Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

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

Social accurity number

Submission Identification Number (SID)

Taypayar'a nama

талрау		Social Security number						
BAI	A VENKATESH JAVVAJI	343-31-2787						
Spouse	o's name	Spouse's social security number						
Par	t I Tax Return Information – Tax Year Ending December 31, 2023 (Enter	r year you are au	thorizing.)					
	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	213,293.					
2	Total tax	2	42,654.					
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	49,420.					
4	Amount you want refunded to you	4	6,766.					
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 periury. I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

				FBO firm name	-	Ē
X	l authorize	GLOBAL	TAXES	LLC	to enter or generate my PIN	
			-			

	1	2	7	8	7						
Enter five digits, but don't enter all zeros											

my

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

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

Your signature 🕨

Date

Spouse's PIN: check one box only

I authorize

to enter or generate my PIN

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

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

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

Spouse's signature >	Date 🕨										
Practitioner PIN Method Returns Only—continu	e bel	ow									
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		_	6 nter a			2	7 1	

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

ERO's signature ► Date ►										
ERO Must Retain This F Don't Submit This Form to the										
For Paperwork Reduction Act Notice, see your tax return instructions.	BAA	REV 01/21/24 PRO	Form 8879 (Rev. 01-2021)							

Deduction for- Single or Married filing jointly or Qualifying surviving spouse, \$27,700 Sa D Taxable amount So 5a Pensions and annuities 5a b Taxable amount 5b 6a b Taxable amount 5b 6b 6a b Taxable amount 5b 6b 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 7 8 Additional income from Schedule 1, line 10 5b 7 8 -14,253. 9 213,293. 9 213,293. 10	1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Ta		urn	202	3	OMB No. 1545	-0074	IRS Use Only	–Do not wi	rite or staple in this space.		
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W-2, see In Other earlied intooline (see instructions) In 0.1 instructions. i Nontaxable combat pay election (see instructions) 1i 1z 227, 546. Attach Sch. B 2a Tax-exempt interest 2a b Taxable interest 2b Attach Sch. B 3a Qualified dividends 3a b Ordinary dividends 2b Standard 3a Qualified dividends 3a b Taxable amount 4b Standard 5a Pensions and annuities 5a b Taxable amount 5b Social security benefits 6a b Taxable amount 5b 6b Maried filing separately, \$13,850 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 Maried filing jointy or 8 Additional income from Schedule 1, line 10 9 213,293. \$27,700 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 213,293. \$27,700 10 Adjustments to income from Schedule 1, line 26 10 11 213,293. \$20,800 12	,								• •	· · ·				
z Add lines 1a through 1h 1z 227, 546. Attach Sch. B 2a Tax-exempt interest 2a b Taxable interest 2b attach Sch. B 3a Qualified dividends 3a b Ordinary dividends 3b Standard Qualified dividends 4a b Taxable amount 3b 4b Standard Pensions and annuities 5a b Taxable amount 4b 5b Single or Married filing separately, \$13,850 C If you elect to use the lump-sum election method, check here (see instructions) 1 7 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 213,293. 9 213,293. You heacked and f 11 Subtract line 10 from line 9. This is your adjusted gross income 11 213,293. 11 213,293. You wheeked any box under Standard deduction or itemized deductions (from Schedule A) 12 13,850. 13 14 13,850.	W-2, see		,	,			•		· ·		. <u>1n</u>	0.		
Attach Sch. B 2a Tax-exempt interest 2a b Taxable interest 2b if required. 3a Qualified dividends 3a b Ordinary dividends 3b Standard 4a IRA distributions 4a b Taxable amount 4b Standard 5a Pensions and annuities 5a b Taxable amount 4b Standard 5a Pensions and annuities 5a b Taxable amount 5b Single or Married filing separately, S13,850 C If you elect to use the lump-sum election method, check here (see instructions) 1 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 8 -14,253. Warried filing jointly or 9 Additional income from Schedule 1, line 10 1 9 213,293. Valueshold, \$27,700 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 10 11 213,293. Yao,800 11 Subtract line 10 from line 9. This is your adjusted gross income 11 213,293. 12 13,850. Yandard deduction or itemized deductions (from Schedule A) <	instructions.		.,		ructions)		•	· · []			1-	227-546		
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4a IRA distributions 4a b Taxable amount 4b Standard 5a Pensions and annuities 5a b Taxable amount 5b Single or 6a Social security benefits 6a b Taxable amount 5b Married filing separately, \$13,850 c If you elect to use the lump-sum election method, check here (see instructions) 1 6b Married filing jointly or Qualifying surviving spouse, \$22,700 Additional income from Schedule 1, line 10 7 7 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 213, 293. Y213, 293. 10 Adjustments to income from Schedule 1, line 26 10 Head of household, \$20,800 12 Standard deduction or itemized deductions (from Schedule A) 11 213, 293. If you checked any box under Standard 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 14 13, 850. 14 13, 850.			· -											
Standard Deduction for - 5a Pensions and annuities			-					-						
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7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 Married filing jointly or Qualifying surviving spouse, \$27,700 8 -14,253. 10 9 213,293. 11 Subtract line 10 from line 9. This is your adjusted gross income 10 12 13,850. 13 11 213,293. 12 Standard deduction or itemized deductions (from Schedule A) 12 13 13 Valified business income deduction from Form 8995 or Form 8995-A 13 14 13,850.	Married filing				method.					[
Married filling jointly or Qualifying surviving spouse, \$27,7008Additional income from Schedule 1, line 108-14,2539Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income9213,2939Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income9213,29310Adjustments to income from Schedule 1, line 2610Head of household, \$20,80011Subtract line 10 from line 9. This is your adjusted gross income11213,29312Standard deduction or itemized deductions (from Schedule A)1213,85013Qualified business income deduction from Form 8995 or Form 8995-A1314Add lines 12 and 131413,850			-							[7			
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In you checked any box under Standard Deduction,13Qualified business income deduction from Form 8995 or Form 8995-A1314Add lines 12 and 131413,850	\$20,800			-							. 12			
Deduction, 14 Add lines 12 and 13 13,850.	any box under							5-A			. 13	,		
		14	Add lines 12 and 13								. 14	13,850.		
	see instructions.	15	Subtract line 14 from line 11. If zer	o or les	s, enter -	-0 This is y	our I	taxable incom	ie .	<u></u>	. 15	199,443.		

