

**2023 Form OR-40**  
**Oregon Individual Income Tax Return for Full-year Residents**

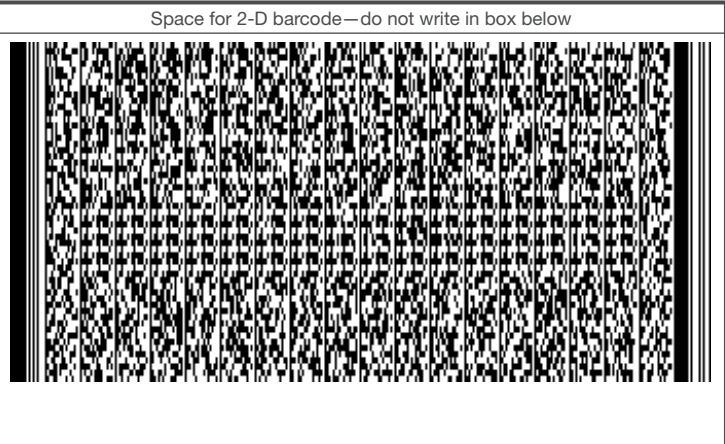
Oregon Department of Revenue

Page 1 of 8 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Fiscal year ending date (MM/DD/YYYY)

Space for 2-D barcode—do not write in box below

- Extension filed
- Amended return.  
If amending for an NOL tax year (YYYY) NOL, tax year the NOL was generated:
- Calculated with "as if" federal return
- Short-year tax election
- Form OR-24
- Form OR-243
- Federal Form 8379
- Federal Form 8886
- Disaster relief



First name Initial Date of birth (MM/DD/YYYY)

MUHAMMAD 09/19/1971

Last name

KHAN

Social Security number (SSN)

767-50-6693

- First time using this SSN (see instructions)
- Applied for ITIN
- Deceased

Spouse first name Initial Spouse date of birth (MM/DD/YYYY)

FATIMA 10/28/1980

Spouse last name

KHAN

Spouse SSN

488-83-0784

- First time using this SSN (see instructions)
- Applied for ITIN
- Deceased

Current mailing address

15606 SW SNOWY OWL LANE

City State ZIP code

BEAVERTON OR 97007

Country Phone

USA 503-516-4022

**Filing Status** (check only one box)

- 1.  Single
- 2.  Married filing jointly
- 3.  Married filing separately (enter spouse information **above**)
- 4.  Head of household (with qualifying dependent)
- 5.  Qualifying surviving spouse



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Last name

SSN

KHAN

767-50-6693

Note: Reprint page 1 if you make changes to this page.

Exemptions

6a. Credits for yourself.....6a. 1

Check boxes that apply: [X] Regular [ ] Severely disabled [ ] Someone else can claim you as a dependent

6b. Credits for your spouse .....6b. 1

Check boxes that apply: [X] Regular [ ] Severely disabled [ ] Someone else can claim you as a dependent

Dependents

List your dependents in order from youngest to oldest. If you have more than three dependents, complete Schedule OR-ADD-DEP. Include the schedule with your return.

Dependent 1: First name Initial Dependent 1: Last name

RAAHIM MUHAMMAD KHAN

Dependent 1: Date of birth (MM/DD/YYYY) Dependent 1: SSN Code \*

01/28/2012 882-04-6790 SD

[ ] Dependent 1: Check if child has a qualifying disability

Dependent 2: First name Initial Dependent 2: Last name

ARHAM MUHAMMAD KHAN

Dependent 2: Date of birth (MM/DD/YYYY) Dependent 2: SSN Code \*

12/24/2007 499-65-3317 SD

[ ] Dependent 2: Check if child has a qualifying disability

Dependent 3: First name Initial Dependent 3: Last name

ALIZAH NAYYER KHAN

Dependent 3: Date of birth (MM/DD/YYYY) Dependent 3: SSN Code \*

09/23/2005 818-85-0827 SD

[ ] Dependent 3: Check if child has a qualifying disability

\*Dependent relationship code (see instructions).

6c. Total number of dependents .....6c. 4

6d. Total number of dependent children with a qualifying disability (see instructions).....6d.

6e. Total exemptions. Add lines 6a through 6d..... Total 6e. 6



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Last name SSN  
**KHAN** **767-50-6693**

**Note: Reprint page 1 if you make changes to this page.**

**Taxable income**

7. Federal adjusted gross income from federal Form 1040, 1040-SR, or 1040-NR, line 11; or 1040-X, line 1C (see instructions)..... 7. 182,662.00

8. Total additions from Schedule OR-ASC, line A5 ..... 8.

9. Income after additions. Add lines 7 and 8 ..... 9. 182,662.00

**Subtractions**

10. 2023 federal tax liability (see instructions)..... 10. 7,800.00

11. Social Security amount on federal Form 1040 or 1040-SR, line 6b ..... 11.

12. Oregon income tax refund included in federal income..... 12.

13. Total subtractions from Schedule OR-ASC, line B7 ..... 13.

14. Total subtractions. Add lines 10 through 13..... 14. 7,800.00

15. Income after subtractions. Line 9 minus line 14 ..... 15. 174,862.00

**Deductions**

16. **Oregon itemized deductions.** Enter your Oregon itemized deductions from Schedule OR-A, line 23. If you are not itemizing your deductions, enter 0 ..... 16. 5,313.00

17. **Standard deduction.** Enter your standard deduction ..... 17. 5,210.00

**You were:** 17a.  65 or older 17b.  Blind Your spouse was: 17c.  65 or older 17d.  Blind

Standard deductions	Single	Married filing jointly	Married filing separately	Qualifying surviving spouse	Head of household
	\$2,605	\$5,210	\$2,605 or \$0	\$5,210	\$4,195

See instructions if you are age 65 or older, blind, or if someone can claim you as a dependent.  
 See instructions if you are married filing separately.

18. Enter the larger of line 16 or 17..... 18. 5,313.00

19. Oregon taxable income. Line 15 minus line 18. If line 18 is more than line 15, enter 0 ..... 19. 169,549.00



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Last name

SSN

KHAN

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Oregon tax

20. Tax (see instructions) ..... 20. 14,266.00

Check the appropriate box if you're using an alternative method to calculate your tax:

20a.  Schedule OR-FIA-40    20b.  Worksheet FCG    20c.  Schedule OR-PTE-FY

21. Interest on certain installment sales ..... 21.

22. Total tax recaptures from Schedule OR-ASC, line C5 ..... 22.

23. Total additions to tax. Line 21 plus line 22..... 23.

24. Total tax before credits. Add lines 20 and 23..... 24. 14,266.00

Standard and carryforward credits

25. Exemption credit. If the amount on line 7 is \$100,000 or less, multiply your total exemptions on line 6e by \$236. Otherwise, see instructions ..... 25. 1,416.00

26. Political contribution credit. See limits in instructions ..... 26.

27. Total standard credits from Schedule OR-ASC, line D16..... 27.

28. Total standard credits. Add lines 25 through 27 ..... 28. 1,416.00

29. Tax minus standard credits. Line 24 minus line 28. If line 28 is more than line 24, enter 0 ..... 29. 12,850.00

30. Total carryforward credits used this year from Schedule OR-ASC, line E9. Line 30 can't be more than line 29 (see Schedule OR-ASC instructions) ..... 30.

