E-file Signature Authorization (Arizona Forms 140, 140A, 140EZ, 140NR and 140PY)

Do not mail this form to the Arizona Department of Revenue. The ERO must retain this document a minimum of four years.

Your First Name and Initial	Last Name	Your Social Security Number*
SAI HEMANTH	GANTASALA	Enter 642 45 6776
Your Spouse's First Name and Initial (if filed joint)	Last Name	your Spouse's Social Security No.* SSN(s).
MRUDULA	PATTEPARAPU	990 96 9991
PART 1 – PURPOSE (If you are e-filing a	Small Business Income Ta	ax Return, also complete Form AZ-8879 SBI) ^{*Do Not Truncate}
federal individual income tax return as the taxpa		
PART 2 – TAX RETURN INFORMATION		PART 3 – FINANCIAL INSTITUTION INFORMATION
		Must be present when requesting direct debit or deposit.
1 Arizona Adjusted Gross Income 15, 9	85 00	Foreign Account Deposit/Debit: See instructions below.
2 Balance Of Tax 3	50 00	TYPE OF ACCOUNT ROUTING NUMBER
3 Arizona Income Tax Withheld	320 00	Checking Savings
Check box 4 <u>or</u> box 5:		ACCOUNT NUMBER
4 REFUND: Enter the amount of refund		
5 AMOUNT YOU OWE: Enter the amount own	ad 30 00	

Box 4 Checkbox – Refund: You are due a refund based on the information provided on your tax return. Your refund amount will be deposited in the account listed in the Financial Institution Information Section (Part 3).

Box 5 Checkbox – Amount You Owe: You owe taxes based on the information provided on your tax return. You have elected to direct debit for payment. The payment will be withdrawn from the account and on the date listed in the Financial Institution Information Section (Part 3).

Foreign Account Deposit/Debit Checkbox: Check the "Foreign Account Deposit/Debit" box if your deposit will be ultimately placed in or come from a foreign account. If you check this box, do not enter your account numbers. If this box is checked, we will not direct deposit or debit your account. If you are due a refund, we will send you a check instead. If you owe tax, you must mail a check to the Arizona Department of Revenue, PO Box 29085, Phoenix, AZ 85038-9085.

PART 4 – DECLARATION AND SIGNATURE AUTHORIZATION (Sign only after completing Part 2)

Under penalties of perjury, I declare that I have examined a copy of my electronic Arizona individual income tax return and accompanying schedules and statements for the year ending December 31, 2023, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts of Arizona adjusted gross income, total tax, Arizona income tax withheld, and refund (or amount owed) listed above are the amounts shown on the copy of my electronic Arizona income tax return.

- **6a** I consent that my refund be directly deposited as designated in the electronic portion of my 2023 Arizona individual income tax return. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.
- **6b** I do not want direct deposit of my refund or I am not receiving a refund.
- **6c** I authorize the Arizona Department of Revenue (ADOR) 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 Arizona taxes owed on this return. 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.

If I have filed a balance due return, I understand that if the ADOR does not receive full and timely payment of my tax liability by April 15, 2024, I will remain liable for the tax liability and all applicable interest and penalties. When electronically filing my federal and state tax returns, I understand that if there is an error on my federal return, my state return will also be rejected.

I consent to my Electronic Return Originator (ERO) or On-Line Service Provider (OLSP) sending my electronic Arizona individual income tax return and accompanying schedules and statements to ADOR, and I consent to my ERO or OLSP sending such information to ADOR through a transmitter. I consent to ADOR sending my ERO, OLSP and/or transmitter an acknowledgement of receipt of transmission and an indication of whether or not the transmission of my return is accepted and, if the return is rejected, the reason(s) for the rejection. If the processing of my return or refund is delayed, I authorize ADOR to disclose to my ERO, OLSP and/ or transmitter the reason(s) for the delay, or when the refund was sent. If ADOR contacts my ERO for a copy of my return, any documents or schedules to my return, and/or this authorization form, I authorize my ERO to release copies of the requested documents to ADOR.

I authorize GLOBAL TAXES LLC

(ELECTRONIC RETURN ORIGINATOR)

to make the election that I want my electronic signature to my electronic federal individual income tax return to serve as my signature to my electronic Arizona individual income tax return for the year ending December 31, 2023. I understand that when my ERO makes the election that my electronic signature to my federal individual income tax return will serve as my signature to my Arizona individual income tax return. I will have signed my Arizona individual income tax return and declared under penalties of perjury that to the best of my knowledge and belief the return is true, correct and complete.

RE	→		
SE SIGN HERE	→	YOUR PEN AND INK SIGNATURE	DATE
PLEASE		SPOUSE'S PEN AND INK SIGNATURE	DATE

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ini	cont.	37	Net long-term capital gain fr	om assets acquired <i>after</i> De	ecember 31, 2011. See	instructions	37		0	0						
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Place any required federal and AZ schedules or other docume	Subtractions		Partnership Income adjustm									00				
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1	ADOI	R 1017	^{77 (23)} 1555		AZ Form 140NR (2	023)		REV 01/13/24 F	PRO		Page 1	of 6				