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

Form 1040 (2023)

Form 1040 (2023	3)							Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3 🗌	1	6 42,654.
Credits	17	Amount from Schedule 2, lin	ie3				1	7
	18	Add lines 16 and 17					1	8 42,654.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812		1	9
	20	Amount from Schedule 3, lin	ie8				2	0
	21	Add lines 19 and 20					2	1
	22	Subtract line 21 from line 18	. If zero or less,	enter -0			2	2 42,654.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .		2	3 0.
	24	Add lines 22 and 23. This is					2	
Payments	25	Federal income tax withheld						· ·
	а	Form(s) W-2				25a 49	,420.	
	b	Form(s) 1099				25b	·	
	с	Other forms (see instructions	s)			25c		
	d	Add lines 25a through 25c	,				25	5d 49,420.
If you have a	26	2023 estimated tax payment					2	
qualifying child,	27	Earned income credit (EIC)				27		
attach Sch. EIC.	28	Additional child tax credit from				28		
	29	American opportunity credit				29		
	30	Reserved for future use .				30		
	31	Amount from Schedule 3, lin		31				
	32	Add lines 27, 28, 29, and 31	3	2				
	33	Add lines 25d, 26, and 32. T		3 49,420.				
Refund	34	If line 33 is more than line 24						
neiuliu	35a	Amount of line 34 you want				•		
Direct deposit?	b	Routing number $\begin{vmatrix} 1 \\ 2 \\ 1 \end{vmatrix}$					Savings	
See instructions.	ď	Account number 3 2 5	Javingo					
	36	Amount of line 34 you want a				36		
Amount						00		
You Owe	37	Subtract line 33 from line 24 For details on how to pay, g					3	7
	38	Estimated tax penalty (see in				38	5	1
Third Party		you want to allow another	,					
Designee		structions	•				omplete belo	w. 🗡 No
Designee	De	signee's		Phone			onal identificati	
	nai	0		no.		num	oer (PIN)	
Sign		der penalties of perjury, I declare th						
Here	bel	ief, they are true, correct, and com	plete. Declaration of	ot preparer (othe	r than taxpayer) is b	ased on all informatio	n of which pre	parer has any knowledge.
	Yo	ur signature		Date	Your occupation			sent you an Identity
Is interest over 0					CDII TMDIEME	NTATION ENGIN		n PIN, enter it here)
Joint return? See instructions.	Sn	ouse's signature. If a joint return, i	ooth must sign	Date	Spouse's occupat			sent your spouse an
Keep a copy for	op		John must sign.	Date				Protection PIN, enter it here
your records.						(see inst.)	1	
	Ph	one no. (213) 536-368	3	Email address	VENKATESH1	331@GMAIL.CC	М	
Daid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN	Check if:
Paid	SYAM	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	01/30/2024	P0208270	3 Self-employed
Preparer	Fir	m's name GLOBAL TAX	XES LLC				Phone no	. (678) 965-9522
Use Only	Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firm's Ell	
Go to www.irs.go	ov/Form	n1040 for instructions and the late	st information.		BAA	REV 01/21/24 PRO		Form 1040 (2023)

SCHEDULE	1
(Form 1040)	

Department of the Treasury

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 20 23

01

Attachment

Internal Revenue Service	, i i i i i i i i i i i i i i i i i i i		Sequence No. UI
Name(s) shown on Fo	rm 1040, 1040-SR, or 1040-NR	Your soc	ial security number
BALA VENKATESH	JAVVAJI	343-31	-2787

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attac	h Schedule E .	5	-14,253.
6	Farm income or (loss). Attach Schedule F.		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	la ()	
b	Gambling	b		
С		lc		
d		d ()	
е		le		
f		Bf		
g		g	_	
h		8h	_	
i		Bi	_	
j		Bj	_	
k		ik 🛛	_	
I	Income from the rental of personal property if you engaged in the rental			
		31	_	
m	Olympic and Paralympic medals and USOC prize money (see			
	/	m	_	
n		8n	_	
0		lo	_	
р		р	_	
q		q	_	
r		Br	-	
S	Nontaxable amount of Medicaid waiver payments included on Form			
_		Bs (4	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	0	Bt	-	
u		lu	-	
Z	Other income. List type and amount:	_		
0		3z	•	
9 10	Total other income. Add lines 8a through 8z		9	
10	1040, 1040-SR, or 1040-NR, line 8		10	-14,253.
For Pa	perwork Reduction Act Notice, see your tax return instructions.	· · · · · · · ·		ule 1 (Form 1040) 2023