31. Tax after standard and carryforward credits. Line 29 minus line 30 ..... 31. 12,850.00



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Last name

SSN

KHAN

767-50-6693

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Payments and refundable credits

32. Oregon income tax withheld. <b>Include a copy of your Forms W-2 and 1099</b> .....	32.	14,273.00
33. Amount applied from your prior year's tax refund.....	33.	
34. Estimated tax payments for 2023. <b>Include all estimated payments you made by April 15, 2024, including any extension payment</b> (see instructions). Do not include the amount on line 33.....	34.	
35. Tax payments from a pass-through entity .....	35.	
36. Earned income credit (see instructions).....	36.	
37. Oregon Kids Credit (see instructions) .....	37.	
38. Kicker (Oregon surplus credit). Enter your kicker credit amount (see instructions). <b>If you elect to donate your kicker to the State School Fund, enter 0 and see line 55</b> .....	38.	6,046.00
39. Total refundable credits from Schedule OR-ASC, line F7 .....	39.	
40. Total payments and refundable credits. Add lines 32 through 39.....	40.	20,319.00

Tax to pay or refund

41. <b>Overpayment of tax.</b> If line 31 is <b>less</b> than line 40, you overpaid. Line 40 minus line 31 .....	41.	7,469.00
42. <b>Net tax.</b> If line 31 is <b>more</b> than line 40, you have tax to pay. Line 31 minus line 40 .....	42.	
43. Penalty and interest for filing or paying late (see instructions) .....	43.	
44. Interest on underpayment of estimated tax. <b>Include Form OR-10</b> .....	44.	

Exception number from Form OR-10, line 1 44a.

Check box if you annualized: 44b.



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Last name

SSN

KHAN

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Tax to pay or refund (continued)

- 45. Total penalty and interest due. Add lines 43 and 44 ..... 45.
- 46. Net tax including penalty and interest.  
Line 42 plus line 45 ..... **This is the amount you owe.** 46.
- 47. Overpayment less penalty and interest.  
Line 41 minus line 45 ..... **This is your refund.** 47. 7,469.00
- 48. Estimated tax. Fill in the portion of line 47 you want applied to your open estimated tax account ..... 48.
- 49. Charitable checkoff donations from Schedule OR-DONATE, line 30 ..... 49.
- 50. Political party \$3 checkoff ..... 50.  
  
Party code:      50a. You                      50b. Spouse
- 51. Oregon 529 college savings plan deposits from Schedule OR-529, line 5 ..... 51.
- 52. Total. Add lines 48 through 51. Line 52 can't be more than your refund on line 47 ..... 52.
- 53. Net refund. Line 47 minus line 52 ..... **This is your net refund.** 53. 7,469.00

Direct deposit

54. For direct deposit of your refund, see instructions. Check the box if the final deposit destination is outside the United States:

Type of account:

Checking or

Savings

Account information:

Routing number

Account number

323070380

485010682020

Kicker donation

55. If you elect to donate your kicker to the State School Fund, check this box..... 55a.

Complete the kicker worksheet in the instructions and enter the amount here..... **This election is irrevocable.** 55b.



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Last name

SSN

KHAN

767-50-6693

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Sign here. Under penalty of false swearing, I declare that the information in this return and any attachments is true, correct and complete.

Your signature

X

Date (MM/DD/YYYY)

Spouse signature

X

Date (MM/DD/YYYY)

Signature of preparer other than taxpayer

X VENKATA SAI PAVAN KUMAR DUDIPALLI

Date (MM/DD/YYYY)

Preparer phone

Preparer license number

678-965-9522

Preparer first name

Initial

Preparer last name

VENKATA

S

PAVAN KUMAR DUDIPALLI

Preparer address

245 ROONEY CT

City

State

ZIP code

E BRUNSWICK

NJ

08816

Signing this return does not grant your preparer the right to represent you or make decisions on your behalf. For more information, see the instructions for the Tax Information Authorization and Power of Attorney for Representation form on our website.

Important: Include a copy of your federal Form 1040, 1040-SR, 1040-X, or 1040-NR. We may adjust your return without it.

Pay the amount due (shown on line 45)

- Online: www.oregon.gov/dor.
• By mail: Payable to the Oregon Department of Revenue. Write "2023 Oregon Form OR-40" and the last four digits of your SSN or ITIN on your check or money order. If you include a payment with your return, don't include Form OR-40-V payment voucher.

Mail your return

- Non-2-D barcode. If the large 2-D barcode box on the first page of this form is blank:
- Mail tax-due returns to: Oregon Department of Revenue, PO Box 14555, Salem OR 97309-0940.
- Mail refund and no-tax-due returns to: Oregon Department of Revenue, PO Box 14700, Salem OR 97309-0930.
• 2-D barcode. If the large 2-D barcode box on the first page of this form is filled in:
- Mail tax-due returns to: Oregon Department of Revenue, PO Box 14720, Salem OR 97309-0463.
- Mail refund and no-tax-due returns to: Oregon Department of Revenue, PO Box 14710, Salem OR 97309-0460.



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Last name

SSN

KHAN

767-50-6693

**Note: Reprint page 1 if you make changes to this page.**

**Amended statement.** Complete this section only if you're amending your 2023 return or filing with a new SSN.

If filing an amended return, use this space to explain what you're changing. Include the return line numbers and the reason for each change. If your filing status has changed, explain why. Include all supporting forms and schedules when you file your amended return, even if you haven't changed anything on them.

If filing with a new SSN, enter your former identification number.





# 2023 Schedule OR-A Oregon Itemized Deductions

Oregon Department of Revenue

Page 1 of 2 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Last name

KHAN

Social Security number (SSN)

767-50-6693

Read instructions carefully before completing. If you itemize, you must include this schedule with your Oregon return.

## Medical and dental expenses

Caution! Don't include expenses reimbursed or paid by others.

- |   |    |            |
|---|----|------------|
| 1. Medical and dental expenses (see instructions).....  | 1. |            |
| 2. Federal adjusted gross income (AGI). Enter the amount from Form OR-40, line 7;<br>or Form OR-40-N or OR-40-P, line 29F ..... | 2. | 182,662.00 |
| 3. AGI threshold. Multiply line 2 by 7.5% (0.075).....  | 3. | 13,700.00  |
| 4. <b>Medical and dental expense deduction.</b> Line 1 minus line 3. If line 3 is more<br>than line 1, enter 0 .....            | 4. |            |

## Taxes you paid

- |  |    |      |
|--|----|------|
| 5. State and local income taxes. <b>Don't include Oregon income tax,<br/>including Oregon withholding.</b> ..... | 5. | 0.00 |
| 6. Real estate taxes (see instructions) .....  | 6. |      |
| 7. Personal property taxes.....  | 7. |      |

Reserved

- |   |     |      |
|---|-----|------|
| 9. Total income and property taxes. Add lines 5 through 8. <b>Don't enter more than<br/>\$10,000 (\$5,000 if married filing separately)</b> ..... | 9.  | 0.00 |
| 10. Other taxes. List type and amount: .....  | 10. |      |
| 11. <b>Taxes paid deduction.</b> Add lines 9 and 10.....  | 11. | 0.00 |

Continued on next page



**2023 Schedule OR-A**  
**Oregon Itemized Deductions**

**Interest you paid**

- 12. Mortgage interest and points reported on federal Form 1098 ..... 12.
- 13. Mortgage interest not reported on federal Form 1098 ..... 13.
- 14. Points not reported on federal Form 1098..... 14.

Reserved

- 16. Investment interest (see instructions) ..... 16.
- 17. **Interest paid deduction.** Add lines 12 through 16 ..... 17.

**Gifts to charity**

- 18. Gifts by cash or check (see instructions)..... 18. 5,313.00
- 19. Gifts other than by cash or check (see instructions) ..... 19.
- 20. Carryover from prior year..... 20.
- 21. **Total gifts to charity.** Add lines 18 through 20..... 21. 5,313.00

**Other miscellaneous deductions**

- 22. List type and amount. **Important! Don't include employee business expenses, tax preparation fees, or other deductions subject to the 2 percent of AGI limitation** (see instructions) ..... 22.

