

IRS e-file Signature Authorization

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

Submission Identification Number (SID) ▶

Taxpayer's name SAI KALYAN MOGULOJU	Social security number 596-15-0441
Spouse's name MALATHI PRIYANKA TATIKONDA	Spouse's social security number 147-51-7720

Part I Tax Return Information – Tax Year Ending December 31, 2023 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

1 Adjusted gross income	1	262,366.
2 Total tax	2	43,494.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	58,029.
4 Amount you want refunded to you	4	14,535.
5 Amount you owe	5	

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

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

Taxpayer's PIN: check one box only

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

5	0	4	4	1
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 as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name **Enter five digits, but don't enter all zeros**
- 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 GLOBAL TAXES LLC to enter or generate my PIN

1	7	7	2	0
---	---	---	---	---

 as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name **Enter five digits, but don't enter all zeros**
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication – Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

2	2	2	4	9	6	0	8	2	7	1
---	---	---	---	---	---	---	---	---	---	---

Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ _____ Date ▶ _____

ERO Must Retain This Form – See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

For the year Jan. 1–Dec. 31, 2023, or other tax year beginning , 2023, ending , 20 See separate instructions.

SAI KALYAN MOGULOJU 596 15 0441
MALATHI PRIYANKA TATIKONDA 147 51 7720
135 RIO ROBLES EAST 110
SAN JOSE CA 95134

Filing Status: Single, Married filing jointly (checked), Married filing separately (MFS), Head of household (HOH), Qualifying surviving spouse (QSS)

Digital Assets: At any time during 2023, did you: (a) receive... or (b) sell, exchange, or otherwise dispose of a digital asset? (See instructions.) Yes No (checked)

Standard Deduction: Someone can claim: You as a dependent, Your spouse as a dependent, 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

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Check the box if qualifies for (see instructions): Child tax credit, Credit for other dependents

Income table with columns 1a-1i and 1z. 1a: Total amount from Form(s) W-2, box 1 (see instructions) 289,744. 1z: Add lines 1a through 1h 289,744.

Table with columns 2a-2b, 3a-3b, 4a-4b, 5a-5b, 6a-6b, 7, 8, 9, 10, 11, 12, 13, 14, 15. 2a: Tax-exempt interest 2b: Taxable interest. 3a: Qualified dividends 5. 3b: Ordinary dividends 6. 7: Capital gain or (loss) -3,000. 8: Additional income from Schedule 1, line 10 -24,384. 9: Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 262,366. 11: Subtract line 10 from line 9. This is your adjusted gross income 262,366. 12: Standard deduction or itemized deductions (from Schedule A) 27,700. 15: Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income 234,666.

Attach Sch. B if required.

Standard Deduction for: Single or Married filing separately, \$13,850; Married filing jointly or Qualifying surviving spouse, \$27,700; Head of household, \$20,800; If you checked any box under Standard Deduction, see instructions.

Tax and Credits	16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	43,120.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	43,120.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	43,120.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	374.
	24	Add lines 22 and 23. This is your total tax	24	43,494.

Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2	25a	57,205.
	b	Form(s) 1099	25b	
	c	Other forms (see instructions)	25c	824.
	d	Add lines 25a through 25c	25d	58,029.
	26	2023 estimated tax payments and amount applied from 2022 return	26	
	27	Earned income credit (EIC) <input type="checkbox"/> NO	27	
	28	Additional child tax credit from Schedule 8812	28	
	29	American opportunity credit from Form 8863, line 8	29	
	30	Reserved for future use	30	
	31	Amount from Schedule 3, line 15	31	
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32	
	33	Add lines 25d, 26, and 32. These are your total payments	33	58,029.

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	14,535.
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	14,535.
Direct deposit? See instructions.	b	Routing number <u>1 2 1 0 0 0 3 5 8</u> c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d	Account number <u>3 2 5 0 9 3 6 3 4 9 8 0</u>		
	36	Amount of line 34 you want applied to your 2024 estimated tax	36	

Amount You Owe	37	Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to www.irs.gov/Payments or see instructions	37	
	38	Estimated tax penalty (see instructions)	38	

Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions **Yes.** Complete below. **No**

Designee's name _____ Phone no. _____ Personal identification number (PIN) _____

Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation SOFTWARE ENGINEER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation HOME MAKER	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no. (319) 930-9832	Email address KALYANSAIM@GMAIL.COM		

Paid Preparer Use Only

Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 02/22/2024	PTIN P02082703	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816			Phone no. (678) 965-9522
				Firm's EIN 84-3171965

**SCHEDULE 1
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074

2023
Attachment
Sequence No. **01**

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

SAI KALYAN MOGULOJU & MALATHI PRIYANKA TATIKONDA

Your social security number

596-15-0441

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	0.
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. Attach Schedule E	5	-24,384.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income:		
a	Net operating loss	8a	()
b	Gambling	8b	
c	Cancellation of debt	8c	
d	Foreign earned income exclusion from Form 2555	8d	()
e	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	
l	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8l	
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8m	
n	Section 951(a) inclusion (see instructions)	8n	
o	Section 951A(a) inclusion (see instructions)	8o	
p	Section 461(l) excess business loss adjustment	8p	
q	Taxable distributions from an ABLÉ 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 nonqualified deferred compensation plan or a nongovernmental section 457 plan	8t	
u	Wages earned while incarcerated	8u	
z	Other income. List type and amount: _____	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 here and on Form 1040, 1040-SR, or 1040-NR, line 8	10	-24,384.

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

Schedule 1 (Form 1040) 2023

Part II Adjustments to Income

11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis 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			
c	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:			
a	Jury duty pay (see instructions)	24a		
b	Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit	24b		
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	24c		
d	Reforestation amortization and expenses	24d		
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e		
f	Contributions to section 501(c)(18)(D) pension plans	24f		
g	Contributions by certain chaplains to section 403(b) plans	24g		
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h		
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i		
j	Housing deduction from Form 2555	24j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k		
z	Other adjustments. List type and amount: _____	24z		
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10		26	

**SCHEDULE 2
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Taxes

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2023
Attachment
Sequence No. **02**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR SAI KALYAN MOGULOJU & MALATHI PRIYANKA TATIKONDA	Your social security number 596-15-0441
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Part I Tax

1 Alternative minimum tax. Attach Form 6251	1	
2 Excess advance premium tax credit repayment. Attach Form 8962	2	
3 Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17	3	

Part II Other Taxes

4 Self-employment tax. Attach Schedule SE			4	
5 Social security and Medicare tax on unreported tip income. Attach Form 4137	5			
6 Uncollected social security and Medicare tax on wages. Attach Form 8919	6			
7 Total additional social security and Medicare tax. Add lines 5 and 6			7	
8 Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required. If not required, check here <input type="checkbox"/>			8	
9 Household employment taxes. Attach Schedule H			9	
10 Repayment of first-time homebuyer credit. Attach Form 5405 if required			10	
11 Additional Medicare Tax. Attach Form 8959			11	374.
12 Net investment income tax. Attach Form 8960			12	
13 Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12			13	
14 Interest on tax due on installment income from the sale of certain residential lots and timeshares			14	
15 Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000			15	
16 Recapture of low-income housing credit. Attach Form 8611			16	

(continued on page 2)

Part II Other Taxes *(continued)*

17	Other additional taxes:		
a	Recapture of other credits. List type, form number, and amount: _____	17a	
b	Recapture of federal mortgage subsidy, if you sold your home see instructions	17b	
c	Additional tax on HSA distributions. Attach Form 8889	17c	
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d	
e	Additional tax on Archer MSA distributions. Attach Form 8853	17e	
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f	
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g	
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h	
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17i	
j	Section 72(m)(5) excess benefits tax	17j	
k	Golden parachute payments	17k	
l	Tax on accumulation distribution of trusts	17l	
m	Excise tax on insider stock compensation from an expatriated corporation	17m	
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n	
o	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	17o	
p	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p	
q	Any interest from Form 8621, line 24	17q	
z	Any other taxes. List type and amount: _____	17z	
18	Total additional taxes. Add lines 17a through 17z		18
19	Reserved for future use		19
20	Section 965 net tax liability installment from Form 965-A	20	
21	Add lines 4, 7 through 16, and 18. These are your total other taxes . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b		21
			374.