Part	Adjustments to Income				
11	Educator expenses			 11	
12	Certain business expenses of reservists, performing artists, and fee				
	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				
-	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		24a			
-	Deductible expenses related to income reported on line 81 from the	210			
N		24b			
С	Nontaxable amount of the value of Olympic and Paralympic medals	- 10		-	
Ŭ	and USOC prize money reported on line 8m	24c			
d	Reforestation amortization and expenses	24d		-	
e	Repayment of supplemental unemployment benefits under the Trade	2.10		-	
C	Act of 1974	24e			
f	Contributions to section 501(c)(18)(D) pension plans	24f		-	
q	Contributions by certain chaplains to section 403(b) plans	24g		-	
	Attorney fees and court costs for actions involving certain unlawful	2-TY		 -	
	discrimination claims (see instructions)	24h			
:		2411		-	
	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			
:	Housing deduction from Form 2555	24i 24j			
ן ר	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	24j			
ĸ		24k			
-	Other adjustments. List type and amount:	24N		-	
z	Other aujustitients. List type and antount.	24z			
25	Total other adjustments. Add lines 24a through 24z			25	
25 26	Add lines 11 through 23 and 25. These are your adjustments to income			 23	
20	Form 1040, 1040-SR, or 1040-NR, line 10			26	
	BAA		01/21/24 P		le 1 (Form 1040) 202

(Form	1040)	(Fr	om re	ental real es	tate, royalties, partners	ships, S	corporati	ons, es	states,	trusts, REMIC	s, etc.)	୍ରି	93		
Departm	ent of the Treasury				Attach to Form 1040							Attachment			
	Revenue Service			Go to ww	w.irs.gov/ScheduleE fo	or instru	uctions an	d the la	itest ir	nformation.		Sequen	ce No. 13		
) shown on return											al security	number		
	VENKATESH	-		-							343-3	1-2787			
Part					ntal Real Estate a			C Sec	inates	ationa Ifyaya	va an indi	idual roo	out forms		
	rental inco	ome o	or los:	s from Form	f renting personal prope 4835 on page 2, line 40	ity, use	Schedule	U . See	: IIIStru	ctions. If you a		nuuai, rep	ontianni		
Α	Did you make ar	iy pa	ayme	nts in 2023	that would require you	ı to file	Form(s) 1	099? 5	See in	structions .		. 🗌 Ye	s 🛛 No		
Bİ	f "Yes," did you	or v	will yo	ou file requi	red Form(s) 1099?							. 🗌 Ye	s 🗌 No		
1a	Physical addr	ress	of ea	ach property	v (street, city, state, Z	IP code	e)								
Α	12-2-419/	7,A	LAP.	ATI NAGA	R MEHDIPATNAM,	HYDE	RABAD T	ELAN	GANA	IN 50002	8				
В															
С															
1b	Type of Prope		2		ental real estate prop				Fa	ir Rental	Person		QJV		
	(from list below	<i>N</i>)			ort the number of fair					Days	Da				
	3				se days. Check the C t the requirements to			Α		365		0			
<u> </u>					pint venture. See instr			B							
C								С							
	of Property: Single Family R	ocid	longo	2 Vac	ation/Short-Term Re	atal	5 Land		7	Self-Rental					
	Multi-Family Re				nmercial	παι	6 Roya				ihe)				
~	Matt-1 army rie	Siuc		+ 00	Innercial			ities	0	Other (descr					
_										Propertie	es:				
Incom								Α		В			C		
3						3		6	58.						
4 Expor		ivea				4									
Exper 5						5									
6	-					6									
7						7		2.9	87.						
8	•					8		_,,	• • •						
9						9									
10						10									
11	Management f	ees				11		2,6	12.						
12					tc. (see instructions)	12									
13	Other interest	•				13									
14	Repairs	• •	• •			14		2,5							
15						15		2,2	96.						
16						16		2 0	11						
17 18						17 18			41. 91.						
19	Other (liet)					10		2,3	J ⊥ .						
20	· · ·	s. Ad	dd lin	nes 5 throug	h 19	20		14,9	11.						
21	•			0	and/or 4 (royalties). If										
					o find out if you must										
	file Form 6198	Ś.				21		-14 , 2	53.						
22					fter limitation, if any,										
				-		22	(14,25		()	(
23a					e 3 for all rental prop				23a		658.				
b					e 4 for all royalty pro				23b						
C C					e 12 for all properties				23c	0	,391.				
d e					e 18 for all properties e 20 for all properties		· · ·		23d 23e		,391. ,911.				
е 24					own on line 21. Do no				238						
25					21 and rental real esta		-		nter to			(-	14,253.		
	Tatal wantal w		,			Camb	laa llaas (、	.,		

Supplemental Income and Loss

SCHEDULE E

Т

26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 .

For Paperwork Reduction Act Notice, see the separate instructions.

26

-14,253.

OMB No. 1545-0074

Form **8960**

Department of the Treasury

Net Investment Income Tax— Individuals, Estates, and Trusts

OMB No. 1545-2227

20

Attach to your tax return.