**Oregon itemized deductions**

- 23. Add lines 4, 11, 17, 21, and 22. Enter the amount from line 23 on Form OR-40, line 16; or Form OR-40-N or OR-40-P, line 37 ..... 23. 5,313.00



# 2023 Schedule OR-ADD-DEP

## Oregon Individual Income Tax Return Additional Dependents

Oregon Department of Revenue

Page 1 of 1 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Last name	Social Security number (SSN)
KHAN	767-50-6693

**Instructions.** Use this schedule if you have more than three dependents. Complete all information for each additional dependent that is **not** listed on the second page of your Oregon return. List your dependents in order from youngest to oldest. If you have more than eight dependents, fill out and include an additional Schedule OR-ADD-DEP.

Dependent 4: First name	Initial	Dependent 4: Last name
ROHA NAYYER		KHAN
Dependent 4: Date of birth (MM/DD/YYYY)	Dependent 4: SSN	Code*
03/07/2004	767-51-0881	SD
		<input type="checkbox"/> Dependent 4: Check if child has a qualifying disability.

Dependent 5: First name	Initial	Dependent 5: Last name
Dependent 5: Date of birth (MM/DD/YYYY)	Dependent 5: SSN	Code*
		<input type="checkbox"/> Dependent 5: Check if child has a qualifying disability.

Dependent 6: First name	Initial	Dependent 6: Last name
Dependent 6: Date of birth (MM/DD/YYYY)	Dependent 6: SSN	Code*
		<input type="checkbox"/> Dependent 6: Check if child has a qualifying disability.

Dependent 7: First name	Initial	Dependent 7: Last name
Dependent 7: Date of birth (MM/DD/YYYY)	Dependent 7: SSN	Code*
		<input type="checkbox"/> Dependent 7: Check if child has a qualifying disability.

Dependent 8: First name	Initial	Dependent 8: Last name
Dependent 8: Date of birth (MM/DD/YYYY)	Dependent 8: SSN	Code*
		<input type="checkbox"/> Dependent 8: Check if child has a qualifying disability.

\*Dependent relationship code (see instructions).

- 6. Total number of additional dependents listed above. Enter the result here and include this number on line 6c of your Oregon return..... 6. 1
- 7. Total number of additional dependent children with a qualifying disability listed above. Enter the result here and include this number on line 6d of your Oregon return. .... 7.

**— You must include this schedule with your Oregon income tax return —**



TAXABLE YEAR

FORM

2023

California e-file Signature Authorization for Individuals

8879

Table with 2 columns: Name (Your name, Spouse's/RDP's name) and SSN/ITIN (Your SSN or ITIN, Spouse's/RDP's SSN or ITIN). Values include MUHAMMAD KHAN, FATIMA KHAN, 767-50-6693, and 488-83-0784.

Part I Tax Return Information (whole dollars only)

Table with 2 columns: Line number and Amount. Line 1: California adjusted gross income (AGI). Line 2: Amount you owe. Line 3: Refund or no amount due. Values include 0 and 501.

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

Under penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2023, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider, including my name, address, and social security number (SSN) or individual tax identification number (ITIN), and the amounts shown in Part I above agree with the information and amounts shown on the corresponding lines of my electronic income tax return. If applicable, I authorize an electronic funds withdrawal of the amount on line 2 and/or the estimated tax payments as shown on my return and on form FTB 8455, California e-file Payment Record for Individuals, or a comparable form. If applicable, I declare that direct deposit refund amount on line 3 agrees with the direct deposit authorization stated on my return. If I have filed a joint return, this is an irrevocable appointment of the other spouse/registered domestic partner (RDP) as an agent to authorize an electronic funds withdrawal or direct deposit. I authorize my ERO, transmitter, or intermediate service provider to transmit my complete return to the Franchise Tax Board (FTB). If the processing of my return or refund is delayed, I authorize the FTB to disclose to my ERO, intermediate service provider, and/or transmitter the reason(s) for the delay or the date when the refund was sent. If I am filing a balance due return, I understand that if the FTB does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I acknowledge that I have read and consent to the Electronic Funds Withdrawal Consent included on the copy of my electronic income tax return. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

- I authorize GLOBAL TAXES LLC to enter my PIN 0 6 6 9 3 as my signature on my 2023 e-filed California individual income tax return.
I will enter my PIN as my signature on my 2023 e-filed California individual income tax return. 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/RDP's PIN: check one box only

- I authorize GLOBAL TAXES LLC to enter my PIN 3 0 7 8 4 as my signature on my 2023 e-filed California individual income tax return.
I will enter my PIN as my signature on my 2023 e-filed California individual income tax return. 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/RDP's signature Date

Practitioner PIN Method Returns Only -- continue below

Part III Certification and Authentication — Practitioner PIN Method Only

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

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

Table with 11 cells containing the PIN: 2 2 2 4 9 6 6 1 9 8 9

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the 2023 California individual income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and FTB Pub. 1345, 2023 Handbook for Authorized e-file Providers.

ERO's signature Date

# California Nonresident or Part-Year Resident Income Tax Return

## 2023

## 540NR

APE

ATTACH FEDERAL RETURN

767-50-6693 KHAN 488-83-0784  
MUHAMMAD KHAN  
FATIMA KHAN

23 PBA 518210

15606 SW SNOWY OWL LANE  
BEAVERTON OR 97007

09-19-1971 10-28-1980

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

Filing Status

- 1  Single
- 2  Married/RDP filing jointly (even if only one spouse/RDP had income). See instructions.
- 3  Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here
- 4  Head of household (with qualifying person). See instructions.
- 5  Qualifying surviving spouse/RDP. Enter year spouse/RDP died.

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

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

Whole dollars only

Exemptions

- 7 **Personal:** If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2. If you checked the box on line 6, see instructions.  7  X \$144 =  \$
- 8 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2. See instructions.  8  X \$144 =  \$
- 9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2. See instructions.  9  X \$144 =  \$

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

	Dependent 1	Dependent 2	Dependent 3
First Name	<input type="radio"/> ROHA NAYYER	<input type="radio"/> ALIZAH NAYY	<input type="radio"/>
Last Name	<input type="radio"/> KHAN	<input type="radio"/> KHAN	<input type="radio"/> SEE STMT
SSN. See instructions.	<input type="radio"/> 767510881	<input type="radio"/> 818850827	<input type="radio"/>
Dependent's relationship to you	<input type="radio"/> DAUGHTER	<input type="radio"/> DAUGHTER	<input type="radio"/>

Total dependent exemptions  10  X \$446 =  \$

Your name: KHAN Your SSN or ITIN: 767-50-6693

11 Exemption amount: Add line 7 through line 10 11 \$ 2072

Table with 3 columns: Line number, Description, and Amount. Rows 12-19 under 'Total Taxable Income' section.

Table with 3 columns: Line number, Description, and Amount. Rows 31-42 under 'CA Taxable Income' section.

Table with 3 columns: Line number, Description, and Amount. Rows 50-55 under 'Special Credits' section.