44 Agricultural crops contributed to Arizona charitable organizations. 44 00 65 Other Subtractions from income: Complete Other Subtractions from Arizona Gross income schedule on page 6. 45 00 46 Subtractions from income: Complete Other Subtractions from Arizona Gross income schedule on page 6. 46 00 47 Age 65 or over: Multiply the number in box 8 by \$2,100. 47 49 000 40 Other Exemptions: See instructions. 46 000 00 50 Add lines 47, 48, and 49. Enter the total 50 00 51 00 51 Add lines 47, 48, and 49. Enter the total 51 00 51 00 52 Arizona diauted gross income: Subtract line 51 from line 46. If less than zero, enter '0'. 52 15, 985 00 53 Deductions: Check box and caim charitable contributions, check sto ^C Complete page 3. See instructions. 54 14, 018 00 54 Arizona Form 301, Part 2, line 61. 55 14, 018 00 350 00 55 Atom Responder Tax Vietual lines 59 and 60 from line 58. If the sum of lines 59 and 60 is more than line 58, enter '0'. 61 350 00		Your I	Name (as shown on page 1) Your Social Security N	umber	
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83 Estimated payment penalty 83 100 84 e41 Annualized/Other e42 Farmer or Fisherman e43 Form 221 included 85 00 85 Add lines 71 through 81 and 83. Enter the total 85 00 86 00 86 REFUND: Subtract line 85 from line 70. If less than zero, enter amount owed on line 87 86 00 98 S School lines 67 and 85. Make check bay 86A if your deposit will be ultimately placed in a foreign account; see instructions. 86A 86 000 98 S Savings School lines 67 and 85. Make check payable to Arizona Department of Revenue; write your SSN, 140NR on payment. 87 30 00 87 Voluer penalties of perjury, I declare that I have read this return and any documents with it, 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. 97 Your SiGNATURE Date SOFTWARE ENGINEER 97 Your SiGNATURE Date SPOUSE's SIGNATURE 98 SIGNATURE Date SPOUSE's OCCUPATION 97 Your SiGNATURE Date SPOUSE's SIGNATURE 98 SPOUSE's SIGNATURE	tary		Neighbors Helping Neighbors. (0) (UU Special Olympics	-	
83 Estimated payment penalty 83 100 84 e41 Annualized/Other e42 Farmer or Fisherman e43 Form 221 included 85 00 85 Add lines 71 through 81 and 83. Enter the total 85 00 86 00 86 REFUND: Subtract line 85 from line 70. If less than zero, enter amount owed on line 87 86 00 98 S School lines 67 and 85. Make check bay 86A if your deposit will be ultimately placed in a foreign account; see instructions. 86A 86 000 98 S Savings School lines 67 and 85. Make check payable to Arizona Department of Revenue; write your SSN, 140NR on payment. 87 30 00 87 Voluer penalties of perjury, I declare that I have read this return and any documents with it, 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. 97 Your SiGNATURE Date SOFTWARE ENGINEER 97 Your SiGNATURE Date SPOUSE's SIGNATURE 98 SIGNATURE Date SPOUSE's OCCUPATION 97 Your SiGNATURE Date SPOUSE's SIGNATURE 98 SPOUSE's SIGNATURE			Neighbors Neighbors No OU Special Olympics OU I Didn't Pay Enough Fund 79 00 Sustainable State Parks and Road Fund 80 00 Spay/Neuter of Animals 81 00		
85 Add lines 71 through 81 and 83. Enter the total 85 00 86 REFUND: Subtract line 85 from line 70. If less than zero, enter amount owed on line 87 86 00 90 Direct Deposit of Refund: Check box 86A if your deposit will be ultimately placed in a foreign account; see instructions. 86A 86 00 98 S avings ROUTINS NUMBER ACCOUNT NUMBER 87 30 00 87 AMOUNT OWED: Add lines 67 and 85. Make check payable to Arizona Department of Revenue; write your SSN, 140NR on payment 87 30 00 87 MOUNT owned: Complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. 87 30 00 99 Your signature Date SOFTWARE ENGINEER OCCUPATION 02192024 GLOBAL TAXES LLC SPOUSE'S SIGNATURE SPOUSE'S SIGNATURE SPOUSE'S SIGNATURE SPOUSE'S SIGNATURE SPOUSE'S NORTON SYAM PRIYA RAM SAGAR GUPTA TALLAM 02192024 GLOBAL TAXES LLC FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED) 245 ROONEY CT BATE FIRM'S NAME (PREPARER'S IN ME (FREPARER'S TIN FEDRER'S TIN FEDRER'S TIN FEDRES	olun	82	I Didn't Pay Enough Fund79 000 Sustainable State Parks and Road Fund		
85 Add lines 71 through 81 and 83. Enter the total 85 00 86 REFUND: Subtract line 85 from line 70. If less than zero, enter amount owed on line 87 86 00 90 C Checking or ROUTING NUMBER 86 00 98 Savings ACCOUNT NUMBER ACCOUNT NUMBER 87 30 00 87 AMOUNT OWED: Add lines 67 and 85. Make check payable to Arizona Department of Revenue; write your SSN, 140NR on payment 87 30 00 98 Signaps Correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. 87 30 00 90 Vour signature Date SOFTWARE ENGINEER 90	Volun		I Didn't Pay Enough Fund79 00 Sustainable State Parks and Road Fund		00
86 REPUND: Subtract line 85 from line 70. If less than zero, enter amount owed on line 87	Ę	83 84	I Didn't Pay Enough Fund		00
Big C Checking or ROUTING NUMBER ACCOUNT NUMBER Big S S Savings AMOUNT OWED: Add lines 67 and 85. Make check payable to Arizona Department of Revenue; write your SSN, 140NR on payment. 87 Big S C Checking or payment. AMOUNT OWED: Add lines 67 and 85. Make check payable to Arizona Department of Revenue; write your SSN, 140NR on payment. 87 Under penalties of perjury, I declare that I have read this return and any documents with it, 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 SOFTWARE ENGINEER YOUR SIGNATURE DATE OCCUPATION SPOUSE'S SIGNATURE DATE SPOUSE'S OCCUPATION SYAM PRIYA RAM SAGAR GUPTA TALLAM 02192024 GLOBAL TAXES LLC PAID PREPARER'S SIGNATURE DATE FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED) 245 ROONEY CT 84-3171965 PAID PREPARER'S TIN E BRUNSWICK NJ 08816 (678)965-9522	Ę	83 84	I Didn't Pay Enough Fund79 00 Sustainable State Parks and Road Fund	83	00
Under penalties of perjury, I declare that I have read this return and any documents with it, 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 → YOUR SIGNATURE → SPOUSE'S	Ę	83 84 85	I Didn't Pay Enough Fund	83	
Under penalties of perjury, I declare that I have read this return and any documents with it, 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 → YOUR SIGNATURE → SPOUSE'S	Penalty	83 84 85	I Didn't Pay Enough Fund	83	00
Under penalties of perjury, I declare that I have read this return and any documents with it, 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 → YOUR SIGNATURE → SPOUSE'S	Penalty	83 84 85	I Didn't Pay Enough Fund	83	00
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A Distribution No 00010 STATE ZIP CODE FAID PREPARER'S PHONE NUMBER	Refund or Amount Owed Penalty	83 84 85 86 87	I Didn't Pay Enough Fund	83 85 86 87 nowled rer has INEE	30 00 30 00
	Refund or Amount Owed Penalty	83 84 85 86 87	I Didn't Pay Enough Fund	83 85 86 87 nowled rer has INEE	00 00 00 30 30 00
	Refund or Amount Owed Penalty	83 84 85 86 87	I Didn't Pay Enough Fund	83 85 86 87 nowled rer has INEE	00 00 00 30 00 30 00

