income from Schedule 1, line 108-13,870.9Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income965,569.9Adjustments to income from Schedule 1, line 2610101165,569.11Subtract line 10 from line 9. This is your adjusted gross income1112Standard deduction or itemized deductions (from Schedule A)1213Qualified business income deduction from Form 8995 or Form 8995-A131413,850.1415Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income15	\$13,850	7	Capital gain or (loss). Attach Sche	dule D	if require	d. If not requ	uired	, check here				7	1	
Qualifying surving spouse, \$27,700965,569.10Adjustments to income from Schedule 1, line 2610Head of household, \$20,80011Subtract line 10 from line 9. This is your adjusted gross income1165,569.12Standard deduction or itemized deductions (from Schedule A)1213,850.13Qualified business income deduction from Form 8995 or Form 8995-A13141413,850.14Add lines 12 and 1311. If zero or less, enter -0 This is your taxable income15		8	Additional income from Schedule	1, line	10							8		-13,870.
\$27,700       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.         \$20,800       12       Standard deduction or itemized deductions (from Schedule A)       12       13,850.         If you checked any box under Standard Deduction, see instructions.       13       Qualified business income deduction from Form 8995 or Form 8995-A       13         If Add lines 12 and 13       If the interval of the interval inter	Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	and 8	. This is y	our total inc	come	e				9		
household, \$20,80011Subtract line 10 from line 9. This is your adjusted gross income1165,569.1213,850.1314141315Subtract line 11. If zero or less, enter -0 This is your taxable income	\$27,700	10	Adjustments to income from Sche	dule 1	, line 26							10		
\$20,800       12       Standard deduction or itemized deductions (from Schedule A)       12       13,850.         If you checked any box under Standard Deduction, see instructions.       13       Qualified business income deduction from Form 8995 or Form 8995-A       13       13         Model lines 12 and 13       13       14       13,850.       14       13,850.         Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income       15       51,719.		11	Subtract line 10 from line 9. This is	s your	adjusted	gross incor	ne					11		65,569.
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 <b>2</b>
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3		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 <b>total tax</b>				[	24	6,687.
Payments	25	Federal income tax withheld	from:						
•	а	Form(s) W-2				<b>25a</b>	,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 <b>to</b>	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 <b>overpaid</b>		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 <b>amo</b>	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				🗌 <b>Yes.</b> 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 <b>1040</b> (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. <b>01</b>
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 <b>additional income</b> . 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. <b>13</b>

	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	<b>e C</b> . 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	<b>F</b> 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. <b>Do not</b>				• •		. 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)	
		<b>1</b> 6556
		<b>2</b> <b>3</b> 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 <b>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.</b> 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 <b>only</b> 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 <b>only</b> 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 <sup>-</sup>	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 <b>larger</b>							luctions luction				` '		, line 30; Is <sup>.</sup>	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 <sup>.</sup> 	-					1 	. 💽 :	32				144	. 00
Тах	33	Subtra	ct line	32 f	rom l	ine 31.	. If les	s than	zero, e	nter -0 <sup>,</sup>						. 🔘	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 <b>2024</b> 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 (	<ul><li>● 100</li></ul>		. 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

REV 02/02/24 PRO

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 <b>sos.c</b> a	a.gov/electi	<b>ons</b> . 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.	<b>Have</b> Ig amo	you v	<b>verified the r</b> 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 <b>do no</b>	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 <sup>.</sup>	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 <b>ftb.ca.gov/privacy</b> 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 <b>ftb.ca.gov/forms</b> and search for <b>1131</b> form code <b>948</b> 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								
	<b>Int I Income Adjustment Schedule</b> <b>ction A – Income</b> from federal Form 1040 or 1040-SR	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	<b>C</b> Additions See instructions				
1	<b>a</b> Total amount from federal Form(s) W-2, box 1. See instructions <b>1a</b>	• 79439	$\bullet$	۲				
	<ul> <li>b Household employee wages not reported on federal Form(s) W-2 1b</li> </ul>	۲	۲	۲				
	c Tip income not reported on line 1a 1c	۲	$\odot$	۲				
	<b>d</b> Medicaid waiver payments not reported on federal Form(s) W-2. See instructions <b>1d</b>	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				
	<b>g</b> Wages from federal Form 8919, line 6 <b>1</b> 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. <b>a</b> • 5 <b>b</b>	۲	۲	۲				
6	Social security benefits. a • 6b	۲	۲					
		•	۲	۲				
	<b>ction B – Additional Income</b> 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 <b>3</b>	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					