REV 02/02/24 PRO

Your name:  Your SSN or ITIN:

**Special Credits**

58 Enter credit name  code  and amount... ● 58  .00

59 Enter credit name  code  and amount... ● 59  .00

60 To claim more than two credits, see instructions. Attach Schedule P (540NR) ..... ● 60  .00

61 Nonrefundable Renter's Credit. See instructions ..... ● 61  .00

62 Add line 50 and line 55 through line 61. These are your total credits..... ⓪ 62  .00

63 Subtract line 62 from line 42. If less than zero, enter -0- ..... ⓪ 63  .00

**Other Taxes**

71 Alternative Minimum Tax. Attach Schedule P (540NR)..... ● 71  .00

72 Mental Health Services Tax. See instructions ..... ● 72  .00

73 Other taxes and credit recapture. See instructions ..... ● 73  .00

74 Add line 63, line 71, line 72, and line 73. This is your total tax..... ● 74  .00

**Payments**

81 California income tax withheld. See instructions ..... ● 81  .00

82 2023 California estimated tax and other payments. See instructions ..... ● 82  .00

83 Withholding (Form 592-B and/or Form 593). See instructions..... ● 83  .00

84 Excess SDI (or VPMI) withheld. See instructions ..... ● 84  .00

85 Earned Income Tax Credit (EITC). See instructions ..... ● 85  .00

86 Young Child Tax Credit (YCTC). See instructions ..... ● 86  .00

87 Foster Youth Tax Credit (FYTC). See instructions ..... ● 87  .00

88 Add line 81 through line 87. These are your total payments. See instructions..... ⓪ 88  .00

**ISR Penalty**

91 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. .... ●

If you did not check the box, see instructions.

Individual Shared Responsibility (ISR) Penalty. See instructions ..... ● 91  .00

**Overpaid Tax/Tax Due**

92 Payments after Individual Shared Responsibility Penalty. If line 88 is more than line 91,  
subtract line 91 from line 88. .... ⓪ 92  .00

93 Individual Shared Responsibility Penalty Balance. If line 91 is more than line 88,  
subtract line 88 from line 91. .... ⓪ 93  .00

101 Overpaid tax. If line 92 is more than line 74, subtract line 74 from line 92..... ⓪ 101  .00

102 Amount of line 101 you want applied to your 2024 estimated tax ..... ● 102  .00

103 Overpaid tax available this year. Subtract line 102 from line 101 ..... ● 103  .00

Your name: KHAN

Your SSN or ITIN: 767-50-6693

104 Tax due. If line 92 is less than line 74, subtract line 92 from line 74 . . . . . 104 .00

		Code	Amount
<b>Contributions</b>	California Seniors Special Fund. See instructions . . . . .	● 400	.00
	Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund . . . . .	● 401	.00
	Rare and Endangered Species Preservation Voluntary Tax Contribution Program . . . . .	● 403	.00
	California Breast Cancer Research Voluntary Tax Contribution Fund . . . . .	● 405	.00
	California Firefighters' Memorial Voluntary Tax Contribution Fund . . . . .	● 406	.00
	Emergency Food for Families Voluntary Tax Contribution Fund . . . . .	● 407	.00
	California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund . . . . .	● 408	.00
	California Sea Otter Voluntary Tax Contribution Fund . . . . .	● 410	.00
	California Cancer Research Voluntary Tax Contribution Fund . . . . .	● 413	.00
	School Supplies for Homeless Children Voluntary Tax Contribution Fund . . . . .	● 422	.00
	State Parks Protection Fund/Parks Pass Purchase . . . . .	● 423	.00
	Protect Our Coast and Oceans Voluntary Tax Contribution Fund . . . . .	● 424	.00
	Keep Arts in Schools Voluntary Tax Contribution Fund . . . . .	● 425	.00
	California Senior Citizen Advocacy Voluntary Tax Contribution Fund . . . . .	● 438	.00
	Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund . . . . .	● 439	.00
Rape Kit Backlog Voluntary Tax Contribution Fund . . . . .	● 440	.00	
Suicide Prevention Voluntary Tax Contribution Fund . . . . .	● 444	.00	
Mental Health Crisis Prevention Voluntary Tax Contribution Fund . . . . .	● 445	.00	
<b>120</b> Add amounts in code 400 through code 445. This is your total contribution . . . . .	● 120	.00	

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Your name:  Your SSN or ITIN:

**Amount You Owe** 121 **AMOUNT YOU OWE.** Add line 93, line 104, and line 120. See instructions. **Do not send cash.**  
Mail to: **FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001.** . . . . ● 121  .00  
Pay Online – Go to **ftb.ca.gov/pay** for more information.

**Interest and Penalties** 122 Interest, late return penalties, and late payment penalties. . . . . 122  .00  
123 Underpayment of estimated tax.  
Check the box: ●  **FTB 5805 attached** ●  **FTB 5805F attached** . . . . . ● 123  .00  
124 Total amount due. See instructions. Enclose, but **do not** staple, any payment . . . . . 124  .00

**Refund and Direct Deposit** 125 **REFUND OR NO AMOUNT DUE.** Subtract line 120 from line 103. See instructions.  
Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001.** . . . . . ● 125  .00

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 125) is authorized for direct deposit into the account shown below:

● Routing number  ● Type  Checking  Savings ● Account number  ● 126 Direct deposit amount  .00

The remaining amount of my refund (line 125) is authorized for direct deposit into the account shown below:

● Routing number  ● Type  Checking  Savings ● Account number  ● 127 Direct deposit amount  .00

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

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

**Sign your tax return on Side 6**

Your name:  Your SSN or ITIN:

**IMPORTANT:** Attach a copy of your complete federal return.

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

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

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

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

# Sign Here

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

Joint tax return? See instructions.

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

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

Firm's address   Firm's FEIN

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

Print Third Party Designee's Name  Telephone Number

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# California Adjustments — Nonresidents or Part-Year Residents

## CA (540NR)

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

Name(s) as shown on tax return MUHAMMAD & FATIMA KHAN	SSN or ITIN 767506693
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**Part I Residency Information. Complete all lines that apply to you and your spouse/RDP for taxable year 2023.**

**During 2023:**

- 1 My California (CA) Residency (Check one)  
 a Myself:  Nonresident  Part-Year Resident  Resident  
 b Spouse:  Nonresident  Part-Year Resident  Resident

	Yourself	Spouse/RDP
2 a I was domiciled in (enter two letter code, see instructions) . . . . .	<input type="radio"/> O <input type="radio"/> R	<input type="radio"/> R <input type="radio"/> I
b I was in the military and stationed in (enter two letter code). . . . .	<input type="radio"/>	<input type="radio"/>
3 I became a CA resident (enter state of prior residence and date (mm/dd/yyyy) of move) . . . . .	<input type="radio"/> / /	<input type="radio"/> / /
4 I became a CA nonresident (enter new state of residence and date (mm/dd/yyyy) of move) . . . . .	<input type="radio"/> / /	<input type="radio"/> / /
5 I was a CA nonresident the entire year (enter state of residence). . . . .	<input type="radio"/> O <input type="radio"/> R	<input type="radio"/> O <input type="radio"/> R
6 The number of days I spent in CA for any purpose was: . . . . .	<input type="radio"/>	<input type="radio"/>
7 I owned a home/property in CA (enter Y for Yes, N for No) . . . . .	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N
8 <b>Before 2023:</b> I was a CA resident for the period of . . . . .	<input type="radio"/> / / -	<input type="radio"/> / / -