If you are sending a payment with this return, mail to Arizona Department of Revenue, PO Box 52016, Phoenix, AZ 85072-2016. Include the payment with Form 140NR. If you are expecting a refund or owe no tax, or owe tax but are not sending a payment, mail to Arizona Department of Revenue, PO Box 52138, Phoenix, AZ 85072-2138. ADOR 10177 (23) 1555 **AZ Form 140NR (2023)** REV 01/13/24 PRO Page 2 of 6

Arizona Individual Income Tax Payment Voucher for Electronic Filing of Form 140, 140PY or 140NR

Your First Name and Middle Initial	Last Name	Your Social Security Number
1 SAI HEMANTH	GANTASALA	Enter 642 45 6776
Spouse's First Name and Middle Initial	Last Name	Spouse's Social Security No.
1 MRUDULA	PATTEPARAPU	SSN(s). 990 96 9991
Current Home Address - number and street, rural ro	oute Apt. No.	Daytime Phone (with area code)
2 3700 CASA VERDE ST	3319	94 (480)925-2228
City, Town or Post Office State		REVENUE USE ONLY. DO NOT MARK IN THIS AREA.
3 SAN JOSE CA	95134	88
Please indicate the filing status below:	g child or dependent on next line.	
 Married filing separate return: Enter spouse Single 	e's name and Social Security Number above.	81 PM 80 RCVD
Enter the amount of payment enclosed		\$ 30 00

If you are mailing this payment

To ensure proper application of this payment, be sure that you:

- ✓ Do **not** send cash.
- \checkmark Make your check or money order payable to Arizona Department of Revenue.
- ✓ Write your SSN, "2023 Tax" and 140 on your payment.
- \checkmark Include your payment with this form.
- ✓ **Mail to** Arizona Department of Revenue, PO Box 29085, Phoenix, AZ 85038-9085.

If you are making an electronic payment

You can make this 140V payment by eCheck or credit card! American Express ♦ Visa ♦ Discover Card ♦ MasterCard

www.AZTaxes.gov

- \checkmark Click on "Make a Payment" and select "140V" as the Payment Type.
- \checkmark Do not mail this form. We will apply this payment to your account.

NOTE: To avoid interest and penalties you must pay the full amount of your tax by April 15, 2024. You will not receive an additional notice from the Arizona Department of Revenue unless an error exists with your return.