**SCHEDULE D
(Form 1040)**

Capital Gains and Losses

OMB No. 1545-0074

2023

Department of the Treasury
Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.
Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.
Go to www.irs.gov/ScheduleD for instructions and the latest information.

Attachment
Sequence No. **12**

Name(s) shown on return

SAI KALYAN MOGULOJU & MALATHI PRIYANKA TATIKONDA

Your social security number

596-15-0441

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes No

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses—Generally Assets Held One Year or Less (see instructions)

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b .				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked	3,921.	5,572.		-1,651.
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824				4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions				6 (5,236.)
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back				7 -6,887.

Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year (see instructions)

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b .				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824				11
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12
13 Capital gain distributions. See the instructions				13
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions				14 ()
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III on the back				15

Part III Summary

16	Combine lines 7 and 15 and enter the result	16	-6,887.
	<ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 		
17	Are lines 15 and 16 both gains? <input type="checkbox"/> Yes. Go to line 18. <input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.		
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet	18	
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet	19	
20	Are lines 18 and 19 both zero or blank and you are not filing Form 4952? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. <input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: <ul style="list-style-type: none"> • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) } 	21	(3,000.)
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.		
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? <input checked="" type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. <input type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.		

Sales and Other Dispositions of Capital Assets

Department of the Treasury
Internal Revenue Service

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Go to www.irs.gov/Form8949 for instructions and the latest information.

Name(s) shown on return: SAI KALYAN MOGULOJU & MALATHI PRIYANKA TATIKONDA Social security number or taxpayer identification number: 596-15-0441

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (A)** Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (B)** Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (C)** Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the Note below and see <i>Column (e)</i> in the separate instructions.	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g).
						(f) Code(s) from instructions	(g) Amount of adjustment	
	ROBINHOOD SECURITIES LLC	01/01/23	12/31/23	3,921.	5,572.			-1,651.
2 Totals.	Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked).			3,921.	5,572.			-1,651.

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

**SCHEDULE E
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Supplemental Income and Loss

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

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

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

OMB No. 1545-0074

2023
Attachment
Sequence No. **13**

Name(s) shown on return

SAI KALYAN MOGULOJU & MALATHI PRIYANKA TATIKONDA

Your social security number

596-15-0441

Part I Income or Loss From Rental Real Estate and Royalties

Note: If you are in the business of renting personal property, use **Schedule C**. See instructions. If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

- A** Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions Yes No
B If "Yes," did you or will you file required Form(s) 1099? Yes No

1a Physical address of each property (street, city, state, ZIP code)

A VISHNUPURI EXT, MALKAJGIRI HYDERABAD TELANGANA IN 500047

B
C

1b Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days		Personal Use Days	QJV
		A	B	C	
A 3		365		0	<input type="checkbox"/>
B					<input type="checkbox"/>
C					<input type="checkbox"/>

Type of Property:

- 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental
 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe) _____

Income:	Properties:		
	A	B	C
3 Rents received	3 1,080.		
4 Royalties received	4		
Expenses:			
5 Advertising	5		
6 Auto and travel (see instructions)	6		
7 Cleaning and maintenance	7 2,385.		
8 Commissions	8		
9 Insurance	9		
10 Legal and other professional fees	10		
11 Management fees	11 2,588.		
12 Mortgage interest paid to banks, etc. (see instructions)	12		
13 Other interest	13		
14 Repairs	14 4,896.		
15 Supplies	15 3,977.		
16 Taxes	16		
17 Utilities	17 5,236.		
18 Depreciation expense or depletion	18 6,382.		
19 Other (list) _____	19		
20 Total expenses. Add lines 5 through 19	20 25,464.		
21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21 -24,384.		
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22 (24,384.)	()	()
23a Total of all amounts reported on line 3 for all rental properties	23a 1,080.		
b Total of all amounts reported on line 4 for all royalty properties	23b		
c Total of all amounts reported on line 12 for all properties	23c		
d Total of all amounts reported on line 18 for all properties	23d 6,382.		
e Total of all amounts reported on line 20 for all properties	23e 25,464.		
24 Income. Add positive amounts shown on line 21. Do not include any losses	24		
25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25 (24,384.)		
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2	26 -24,384.		

For Paperwork Reduction Act Notice, see the separate instructions.

NPA

-24,384.

Schedule E (Form 1040) 2023

Health Savings Accounts (HSAs)

Department of the Treasury
Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form8889 for instructions and the latest information.

2023
Attachment
Sequence No. **52**

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

Social security number of HSA beneficiary.
If both spouses have HSAs, see instructions.
596-15-0441

SAI KALYAN MOGULOJU

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

Part I HSA Contributions and Deduction. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2023. See instructions	<input type="checkbox"/> Self-only <input checked="" type="checkbox"/> Family
2	HSA contributions you made for 2023 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2023. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	2 0.
3	If you were under age 55 at the end of 2023 and, on the first day of every month during 2023, you were, or were considered, an eligible individual with the same coverage, enter \$3,850 (\$7,750 for family coverage). All others , see the instructions for the amount to enter	3 7,750.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2023 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2023, also include any amount contributed to your spouse's Archer MSAs	4 0.
5	Subtract line 4 from line 3. If zero or less, enter -0-	5 7,750.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2023, see the instructions for the amount to enter	6 7,750.
7	If you were age 55 or older at the end of 2023, married, and you or your spouse had family coverage under an HDHP at any time during 2023, enter your additional contribution amount. See instructions	7
8	Add lines 6 and 7	8 7,750.
9	Employer contributions made to your HSAs for 2023	9 2,000.
10	Qualified HSA funding distributions	10
11	Add lines 9 and 10	11 2,000.
12	Subtract line 11 from line 8. If zero or less, enter -0-	12 5,750.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.	13 0.

Part II HSA Distributions. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

14a	Total distributions you received in 2023 from all HSAs (see instructions)	14a
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions	14b
c	Subtract line 14b from line 14a	14c
15	Qualified medical expenses paid using HSA distributions (see instructions)	15
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8f	16
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here <input type="checkbox"/>	
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c	17b

Part III Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

18	Last-month rule	18
19	Qualified HSA funding distribution	19
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f	20
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d	21

Additional Medicare Tax

If any line does not apply to you, leave it blank. See separate instructions.
 Attach to Form 1040, 1040-SR, 1040-NR, or 1040-SS.
 Go to www.irs.gov/Form8959 for instructions and the latest information.

Name(s) shown on return

SAI KALYAN MOGULOJU & MALATHI PRIYANKA TATIKONDA

Your social security number

596-15-0441

Part I Additional Medicare Tax on Medicare Wages

1 Medicare wages and tips from Form W-2, box 5. If you have more than one Form W-2, enter the total of the amounts from box 5	1	291,564.		
2 Unreported tips from Form 4137, line 6	2			
3 Wages from Form 8919, line 6	3			
4 Add lines 1 through 3	4	291,564.		
5 Enter the following amount for your filing status:				
Married filing jointly \$250,000				
Married filing separately \$125,000				
Single, Head of household, or Qualifying surviving spouse \$200,000	5	250,000.		
6 Subtract line 5 from line 4. If zero or less, enter -0-	6			41,564.
7 Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II	7			374.

Part II Additional Medicare Tax on Self-Employment Income

8 Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you had a loss, enter -0-	8			
9 Enter the following amount for your filing status:				
Married filing jointly \$250,000				
Married filing separately \$125,000				
Single, Head of household, or Qualifying surviving spouse \$200,000	9			
10 Enter the amount from line 4	10			
11 Subtract line 10 from line 9. If zero or less, enter -0-	11			
12 Subtract line 11 from line 8. If zero or less, enter -0-	12			
13 Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and go to Part III	13			

Part III Additional Medicare Tax on Railroad Retirement Tax Act (RRTA) Compensation

14 Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 (see instructions)	14			
15 Enter the following amount for your filing status:				
Married filing jointly \$250,000				
Married filing separately \$125,000				
Single, Head of household, or Qualifying surviving spouse \$200,000	15			
16 Subtract line 15 from line 14. If zero or less, enter -0-	16			
17 Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (0.009). Enter here and go to Part IV	17			

Part IV Total Additional Medicare Tax

18 Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 11 (Form 1040-SS filers, see instructions), and go to Part V	18			374.
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Part V Withholding Reconciliation

19 Medicare tax withheld from Form W-2, box 6. If you have more than one Form W-2, enter the total of the amounts from box 6	19	5,052.		
20 Enter the amount from line 1	20	291,564.		
21 Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages	21	4,228.		
22 Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages	22			824.
23 Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions)	23			
24 Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (Form 1040-SS filers, see instructions)	24			824.