**Part II Income Adjustment Schedule**

Section A — Income from federal Form 1040 or 1040-SR	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions (difference between CA & federal law)	C Additions See instructions (difference between CA & federal law)	D Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	E CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
1 a Total amount from federal Form(s) W-2, box 1. See instructions . . . . . 1a	<input checked="" type="radio"/> 180168	<input type="radio"/>	<input type="radio"/> 7750	<input checked="" type="radio"/> 187918	<input checked="" type="radio"/> 0
b Household employee wages not reported on federal Form(s) W-2. . . . . 1b	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c Tip income not reported on line 1a. . . . . 1c	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d Medicaid waiver payments not reported on federal Form(s) W-2. See instructions . 1d	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e Taxable dependent care benefits from federal Form 2441, line 26 . . . . . 1e	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f Employer-provided adoption benefits from federal Form 8839, line 29 . . . . . 1f	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g Wages from federal Form 8919, line 6 . . . 1g	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h Other earned income. See instructions . . 1h	<input type="radio"/> 0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> 0	<input type="radio"/>
i Nontaxable combat pay election. See instructions . . . . . 1i	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
z Add line 1a through line 1i . . . . . 1z	<input checked="" type="radio"/> 180168	<input type="radio"/>	<input type="radio"/> 7750	<input checked="" type="radio"/> 187918	<input checked="" type="radio"/> 0
2 Taxable interest. a <input type="radio"/> . . . . . 2b	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3 Ordinary dividends. See instructions. a <input type="radio"/> . . . . . 3b	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4 IRA distributions. See instructions. a <input type="radio"/> . . . . . 4b	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5 Pensions and annuities. See instructions. a <input type="radio"/> 5494 . . . . . 5b	<input checked="" type="radio"/> 5494	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> 5494	<input checked="" type="radio"/> 0
6 Social security benefits. a <input type="radio"/> . . . . . 6b	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7 Capital gain or (loss). See instructions . . . 7	<input type="radio"/> -3000	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> -3000	<input checked="" type="radio"/> 0

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	A	B	C	D	E
<b>Section B — Additional Income</b> from federal Schedule 1 (Form 1040)	<b>Federal Amounts</b> (taxable amounts from your federal tax return)	<b>Subtractions</b> See instructions (difference between CA & federal law)	<b>Additions</b> See instructions (difference between CA & federal law)	<b>Total Amounts Using CA Law As If You Were a CA Resident</b> (subtract col. B from col. A; add col. C to the result)	<b>CA Amounts</b> (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
<b>1</b> Taxable refunds, credits, or offsets of state and local income taxes. . . . . <b>1</b>	<input type="radio"/>	<input type="radio"/>			
<b>2 a</b> Alimony received. See instructions. . . . . <b>2a</b>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>3</b> Business income or (loss). See instructions. . . . . <b>3</b>	<input type="radio"/> 0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> 0	<input type="radio"/>
<b>4</b> Other gains or (losses) . . . . . <b>4</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>5</b> Rental real estate, royalties, partnerships, S corporations, trusts, etc . . . . . <b>5</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>6</b> Farm income or (loss) . . . . . <b>6</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>7</b> Unemployment compensation . . . . . <b>7</b>	<input type="radio"/>	<input type="radio"/>			
<b>8</b> Other income:					
<b>a</b> Federal net operating loss. . . . . <b>8a</b>	<input type="radio"/> ( )		<input type="radio"/>		
<b>b</b> Gambling . . . . . <b>8b</b>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
<b>c</b> Cancellation of debt. . . . . <b>8c</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>d</b> Foreign earned income exclusion from federal Form 2555 . . . . . <b>8d</b>	<input type="radio"/> ( )		<input type="radio"/>		
<b>e</b> Income from federal Form 8853 . . . . . <b>8e</b>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>f</b> Income from federal Form 8889 . . . . . <b>8f</b>	<input type="radio"/>	<input type="radio"/>			
<b>g</b> Alaska Permanent Fund dividends . . . . . <b>8g</b>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
<b>h</b> Jury duty pay . . . . . <b>8h</b>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
<b>i</b> Prizes and awards. . . . . <b>8i</b>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
<b>j</b> Activity not engaged in for profit income . . . . . <b>8j</b>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
<b>k</b> Stock options . . . . . <b>8k</b>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>l</b> 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 . . . . . <b>8l</b>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
<b>m</b> Olympic and Paralympic medals and USOC prize money . . . . . <b>8m</b>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
<b>n</b> IRC Section 951(a) inclusion . . . . . <b>8n</b>	<input type="radio"/>	<input type="radio"/>			
<b>o</b> IRC Section 951A(a) inclusion . . . . . <b>8o</b>	<input type="radio"/>	<input type="radio"/>			
<b>p</b> IRC Section 461(l) excess business loss adjustment . . . . . <b>8p</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>q</b> Taxable distributions from an ABLE account. . . . . <b>8q</b>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
<b>r</b> Scholarship and fellowship grants not reported on federal Form(s) W-2. . . . . <b>8r</b>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
<b>s</b> Nontaxable amount of Medicaid waiver payments included on federal Form 1040, line 1a or line 1d . . . . . <b>8s</b>	<input type="radio"/> ( )			<input type="radio"/> ( )	<input type="radio"/> ( )
<b>t</b> Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental IRC Section 457 plan. . . . . <b>8t</b>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
<b>u</b> Wages earned while incarcerated . . . . . <b>8u</b>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
<b>z</b> Other income. List type and amount. <input type="radio"/> _____ <b>8z</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>9 a</b> Total other income. Add line 8a through line 8z . . . . . <b>9a</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>
<b>Section B — Additional Income</b> Continued	<b>Federal Amounts</b> (taxable amounts from your federal tax return)	<b>Subtractions</b> See instructions (difference between CA & federal law)	<b>Additions</b> See instructions (difference between CA & federal law)	<b>Total Amounts Using CA Law As If You Were a CA Resident</b> (subtract col. B from col. A; add col. C to the result)	<b>CA Amounts</b> (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
<b>b1</b> Disaster loss deduction from form FTB 3805V ..... <b>9b1</b>		<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
<b>b2</b> NOL deduction from form FTB 3805V ..... <b>9b2</b>		<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
<b>b3</b> NOL deduction from form FTB 3805Z, FTB 3807, or FTB 3809 .. <b>9b3</b>		<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
<b>10 Total.</b> Combine Section A, line 1z through line 7, and Section B, line 1 through line 7, line 9a and line 9b1 through line 9b3 (as applicable) in each column. See instructions. .... <b>10</b>	<input checked="" type="radio"/> 182662	<input type="radio"/>	<input type="radio"/> 7750	<input checked="" type="radio"/> 190412	<input checked="" type="radio"/> 0

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

<b>11</b> Educator expenses ..... <b>11</b>	<input checked="" type="radio"/>	<input type="radio"/>			
<b>12</b> Certain business expenses of reservists, performing artists, and fee-basis government officials ..... <b>12</b>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>13</b> Health savings account deduction. .... <b>13</b>	<input checked="" type="radio"/>	<input type="radio"/>			
<b>14</b> Moving expenses. Attach form FTB 3913. See instructions ..... <b>14</b>	<input checked="" type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>15</b> Deductible part of self-employment tax. See instructions. .... <b>15</b>	<input checked="" type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
<b>16</b> Self-employed SEP, SIMPLE, and qualified plans. .... <b>16</b>	<input checked="" type="radio"/>			<input type="radio"/>	<input type="radio"/>
<b>17</b> Self-employed health insurance deduction. See instructions. .... <b>17</b>	<input checked="" type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
<b>18</b> Penalty on early withdrawal of savings. . . . <b>18</b>	<input checked="" type="radio"/>			<input type="radio"/>	<input type="radio"/>
<b>19 a</b> Alimony paid. <b>b</b> Enter recipient's: SSN <input checked="" type="radio"/> _____ Last name <input checked="" type="radio"/> _____ <b>19a</b>	<input checked="" type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>20</b> IRA deduction ..... <b>20</b>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>21</b> Student loan interest deduction ..... <b>21</b>	<input checked="" type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>22</b> Reserved for future use ..... <b>22</b>					
<b>23</b> Archer MSA deduction ..... <b>23</b>	<input checked="" type="radio"/>			<input type="radio"/>	<input type="radio"/>
<b>24</b> Other adjustments:					
<b>a</b> Jury duty pay ..... <b>24a</b>	<input checked="" type="radio"/>			<input type="radio"/>	<input type="radio"/>
<b>b</b> Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit. .... <b>24b</b>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>c</b> Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m <b>24c</b>	<input checked="" type="radio"/>	<input type="radio"/>			
<b>d</b> Reforestation amortization and expenses. .... <b>24d</b>	<input checked="" type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
<b>e</b> Repayment of supplemental unemployment benefits under the federal Trade Act of 1974 ..... <b>24e</b>	<input checked="" type="radio"/>			<input type="radio"/>	<input type="radio"/>
<b>f</b> Contributions to IRC Section 501(c)(18)(D) pension plans . . <b>24f</b>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>g</b> Contributions by certain chaplains to IRC Section 403(b) plans ..... <b>24g</b>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>h</b> Attorney fees and court costs for actions involving certain unlawful discrimination claims ..... <b>24h</b>	<input checked="" type="radio"/>			<input type="radio"/>	<input type="radio"/>