EPV

FORM

TAXABLE YEAR **California e-file Signature Authorization for Individuals** 2023

2	2023	California e-file	e Signature /	Autho	rization	for I	Indivi	duals			8	879
Your n	ame							Your SSN	or ITIN			
		GANTASALA						642-45				
Spous	e's/RDP's name							Spouse's/F	RDP's S	SN c	r ITIN	
MRU	IDULA PAT	TEPARAPU						990-96	5-999	91		
Part	Tax Return	n Information (whole dollars on	ly)									
		ed gross income (AGI). See instr										29013
2 Ar	nount you owe	. See instructions							. 2			4520
3 Re	efund or no am	ount due. See instructions							.3			4538
Part	II Taxpayer	Declaration and Signature Aut	horization (Be sure you o	btain and k	eep a copy of y	our retur	n.)					
identifi incom and of agrees domes provio to my return penalt	fication numbe te tax return. If n form FTB 84 s with the direc stic partner (R ler to transmit ERO, interme , I understand ies. I acknowle	ginator (ERO), transmitter, or int r (ITIN), and the amounts show applicable, I authorize an electri- 55, California e-file Payment Rec et deposit authorization stated or DP) as an agent to authorize an my complete return to the Franc diate service provider, and/or t that if the FTB does not receive edge that I have read and conser dentification number (PIN) as m	n in Part I above agree wit onic funds withdrawal of t cord for Individuals, or a c n my return. If I have filed electronic funds withdraw chise Tax Board (FTB). If t transmitter the reason(s) full and timely payment of ht to the Electronic Funds	th the inforr the amount comparable a joint retu al or direct he process for the dela f my tax liab Withdrawal	nation and amo on line 2 and/o form. If applica rn, this is an irr deposit. I autho ng of my retur ny or the date v vility, I remain I Consent incluo	ounts sho or the esti- able, I dec revocable orize my I n or refu when the iable for t led on the	own on the o mated tax p clare that di appointme ERO, transr nd is delay refund was the tax liabil e copy of m	correspond bayments a rect depos ont of the o mitter, or in ed, I autho s sent. If I lity and all by electron	ding line as show it refun other sp ntermec prize th am filir applica ic incor	es of In or d an ouse liate e FT Ig a Ible i ne ta	f my e n my r nount e/regis servic B to d balanc nteres ax retu	electronic eturn on line 3 stered ce lisclose ce due st and urn. I have
		ck one box only	,			,	, j					
X	authorize <u>GL</u>	OBAL TAXES LLC					to ente	r my PIN	5	6	7	7 6
			ERO firm name						Do no	ot en	ter al	l zeros
ć	as my signatur	e on my 2023 e-filed California i	ndividual income tax retur	rn.								
		PIN as my signature on my 2023 sing the Practitioner PIN metho				ck this bo	ox only if yo	u are enter	ring you	ır ov	ın PIN	l and your
Yours	signature 🕨 _				Date	<u>ا</u>						
Spous	se's/RDP's PIN	: check one box only										
•		OBAL TAXES LLC					to ente	r my PIN	6	9	9	9 1
	autionze or		ERO firm name					i iliy i iliy				zeros
ä	as my signatur	e on my 2023 e-filed California i	ndividual income tax retu	rn.								
	5	PIN as my signature on my 2 n is filed using the Practitioner P				. Check t	this box on	ly if you a	are ente	ering	your	own PIN
Spous	se's/RDP's sign	ature 🕨				Da	te 🕨					
			Practitioner PIN Method	Returns On	v continue b	elow						
Part	III Certifica	tion and Authentication — Pra			<u>,</u>							
		er Identification Number (EFIN) FIN followed by your five-digit s			2 2 2	2 4 Do not	9 6 t enter all z	0 8 eros	2	7	1	
confir		ve numeric entry is my PIN, wh bmitting this return in accordar										
ER0's	signature 🕨				Date	▶0	2/19/2	024				

540

2023 California Resident Income Tax Return

APE	-	ATTACH	FEDERAL	RETURN	
642-45-6776 GANT 990-96-9991 SAIHEMANTH GANTASALA MRUDULA PATTEPARAPU		23			
3700 CASA VERDE ST SAN JOSE CA 95134	APT	3319			
06-28-1995 06-28-1998					

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

You	ir nai	me:	GAN	TAS	SALA		Your S	SN or IT	IN:	642-	45-677	6					
	10	Depen	dents:		ot include y Dependent 1		r your spous		Jonon	ident 2				Depend	lant 2		
		First	Name	$oldsymbol{O}$					Jehen					Deheiir			
S		Last	Name	\odot													
Exemptions		SSN	. See														
mex		Depe	uctions. endent's														
		relat to yo	tionship Du	۲													
	Tota	l depei	ndent e	exemp	otions					•	10	X \$4	46 = 🤇	\$			
11 Exemption amount: Add line 7 through line 10. Transfer this amount to line 32															2	88	
	12	State	wages	s from	n your feder	al					2306	542					
			. ,									•	00			006010	
	13 14						om federal F Enter the an) 13			226013	.00
		Part	I, line 2	27, co	lumn B								14				.00
me	15	See i	nstruct	ions			an zero, ente						15			226013	. 00
Incol	16						ter the amou						16			3000	. 00
Taxable Income	17	17 California adjusted gross income. Combine line 15 and line 16												229013	.00		
Ta)	18	Enter the Your California itemized deductions from Schedule CA (540), Part II, line 30; OR															
		Iarger of Your California standard deduction shown below for your filing status: • Single or Married/RDP filing separately. \$5,363															
			l		-		Head of house	-							10706		
	19	Subt	ract line			•	ely or the box our taxable		check	ed, STOP	See instru	ctions	18			10726	
													9 19			218287	. 00
						Π,	ax Table	×	Тах	Rate Sch	odulo						
	31	Tax. (Check t	the bo	ox if from:											13606	
	32	Exem	ption o	credit	s. Enter the		TB 3800 rom line 11.	If your fec					31				
Тах		\$237	,035, s	ee ins	structions.) 32			288	.00
-	33	Subt	ract line	e 32 f	rom line 31	. If less th	an zero, ente	er -0					33			13318	. 00
	34	Tax. S	See ins	tructi	ons. Check	the box if	from: •	Schedu	ıle G-	1 •	FTB 58	370A	34				. 00
	35	Add I	ine 33	and li	ine 34								35			13318	.00
																	1 []
redits	40	Nonr	efunda	ble Cl	hild and Dep	pendent C	are Expenses	s Credit. S	ee in	struction	S		40				.00
Special Credits	43	Enter	^r credit	name	e				le ●		and amo	ount	43				.00
Spec	44	Enter	r credit	name	e			coc	le ●		and amo	ount	44				. 00
				F 16			100	1			_			REV 02	2/02/24 PRO		
		Side 2	P. Form	1 540	2023		175	3	102	2234							