	ent of the Treasury Revenue Service Go to www.irs.gov/Form8960 for instructions and the late	st information		A	Attachment Sequence No. 72
	shown on your tax return	st mormation.	Your soci		curity number or EIN
	A VENKATESH JAVVAJI		343-3		•
Part			545 5) _ 2	
rait	\square Section 6013(h) election (see instructions)				
	\square Regulations section 1.1411-10(g) election (see instructions)	etructions)			
1	Taxable interest (see instructions)			1	
2	Ordinary dividends (see instructions)			2	
3	Annuities (see instructions)			3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, trades or			-	
_	businesses, etc. (see instructions)	4a -14,	253.		
b	Adjustment for net income or loss derived in the ordinary course of a non- section 1411 trade or business (see instructions)	4b			
С	Combine lines 4a and 4b		· · [4c	-14,253.
5a	Net gain or loss from disposition of property (see instructions)	5a			
b	Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)	5b			
с	Adjustment from disposition of partnership interest or S corporation stock (see				
	instructions)	5c			
d	Combine lines 5a through 5c			5d	
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	-14,253.
Part		cations		_	
9a	Investment interest expenses (see instructions)	9a			
b	State, local, and foreign income tax (see instructions)	9b			
С	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	
	II Tax Computation				
12	Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, e Estates and trusts, complete lines 18a–21. If zero or less, enter -0			12	0.
	Individuals:				
13	Modified adjusted gross income (see instructions)	13 213,	293.		
14	Threshold based on filing status (see instructions)	14 125,	.000.		
15	Subtract line 14 from line 13. If zero or less, enter -0	15 88,	293.		
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). En	ter here and in	clude		
	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			
С	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-	19b			
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.				
	include on your tax return (see instructions)			21	
For Pa	perwork Reduction Act Notice, see your tax return instructions.				Form 8960 (2023)

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

BAA

TAXABLE YEAR	DO NOT MAIL TH		FORM
	alifornia e-file Signature Authorization for Individual	S	8879
Your name		SN or ITIN	
BALA VENKATESH	H JAVVAJI 343-	31-2787	
Spouse's/RDP's name	Spouse	e's/RDP's SSN o	or ITIN
Part I Tax Return Info	prmation (whole dollars only)		
	oss income (AGI). See instructions		
2 Amount you owe. See3 Refund or no amount	instructions	2 3	3278
Part II Taxpayer Dec	laration and Signature Authorization (Be sure you obtain and keep a copy of your return.)		
income tax return. If appl and on form FTB 8455, C agrees with the direct dep domestic partner (RDP) a provider to transmit my c to my ERO, intermediate return, I understand that penalties. I acknowledge	N), and the amounts shown in Part I above agree with the information and amounts shown on the corresp icable, I authorize an electronic funds withdrawal of the amount on line 2 and/or the estimated tax paymen alifornia e-file Payment Record for Individuals, or a comparable form. If applicable, I declare that direct dep posit authorization stated on my return. If I have filed a joint return, this is an irrevocable appointment of th is an agent to authorize an electronic funds withdrawal or direct deposit. I authorize my ERO, transmitter, or complete return to the Franchise Tax Board (FTB). If the processing of my return or refund is delayed, I au eservice provider, and/or transmitter the reason(s) for the delay or the date when the refund was sent. if the FTB does not receive full and timely payment of my tax liability, I remain liable for the tax liability and that I have read and consent to the Electronic Funds Withdrawal Consent included on the copy of my electronic fication number (PIN) as my signature for my electronic income tax return and, if applicable, my Electronic	ts as shown or posit refund an e other spouse or intermediate thorize the FT If I am filing a all applicable i ronic income ta	n my return nount on line 3 e/registered service B to disclose balance due interest and ax return. I have
Taxpayer's PIN: check or			
I authorize GLOBA	AL TAXES LLC to enter my PI	N 1 2	7 8 7
	ERO firm name		nter all zeros
as my signature on	my 2023 e-filed California individual income tax return.		
	is my signature on my 2023 e-filed California individual income tax return. Check this box only if you are er the Practitioner PIN method. The ERO must complete Part III below.	itering your ov	vn PIN and you
Your signature	Date		
Spouse's/RDP's PIN: che	eck one box only		
_	to enter my PI		
	ERO firm name		nter all zeros
as my signature on	my 2023 e-filed California individual income tax return.		
,	as my signature on my 2023 e-filed California individual income tax return. Check this box only if yo led using the Practitioner PIN method. The ERO must complete Part III below.	u are entering	g your own PIN
Spouse's/RDP's signature	Date		
	Practitioner PIN Method Returns Only continue below		
Part III Certification	and Authentication — Practitioner PIN Method Only		
	entification Number (EFIN)/PIN. followed by your five-digit self-selected PIN. Do not enter all zeros	2 7	1
I certify that the above nu confirm that I am submit e-file Providers.	umeric entry is my PIN, which is my signature for the 2023 California individual income tax return for the ting this return in accordance with the requirements of the Practitioner PIN method and FTB Pub. 1345, 2	taxpayer(s) in .023 Handbool	dicated above. k for Authorized
ERO's signature	Date Date 01/30/2024		

540

2023 California Resident Income Tax Return

		APE	ATTACH FEDERAL RETURN
343-31-2787 JAVV BALAVENKATE JA	066-57-73 VVAJI	341	23
1102 S ABEL ST MILPITAS	CA 95035	APT 2	203

08-02-1996

		Enter your county at time of filing (see instructions)						
e (ullet	SANTA CLARA						
lenc		If your address above is the same as your principal/physical residence address at the time of filing, check this box 🖲 🗙						
esid		If not, enter below your principal/physical residence address at the time of filing.						
Å.		Street address (number and street) (If foreign address, see instructions.) Apt. no/ste. no.						
Principal Residence	ullet							
Prir		City State ZIP code						
(ullet							
		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.						
tatu	•							
g V	2 Married/RDP filing jointly (even if 5 Qualifying surviving spouse/RDP. Enter year spouse/RDP died.							
Filing Status		only one spouse/RDP had income). See instructions. See instructions.						
-								
	3	X Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here. SREEJA SRIRAM						
	6	If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See instr						
•	Foi	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. $\bigcirc 7$ 1 X \$144 = \bigcirc \$ 144						
Exemptions	8	Blind: If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2. See instructions						
Ě	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 01/21/24 PRO						
		175 3101234 Form 540 2023 Side 1						