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Section C — Adjustments to Income Continued		A	B	C	D	E
		Federal Amounts (taxable amounts from your federal tax return)	Subtractions See instructions (difference between CA & federal law)	Additions See instructions (difference between CA & federal law)	Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations . . . . . 24i	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
j	Housing deduction from federal Form 2555 . . . . . 24j	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
k	Excess deductions of IRC Section 67(e) expenses from federal Schedule K-1 (Form 1041) . . . . . 24k	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
z	Other adjustments. List type and amount.  <input checked="" type="radio"/> _____ 24z	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
25	Total other adjustments. Add line 24a through line 24z. . . . . 25	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
26	Add line 11 through line 23 and line 25 in each column, A through E . . . . . 26	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
27	Total. Subtract line 26 from line 10 in each column, A through E. See instructions. . . . 27	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
		182662		7750	190412	0

**Part III Adjustments to Federal Itemized Deductions**

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

<b>A</b> Federal Amounts (from federal Schedule A (Form 1040))	<b>B</b> Subtractions See instructions	<b>C</b> Additions See instructions
--	---	--

**Medical and Dental Expenses** See instructions.

1	Medical and dental expenses . . . . . <input checked="" type="radio"/>	1			
2	Enter amount from federal Form 1040 or 1040-SR, line 11 . . . . . <input checked="" type="radio"/>	182662	2		
3	Multiply line 2 by 7.5% (0.075) . . . . . <input checked="" type="radio"/>	13700	3		
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter 0. . . . . <input checked="" type="radio"/>		4	<input checked="" type="radio"/>	<input checked="" type="radio"/>

**Taxes You Paid**

5a	State and local income tax or general sales taxes. . . . . <input checked="" type="radio"/>	15108	5a	<input checked="" type="radio"/>	15108	
5b	State and local real estate taxes . . . . . <input checked="" type="radio"/>		5b	<input checked="" type="radio"/>		
5c	State and local personal property taxes . . . . . <input checked="" type="radio"/>		5c	<input checked="" type="radio"/>		
5d	Add line 5a through line 5c. . . . . <input checked="" type="radio"/>	15108	5d	<input checked="" type="radio"/>		
5e	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. . . . . <input checked="" type="radio"/>	10000	5e	<input checked="" type="radio"/>	15108	<input checked="" type="radio"/>
6	Other taxes. List type <input checked="" type="radio"/> . . . . . <input checked="" type="radio"/>		6	<input checked="" type="radio"/>		<input checked="" type="radio"/>
7	Add line 5e and line 6. . . . . <input checked="" type="radio"/>	10000	7	<input checked="" type="radio"/>	15108	<input checked="" type="radio"/>

**Interest You Paid**

8a	Home mortgage interest and points reported to you on federal Form 1098. . . . . <input checked="" type="radio"/>		8a	<input checked="" type="radio"/>		<input checked="" type="radio"/>
8b	Home mortgage interest not reported to you on federal Form 1098. . . . . <input checked="" type="radio"/>		8b	<input checked="" type="radio"/>		<input checked="" type="radio"/>
8c	Points not reported to you on federal Form 1098. . . . . <input checked="" type="radio"/>		8c	<input checked="" type="radio"/>		<input checked="" type="radio"/>
8d	Reserved for future use . . . . . <input checked="" type="radio"/>		8d	<input checked="" type="radio"/>		<input checked="" type="radio"/>
8e	Add line 8a through line 8c. . . . . <input checked="" type="radio"/>		8e	<input checked="" type="radio"/>		<input checked="" type="radio"/>
9	Investment interest. . . . . <input checked="" type="radio"/>		9	<input checked="" type="radio"/>		<input checked="" type="radio"/>
10	Add line 8e and line 9. . . . . <input checked="" type="radio"/>		10	<input checked="" type="radio"/>		<input checked="" type="radio"/>

**Gifts to Charity**

11	Gifts by cash or check . . . . . <input checked="" type="radio"/>	5313	11	<input checked="" type="radio"/>		<input checked="" type="radio"/>
12	Other than by cash or check. . . . . <input checked="" type="radio"/>		12	<input checked="" type="radio"/>		<input checked="" type="radio"/>
13	Carryover from prior year. . . . . <input checked="" type="radio"/>		13	<input checked="" type="radio"/>		<input checked="" type="radio"/>
14	Add line 11 through line 13 . . . . . <input checked="" type="radio"/>	5313	14	<input checked="" type="radio"/>		<input checked="" type="radio"/>

<b>Part III Adjustments to Federal Itemized Deductions</b> Continued	<b>A Federal Amounts</b> <small>(from federal Schedule A Form 1040)</small>	<b>B Subtractions</b> <small>See instructions</small>	<b>C Additions</b> <small>See instructions</small>
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**Casualty and Theft Losses**

**15** Casualty or theft loss(es) (other than net qualified disaster losses).  
Attach federal Form 4684. See instructions. . . . . **15**

**Other Itemized Deductions**

**16** Other—from list in federal instructions. . . . . **16**

**17** Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C. . . . . **17**  15313  15108  5108

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

**Job Expenses and Certain Miscellaneous Deductions**

**19** Unreimbursed employee expenses: job travel, union dues, job education, etc.  
Attach federal Form 2106 if required. See instructions. . . . .  **19**

**20** Tax preparation fees. . . . .  **20**

**21** Other expenses: investment, safe deposit box, etc. List type   **21**

**22** Add line 19 through line 21. . . . .  **22**

**23** Enter amount from federal Form 1040 or 1040-SR, line 11  182662

**24** Multiply line 23 by 2% (0.02). If less than zero, enter 0. . . . .  **24**

**25** Subtract line 24 from line 22. If line 24 is more than line 22, enter 0. . . . .  **25**

**26 Total Itemized Deductions.** Add line 18 and line 25. . . . .  **26**

**27** Other adjustments. See instructions. Specify.   **27**

**28** Combine line 26 and line 27. . . . .  **28**

**29 Is your federal AGI (Form 540NR, line 13) more than the amount shown below for your filing status?**

Single or married/RDP filing separately . . . . . **\$237,035**

Head of household . . . . . **\$355,558**

Married/RDP filing jointly or qualifying surviving spouse/RDP. . . . . **\$474,075**