You	r nar	me: GANTASALA Your SSN or ITIN: 642-45-6776	-	
Ś	45	To claim more than two credits, see instructions. Attach Schedule P (540)	45	. 00
credit	46	Nonrefundable Renter's Credit. See instructions	46	. 00
Special Credits	47	Add line 40 through line 46. These are your total credits	47	. 00
Spe	48	Subtract line 47 from line 35. If less than zero, enter -0		13318 .00
xes	61	Alternative Minimum Tax. Attach Schedule P (540)		• 00
Other Taxes	62	Mental Health Services Tax. See instructions	62	• 00
Oth	63	Other taxes and credit recapture. See instructions \ldots \bullet	63	00
	64	Add line 48, line 61, line 62, and line 63. This is your total tax	64	13318 .00
	71	California income tax withheld. See instructions	71	17856 _00
	72	2023 California estimated tax and other payments. See instructions \ldots	72	. 00
	73	Withholding (Form 592-B and/or Form 593). See instructions	73	. 00
Payments	74	Excess SDI (or VPDI) withheld. See instructions	74	. 00
Payn	75	Earned Income Tax Credit (EITC). See instructions	75	. 00
	76	Young Child Tax Credit (YCTC). See instructions	76	- 00
	77 78	Foster Youth Tax Credit (FYTC). See instructions • Add line 71 through line 77. These are your total payments. • See instructions •		.00 17856 .00
Use Tax	91	Use Tax. Do not leave blank. See instructions	0.00	
Use		If line 91 is zero, check if: No use tax is owed. You paid your use tax ob	ligation directly to CDTFA	
ISR Penaltv	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	×	1
		Individual Shared Responsibility (ISR) Penalty. See instructions • 92	00	
an	93	Payments balance. If line 78 is more than line 91, subtract line 91 from line 78 •	93	17856 _00
Overpaid Tax/Tax Due	94 95	Use Tax balance. If line 91 is more than line 78, subtract line 78 from line 91	94	
d Tax/		subtract line 92 from line 93	95	17856 .00
erpaic	96	Individual Shared Responsibility Penalty Balance. If line 92 is more than line 93, subtract line 93 from line 92	96	_ 00
Ň	97	Overpaid tax. If line 95 is more than line 64, subtract line 64 from line 95	97	4538 .00
		REV 02/02/24 PRO	E	00.0:4-0
		175 3103234	Form 540 20	23 Side 3

Your nai	ne: GANTA	SALA	Your SSN or ITIN:	642-45-6776						
_ ਚ 98	Amount of line	97 you want applied to yo	ur 2024 estimated tax		• 98	0	. 00			
erpaid ax Du	Overpaid tax av	vailable this year. Subtract	line 98 from line 97		• 99	4538	. 00			
Overpaid Tax/Tax Due 001 66 86	Tax due. If line	95 is less than line 64, sul	otract line 95 from line 64	4	• 100		. 00			
					<u>Code</u>	<u>Amount</u>				
	California Senio	ors Special Fund. See instr	uctions		• 400		. 00			
	Alzheimer's Dis	ease and Related Dementi	a Voluntary Tax Contribu	tion Fund	• 401		. 00			
	Rare and Endar	ngered Species Preservatio	on Voluntary Tax Contribu	ution Program	• 403		. 00			
	California Breas	st Cancer Research Volunta	ary Tax Contribution Fund	d	• 405		. 00			
	California Firefi	ghters' Memorial Voluntar	y Tax Contribution Fund .		• 406		. 00			
	Emergency Food for Families Voluntary Tax Contribution Fund									
	California Peace	e Officer Memorial Founda	tion Voluntary Tax Contri	ibution Fund	• 408		. 00			
	California Sea C	Otter Voluntary Tax Contrib	ution Fund		• 410		. 00			
tions	California Cance	er Research Voluntary Tax	Contribution Fund		• 413		. 00			
Contributions	School Supplies	s for Homeless Children V	oluntary Tax Contributior	1 Fund	• 422		. 00			
ပိ	State Parks Pro	tection Fund/Parks Pass P	urchase		• 423		. 00			
	Protect Our Coa	ast and Oceans Voluntary	Fax Contribution Fund		• 424		. 00			
	Keep Arts in Sc	hools Voluntary Tax Contr	bution Fund		• 425		. 00			
	California Senio	or Citizen Advocacy Volunt	ary Tax Contribution Fun	d	• 438		. 00			
	Native California	a Wildlife Rehabilitation Vo	oluntary Tax Contribution	Fund	• 439		. 00			
	Rape Kit Backlo	og Voluntary Tax Contribut	on Fund		• 440		. 00			
	Suicide Prevent	tion Voluntary Tax Contribu	ution Fund		• 444		. 00			
	Mental Health C	Crisis Prevention Voluntary	Tax Contribution Fund		• 445		. 00			
110	Add amounts ir	n code 400 through code 4	45. This is your total cor	ntribution	• 110		. 00			

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	r nan		GANTASALA		Your SSN or ITIN:	642-45-					
unt	111	AMO	UNT YOU OWE. If	you do not have	an amount on line 99, add lir	ne 94, line 96,	line 100, and li	ne 110. Se	ee instructions. Do not send cash.	_	
Amo fou C		Mail	to: FRANCHISE Online – Go to ftb .	TAX BOARD, PO	D BOX 942867, SACRAMEN	ITO CA 9426	7-0001	• 111	ee instructions. Do not send cash.	. 00	
		Pay	Unime – Go lo Ilb.	ca.yov/pay for i							
σ	112	Inter	est, late return per	nalties, and late	payment penalties			112		. 00	
st an Ities	113	Unde	erpayment of estim		[]						
Interest and Penalties		Check the box: • FTB 5805 attached • FTB 5805F attached • 113									
		Total	l amount due. See	instructions. En	close, but do not staple, an	y payment .		114		. 00	
					•				instructions		
	115	NEF		JNI DUE. SUDU	act the sum of line 110, line	; 112, anu mi		99. 366			
		Mail	to: FRANCHISE TA	X BOARD, PO	BOX 942840, SACRAMENT	0 CA 94240-	0001	115	4538	. 00	
sit					1 5				n a voided check or a deposit slip.		
Depo					e routing and account num nd (line 115) is authorized f			-	own bolow:		
ect		All U	-	 Type 		or unect dep		count Sin	JWIT DEIOW.		
Dir		• F	Routing number	Checking	• Account number				• 116 Direct deposit amount		
Refund and Direct Deposit		122	22100024	Covingo	313609338				4538	. 00	
şfunc		The		Savings		weet down alt			h a la		
å		The	remaining amount	 Type 	ine 115) is authorized for di	rect deposit	into the accourt	IL SHOWH	Delow.		
		• F	Routing number	Checking	Account number				• 117 Direct deposit amount		
				Savings						. 00	
				Savings							
Voter Info.		-		<i>.</i>			.				
oter		For v	oter registration ii	iformation, che	ck the box and go to sos.ca	.gov/electio	ns. See instruc	tions			
are Info											
Ith C rage)	-			r low-cost health care cover		-	-		٦	
Health Care Coverage Info.		the F	TB to share limite	d information fr	om your tax return with Cov	/ered Califorr	nia. See instruc	tions	• Yes	No	

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Sign your tax return on Side 6

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Yni	III	na	me.	