Net Investment Income Tax— Individuals, Estates, and Trusts

Attach to your tax return.

Go to www.irs.gov/Form8960 for instructions and the latest information.

Name(s) shown on your tax return

SAI KALYAN MOGULOJU & MALATHI PRIYANKA TATIKONDA

Your social security number or EIN

596-15-0441

Part I Investment Income Section 6013(g) election (see instructions)
 Section 6013(h) election (see instructions)
 Regulations section 1.1411-10(g) election (see instructions)

1	Taxable interest (see instructions)		1	
2	Ordinary dividends (see instructions)		2	6.
3	Annuities (see instructions)		3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, trades or businesses, etc. (see instructions)	-24,384.		
b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions)			
c	Combine lines 4a and 4b		4c	-24,384.
5a	Net gain or loss from disposition of property (see instructions)	-3,000.		
b	Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)			
c	Adjustment from disposition of partnership interest or S corporation stock (see instructions)			
d	Combine lines 5a through 5c		5d	-3,000.
6	Adjustments to investment income for certain CFCs and PFICs (see instructions)		6	
7	Other modifications to investment income (see instructions)		7	
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7		8	-27,378.

Part II Investment Expenses Allocable to Investment Income and Modifications

9a	Investment interest expenses (see instructions)		9a	
b	State, local, and foreign income tax (see instructions)		9b	
c	Miscellaneous investment expenses (see instructions)		9c	
d	Add lines 9a, 9b, and 9c		9d	
10	Additional modifications (see instructions)		10	
11	Total deductions and modifications. Add lines 9d and 10		11	

Part III Tax Computation

12	Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, complete lines 13–17. Estates and trusts, complete lines 18a–21. If zero or less, enter -0-		12	0.
Individuals:				
13	Modified adjusted gross income (see instructions)	262,366.		
14	Threshold based on filing status (see instructions)	250,000.		
15	Subtract line 14 from line 13. If zero or less, enter -0-	12,366.		
16	Enter the smaller of line 12 or line 15		16	0.
17	Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). Enter here and include on your tax return (see instructions)		17	0.
Estates and Trusts:				
18a	Net investment income (line 12 above)		18a	
b	Deductions for distributions of net investment income and charitable deductions (see instructions)		18b	
c	Undistributed net investment income. Subtract line 18b from line 18a (see instructions). If zero or less, enter -0-		18c	
19a	Adjusted gross income (see instructions)		19a	
b	Highest tax bracket for estates and trusts for the year (see instructions)		19b	
c	Subtract line 19b from line 19a. If zero or less, enter -0-		19c	
20	Enter the smaller of line 18c or line 19c		20	
21	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.038). Enter here and include on your tax return (see instructions)		21	

Step 1: You must fill in your Social Security Number (SSN)

For fiscal or short year filers
 ▶ to ▶
M M D D Y Y Y Y M M D D Y Y Y Y

Check the box if this is an amended return ▶

Last Name	First Name	MI	Social Security Number (SSN)
▶ KALYAN MOGULOJU	▶ SAI	▶	▶ 5 9 6 1 5 0 4 4 1
Spouse's Last Name	Spouse's First Name	MI	Spouse's Social Security Number (SSN)
▶ TATIKONDA	▶ MALATHI PRIYANKA	▶	▶ 1 4 7 5 1 7 7 2 0

Current mailing address (number, street, apartment, lot, or suite number) or PO Box
 ▶ 135 RIO ROBLES EAST , 110

City	State	ZIP
▶ SAN JOSE	▶ C A	▶ 9 5 1 3 4

County No.	School District No.
▶ 0 0	▶ 0 0 0 0

Use Residence as of 12/31/23:

Step 2: Filing status from federal 1040. Mark one box only

- ▶ 1. Single: Were you claimed on another person's Iowa return?
- ▶ 2. Married filing jointly
- ▶ 3. Married filing separately. Enter your spouse's information above. Spouse's net income:
- ▶ 4. Head of household. Enter qualifying person's information on Page 2
- ▶ 5. Qualifying surviving spouse with dependent child. Enter dependent's information on Page 2.

Yes	No
▶ <input type="checkbox"/>	▶ <input type="checkbox"/>
▶ 3	00

Step 3: Exemptions

- a. Personal Credit: Enter 1 (enter 2 if filing status 2 or 4)
- b. Enter 1 for each taxpayer 65 or older and/or 1 for each taxpayer who is blind
- Check if:** You are 65 or older ▶ You are blind ▶ Spouse is 65 or older ▶ Spouse is blind ▶
- c. Dependents: Enter 1 for each dependent. List dependents below
- d. Total. Add lines a, b and c

Enter Dollars and Cents

▶ 2 x \$40 =	▶ 80 00
▶ x \$20 =	▶ 00
▶ x \$40 =	▶ 00
▶	▶ 80 00



Taxpayer's Name
S KALYAN MOGULOJU & M TATIKONDA

Taxpayer's SSN
5 9 6 1 5 0 4 4 1

Dependent's first name	Dependent's last name	Dependent's SSN	Relationship to you
▶	▶	▶	▶
▶	▶	▶	▶
▶	▶	▶	▶

Step 4: Iowa Taxable Income

- 1. Federal total income.....
- 2. Federal taxable income.....
- 3. Net Iowa modifications from IA 1040 Schedule 1, line 22.....
- 4. Iowa taxable income. Add lines 2 and 3.....

Enter Dollars and Cents

▶ 1	262,366 00
▶ 2	234,666 00
▶ 3	15,042 00
▶ 4	249,708 00

Step 5: Tax, Nonrefundable Credits, and Checkoff contributions

Check if using alternate tax (line 5), tax reduction calculation (line 12), or low-income exemption

- 5. Iowa Tax from tax rate schedule or alternate tax.....
- 6. Iowa lump-sum tax. See instructions.....
- 7. Total Tax. Add lines 5 and 6.....
- 8. Total exemption credit amount from Step 3.....
- 9. Tuition and textbook credit for dependents K-12.....
- 10. Volunteer firefighter/EMS/reserve peace officer credit.....
- 11. Total Credits. Add lines 8, 9, and 10.....
- 12. BALANCE. Subtract line 11 from line 7. If less than zero, enter zero.....
- 13. Nonresident or part-year resident credit. Include IA 126.....
- 14. BALANCE. Subtract line 13 from line 12.....
- 15. Out-of-State tax credit. Include IA 130.....
- 16. BALANCE. Subtract line 15 from line 14.....
- 17. Other nonrefundable Iowa credits. Include IA 148.....
- 18. BALANCE. Subtract line 17 from line 16.....
- 19. School district surtax or EMS surtax. Multiply line 18 by the percentage from table.....
- 20. Total state tax and local surtax.....
- 21. Contributions will reduce your refund or add to the amount you owe.