**No.** Transfer the amount on line 28 to line 29.

**Yes.** Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540NR), line 29. . . . .  **29**

**30 Enter the larger of the amount on line 29 or your standard deduction shown below:**

Single or married/RDP filing separately. See instructions. . . . . **\$5,363**

Married/RDP filing jointly, head of household, or qualifying surviving spouse/RDP. . . . . **\$10,726**  **30**

**Part IV California Taxable Income**

**1 California AGI.** Enter your California AGI from Part II, line 27, column E. . . . .  **1**

**2** Enter your deductions from line 30. . . . .  **2**

**3 Deduction Percentage.** Divide Part II, line 27, column E by Part II, line 27, column D. Carry the decimal to four places. If the result is greater than 1.0000, enter 1.0000. If less than zero, enter -0-. . . . .  **3**

**4 California Itemized/Standard Deductions.** Multiply line 2 by the percentage on line 3. . . . .  **4**

**5 California Taxable Income.** Subtract line 4 from line 1. Transfer this amount to Form 540NR, line 35. If less than zero, enter -0-. . . . .  **5**

REV 02/02/24 PRO

# 2023 Passive Activity Loss Limitations

# 3801

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

Name(s) as shown on tax return MUHAMMAD & FATIMA KHAN	SSN, ITIN, FEIN, or CA corporation no. 767506693
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### Part I 2023 Passive Activity Loss

See the instructions for Part IV and Part VI for federal Form 8582, Passive Activity Loss Limitations, before completing Part I.  
Be sure to use California amounts.

#### Rental Real Estate Activities with Active Participation

1a Activities with net income from Part IV, column (a) . . . . .	<input checked="" type="radio"/>	1a		00	
1b Activities with net loss from Part IV, column (b) . . . . .	<input checked="" type="radio"/>	1b	( )	00	
1c Prior year unallowed losses from Part IV, column (c) . . . . .	<input checked="" type="radio"/>	1c	( )	00	
1d Combine line 1a, line 1b, and line 1c . . . . .	<input checked="" type="radio"/>	1d		00	

#### All Other Passive Activities

2a Activities with net income from Part V, column (a) . . . . .	<input checked="" type="radio"/>	2a	0	00	
2b Activities with net loss from Part V, column (b) . . . . .	<input checked="" type="radio"/>	2b	( -58809 )	00	
2c Prior year unallowed losses from Part V, column (c) . . . . .	<input checked="" type="radio"/>	2c	( )	00	
2d Combine line 2a, line 2b, and line 2c . . . . .	<input checked="" type="radio"/>	2d		-58809	00
3 Combine line 1d and line 2d. If the result is net income or zero, see the instructions for line 3. If line 3 and line 1d are losses, go to line 4. Otherwise, enter -0- on line 9 and go to line 10. See instructions. . . . .	<input checked="" type="radio"/>	3		-58809	00

### Part II Special Allowance for Rental Real Estate Activities with Active Participation

Enter all numbers in Part II as positive amounts. See instructions.

4 Enter the smaller of losses from line 1d or line 3 . . . . .	<input checked="" type="radio"/>	4			00
5 Enter \$150,000. If married/RDP filing a separate tax return, see instructions. . . . .	<input checked="" type="radio"/>	5			00
6 Enter federal modified adjusted gross income, but not less than zero. See instructions. If line 6 is greater than or equal to line 5, skip line 7 and line 8, enter -0- on line 9, and then go to line 10. Otherwise, go to line 7 . . . . .	<input checked="" type="radio"/>	6			00
7 Subtract line 6 from line 5 . . . . .	<input checked="" type="radio"/>	7			00
8 Multiply line 7 by 50% (.50). Do not enter more than \$25,000 . . . . .	<input checked="" type="radio"/>	8			00
9 Enter the smaller of line 4 or line 8 . . . . .	<input checked="" type="radio"/>	9		0	00

### Part III Total Losses Allowed

10 Add the income, if any, from line 1a and line 2a and enter the total. . . . .	<input checked="" type="radio"/>	10		0	00
11 Total losses allowed from all passive activities for 2023. Add line 9 and line 10. . . . . See the instructions on Page 2 to find out how to report the losses on your tax return.	<input checked="" type="radio"/>	11		0	00

REV 02/02/24 PRO



# Health Coverage Exemptions and Individual Shared Responsibility Penalty

**2023**

**3853**

Attach to your California Form 540, Form 540NR, or Form 540 2EZ.

Name(s) as shown on your California tax return

MUHAMMAD & FATIMA KHAN

SSN or ITIN

767-50-6693

**Part I Applicable Household Members.** List all members of your applicable household whether or not they have an exemption or an Exemption Certificate Number (ECN) granted by the Marketplace. See instructions.

1	First Name <input checked="" type="radio"/> MUHAMMAD	Initial <input checked="" type="radio"/>	SSN <input checked="" type="radio"/> 767-50-6693	Date of Birth (mm/dd/yyyy) <input checked="" type="radio"/> 09/19/1971	Modified AGI <input checked="" type="radio"/> 190,412.
	Last Name <input checked="" type="radio"/> KHAN	ECN 1 <input checked="" type="radio"/>		ECN 2 <input checked="" type="radio"/>	ECN 3 <input checked="" type="radio"/>
2	First Name <input checked="" type="radio"/> FATIMA	Initial <input checked="" type="radio"/>	SSN <input checked="" type="radio"/> 488-83-0784	Date of Birth (mm/dd/yyyy) <input checked="" type="radio"/> 10/28/1980	Modified AGI <input checked="" type="radio"/> 0.
	Last Name <input checked="" type="radio"/> KHAN	ECN 1 <input checked="" type="radio"/>		ECN 2 <input checked="" type="radio"/>	ECN 3 <input checked="" type="radio"/>
3	First Name <input checked="" type="radio"/> ROHA NAYYER	Initial <input checked="" type="radio"/>	SSN <input checked="" type="radio"/> 767-51-0881	Date of Birth (mm/dd/yyyy) <input checked="" type="radio"/> 03/07/2004	Modified AGI <input checked="" type="radio"/> 0.
	Last Name <input checked="" type="radio"/> KHAN	ECN 1 <input checked="" type="radio"/>		ECN 2 <input checked="" type="radio"/>	ECN 3 <input checked="" type="radio"/>
4	First Name <input checked="" type="radio"/> ALIZAH NAYYER	Initial <input checked="" type="radio"/>	SSN <input checked="" type="radio"/> 818-85-0827	Date of Birth (mm/dd/yyyy) <input checked="" type="radio"/> 09/23/2005	Modified AGI <input checked="" type="radio"/> 0.
	Last Name <input checked="" type="radio"/> KHAN	ECN 1 <input checked="" type="radio"/>		ECN 2 <input checked="" type="radio"/>	ECN 3 <input checked="" type="radio"/>
5	First Name <input checked="" type="radio"/> ARHAM MUHAMMAD	Initial <input checked="" type="radio"/>	SSN <input checked="" type="radio"/> 499-65-3317	Date of Birth (mm/dd/yyyy) <input checked="" type="radio"/> 12/24/2007	Modified AGI <input checked="" type="radio"/> 0.
	Last Name <input checked="" type="radio"/> KHAN	ECN 1 <input checked="" type="radio"/>		ECN 2 <input checked="" type="radio"/>	ECN 3 <input checked="" type="radio"/>
6	First Name <input checked="" type="radio"/> RAAHIM MUHAMMAD	Initial <input checked="" type="radio"/>	SSN <input checked="" type="radio"/> 882-04-6790	Date of Birth (mm/dd/yyyy) <input checked="" type="radio"/> 01/28/2012	Modified AGI <input checked="" type="radio"/> 0.
	Last Name <input checked="" type="radio"/> KHAN	ECN 1 <input checked="" type="radio"/>		ECN 2 <input checked="" type="radio"/>	ECN 3 <input checked="" type="radio"/>
7	First Name <input type="radio"/>	Initial <input type="radio"/>	SSN <input type="radio"/>	Date of Birth (mm/dd/yyyy) <input type="radio"/>	Modified AGI <input type="radio"/>
	Last Name <input type="radio"/>	ECN 1 <input type="radio"/>		ECN 2 <input type="radio"/>	ECN 3 <input type="radio"/>
8	First Name <input type="radio"/>	Initial <input type="radio"/>	SSN <input type="radio"/>	Date of Birth (mm/dd/yyyy) <input type="radio"/>	Modified AGI <input type="radio"/>
	Last Name <input type="radio"/>	ECN 1 <input type="radio"/>		ECN 2 <input type="radio"/>	ECN 3 <input type="radio"/>
9	First Name <input type="radio"/>	Initial <input type="radio"/>	SSN <input type="radio"/>	Date of Birth (mm/dd/yyyy) <input type="radio"/>	Modified AGI <input type="radio"/>
	Last Name <input type="radio"/>	ECN 1 <input type="radio"/>		ECN 2 <input type="radio"/>	ECN 3 <input type="radio"/>
10	First Name <input type="radio"/>	Initial <input type="radio"/>	SSN <input type="radio"/>	Date of Birth (mm/dd/yyyy) <input type="radio"/>	Modified AGI <input type="radio"/>
	Last Name <input type="radio"/>	ECN 1 <input type="radio"/>		ECN 2 <input type="radio"/>	ECN 3 <input type="radio"/>
11	First Name <input type="radio"/>	Initial <input type="radio"/>	SSN <input type="radio"/>	Date of Birth (mm/dd/yyyy) <input type="radio"/>	Modified AGI <input type="radio"/>
	Last Name <input type="radio"/>	ECN 1 <input type="radio"/>		ECN 2 <input type="radio"/>	ECN 3 <input type="radio"/>
12	First Name <input type="radio"/>	Initial <input type="radio"/>	SSN <input type="radio"/>	Date of Birth (mm/dd/yyyy) <input type="radio"/>	Modified AGI <input type="radio"/>
	Last Name <input type="radio"/>	ECN 1 <input type="radio"/>		ECN 2 <input type="radio"/>	ECN 3 <input type="radio"/>