GANTASALA

Your	SSN	or	ITIN:	

642-45-6776



IMPORTANT:	See the instructions to find out if you should attach a copy of your complete federal tax return.		
	e can be found in annual tax booklets or online. Go to ftb.ca.gov/privacy to learn about our privacy policy statement, or g 1 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter fo		
Under penalties is true, correct, a	of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to nd complete.) the best of my	y knowledge and belief, it
Your signature	Date Spouse's/RDP's signature (if a joint tax ret	urn, both must sign)
	Your email address. Enter only one email address.	Prefe	rred phone number
Sign		4809	252228
Here	Paid preparer's signature (declaration of preparer is based on all information of which preparer has any know	wledge)	
	SYAM PRIYA RAM SAGAR GUPTA TALLAM		
It is unlawful to forge a	Firm's name (or yours, if self-employed)		
spouse's/ RDP's signature.	GLOBAL TAXES LLC		P02082703
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	Telephon	e Number

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CA (540)

2023 California Adjustments — Residents

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

Na	me(s) as shown on tax return					SSN	or ITIN
_	GANTASALA & M PATTEPARAPU					64	42456776
	art I Income Adjustment Schedule ction A – Income from federal Form 1040 or 1040-SR	A	Federal Amounts (taxable amounts from your federal tax return)		B Subtractions See instructions		C Additions See instructions
1	a Total amount from federal Form(s) W-2, box 1. See instructions 1a		227643	۲			3000
	b Household employee wages not reported on federal Form(s) W-2 1b	$ \mathbf{O} $		۲			
	${\boldsymbol{c}}~$ Tip income not reported on line 1a $\ldots\ldots\ldots$. 1c			۲			
	d Medicaid waiver payments not reported on federal Form(s) W-2. See instructions 1d			۲		۲	
	e Taxable dependent care benefits from federal Form 2441, line 26 1e	$ \bullet $		۲			
	f Employer-provided adoption benefits from federal Form 8839, line 29 1f			۲		۲	
	${\bf g}~$ Wages from federal Form 8919, line 6 ${\bf 1g}$			۲		۲	
	h Other earned income. See instructions $\ldots\ldots$. 1h		0	۲			
	i Nontaxable combat pay election. See instructions1i						
	$z \;$ Add line 1a through line 1i		227643	۲			3000
2	Taxable interest. a 🔍 2b		1255	۲			
3	Ordinary dividends. See instructions. a 106 3b	$ \mathbf{O} $	115	۲			
4	IRA distributions. See instructions. a • 4b	ullet		۲		۲	
5	Pensions and annuities. See instructions. a • 5b			۲			
6	Social security benefits. a • 6b	ullet		۲			
	Capital gain or (loss). See instructions		-3000	۲		۲	
-	ction B – Additional Income from federal Schedule 1 Taxable refunds, credits, or offsets of state	(FOF	m 1040)				
'	and local income taxes1	•		۲			
2	a Alimony received. See instructions					۲	
3	Business income or (loss). See instructions 3			۲		۲	
	Other gains or (losses)	$ \mathbf{O} $		۲		۲	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc 5	$ \mathbf{O} $	0	۲		۲	
6	Farm income or (loss)6	$ \mathbf{O} $		۲		۲	
7	Unemployment compensation7	ullet		۲			

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Section B – Additional Income Continued	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
8 Other income: a Federal net operating loss	• ()		۲
b Gambling	۲	۲	
c Cancellation of debt	\odot	\odot	\odot
d Foreign earned income exclusion from federal Form 2555	• ()		۲
e Income from federal Form 8853 8e	۲		۲
f Income from federal Form 8889	۲	۲	
g Alaska Permanent Fund dividends	۲		
h Jury duty pay8h	۲		
i Prizes and awards8i	۲		
j Activity not engaged in for profit income 8j	۲		
k Stock options8k	۲		
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	\odot		
n IRC Section 951(a) inclusion 8 n	۲	۲	
o IRC Section 951A(a) inclusion	۲	\odot	
p IRC Section 461(I) excess business loss adjustment 8p	۲	۲	۲
q Taxable distributions from an ABLE account 8q	\odot		
r Scholarship and fellowship grants not reported on federal Form(s) W-2 8r	۲		
s Nontaxable amount of Medicaid waiver payments included on federal Form 1040, line 1a or line 1d8s	• ()		
t Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental IRC Section 457 plan 8t	۲		
u Wages earned while incarcerated8 u	$\textcircled{\bullet}$		
z Other income. List type and amount.			
• 8z	۲	۲	\bullet