Υοι	ır na	me:	JAV	VAJ	JI				Your SS	SN or	ITIN:	343	-31	L-278	7						
	10	Depend	ents: I		ot inclu Depend	-	urself	or you	r spouse	e/RDP.	Dene	endent 2						Dependent 3			
		First I	Name	$oldsymbol{igstar}$	Depend						· ·						•	Dependent o]
S		Last N	lame]
Exemptions		SSN.																			L L
Exem		Deper	ctions. ndent's onship														• •				L L
		to you		U													- 1] T
	Tota	al depen	dent ex	xemp	tions .								•1	0	Χ	\$446 =	ullet	\$] 7
	11	Exem	ption a	imou	nt: Ad	d line 7	⁷ throug	gh line	10. Trai	nsfer tl	nis am	ount to	line 3	32		•	11	\$		144	
	12	State	wages	from	your v 16	federa	1		(12				227	546	. 00					
	10											10.40.01		. 11]		[21329)3	00
	13 14	Califo	rnia ad	justn	nents -	- subtr	ractions	s. Ente	ederal Fo r the am	ount fi	rom Sc	hedule	CA (540),			ו 			•	
	15								 ero, ente							• 14	 		0100		00
some	16								 e amour							15	 		21329		00
Taxable Income																• 16					00
axab	17	Califor	rnia ad	juste	d gros	s inco	me. Co	mbine	line 15 a	and lin	e 16 .					• 17			21329	93	00
F	18		Enter the 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																			
									of housel the box o			-	-)		536	53.	00
	19	Subtra If less	act line	18 f	rom liı	ne 17.	This is	your ta	axable i	ncome).								20793	30	00
																0.0					
	31	Tax. C	heck tl	he bo	ox if fro	om:		Tax Ta	ble		< Tax	< Rate S	Sched	dule							
		-				•		FTB 3								• 31			1599	90	00
Тах	32								ine 11. l 	-						• 32			14	14.	00
Ë	33	Subtra	act line	: 32 f	rom lii	ne 31.	If less t	than ze	ero, ente	r -0						• 33			1584	16.	00
	34	Tax. S	ee inst	ructi	ons. C	heck t ^ı	he box	if from		Sche	edule G	-1 ●		FTB 5	870A	• 34					00
	35									_						• 35			1584	16	00
																0.00					
edits	40	Nonre	fundat	ole Cl	nild an	d Depe	endent	Care E	xpenses	Credit	. See i	nstructi	ons.			• 40					00
Special Credits	43	Enter	credit ı	name)						code 🗨		a	and amo	ount	• 43					00
Speci	44	Enter	credit	name	9						code (a	and am	ount	• 44					00
																		REV 01/21/24 PRC)		_
		Side 2	Form	540	2023			-	175		310	2234	4								

You	r nar	me: JAVVAJI Your SSN o	r ITIN:	343-31-2	2787				
S	45	To claim more than two credits, see instructions. Attach	Schedule	e 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-				48		15846	. 00
						[
xes	61	Alternative Minimum Tax. Attach Schedule P (540)	• • • • •	61			. 00		
Other Taxes	62	Mental Health Services Tax. See instructions			• • • • •	62			- 00
Oth	63	Other taxes and credit recapture. See instructions			• • • •	63			• 00
	64	Add line 48, line 61, line 62, and line 63. This is your tot	al tax		•••••	64		15846	- 00
	71	California income tax withheld. See instructions			•	71		19124	. 00
	72	2023 California estimated tax and other payments. See i	nstructio	ns	•	72			. 00
	73	Withholding (Form 592-B and/or Form 593). See instruc				[. 00
ents	74	Excess SDI (or VPDI) withheld. See instructions				[. 00
Payments	75	Earned Income Tax Credit (EITC). See instructions				Γ			. 00
а.						[. 00
	76	Young Child Tax Credit (YCTC). See instructions				[
	77 78	Foster Youth Tax Credit (FYTC). See instructions Add line 71 through line 77. These are your total payme See instructions	nts.			Γ		19124	• 00 • 00
ах	91	Use Tax. Do not leave blank. See instructions					0_00		
Use Tax	91	If line 91 is zero, check if: $\textcircled{\times}$ No use tax is owed				obligatio	n directly to CDTFA		
	92	If you and your household had full-year health care cover		·			, ,		
ISR Penaltv		See instructions. Medicare Part A or C coverage is quali If you did not check the box, see instructions.			ge •	×			
Per		Individual Shared Responsibility (ISR) Penalty. See instr	ructions .	9	2		.00		
	0.2	Daymanta halanga Jifiina 70 ia mara than lina 01 autom	ot line Of	from line 70		0.0		19124	. 00
Due	93	Payments balance. If line 78 is more than line 91, subtra		[. 00		
Overpaid Tax/Tax Due	94 95	Use Tax balance. If line 91 is more than line 78, subtract Payments after Individual Shared Responsibility Penalty subtract line 92 from line 93	line 92,	94 [95 [19124	. 00		
aid T	96	Individual Shared Responsibility Penalty Balance. If line	92 is mo	re than line 93,		[
Overp	a –	subtract line 93 from line 92			0	[3278	. 00
-	97	Overpaid tax. If line 95 is more than line 64, subtract lin REV 01/21/24 PRO	e 64 from	1 line 95		97		JZ / O	. 00
		175	310	3234			Form 540 202	23 Side 3	