▶ 5	13,954 00
▶ 6	00
▶ 7	13,954 00
▶ 8	80 00
▶ 9	00
▶ 10	00
▶ 11	80 00
▶ 12	13,874 00
▶ 13	12,300 00
▶ 14	1,574 00
▶ 15	00
▶ 16	1,574 00
▶ 17	00
▶ 18	1,574 00
▶ 19	0 00
▶ 20	1,574 00

Fish/Wildlife State Fair Firefighters/Veterans Child Abuse Prevention

▶ 21	00
▶ 22	1,574 00

22. TOTAL STATE TAX, LOCAL TAX, AND CONTRIBUTIONS. Add lines 20 and 21.....



Taxpayer's Name

S KALYAN MOGULOJU & M TATIKONDA

Taxpayer's SSN

5 9 6 1 5 0 4 4 1

Step 6: Refundable Credits and Payments

Enter Dollars and Cents

- 23. Iowa Fuel Tax Credit. Include IA 4136 Iowa Fuel Tax Credit
- 24. Check one: Child and Dependent Care Credit OR
Early Childhood Development Credit
- 25. Iowa Earned Income Tax Credit
- 26. Other refundable credits. Include IA 148
- 27. Composite and PTET credit. Include IA Schedule CC
- 28. Iowa income tax withheld
- 29. Estimated and other payments made for tax year 2023
- 30. TOTAL. Add lines 23 through 29

▶ 23		00
▶ 24		00
▶ 25		0 00
▶ 26		00
▶ 27		00
▶ 28		1,786 00
▶ 29		00
▶ 30		1,786 00

Step 7: Refund

- 31. If line 30 is more than line 22, subtract line 22 from line 30; otherwise, go to line 34
- 32. Amount of line 31 to be REFUNDED
 - a. Routing Number ▶ 1 2 1 0 0 0 3 5 8
 - b. Account Number ▶ 3 2 5 0 9 3 6 3 4 9 8 0
- 33. Amount of line 31 to be applied to your 2024 estimated tax

▶ 31		212 00
▶ 32		212 00
▶ 33		00

- c. Account Type Checking Savings

Step 8: Amount due

- 34. If line 30 is less than line 22, subtract line 30 from line 22
- 35. Penalty for underpayment of estimated tax from IA 2210, IA 2210S, or IA 2210F.
Check if annualized income (IA 2210AI) or farmer/fisher (IA 2210F) method used
- 36. Penalty and Interest

36a. Penalty		00
36b. Interest		00

 Enter total here
- 37. TOTAL AMOUNT DUE. ADD lines 34, 35, and 36

▶ 34		00
▶ 35		00
▶ 36		00
▶ 37		00



Taxpayer's Name

S KALYAN MOGULOJU & M TATIKONDA

Taxpayer's SSN

5 9 6 1 5 0 4 4 1

IA 1040 Schedule 1

Enter Dollars and Cents

Iowa Modifications to Federal Total Income	A Additions	B Subtractions
1. Interest	▶ 1 00	▶ 00
2. Dividends	▶ 2 00	▶ 00
3. RESERVED FOR FUTURE USE	▶ 3	
4. RESERVED FOR FUTURE USE	▶ 4	
5. Social Security Benefits	▶ 5	▶ 00
6. Active Duty Military Pay	▶ 6	▶ 00
7. IRA/Pension/Railroad Retirement Income	▶ 7	▶ 00
8. Railroad Unemployment Income	▶ 8	▶ 00
9. Bonus Depreciation/Section 179 expenses	▶ 9 00	▶ 00
10. Federal Net Operating Loss prior to 1/1/23. Include IA 124	▶ 10 00	
11. Other Income	▶ 11 00	▶ 00
12. Total modifications to federal total income. Add lines 1 through 11	▶ 12 00	▶ 00
13. Net modifications to federal total income. Subtract line 12 column B from A		▶ 13 00
Iowa Modifications to Federal Taxable Income		
14. Federal income tax refund or overpayment received in 2023 ..	▶ 14 15,042 00	
15. Health insurance deduction. See instructions	▶ 15	▶ 00
16. Capital Gains Deduction. Include IA 100	▶ 16	▶ 00
17. Iowa Net Operating Loss prior to 1/1/23. Include IA 124	▶ 17	▶ 00
18. Federal tax paid for prior years	▶ 18	▶ 0 00
19. Other Adjustments	▶ 19 00	▶ 00
20. Total modifications to federal taxable income. Add lines 14 through 19	▶ 20 15,042 00	▶ 0 00
21. Net modifications to federal taxable income. Subtract line 20 column B from A		▶ 21 15,042 00
Net Modifications		
22. Net Iowa Modifications. Add lines 13 and 21. Enter here and IA 1040, line 3		▶ 22 15,042 00



Taxpayer's Name

S KALYAN MOGULOJU & M TATIKONDA

Taxpayer's SSN

5 9 6 1 5 0 4 4 1

Third Party Disclosure Designee. Do you want to allow an individual to discuss this return with the Department? See instructions.

Designee's Name

Mailing address

City State ZIP

Email

ID Number (optional)

Designee's phone number

Step 9: I, the undersigned, declare under penalties of perjury or false certificate, that I have examined this return, and, to the best of my knowledge and belief, it is true, correct, and complete. Paper-filed returns must be signed by hand or via a digital signature with a digital certificate. Stamped or typed signatures are not accepted.

Sign Here Your Signature

Date

Check if deceased:

Sign Here Spouse's Signature

Date

Check if deceased:

Taxpayer's phone number

Taxpayer's email address

Your Driver License or State Issued ID number

Spouse's Driver License or State Issued ID number

Paid Preparer Use

Preparer's Signature

Date

Preparer's PTIN, STIN, or SSN

Firm's FEIN

Preparer's phone number

This return is due April 30, 2024. Sign, enclose W-2s, and verify SSNs MAILING ADDRESS: Iowa Income Tax Document Processing PO BOX 9187, Des Moines IA 50306-9187 Make checks payable to Iowa Department of Revenue



Name: S KALYAN MOGULOJU & M TATIKONDA Social Security Number (SSN): 5 9 6 1 5 0 4 4 1

Your Residency Status (check one)

Nonresident Moved into IA Moved out of IA

Part-Year Resident

Full-Year Iowa Resident

Spouse's Name: _____ Spouse's SSN: _____

Spouse's Residency Status (check one)

Nonresident Moved into IA Moved out of IA

Part-Year Resident

Full-Year Iowa Resident

Part I: Income

Enter Dollars and Cents All-Source (A) Iowa (B)

	All-Source (A)	Iowa (B)
1. Wages, salaries, tips, etc. See instructions regarding IA/IL Reciprocal Agreement.....	▶ 1	29,774 00
2. Taxable interest income.....	▶ 2	00
3. Ordinary dividend income.....	▶ 3	0 00
4. Taxable alimony received.....	▶ 4	00
5. Business income or (loss).....	▶ 5	00
6. Capital gain or (loss).....	▶ 6	0 00
7. Other gains or (losses).....	▶ 7	00
8. Rents, royalties, partnerships, estates, etc.	▶ 8	0 00
9. Farm income or (loss).....	▶ 9	00
10. Unemployment compensation.....	▶ 10	00
11. Gambling winnings.....	▶ 11	00
12. Other income, bonus depreciation, and section 179 adjustment.....	▶ 12	00
13. Iowa Source gross income. Add lines 1-12.....	▶ 13	29,774 00
14. Federal total income from IA 1040 Line 1.....	▶ 14	262,366 00
15. Iowa modifications to federal total income from IA Schedule 1, line 13.....	▶ 15	00
16. Total. Add lines 14 and 15.....	▶ 16	262,366 00



Iowa Nonresident or Part-Year Resident Name

▶ S KALYAN MOGULOJU & M TATIKONDA

SSN

▶ 5 9 6 1 5 0 4 4 1

Enter Dollars and Cents

Part II: Modification

All-Source (A)

Iowa (B)

	▶	All-Source (A)	Iowa (B)
17. Payments to an IRA, Keogh, or SEP.....	▶ 17	00	00
18. Deductible part of self-employment tax.....	▶ 18	00	00
19. Health Insurance deduction. See instructions.....	▶ 19	00	00
20. Penalty on early withdrawal of savings.....	▶ 20	00	00
21. Alimony paid.....	▶ 21	00	00
22. Iowa capital gain deduction.....	▶ 22		00
23. Other adjustments.....	▶ 23	00	0 00
24. Total adjustments. Add lines 17-23.....	▶ 24	00	0 00
25. Iowa Source Net income. Subtract line 24 (Column B) from line 13.....	▶ 25		29,774 00
26. All Source Net income. Subtract line 24 (Column A) from line 16.....	▶ 26	262,366 00	
27. Iowa income percentage: Divide line 25 by line 26. Enter percentage rounded to the nearest ten-thousandth of a percent (e.g. 12.3456%). This can be no more than 100.0% and no less than 0.0%.....	▶ 27		11.3483 %
28. Nonresident or part-year resident credit percentage: Subtract the percentage on line 27 from 100.0000% (e.g. 87.6544%).....	▶ 28		88.6517 %
29. Iowa tax on total income from IA 1040, line 5.....	▶ 29		13,954 00
30. Total credits from IA 1040, line 11.....	▶ 30		80 00
31. Tax after credits. Subtract line 30 from line 29.....	▶ 31		13,874 00
32. Nonresident or part-year resident credit. Multiply line 31 by the percentage on line 28. Enter this amount on IA 1040, line 13.....	▶ 32		12,300 00



TAXABLE YEAR

FORM

2023

California e-file Signature Authorization for Individuals

8879

Table with 2 columns: Name (Your name, Spouse's/RDP's name) and SSN or ITIN. Values include SAI KALYAN MOGULOJU, MALATHI PRIYANKA TATIKONDA, 596-15-0441, and 147-51-7720.