**Part II Coverage Exemption Claimed on Your Tax Return for Your Household**

REV 02/02/24 PRO

1 If you are claiming a coverage exemption because your applicable household income or gross income is below the filing threshold, check the box here. See instructions. . . . .

**Part III Coverage and Exemptions Claimed on Your Tax Return for Individuals.** If you and/or a member of your applicable household are reporting any coverage or are claiming exemptions for the tax year, complete Part III. See instructions.

**Coverage and Exemption Codes**

		(a) Full-year	(b) Jan	(c) Feb	(d) Mar	(e) Apr	(f) May	(g) June	(h) July	(i) Aug	(j) Sept	(k) Oct	(l) Nov	(m) Dec
1	First Name <input checked="" type="radio"/> MUHAMMAD	<input checked="" type="radio"/> E	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
	Initial <input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
	Last Name <input checked="" type="radio"/> KHAN		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
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2	First Name <input checked="" type="radio"/> FATIMA	<input checked="" type="radio"/> E	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
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3	First Name <input checked="" type="radio"/> ROHA NAYYER	<input checked="" type="radio"/> E	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
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4	First Name <input checked="" type="radio"/> ALIZAH NAYYER	<input checked="" type="radio"/> E	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
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5	First Name <input checked="" type="radio"/> ARHAM MUHAMMAD	<input checked="" type="radio"/> E	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
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6	First Name <input checked="" type="radio"/> RAAHIM MUHAMMAD	<input checked="" type="radio"/> E	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
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7	First Name <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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8	First Name <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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	Last Name <input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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9	First Name <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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	Last Name <input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10	First Name <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Initial <input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Last Name <input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11	First Name <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Initial <input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Last Name <input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12	First Name <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Initial <input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Last Name <input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Part IV Individual Shared Responsibility Penalty**

1 Your Individual Shared Responsibility Penalty. Enter on Form 540, line 92; Form 540NR, line 91; or Form 540 2EZ, line 27.  
See instructions ..... ● 1 \_\_\_\_\_ 0.

Name as Shown on Return <b>MUHAMMAD &amp; FATIMA KHAN</b>	Social Security No. <b>767-50-6693</b>
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**Line 1a – Wages, Salaries, Tips, Etc.**

	(B) Subtractions	(C) Additions
1 Excess reimbursements from Form 2106 included in wage income . . . . .		
2 Active duty military pay . . . . .		
3 HSA employer contributions . . . . .		7750
4 Paid Family Leave Insurance (PFL) benefits . . . . . I confirm that the PFL amount above is accurate <input type="checkbox"/>		
5 Excess moving reimbursements . . . . .		
 Total adjustments to wages, salaries, tips, etc. Enter here and on Schedule CA (540/540NR), line 1a . . . . .		7750

**Line 1h – Wages, Salaries, Tips, Etc.**

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

**Line 4 – IRA, Pensions, and Annuities**

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



**California Passive Activity Worksheet (See General Instructions for Step 1.)**

Use this worksheet to figure California income (loss) from passive activities **before** application of passive activity loss (PAL) rules.

(a) Passive Activity Enter a description of the activity	(b) Federal Schedule Enter the name of the federal form or schedule on which you reported the activity	(c) California Schedule Enter the name of the California form or schedule, if any, used to calculate the California adjustment	(d) Federal Amount Enter your current year federal net income (loss) before application of the PAL rules	(e) California Adjustment Enter any adjustment resulting from differences in federal and California law	(f) California Amount Combine column (d) and column (e)
AL-MUBDI ENTERPRISES LLC	SCH C	N/A	-58809	0	-58809

**California Adjustment Worksheets (See General Instructions for Step 4.)**

Use these worksheets to figure your California adjustments **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:
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(a) Schedule C Activities	(b) Passive or Nonpassive	(c) California Amount	(d) Federal Amount	(e) California Adjustment
				If the amount below is <b>positive</b> , transfer the amount to Sch. CA (540), Part I or Sch. CA (540NR), Part II, Section B, line 3, column C.
				If the amount below is <b>negative</b> , transfer the amount to Sch. CA (540), Part I or Sch. CA (540NR), Part II, Section B, (as a positive amount) line 3, column B.
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 <b>positive</b> , 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 <b>negative</b> , transfer the amount to Sch. CA (540), Part I or Sch. CA (540NR), Part II, Section B, (as a positive amount) line 5, column B.
Total .....		2(c)	2(d)**	2(e)

(a) Schedule F Activities	(b) Passive or Nonpassive	(c) California Amount	(d) Federal Amount	(e) California Adjustment
				If the amount below is <b>positive</b> , transfer the amount to Sch. CA (540), Part I or Sch. CA (540NR), Part II, Section B, line 6, column C.
				If the amount below is <b>negative</b> , transfer the amount to Sch. CA (540), Part I or Sch. CA (540NR), Part II, Section B, (as a positive amount) line 6, column B.
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 3, column A.  
 \*\* 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 5, column A.  
 \*\*\* 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.

## Additional Information From 2023 California Tax Return

Form 540NR: Nonresident or Part-Year Resident Income Tax Return

Dependent Information

Continuation Statement

First Name	Last Name	Relationship	SSN
ARHAM MUHAM	KHAN	SON	499653317
RAAHIM MUHA	KHAN	SON	882046790