our nar	ne:	JAVVAJI	Your SSN or ITIN:	343-31-2787			
98 e 9	Amo	unt of line 97 you want applied to yo	ur 2024 estimated tax .		• 98	0	. 00
Tax/Tax Due 66 86 001 66 86	Over	paid tax available this year. Subtract	line 98 from line 97		• 99	3278	. 00
TaX/ 100	Tax c	lue. If line 95 is less than line 64, sut	otract line 95 from line 6	64	• 100		. 00
					<u>Code</u>	Amount	
	Califo	ornia Seniors Special Fund. See instru	uctions		• 400		. 00
	Alzhe	imer's Disease and Related Dementia	a Voluntary Tax Contribu	ution Fund	• 401		. 00
	Rare	and Endangered Species Preservatio	n Voluntary Tax Contrib	ution Program	• 403		.00
	Califo	ornia Breast Cancer Research Volunta	ry Tax Contribution Fun	d	• 405		.00
	Califo	ornia Firefighters' Memorial Voluntary	/ Tax Contribution Fund		• 406		. 00
	Emer	gency Food for Families Voluntary Ta	x Contribution Fund		• 407		. 00
	Califo	ornia Peace Officer Memorial Founda	tion Voluntary Tax Contr	ibution Fund	• 408		. 00
	Califo	ornia Sea Otter Voluntary Tax Contrib	ution Fund		• 410		. 00
lions	Califo	ornia Cancer Research Voluntary Tax	Contribution Fund		• 413		.00
Contributions	Scho	ol Supplies for Homeless Children Vo	oluntary Tax Contributio	n Fund	• 422		. 00
3	State	Parks Protection Fund/Parks Pass P	urchase		• 423		. 00
	Prote	ct Our Coast and Oceans Voluntary 1	ax Contribution Fund		• 424		. 00
	Кеер	Arts in Schools Voluntary Tax Contri	bution Fund		• 425		. 00
	Califo	ornia Senior Citizen Advocacy Volunta	ary Tax Contribution Fun	nd	• 438		.00
	Nativ	e California Wildlife Rehabilitation Vo	luntary Tax Contribution	n Fund	• 439		. 00
	Rape	Kit Backlog Voluntary Tax Contributi	on Fund		• 440		. 00
	Suici	de Prevention Voluntary Tax Contribu	ition Fund		• 444		. 00
	Ment	al Health Crisis Prevention Voluntary	Tax Contribution Fund.		• 445		. 00
110	Add	amounts in code 400 through code 4	45. This is your total co	ntribution	• 110		. 00

REV 01/21/24 PRO

Your	nan	ne:	JAVVAJI		Your SSN or ITIN:	343-31-						
unt Dwe	111	AMO	UNT YOU OWE. I	f you do not have an	n amount on line 99, add li	ne 94, line 96	, line 100, and li	ne 110. S	ee instructions. Do not send cash.			
Amo You (Mail Pav (to: FRANCHISE	E TAX BOARD, PO I .ca.gov/pay for mo	BOX 942867, SACRAME	NTO CA 9426	7-0001	• 111	ee instructions. Do not send cash.	. 00		
		Tay			ore mormation.							
ور م				•	ayment penalties			112		. 00		
st al altie	113	Underpayment of estimated tax.										
Interest and Penalties		Chec	ck the box:	FTB 5805 attac	hed • FTB 5805	Fattached .		• 113		. 00		
-	114	Total	amount due. See	e instructions. Encl	ose, but do not staple, an	iy payment .		114		. 00		
	115	REFL	JND OR NO AMO	UNT DUE. Subtrac	t the sum of line 110, line	e 112, and lir	e 113 from line	e 99. See	instructions.			
		Mail	to: FRANCHISE 1	TAX BOARD, PO BC)X 942840, SACRAMENT	O CA 94240	0001	• 115	3278	. 00		
Refund and Direct Deposit		See i	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:									
Direc		• F	Routing number	• Type	 Account number 				• 116 Direct deposit amount			
and I		121000358	32513068091	0			3278	. 00				
nnd				Savings		-				= <u>00</u>		
Ref		The remaining amount of my refund (line 115) is authorized for direct deposit into the account shown below: Type 										
		• F	Routing number	Checking	• Account number				• 117 Direct deposit amount			
				Savings						. 00		
<u> </u>				Javings								
Voter Info.		For v	voter registration	information, check	the box and go to sos.ca	a.gov/electio	ns . See instruc	tions				
Health Care Coverage Info.		-			ow-cost health care cove n your tax return with Co		-			No		

REV 01/21/24 PRO

Sign your tax return on Side 6

Γ

Your	name.	

Vour	CCVI	or ITIN:	
rour	0011		

343-31-2787



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 go 1 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form								
Under penalties is true, correct, a	of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to t and complete.	he best of m	ny knowledge and belief, it						
Your signature	Date Spouse's/RDP's signature (if	a joint tax re	eturn, both must sign)						
	• Your email address. Enter only one email address.	Prefe	erred phone number						
Sign		2135	5363683						
Here	Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge)								
	SYAM PRIYA RAM SAGAR GUPTA TALLAM								
It is unlawful to forge a	Firm's name (or yours, if self-employed)		• PTIN						
spouse's/ RDP's signature.	GLOBAL TAXES LLC		P02082703						
Ū	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. \ldots . $lacksquare$	Yes	× No						
	Print Third Party Designee's Name	Telephor	none Number						

REV 01/21/24 PRO

CA (540)