Part I Tax Return Information (whole dollars only)

Table with 2 columns: Line number and Amount. Lines 1, 2, and 3 with amounts 265715, blank, and 8749.

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

Under penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2023, and to the best of my knowledge and belief, it is true, correct, and complete.

Taxpayer's PIN: check one box only

- Checkboxes for authorizing ERO firm name (GLOBAL TAXES LLC) to enter PIN or entering own PIN. Includes PIN box 50441 and instruction Do not enter all zeros.

Your signature Date

Spouse's/RDP's PIN: check one box only

- Checkboxes for authorizing ERO firm name (GLOBAL TAXES LLC) to enter PIN or entering own PIN. Includes PIN box 95841 and instruction Do not enter all zeros.

Spouse's/RDP's signature Date

Practitioner PIN Method Returns Only -- continue below

Part III Certification and Authentication — Practitioner PIN Method Only

ERO's Electronic Filer Identification Number (EFIN)/PIN.

Enter your six-digit EFIN followed by your five-digit self-selected PIN.

2 2 2 4 9 6 0 8 2 7 1

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the 2023 California individual income tax return for the taxpayer(s) indicated above.

ERO's signature Date 02/22/2024

2023 California Resident Income Tax Return

540

APE

ATTACH FEDERAL RETURN

596-15-0441 KALY 147-51-7720
SAI KALYAN MOGULOJU
MALATHIPRIY TATIKONDA

23

135 RIO ROBLES EAST APT 110
SAN JOSE CA 95134

12-16-1990 09-22-1995

Principal Residence

Enter your county at time of filing (see instructions)

SANTA CLARA

If your address above is the same as your principal/physical residence address at the time of filing, check this box

If not, enter below your principal/physical residence address at the time of filing.

Street address (number and street) (If foreign address, see instructions.)

Apt. no/ste. no.

City

State

ZIP code

If your California filing status is different from your federal filing status, check the box here

Filing Status

1 Single

4 Head of household (with qualifying person). See instructions.

2 Married/RDP filing jointly (even if only one spouse/RDP had income). See instructions.

5 Qualifying surviving spouse/RDP. Enter year spouse/RDP died. See instructions.

3 Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here.

6 If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See instr. 6

Exemptions

► For line 7, line 8, line 9, and line 10: Multiply the number you enter in the box by the pre-printed dollar amount for that line.

Whole dollars only

7 **Personal:** If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2 in the box. If you checked the box on line 6, see instructions. 7 X \$144 = \$

8 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2. See instructions. 8 X \$144 = \$

9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2. See instructions. 9 X \$144 = \$

Your name: Your SSN or ITIN:

10 Dependents: Do not include yourself or your spouse/RDP.

	Dependent 1	Dependent 2	Dependent 3
First Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
SSN. See instructions.	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dependent's relationship to you	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total dependent exemptions ● 10 X \$446 = ● \$

11 Exemption amount: Add line 7 through line 10. Transfer this amount to line 32 ● 11 \$

12	State wages from your federal Form(s) W-2, box 16 ● 12	<input type="text" value="321518"/>	<input type="text" value="00"/>
13	Enter federal adjusted gross income from federal Form 1040 or 1040-SR, line 11 ● 13	<input type="text" value="262366"/>	<input type="text" value="00"/>
14	California adjustments – subtractions. Enter the amount from Schedule CA (540), Part I, line 27, column B. ● 14	<input type="text" value="0"/>	<input type="text" value="00"/>
15	Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions 15	<input type="text" value="262366"/>	<input type="text" value="00"/>
16	California adjustments – additions. Enter the amount from Schedule CA (540), Part I, line 27, column C. ● 16	<input type="text" value="3349"/>	<input type="text" value="00"/>
17	California adjusted gross income. Combine line 15 and line 16 ● 17	<input type="text" value="265715"/>	<input type="text" value="00"/>
18	Enter the larger of { Your California itemized deductions from Schedule CA (540), Part II, line 30; OR Your California standard deduction shown below for your filing status: • Single or Married/RDP filing separately. \$5,363 • Married/RDP filing jointly, Head of household, or Qualifying surviving spouse/RDP. \$10,726 If Married/RDP filing separately or the box on line 6 is checked, STOP . See instructions. . . ● 18	<input type="text" value="10726"/>	<input type="text" value="00"/>
19	Subtract line 18 from line 17. This is your taxable income . If less than zero, enter -0- ● 19	<input type="text" value="254989"/>	<input type="text" value="00"/>

31	Tax. Check the box if from: <input type="checkbox"/> Tax Table <input checked="" type="checkbox"/> Tax Rate Schedule		
	● <input type="checkbox"/> FTB 3800 ● <input type="checkbox"/> FTB 3803 ● 31	<input type="text" value="17020"/>	<input type="text" value="00"/>
32	Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$237,035, see instructions. ● 32	<input type="text" value="288"/>	<input type="text" value="00"/>
33	Subtract line 32 from line 31. If less than zero, enter -0- ● 33	<input type="text" value="16732"/>	<input type="text" value="00"/>
34	Tax. See instructions. Check the box if from: ● <input type="checkbox"/> Schedule G-1 ● <input type="checkbox"/> FTB 5870A. . . ● 34	<input type="text"/>	<input type="text" value="00"/>
35	Add line 33 and line 34 ● 35	<input type="text" value="16732"/>	<input type="text" value="00"/>

40	Nonrefundable Child and Dependent Care Expenses Credit. See instructions. ● 40	<input type="text"/>	<input type="text" value="00"/>
43	Enter credit name <input type="text" value="OTHER STATE"/> code ● <input type="text" value="187"/> and amount. . . ● 43	<input type="text" value="1574"/>	<input type="text" value="00"/>
44	Enter credit name <input type="text"/> code ● <input type="text"/> and amount. . . ● 44	<input type="text"/>	<input type="text" value="00"/>

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Your name: **KALYAN MOGULOJU** Your SSN or ITIN: **596-15-0441**

Special Credits	45	To claim more than two credits, see instructions. Attach Schedule P (540)	<input type="radio"/>	45		.00
	46	Nonrefundable Renter's Credit. See instructions	<input type="radio"/>	46		.00
	47	Add line 40 through line 46. These are your total credits	<input checked="" type="radio"/>	47	1574	.00
	48	Subtract line 47 from line 35. If less than zero, enter -0-	<input checked="" type="radio"/>	48	15158	.00

Other Taxes	61	Alternative Minimum Tax. Attach Schedule P (540)	<input type="radio"/>	61		.00
	62	Mental Health Services Tax. See instructions	<input type="radio"/>	62		.00
	63	Other taxes and credit recapture. See instructions	<input type="radio"/>	63		.00
	64	Add line 48, line 61, line 62, and line 63. This is your total tax.	<input type="radio"/>	64	15158	.00

Payments	71	California income tax withheld. See instructions	<input type="radio"/>	71	23907	.00
	72	2023 California estimated tax and other payments. See instructions	<input type="radio"/>	72		.00
	73	Withholding (Form 592-B and/or Form 593). See instructions	<input type="radio"/>	73		.00
	74	Excess SDI (or VPD) withheld. See instructions	<input type="radio"/>	74		.00
	75	Earned Income Tax Credit (EITC). See instructions	<input type="radio"/>	75		.00
	76	Young Child Tax Credit (YCTC). See instructions	<input type="radio"/>	76		.00
	77	Foster Youth Tax Credit (FYTC). See instructions	<input type="radio"/>	77		.00
	78	Add line 71 through line 77. These are your total payments. See instructions	<input checked="" type="radio"/>	78	23907	.00

Use Tax	91	Use Tax. Do not leave blank. See instructions.	<input type="radio"/>	91	0	.00
	If line 91 is zero, check if: <input checked="" type="radio"/> <input type="checkbox"/> No use tax is owed. <input type="radio"/> <input type="checkbox"/> You paid your use tax obligation directly to CDTFA.					