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Se	ction B – Additional Income Continued	A	Federal Amounts (taxable amounts from your federal tax return)		B Subtractions See instructions		C Additions See instructions
9	a Total other income. Add lines 8a through 8z 9a	ullet		۲		۲	
	b1 Disaster loss deduction from form FTB 3805V 9b1			۲			
	b2 NOL deduction from form FTB 3805V 9b2			۲			
	b3 NOL deduction from form FTB 3805Z, 3807, or 3809			۲			
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	•	226013	۲		۲	3000
	ction C – Adjustments to Income m federal Schedule 1 (Form 1040)						
11	Educator expenses			۲			
12	Certain business expenses of reservists, performing artists, and fee-basis government officials 12			۲		۲	
13	Health savings account deduction	ullet		۲			
14	Moving expenses. Attach form FTB 3913. See instructions					۲	
15	Deductible part of self-employment tax. See instructions			•			
16	Self-employed SEP, SIMPLE, and qualified plans16	ullet					
17	Self-employed health insurance deduction. See instructions			۲			
18	Penalty on early withdrawal of savings	ullet					
19	a Alimony paid 19a					۲	
	b Recipient's: SSN •						
	Last Name 🖲						
20	IRA deduction	ullet		۲		۲	
21	Student loan interest deduction					۲	
22	Reserved for future use						
23	Archer MSA deduction						

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Section C – Adjustments to Income Continued	A (taxabl	al Amounts e amounts from your tax return)	B	Subtractions See instructions	C	Additions See instructions
4 Other adjustments: a Jury duty pay24a	۲					
 b Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit	۲		۲		۲	
c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	۲		۲			
d Reforestation amortization and expenses24d						
e Repayment of supplemental unemployment benefits under the federal Trade Act of 1974 24e	•					
f Contributions to IRC Section 501(c)(18)(D) pension plans24f	۲		•		۲	
g Contributions by certain chaplains to IRC Section 403(b) plans	۲		۲		۲	
h Attorney fees and court costs for actions involving certain unlawful discrimination claims	۲					
i Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations 24 i	۲		۲			
j Housing deduction from federal Form 2555 24 j						
k Excess deductions of IRC Section 67(e) expenses from federal Schedule K-1 (Form 1041)24k	۲					
z Other adjustments. List type and amount.						
<u>٩</u>						
5 Total other adjustments. Add line 24a through line 24z	۲		۲		۲	
5 Add line 11 through line 23 and line 25 in columns A, B, and C. See instructions 26	۲		۲		۲	
7 Total. Subtract line 26 from line 10 in columns A, B, and C. See instructions	۲	226013	۲		۲	3(

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Part II Adjustments to Federal Itemized Deductions

~	· · · · · · · · · · · · · · · · · · ·						
Che	ck the box if you did NOT itemize for federal but will itemize	A A	Alifornia (Federal Amounts (from federal Schedule A (Form 1040))		B Subtractions See instructions	(Additions See instructions
Me	dical and Dental Expenses See instructions.		<u> </u>				
1	Medical and dental expenses • 1						
2	Enter amount from federal Form 1040 or 1040-SR, line 11 (•) 226013 2						
3	Multiply line 2 by 7.5% (0.075) (•) 16951 3						
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter 0					۲	
	a State and local income tax or general sales taxes 5 a		18176		18176		
	b State and local real estate taxes						
	c State and local personal property taxes5c						
	d Add line 5a through line 5c		18176				
	 e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) in column A. Enter the amount from line 5a, column B in line 5e, column B. Enter the difference from line 5d and line 5e, column A in line 5e, column C		10000		18176		8176
6	Other taxes. List type • 6			۲		۲	
7	Add line 5e and line 67		10000	۲	18176	۲	8176
	 a Home mortgage interest and points reported to you on federal Form 1098 					۲	
	b Home mortgage interest not reported to you on federal Form 1098					۲	
	c Points not reported to you on federal Form 10988c					۲	
	d Reserved for future use80						
	e Add line 8a through line 8c			۲		۲	
9	Investment interest			۲		۲	
10	Add line 8e and line 910	۲		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		(<i>II</i>				
	Gifts by cash or check			۲		۲	
12	Other than by cash or check					۲	
13	Carryover from prior year13					۲	
	Add line 11 through line 1314			۲		۲	
	casualty and Theft Losses Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions15			۲			
Oth	er Itemized Deductions						
	Other—from list in federal instructions 16	۲		۲		۲	
17	Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C 17		10000		18176		8176
18	Total. Combine line 17 column A less column B plus co	lumn	n 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 _	4520		
25	Subtract line 24 from line 22. If line 24 is more than line	e 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	7,035 5,558		
	Yes. Complete the Itemized Deductions Worksheet in th	ins	structions for Schedule C	A (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	uctior Jalifyi	ns ing surviving spouse/RDF	· · · . \$5 2 · . \$10	,726	30	10726
	Side 6 Schedule CA (540) 2023 175	1	7736234	Γ	REV 02/02/24 PRO		