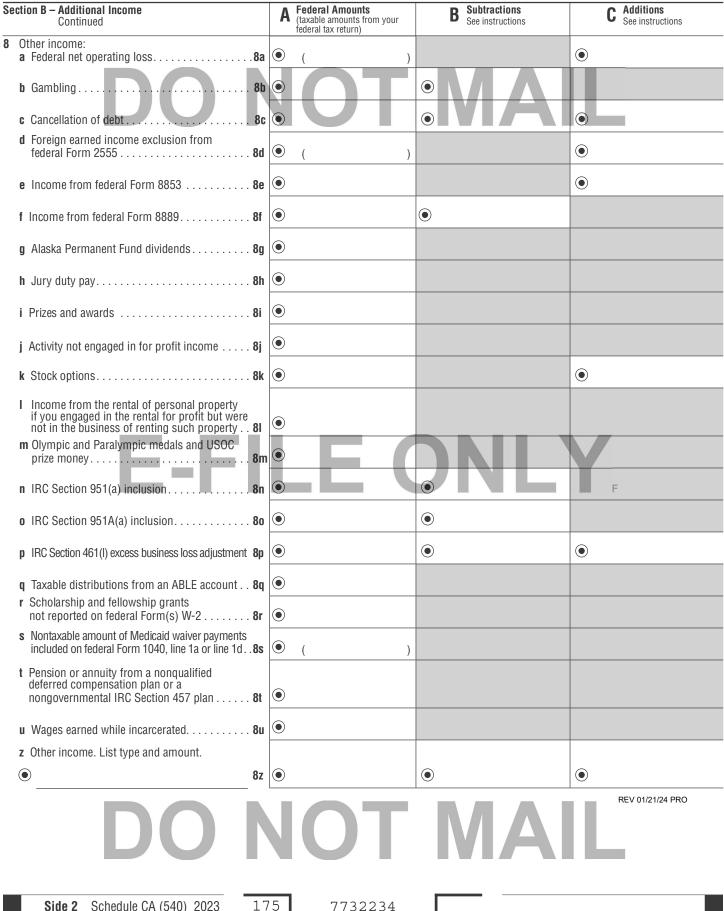
2023 California Adjustments — Residents

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

Name(s) as shown on tax return SSN or ITIN								
Β.	ALA VENKATESH JAVVAJI			343312787				
Se	art I Income Adjustment Schedule action A – Income from federal Form 1040 or 1040-SF a Total amount from federal	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions				
1	Form(s) W-2, box 1. See instructions 1a	227546		•				
	b Household employee wages not reported on federal Form(s) W-2		۲	۲				
	${\boldsymbol{c}}~$ Tip income not reported on line 1a $\ldots\ldots\ldots$. 1 ${\boldsymbol{c}}$		۲	۲				
	d Medicaid waiver payments not reported on federal Form(s) W-2. See instructions 1d	$\textcircled{\textbf{0}}$	\odot	۲				
	e Taxable dependent care benefits from federal Form 2441, line 26 1e	۲	۲	•				
	f Employer-provided adoption benefits from federal Form 8839, line 29 1f	loption benefits 39, line 29						
	g Wages from federal Form 8919, line 6 1g	I Form 8919, line 6 1g 💿 💿						
	\boldsymbol{h} Other earned income. See instructions $\ldots\ldots$. \boldsymbol{h}	• 0	\odot	۲				
	i Nontaxable combat pay election. See instructions 1 i			۲				
	z Add line 1a through line 1i1z	• 227546	۲	۲				
2	Taxable interest. a 🔍2b	•	۲	•				
3	Ordinary dividends. See instructions. a • 3b		$\overline{\bullet}$	٢				
4	IRA distributions. See instructions. a 4b			• F				
5	Pensions and annuities. See instructions. a • 5b		۲					
6	Social security benefits. a		•					
	Capital gain or (loss). See instructions7	۲	۲	۲				
	ction B – Additional Income from federal Schedule 1	(Form 1040)						
1	Taxable refunds, credits, or offsets of state and local income taxes	۲	۲					
2	a Alimony received. See instructions 2a	۲		۲				
3	Business income or (loss). See instructions. $\ldots.3$	۲	۲	۲				
4	Other gains or (losses)	\odot	\odot	\odot				
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc	• -14253	۲	۲				
6	Farm income or (loss)6			•				
7	Unemployment compensation	•						
				REV 01/21/24 PRO				

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Sei	ction B – Additional Income Continued	A	Federal Amounts (taxable amounts from your federal tax return)	В	Subtractions See instructions	C Additions See instructions		
9	a Total other income. Add lines 8a through 8z 9a	ullet		$oldsymbol{igodol}$		\odot		
	b1 Disaster loss deduction from form FTB 3805V 9b1		OT	•				
	b2 NOL deduction from form FTB 3805V			\odot				
	b3 NOL deduction from form FTB 3805Z, 3807, or 3809			$ \mathbf{O} $				
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	۲	213293	۲		\odot		
Section C – Adjustments to Income from federal Schedule 1 (Form 1040)								
11	Educator expenses			ullet				
12	Certain business expenses of reservists, performing artists, and fee-basis government officials 12	$ \mathbf{O} $		۲		۲		
13	Health savings account deduction							
14	Moving expenses. Attach form FTB 3913. See instructions					۲		
15	Deductible part of self-employment tax. See instructions 15		E (0				
	Self-employed SEP, SIMPLE, and qualified plans16	$oldsymbol{O}$						
17	Self-employed health insurance deduction. See instructions			\odot		F		
18	Penalty on early withdrawal of savings	$ \mathbf{O} $						
19	a Alimony paid 19 a	ullet				۲		
	b Recipient's: SSN •							
	Last Name 🖲							
20	IRA deduction	۲		۲		۲		
21	Student loan interest deduction	۲				۲		
22	Reserved for future use							
23	Archer MSA deduction23	$ \mathbf{O} $						
						REV 01/21/24 PRO		