ISR Penalty	92	If you and your household had full-year health care coverage, check the box. See instructions. Medicare Part A or C coverage is qualifying health care coverage.	<input type="radio"/>	<input checked="" type="checkbox"/>		
	If you did not check the box, see instructions.					
	92	Individual Shared Responsibility (ISR) Penalty. See instructions	<input type="radio"/>	92		.00

Overpaid Tax/Tax Due	93	Payments balance. If line 78 is more than line 91, subtract line 91 from line 78	<input checked="" type="radio"/>	93	23907	.00
	94	Use Tax balance. If line 91 is more than line 78, subtract line 78 from line 91	<input checked="" type="radio"/>	94		.00
	95	Payments after Individual Shared Responsibility Penalty. If line 93 is more than line 92, subtract line 92 from line 93.	<input checked="" type="radio"/>	95	23907	.00
	96	Individual Shared Responsibility Penalty Balance. If line 92 is more than line 93, subtract line 93 from line 92.	<input checked="" type="radio"/>	96		.00
	97	Overpaid tax. If line 95 is more than line 64, subtract line 64 from line 95.	<input checked="" type="radio"/>	97	8749	.00

Your name: Your SSN or ITIN:

Overpaid Tax/Tax Due	98 Amount of line 97 you want applied to your 2024 estimated tax ● 98	<input type="text" value="0"/>	<input type="text" value=".00"/>
	99 Overpaid tax available this year. Subtract line 98 from line 97 ● 99	<input type="text" value="8749"/>	<input type="text" value=".00"/>
	100 Tax due. If line 95 is less than line 64, subtract line 95 from line 64 ● 100	<input type="text"/>	<input type="text" value=".00"/>

		Code	Amount
Contributions	California Seniors Special Fund. See instructions ●	400	<input type="text" value="0"/> .00
	Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund ●	401	<input type="text" value="0"/> .00
	Rare and Endangered Species Preservation Voluntary Tax Contribution Program ●	403	<input type="text" value="0"/> .00
	California Breast Cancer Research Voluntary Tax Contribution Fund ●	405	<input type="text" value="0"/> .00
	California Firefighters' Memorial Voluntary Tax Contribution Fund ●	406	<input type="text" value="0"/> .00
	Emergency Food for Families Voluntary Tax Contribution Fund ●	407	<input type="text" value="0"/> .00
	California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund ●	408	<input type="text" value="0"/> .00
	California Sea Otter Voluntary Tax Contribution Fund ●	410	<input type="text" value="0"/> .00
	California Cancer Research Voluntary Tax Contribution Fund ●	413	<input type="text" value="0"/> .00
	School Supplies for Homeless Children Voluntary Tax Contribution Fund ●	422	<input type="text" value="0"/> .00
	State Parks Protection Fund/Parks Pass Purchase ●	423	<input type="text" value="0"/> .00
	Protect Our Coast and Oceans Voluntary Tax Contribution Fund ●	424	<input type="text" value="0"/> .00
	Keep Arts in Schools Voluntary Tax Contribution Fund ●	425	<input type="text" value="0"/> .00
	California Senior Citizen Advocacy Voluntary Tax Contribution Fund ●	438	<input type="text" value="0"/> .00
	Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund ●	439	<input type="text" value="0"/> .00
	Rape Kit Backlog Voluntary Tax Contribution Fund ●	440	<input type="text" value="0"/> .00
	Suicide Prevention Voluntary Tax Contribution Fund ●	444	<input type="text" value="0"/> .00
Mental Health Crisis Prevention Voluntary Tax Contribution Fund ●	445	<input type="text" value="0"/> .00	
110 Add amounts in code 400 through code 445. This is your total contribution ● 110		<input type="text" value="0"/> .00	

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Your name: Your SSN or ITIN:

Amount You Owe 111 **AMOUNT YOU OWE.** If you do not have an amount on line 99, add line 94, line 96, line 100, and line 110. See instructions. **Do not send cash.**
Mail to: **FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001** ● 111 .00
Pay Online – Go to **ftb.ca.gov/pay** for more information.

Interest and Penalties 112 Interest, late return penalties, and late payment penalties 112 .00
113 Underpayment of estimated tax.
Check the box: ● **FTB 5805 attached** ● **FTB 5805F attached** ● 113 .00
114 Total amount due. See instructions. Enclose, but **do not** staple, any payment 114 .00

115 **REFUND OR NO AMOUNT DUE.** Subtract the sum of line 110, line 112, and line 113 from line 99. See instructions.
Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001** ● 115 .00

Refund and Direct Deposit
Fill in the information to authorize direct deposit of your refund into one or two accounts. **Do not** attach a voided check or a deposit slip.
See instructions. **Have you verified the routing and account numbers?** Use whole dollars only.
All or the following amount of my refund (line 115) is authorized for direct deposit into the account shown below:
● Type
● Routing number ● Account number ● 116 Direct deposit amount .00
 Checking Savings
The remaining amount of my refund (line 115) is authorized for direct deposit into the account shown below:
● Type
● Routing number ● Account number ● 117 Direct deposit amount .00
 Checking Savings

Voter Info.
For voter registration information, check the box and go to **sos.ca.gov/elections**. See instructions

Health Care Coverage Info.
Do you want information on no-cost or low-cost health care coverage? By checking the "Yes" box, you authorize the FTB to share limited information from your tax return with Covered California. See instructions ● Yes No

Sign your tax return on Side 6

Your name: Your SSN or ITIN:

IMPORTANT: See the instructions to find out if you should attach a copy of your complete federal tax return.

Our privacy notice can be found in annual tax booklets or online. Go to ftb.ca.gov/privacy to learn about our privacy policy statement, or go to ftb.ca.gov/forms and search for 1131 to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form code 948 when instructed.

Under penalties of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Your signature: Date: Spouse's/RDP's signature (if a joint tax return, both must sign):

Your email address. Enter only one email address. Preferred phone number

Sign Here

It is unlawful to forge a spouse's/RDP's signature.

Joint tax return? See instructions.

Paid preparer's signature (**declaration of preparer is based on all information of which preparer has any knowledge**)

Firm's name (or yours, if self-employed) PTIN

Firm's address Firm's FEIN

Do you want to allow another person to discuss this tax return with us? See instructions. Yes No

Print Third Party Designee's Name Telephone Number

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2023 California Adjustments – Residents

CA (540)

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

Name(s) as shown on tax return: **S KALYAN MOGULOJU & M TATIKONDA** SSN or ITIN: **596150441**

Part I Income Adjustment Schedule		A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
Section A – Income from federal Form 1040 or 1040-SR				
1 a	Total amount from federal Form(s) W-2, box 1. See instructions	<input checked="" type="radio"/> 289744	<input checked="" type="radio"/>	<input checked="" type="radio"/> 2000
1 b	Household employee wages not reported on federal Form(s) W-2	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
1 c	Tip income not reported on line 1a	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
1 d	Medicaid waiver payments not reported on federal Form(s) W-2. See instructions	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
1 e	Taxable dependent care benefits from federal Form 2441, line 26	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
1 f	Employer-provided adoption benefits from federal Form 8839, line 29	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
1 g	Wages from federal Form 8919, line 6.	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
1 h	Other earned income. See instructions	<input checked="" type="radio"/> 0	<input checked="" type="radio"/>	<input checked="" type="radio"/>
1 i	Nontaxable combat pay election. See instructions.		<input checked="" type="radio"/>	<input checked="" type="radio"/>
1 z	Add line 1a through line 1i.	<input checked="" type="radio"/> 289744	<input checked="" type="radio"/>	<input checked="" type="radio"/> 2000
2	Taxable interest. a <input checked="" type="radio"/> 2b <input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
3	Ordinary dividends. See instructions. a <input checked="" type="radio"/> 5 3b <input checked="" type="radio"/> 6	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
4	IRA distributions. See instructions. a <input checked="" type="radio"/> 4b <input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
5	Pensions and annuities. See instructions. a <input checked="" type="radio"/> 5b <input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
6	Social security benefits. a <input checked="" type="radio"/> 6b <input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
7	Capital gain or (loss). See instructions	<input checked="" type="radio"/> -3000	<input checked="" type="radio"/>	<input checked="" type="radio"/> 1349
Section B – Additional Income from federal Schedule 1 (Form 1040)				
1	Taxable refunds, credits, or offsets of state and local income taxes	<input checked="" type="radio"/> 0	<input checked="" type="radio"/> 0	<input checked="" type="radio"/>
2 a	Alimony received. See instructions.	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
3	Business income or (loss). See instructions.	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
4	Other gains or (losses)	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc.	<input checked="" type="radio"/> -24384	<input checked="" type="radio"/>	<input checked="" type="radio"/>
6	Farm income or (loss)	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
7	Unemployment compensation	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>