REV 02/02/24 PRO

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Section B – Additional Income Continued	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	<b>C</b> Additions See instructions		
8 Other income: a Federal net operating loss	• ( )		۲		
b Gambling	۲	۲			
c Cancellation of debt	۲	$\odot$	$\odot$		
<b>d</b> Foreign earned income exclusion from federal Form 2555	• ( )		۲		
e Income from federal Form 8853 8e	۲		۲		
f Income from federal Form 8889	۲	۲			
g Alaska Permanent Fund dividends	۲				
<b>h</b> Jury duty 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				
<b>n</b> IRC Section 951(a) inclusion 8 <b>n</b>	۲	۲			
<b>o</b> IRC Section 951A(a) inclusion	۲	۲			
p IRC Section 461(I) excess business loss adjustment 8p	۲	۲	۲		
<b>q</b> Taxable distributions from an ABLE account <b>8q</b>	۲				
r Scholarship and fellowship grants not reported on federal Form(s) W-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				
<b>u</b> Wages earned while incarcerated 8 <b>u</b>	$\odot$				
z Other income. List type and amount.					
8z	۲	۲	$\textcircled{\bullet}$		

REV 02/02/24 PRO



Section B – Additional Income Continued		A	Federal Amounts (taxable amounts from your federal tax return)		B Subtractions See instructions	<b>C</b> Additions See instructions
9	<b>a</b> Total other income. Add lines 8a through 8z <b>9a</b>			ullet		$\odot$
	<b>b1</b> Disaster loss deduction from form FTB 3805V <b>9b1</b>			ullet		
	<b>b2</b> NOL deduction from form FTB 3805V 9b2			ullet		
	<b>b3</b> NOL deduction from form FTB 3805Z, 3807, or 3809			ullet		
10	<b>Total.</b> Combine Section A, line 1z through line 7, and Section B, line 1 through line 7, and line 9a in column A and column C. Add Section A, line 1z through line 7, and Section B, line 1 through line 7, line 9a, and line 9b1 through line 9b3 in column B (as applicable). See instructions	•	65569	۲		۲
	<b>ction C – Adjustments to Income</b> m federal Schedule 1 (Form 1040)					
11	Educator expenses			۲		
12	Certain business expenses of reservists, performing artists, and fee-basis government officials <b>12</b>			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	<b>a</b> Alimony paid <b>19a</b>					۲
	<b>b</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					

REV 02/02/24 PRO



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						
<ul> <li>b Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit</li></ul>			۲		۲	
<ul> <li>c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m</li> </ul>	۲		۲			
d Reforestation amortization and expenses24d						
e Repayment of supplemental unemployment benefits under the federal Trade Act of 1974 24e						
f Contributions to IRC Section 501(c)(18)(D) pension plans24f			۲		•	
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 <b>24</b> j						
k Excess deductions of IRC Section 67(e) expenses from federal Schedule K-1 (Form 1041)24k						
<b>z</b> Other adjustments. List type and amount.						
<u>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	<b>Federal Itemized</b>	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>b</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				
	<ul> <li>e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) in column A.</li> <li>Enter the amount from line 5a, column B in line 5e, column B.</li> <li>Enter the difference from line 5d and line 5e, column A in line 5e, column C</li></ul>	ie 💿	4605		4605		0
6	Other taxes. List type • 6		)	۲		۲	
7	Add line 5e and line 67		4605		4605	۲	0
	<ul> <li>a Home mortgage interest and points reported to you on federal Form 1098</li></ul>	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	
	<b>ualty and Theft Losses</b> Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions <b>15</b>						
Oth	er Itemized Deductions						
16	Other—from list in federal instructions <b>16</b>			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
	<b>Side 6</b> Schedule CA (540) 2023 175	1	7736234		REV 02/02/24 PRO		