Nam	ie(s) as sl	hown on tax return			SS	N, ITIN	I, FEIN, or CA corporation	no.
S	GANTA	SALA & M PATTEPARAPU			64	1245	6776	
Pa	rt I	2023 Passive Activity Loss See the instructions for Part IV and Part VI for federal Form 8582, Pass Be sure to use California amounts .	sive A	ctivity Loss Limitations	, befoi	re com	pleting Part I.	
Ren	tal Real	Estate Activities with Active Participation						
1 a	Activiti	es with net income from Part IV, column (a) $\ldots \ldots \ldots \odot$	1a		00			
1b	Activiti	es with net loss from Part IV, column (b) $\ldots \ldots \odot$	1b	()	00			
1c	Prior y	ear unallowed losses from Part IV, column (c) \ldots \ldots \odot	1c	()	00			
		ne line 1a, line 1b, and line 1c		<u></u>		1d		00
	Juner Pa	ssive Activities						
2a	Activiti	es with net income from Part V, column (a) $\ldots \ldots \odot$	2a	0	00			
2b	Activiti	es with net loss from Part V, column (b) $\ldots \ldots \ldots \odot$	2b	(-27530)	00			
2c	Prior y	ear unallowed losses from Part V, column (c). $\ldots \ldots \odot$	2c	()	00			
2d	Combi	ne line 2a, line 2b, and line 2c				2d	-27530	00
		ne line 1d and line 2d. If the result is net income or zero, see the instruc						
	line 1d	are losses, go to line 4. Otherwise, enter -0- on line 9 and go to line 10.	. See i	nstructions	•	3	-27530	00
Pa	rt II	Special Allowance for Rental Real Estate Activities with Activ Enter all numbers in Part II as positive amounts. See instructions.	e Par	ticipation				
4	Enter t	he smaller of losses from line 1d or line 3				4		00
	Enter fe	150,000. If married/RDP filing a separate tax return, see instructions. ederal modified adjusted gross income, but not less than zero.	5		00			
	If line 6	structions. 6 is greater than or equal to line 5, skip line 7 and line 8, enter -0- 9, and then go to line 10. Otherwise, go to line 7	6		00			
7	Subtra	ct line 6 from line 5	7		00			
8	Multipl	y line 7 by 50% (.50). Do not enter more than \$25,000				8		00
9	Enter tl	he smaller of line 4 or line 8			•	9	0	00
Pa	rt III	Total Losses Allowed						
10	Add the	e income, if any, from line 1a and line 2a and enter the total				10	0	00

7	Subtract line 6 from line 5 7 00			
8	Multiply line 7 by 50% (.50). Do not enter more than \$25,000	8		00
9	Enter the smaller of line 4 or line 8	9	0	00
Pa	rt III Total Losses Allowed			
0	Add the income, if any, from line 1a and line 2a and enter the total) 10	0	00
1	Total losses allowed from all passive activities for 2023. Add line 9 and line 10) 11	0	00
	See the instructions on Page 2 to find out how to report the losses on your tax return.			

Passive Activity Loss Limitations 2023

Attach to Form 540, Form 540NR, Form 541, or Form 100S.

TAXABLE YEAR

3801

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California Wage, IRA and Pension Adjustments

Attach to return (after all other FTB forms)

2023

Social Security No.

Name as Shown on Return S GANTASALA & M PATTEPARAPU

642-45-6776

Line 1a – Wages, Salaries, Tips, Etc.

		(B) Subtractions	(C) Additions
1	Excess reimbursements from Form 2106 included in wage		
2	Active duty military pay		
3	HSA employer contributions		3000
4	Paid Family Leave Insurance (PFL) benefits		
	I confirm that the PFL amount above is accurate		
5	Excess moving reimbursements		
	Total adjustments to wages, salaries, tips, etc. Enter here and on Schedule CA (540/540NR), line 1a		3000

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 5	Ridesharing fringe benefit differences		
6 7	Native American income (Form 3504)		
a b	as smallest of amount spent or fair rental value Enter the amount spent on qual. housing expenses		
8 a	Other (itemize):		
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

IRA'	s	(B) (C) Subtractions Additions	
1 a b c	Other (itemize):		
a Pens	Total adjustments to IRA distributions. Enter here and on Schedule CA (540/540NR), line 4	(B) Subtractions	(C) Additions
1 2 b c d	Form 1099-R, Railroad Retirement Benefits		



(a) Dessive Astivity	(b) Foderal Schodula	(C)	(d)	(e) Colifornia Adjustment	(f) California Amount
Passive Activity Enter a description of the activity	Federal Schedule Enter the name of the federal form or schedule on which you reported the activity	California Schedule Enter the name of the California form or schedule, if any, used to calculate the California adjustment	Federal Amount Enter your current year federal net income (loss) before application of the PAL rules	California Ádjustment Enter any adjustment resulting from differences in federal and California law	California Amount Combine column (d) and column (e)
FLATNO-303SRIKAR RESIDENCY	SCH E	N/A	-27530	0	-27530
Use these worksheets to	figure your California adju	istments after application	of the PAL rules.		
(a) Activities Enter a description of the activity. Group activities by the federal schedules on which they were reported	(b) Passive or Nonpassive Enter the character of the activity as passive or nonpassive for California purposes	(c) California Amount Enter the California net income (loss) from the activity after application of the PAL rules	(d) Federal Amount Enter the federal net income (loss) from the activity after application of the PAL rules	(e) California Adjustment Subtract the Total amount of column (d) from the Total amount of column (c) and enter the difference in column (e) below. Individuals should transfer this amount to Schedule CA (540 or 540NR) as follows:	
(a) Schedule C Activities	(b) Passive or Nonpassive	(c) California Amount	(d) Federal Amount	(e) California Adjustment	
				If the amount below is amount to Sch. CA (5 (540NR), Part II, Section	40), Part I or Sch. CA
				If the amount below is neg to Sch. CA (540), Part I or Section B, (as a positive a	Sch. CA (540NR), Part II
Total		1(c)	1(d)*	1(e)	
(a) Schedule E Activities	(b) Passive or Nonpassive	(c) California Amount	(d) Federal Amount	(e) California Adjustment If the amount below is positive , transfer the amount to Sch. CA (540), Part I or Sch. CA (540NR), Part II, Section B, line 5, column C.	
				If the amount below is neg to Sch. CA (540), Part I or Section B, (as a positive a	Sch. CA (540NR), Part II
Total		2(c)	2(d)**	2(e)	
(a) Schedule F Activities	(b) Passive or Nonpassive	(c) California Amount	(d) Federal Amount	(e California /	Ádjustment
				If the amount below is amount to Sch. CA (5 (540NR), Part II, Section	40), Part I or Sch. CA
				If the amount below is neg to Sch. CA (540), Part I or Section B, (as a positive a	Sch. CA (540NR), Part II
Total		3(c)	3(d)***	3(e)	

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

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