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 8a	<input type="radio"/> ()		<input type="radio"/>
b Gambling 8b	<input type="radio"/>	<input type="radio"/>	
c Cancellation of debt 8c	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d Foreign earned income exclusion from federal Form 2555 8d	<input type="radio"/> ()		<input type="radio"/>
e Income from federal Form 8853 8e	<input type="radio"/>		<input type="radio"/>
f Income from federal Form 8889 8f	<input type="radio"/>	<input type="radio"/>	
g Alaska Permanent Fund dividends 8g	<input type="radio"/>		
h Jury duty pay 8h	<input type="radio"/>		
i Prizes and awards 8i	<input type="radio"/>		
j Activity not engaged in for profit income 8j	<input type="radio"/>		
k Stock options 8k	<input type="radio"/>		<input type="radio"/>
l Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property . . 8l	<input type="radio"/>		
m Olympic and Paralympic medals and USOC prize money 8m	<input type="radio"/>		
n IRC Section 951(a) inclusion 8n	<input type="radio"/>	<input type="radio"/>	
o IRC Section 951A(a) inclusion 8o	<input type="radio"/>	<input type="radio"/>	
p IRC Section 461(l) excess business loss adjustment 8p	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
q Taxable distributions from an ABLE account . . 8q	<input type="radio"/>		
r Scholarship and fellowship grants not reported on federal Form(s) W-2 8r	<input type="radio"/>		
s Nontaxable amount of Medicaid waiver payments included on federal Form 1040, line 1a or line 1d . 8s	<input type="radio"/> ()		
t Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental IRC Section 457 plan 8t	<input type="radio"/>		
u Wages earned while incarcerated 8u	<input type="radio"/>		
z Other income. List type and amount. <input type="radio"/> _____ 8z	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b1 Disaster loss deduction from form FTB 3805V. . 9b1		<input type="radio"/>	
b2 NOL deduction from form FTB 3805V 9b2		<input type="radio"/>	
b3 NOL deduction from form FTB 3805Z, 3807, or 3809 9b3		<input type="radio"/>	
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. 10	<input type="radio"/> 262366	<input type="radio"/> 0	<input type="radio"/> 3349

Section C – Adjustments to Income
from federal Schedule 1 (Form 1040)

11 Educator expenses 11	<input type="radio"/>	<input type="radio"/>	
12 Certain business expenses of reservists, performing artists, and fee-basis government officials. 12	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13 Health savings account deduction 13	<input type="radio"/>	<input type="radio"/>	
14 Moving expenses. Attach form FTB 3913. See instructions 14	<input type="radio"/>		<input type="radio"/>
15 Deductible part of self-employment tax. See instructions. 15	<input type="radio"/>	<input type="radio"/>	
16 Self-employed SEP, SIMPLE, and qualified plans. . 16	<input type="radio"/>		
17 Self-employed health insurance deduction. See instructions. 17	<input type="radio"/>	<input type="radio"/>	
18 Penalty on early withdrawal of savings 18	<input type="radio"/>		
19 a Alimony paid. 19a	<input type="radio"/>		<input type="radio"/>
b Recipient's: SSN <input type="radio"/> _____ Last Name <input type="radio"/> _____			
20 IRA deduction 20	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21 Student loan interest deduction 21	<input type="radio"/>		<input type="radio"/>
22 Reserved for future use 22			
23 Archer MSA deduction. 23	<input type="radio"/>		

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Section C – Adjustments to Income Continued		A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
24	Other adjustments:			
a	Jury duty pay 24a	<input type="radio"/>		
b	Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit. 24b	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m 24c	<input type="radio"/>	<input type="radio"/>	
d	Reforestation amortization and expenses. 24d	<input type="radio"/>	<input type="radio"/>	
e	Repayment of supplemental unemployment benefits under the federal Trade Act of 1974 24e	<input type="radio"/>		
f	Contributions to IRC Section 501(c)(18)(D) pension plans 24f	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g	Contributions by certain chaplains to IRC Section 403(b) plans 24g	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims 24h	<input type="radio"/>		
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations. 24i	<input type="radio"/>	<input type="radio"/>	
j	Housing deduction from federal Form 2555 24j	<input type="radio"/>	<input type="radio"/>	
k	Excess deductions of IRC Section 67(e) expenses from federal Schedule K-1 (Form 1041) 24k	<input type="radio"/>		
z	Other adjustments. List type and amount. <input type="radio"/> _____ 24z	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25	Total other adjustments. Add line 24a through line 24z 25	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26	Add line 11 through line 23 and line 25 in columns A, B, and C. See instructions 26	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27	Total. Subtract line 26 from line 10 in columns A, B, and C. See instructions 27	<input type="radio"/> 262366	<input type="radio"/> 0	<input type="radio"/> 3349

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Part II Adjustments to Federal Itemized Deductions

Check the box if you did NOT itemize for federal but will itemize for California

	A Federal Amounts (from federal Schedule A (Form 1040))	B Subtractions See instructions	C Additions See instructions
Medical and Dental Expenses See instructions.			
1 Medical and dental expenses <input checked="" type="radio"/> _____ 1			
2 Enter amount from federal Form 1040 or 1040-SR, line 11.. <input checked="" type="radio"/> 262366 2			
3 Multiply line 2 by 7.5% (0.075) <input checked="" type="radio"/> 19677 3			
4 Subtract line 3 from line 1. If line 3 is more than line 1, enter 0 4 <input checked="" type="radio"/>			<input checked="" type="radio"/>
Taxes You Paid			
5 a State and local income tax or general sales taxes. .5a <input checked="" type="radio"/> 25693 <input checked="" type="radio"/> 25693			
b State and local real estate taxes5b <input checked="" type="radio"/>			
c State and local personal property taxes5c <input checked="" type="radio"/>			
d Add line 5a through line 5c.5d <input checked="" type="radio"/> 25693			
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 C5e <input checked="" type="radio"/> 10000 <input checked="" type="radio"/> 25693 <input checked="" type="radio"/> 15693			
6 Other taxes. List type <input checked="" type="radio"/> _____ 6 <input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>
7 Add line 5e and line 6. 7 <input checked="" type="radio"/> 10000 <input checked="" type="radio"/> 25693 <input checked="" type="radio"/> 15693			
Interest You Paid			
8 a Home mortgage interest and points reported to you on federal Form 10988a <input checked="" type="radio"/>			<input checked="" type="radio"/>
b Home mortgage interest not reported to you on federal Form 10988b <input checked="" type="radio"/>			<input checked="" type="radio"/>
c Points not reported to you on federal Form 1098. .8c <input checked="" type="radio"/>			<input checked="" type="radio"/>
d Reserved for future use8d			
e Add line 8a through line 8c.8e <input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>
9 Investment interest. 9 <input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>
10 Add line 8e and line 9. 10 <input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>