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ection C – Adjustments to Income Continued	A	Federal Amounts (taxable amounts from your federal tax return)	В	Subtractions See instructions	C Additions See instructions
4 Other adjustments: a Jury duty pay24a					
 b Deductible expenses related to income reported on line 8I from the rental of personal property engaged in for profit	•	ΟΤ			•
c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m 24c	•		\overline{ullet}		
d Reforestation amortization and expenses24d			\odot		
e Repayment of supplemental unemployment benefits under the federal Trade Act of 1974 24e			-		
f Contributions to IRC Section 501(c)(18)(D) pension plans			\odot		۲
g Contributions by certain chaplains to IRC Section 403(b) plans					۲
h Attorney fees and court costs for actions involving certain unlawful discrimination claims					
i Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations24i			۲		
j Housing deduction from federal Form 2555 24 j			\odot		
k Excess deductions of IRC Section 67(e) expenses from federal Schedule K-1 (Form 1041)24k	$ \mathbf{O} $				
z Other adjustments. List type and amount.	$ \overline{} $	FC	0		•
5 Total other adjustments. Add line 24a through line 24z	\odot		\odot		F
6 Add line 11 through line 23 and line 25 in columns A, B, and C. See instructions			۲		۲
7 Total. Subtract line 26 from line 10 in columns A, B, and C. See instructions	•	213293	۲		•

REV 01/21/24 PRO



Pa	rt II Adjustments to Federal Itemized Deductions				1		
Ch	eck the box if you did NOT itemize for federal but will itemize	for C	California •				
		A	Federal Amounts (from federal Schedule A (Form 1040))		B Subtractions See instructions		C Additions See instructions
Me	dical and Dental Expenses See instructions.						
1	Medical and dental expenses • 1						-
2	Enter amount from federal Form 1040 or 1040-SR, line 11 (•) 213293 2						
3	Multiply line 2 by 7.5% (0.075) (•) 15997 3						
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter 0					۲	
Tax	es You Paid						
5	a State and local income tax or general sales taxes5a		19124	۲	19124		
	b State and local real estate taxes						
	c State and local personal property taxes5c						
	d Add line 5a through line 5c		19124				
	 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		5000	۲	19124	•	14124 F
6	Other taxes. List type • 6			ullet		۲	
7	Add line 5e and line 6		5000		19124		14124
	erest You Paid	\vdash		<u> </u>			
	 a Home mortgage interest and points reported to you on federal Form 1098 						
	b Home mortgage interest not reported to you on federal Form 10988b					۲	
	c Points not reported to you on federal Form 10988c					۲	
	d Reserved for future use						
	e Add line 8a through line 8c8e			$oldsymbol{O}$		۲	
9	Investment interest					۲	
10	Add line 8e and line 9 10	۲		۲		۲	
	DON		ΟΤ			L	REV 01/21/24 PRO
	175	1	7735234		Schedule CA	(540) 2	2023 Side 5



Pa	rt II Adjustments to Federal Itemized Deductions Continued	A	Federal Amounts (from federal Schedule A (Form 1040))		btractions e instructions	C	Additions See instructions
Gif	ts to Charity						
	Gifts by cash or check					\odot	
12	Other than by cash or check	0	NT			•	
13	Carryover from prior year13	0				•	
14	Add line 11 through line 1314	$ \mathbf{O} $		۲		۲	
	sualty and Theft Losses Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions15	۲		۲		۲	
Oth	er Itemized Deductions						
16	Other—from list in federal instructions16						
17	Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C17		5000	•	19124		14124
18	Total. Combine line 17 column A less column B plus co	lumn	С			9 18	0
Job	Expenses and Certain Miscellaneous Deductions						
19	Unreimbursed employee expenses: job travel, union due Attach federal Form 2106 if required. See instructions .	s, jol	o education, etc.	19			
20	Tax preparation fees		•	20			
	Other expenses: investment, safe deposit box, etc. List type			21	0		
	Add line 19 through line 21			22	0	Y	
23	Enter amount from federal Form 1040 or 1040-SR, line 11		213293				
24	Multiply line 23 by 2% (0.02). If less than zero, enter 0.			24	4266		
25	Subtract line 24 from line 22. If line 24 is more than line	22, 6	enter 0) 25	0
26	Total Itemized Deductions. Add line 18 and line 25) 26	0
27	Other adjustments. See instructions. Specify.) 27	
28	Combine line 26 and line 27) 28	0
29	Is your federal AGI (Form 540, line 13) more than the Single or married/RDP filing separately Head of household Married/RDP filing jointly or qualifying surviving s			. \$237,035 . \$355.558	,		
	No. Transfer the amount on line 28 to line 29.	o inci	tructions for Schodule CA	(540) line 00) 20	0
	Yes. Complete the Itemized Deductions Worksheet in th	e 111S1	inuctions for Schedule CA	(540), IINE 29		/ Z9 	0
30	Enter the larger of the amount on line 29 or your stand Single or married/RDP filing separately. See instru Married/RDP filing jointly, head of household, or qu	ction alifyi	s ng surviving spouse/RDP	\$10,726	Δ		_
	Transfer the amount on line 30 to Form 540, line 18) 30	5363
					REV 01/21/24 PRO		
	Side 6 Schedule CA (540) 2023 175	1	7736234				