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Part II Adjustments to Federal Itemized Deductions Continued	A Federal Amounts (from federal Schedule A (Form 1040))	B Subtractions See instructions	C Additions See instructions
Gifts to Charity			
11 Gifts by cash or check..... 11	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
12 Other than by cash or check..... 12	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
13 Carryover from prior year..... 13	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
14 Add line 11 through line 13..... 14	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
Casualty and Theft Losses			
15 Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions .. 15	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
Other Itemized Deductions			
16 Other—from list in federal instructions..... 16	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
17 Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C..... 17	<input checked="" type="radio"/> 10000	<input checked="" type="radio"/> 25693	<input checked="" type="radio"/> 15693

18 Total. Combine line 17 column A less column B plus column C **18** 0

Job Expenses and Certain Miscellaneous Deductions

19 Unreimbursed employee expenses: job travel, union dues, job education, etc. Attach federal Form 2106 if required. See instructions <input checked="" type="radio"/> 19	
20 Tax preparation fees <input checked="" type="radio"/> 20	
21 Other expenses: investment, safe deposit box, etc. List type. <input checked="" type="radio"/> 21	0
22 Add line 19 through line 21 <input checked="" type="radio"/> 22	0
23 Enter amount from federal Form 1040 or 1040-SR, line 11 <input checked="" type="radio"/> 262366	
24 Multiply line 23 by 2% (0.02). If less than zero, enter 0. <input checked="" type="radio"/> 24	5247
25 Subtract line 24 from line 22. If line 24 is more than line 22, enter 0. <input checked="" type="radio"/> 25	0
26 Total Itemized Deductions. Add line 18 and line 25 <input checked="" type="radio"/> 26	0
27 Other adjustments. See instructions. Specify. <input checked="" type="radio"/> 27	
28 Combine line 26 and line 27. <input checked="" type="radio"/> 28	0
29 Is your federal AGI (Form 540, line 13) more than the amount shown below for your filing status?	
Single or married/RDP filing separately	\$237,035
Head of household	\$355,558
Married/RDP filing jointly or qualifying surviving spouse/RDP.....	\$474,075
No. Transfer the amount on line 28 to line 29.	
Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540), line 29. <input checked="" type="radio"/> 29	0
30 Enter the larger of the amount on line 29 or your standard deduction shown below:	
Single or married/RDP filing separately. See instructions	\$5,363
Married/RDP filing jointly, head of household, or qualifying surviving spouse/RDP ..	\$10,726
Transfer the amount on line 30 to Form 540, line 18. <input checked="" type="radio"/> 30	10726

California Capital Gain or Loss Adjustment

Do not complete this schedule if all of your California gains (losses) are the same as your federal gains (losses).

Name(s) as shown on return

S KALYAN MOGULOJU & M TATIKONDA

SSN or ITIN

596150441

Table with 5 columns: (a) Description of property, (b) Sales price, (c) Cost or other basis, (d) Loss, (e) Gain. Row 1: ROBINHOOD SECURITIES LLC, 3921, 5572, 1651.

2 Net gain or (loss) shown on California Schedule(s) K-1 (100S, 541, 565, and 568)..... 2

3 Capital gain distributions (federal Form 1099-DIV, box 2a) 3

4 Total 2023 gains from all sources. Add column (e) amounts of line 1, line 2, and line 3 4

5 2023 loss. Add column (d) amounts of line 1 and line 2. 5 (1651)

6 California capital loss carryover from 2022, if any. See instructions. 6 (0)

7 Total 2023 loss. Add line 5 and line 6 7 (1651)

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8 Net gain or (loss). Combine line 4 and line 7. If a loss, go to line 9. If a gain, go to line 10 **8** -1651

9 If line 8 is a loss, enter the smaller of: **a** the loss on line 8.

b \$3,000 (\$1,500 if married/RDP filing separate). See instructions **9** (-1651)

10 Enter the gain or (loss) from federal Form 1040 or 1040-SR, line 7 **10** -3000

11 Enter the California gain from line 8 or (loss) from line 9 **11** -1651

12 a If line 10 is **more** than line 11, enter the difference here and on Schedule CA (540), Part I, Section A, line 7, column B **12a** _____

b If line 10 is **less** than line 11, enter the difference here and on Schedule CA (540), Part I, Section A, line 7, column C **12b** 1349

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2023 Other State Tax Credit

S

Attach to Form 540, Form 540NR, or Form 541.

Name(s) as shown on your California tax return S KALYAN MOGULOJU & M TATIKONDA	SSN, ITIN, or FEIN 596150441
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Part I Double-Taxed Income (Read specific line instructions for Part I before completing.)

(a) Income item(s) description	(b) Double-taxed income taxable by California	(c) Double-taxed income taxable by other state
<input checked="" type="radio"/> WAGES, SALARIES, TIPS	<input checked="" type="radio"/> 29774	<input checked="" type="radio"/> 29774
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1 Total double-taxed income	<input checked="" type="radio"/> 29774	<input checked="" type="radio"/> 29774

Part II Figure Your Other State Tax Credit (Read specific line instructions for Part II before completing.)

2 California tax liability. See instructions	<input checked="" type="radio"/> 2	16732	00
3 Double-taxed income taxable by California. Enter the amount from Part I, line 1, column (b)	<input checked="" type="radio"/> 3	29774	00
4 California adjusted gross income. See instructions	<input checked="" type="radio"/> 4	265715	00
5 Divide line 3 by line 4. Do not enter more than 1.0000.	<input checked="" type="radio"/> 5	0.1121	
6 Multiply line 2 by line 5.	<input checked="" type="radio"/> 6	1876	00
7 Income tax liability paid to other state (use state's abbreviation) <input checked="" type="radio"/> IA See instructions	<input checked="" type="radio"/> 7	1574	00
8 Double-taxed income taxable by other state. Enter the amount from Part I, line 1, column (c)	<input checked="" type="radio"/> 8	29774	00
9 Adjusted gross income taxable by other state. See instructions.	<input checked="" type="radio"/> 9	29774	00
10 Divide line 8 by line 9. Do not enter more than 1.0000.	<input checked="" type="radio"/> 10	1.0000	
11 Multiply line 7 by line 10.	<input checked="" type="radio"/> 11	1574	00
12 Other state tax credit. Enter the smaller of line 6 or line 11. Use credit code 187 . See instructions	<input checked="" type="radio"/> 12	1574	00

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Name as Shown on Return S KALYAN MOGULOJU & M TATIKONDA	Social Security No. 596-15-0441
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Line 1a – Wages, Salaries, Tips, Etc.

	(B) Subtractions	(C) Additions
1 Excess reimbursements from Form 2106 included in wage income		
2 Active duty military pay		
3 HSA employer contributions		2000
4 Paid Family Leave Insurance (PFL) benefits I confirm that the PFL amount above is accurate <input type="checkbox"/>		
5 Excess moving reimbursements		
 Total adjustments to wages, salaries, tips, etc. Enter here and on Schedule CA (540/540NR), line 1a		2000

Line 1h – Wages, Salaries, Tips, Etc.

	(B) Subtractions	(C) Additions
1 Sick pay received under the Federal Insurance Contributions Act and Railroad Retirement Act		
2 Income exempted by U.S. tax treaties (unless specifically exempt for state purposes also)		
3 Exclusion for compensation from exercising a California Qualified Stock Option (CQSO).		
4 Ridesharing fringe benefit differences		
5 Employer-provided adoption benefits income exclusions.		
6 Native American income (Form 3504)		
7 Clergy housing exclusion. This is the amount entered on W-2s a as smallest of amount spent or fair rental value. b Enter the amount spent on qual. housing expenses _____		
8 Other (itemize): a _____ b _____ c _____ d _____		
 Total adjustments to wages, salaries, tips, etc. Enter here and on Schedule CA (540/540NR), line 1h		

Line 4 – IRA, Pensions, and Annuities

	(B) Subtractions	(C) Additions
IRA's		
1 Other (itemize): a _____ b _____ c _____ d _____		
 Total adjustments to IRA distributions. Enter here and on Schedule CA (540/540NR), line 4		
Pensions and Annuities		
1 Form 1099-R, Railroad Retirement Benefits Check here to confirm the Tier 2 RRB above is correct <input type="checkbox"/>		
2 Other (itemize): a _____ b _____ c _____ d _____		
 Total adjustments to pensions and annuities. Enter here and on Schedule CA (540/540NR), line 5.		