

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

Your first name and middle initial RANJITH KUMAR Last name CHEERLA Your social security number 046 23 2302

If joint return, spouse's first name and middle initial Last name Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Presidential Election Campaign

City, town, or post office. If you have a foreign address, also complete spaces below. State CA ZIP code 94596 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.

Foreign country name Foreign province/state/county Foreign postal code You Spouse

Filing Status [X] Single [ ] Head of household (HOH) [ ] Married filing jointly [ ] Married filing separately (MFS) [ ] Qualifying surviving spouse (QSS)

Digital Assets At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? [ ] Yes [X] No

Standard Deduction Someone can claim: [ ] You as a dependent [ ] Your spouse as a dependent [ ] Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: [ ] Were born before January 2, 1959 [ ] Are blind Spouse: [ ] Was born before January 2, 1959 [ ] Is blind

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

Income section table with rows 1a through 1z and 2a through 2z, including taxable interest, dividends, and total income.

Attach Sch. B if required.

Standard Deduction for— Single or Married filing separately, \$13,850 Married filing jointly or Qualifying surviving spouse, \$27,700 Head of household, \$20,800

|                        |  |  |           |        |
|------------------------|--|--|-----------|--------|
| <b>Tax and Credits</b> | <b>16</b>  | <b>Tax</b> (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____ | <b>16</b> | 9,085. |
|                        | <b>17</b>  | Amount from Schedule 2, line 3   | <b>17</b> |        |
|                        | <b>18</b>  | Add lines 16 and 17  | <b>18</b> | 9,085. |
|                        | <b>19</b>  | Child tax credit or credit for other dependents from Schedule 8812   | <b>19</b> |        |
|                        | <b>20</b>  | Amount from Schedule 3, line 8   | <b>20</b> | 7,500. |
|                        | <b>21</b>  | Add lines 19 and 20  | <b>21</b> | 7,500. |
|                        | <b>22</b>  | Subtract line 21 from line 18. If zero or less, enter -0-  | <b>22</b> | 1,585. |
|                        | <b>23</b>  | Other taxes, including self-employment tax, from Schedule 2, line 21   | <b>23</b> | 0.     |
| <b>24</b>              | Add lines 22 and 23. This is your <b>total tax</b> | <b>24</b>  | 1,585.    |        |

|                 |   |   |            |        |
|-----------------|---|---|------------|--------|
| <b>Payments</b> | <b>25</b>   | Federal income tax withheld from:                               |            |        |
|                 | <b>a</b>  | Form(s) W-2   | <b>25a</b> | 7,592. |
|                 | <b>b</b>  | Form(s) 1099  | <b>25b</b> |        |
|                 | <b>c</b>  | Other forms (see instructions)                                  | <b>25c</b> |        |
|                 | <b>d</b>  | Add lines 25a through 25c                                       | <b>25d</b> | 7,592. |
|                 | <b>26</b>   | 2023 estimated tax payments and amount applied from 2022 return | <b>26</b>  |        |
|                 | <b>27</b>   | Earned income credit (EIC) <input type="checkbox"/> NO          | <b>27</b>  |        |
|                 | <b>28</b>   | Additional child tax credit from Schedule 8812                  | <b>28</b>  |        |
|                 | <b>29</b>   | American opportunity credit from Form 8863, line 8              | <b>29</b>  |        |
|                 | <b>30</b>   | Reserved for future use   | <b>30</b>  |        |
| <b>31</b>       | Amount from Schedule 3, line 15   | <b>31</b>   |            |        |
| <b>32</b>       | Add lines 27, 28, 29, and 31. These are your <b>total other payments and refundable credits</b> | <b>32</b>   |            |        |
| <b>33</b>       | Add lines 25d, 26, and 32. These are your <b>total payments</b>                                 | <b>33</b>   | 7,592.     |        |

|               |  |   |            |        |
|---------------|--|---|------------|--------|
| <b>Refund</b> | <b>34</b>  | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>                        | <b>34</b>  | 6,007. |
|               | <b>35a</b>   | Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>             | <b>35a</b> | 6,007. |
|               | <b>b</b>   | Routing number 1 2 1 0 4 2 8 8 2 <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings |            |        |
|               | <b>d</b>   | Account number 6 8 4 3 5 8 3 8 4 7  |            |        |
| <b>36</b>     | Amount of line 34 you want <b>applied to your 2024 estimated tax</b> | <b>36</b>   |            |        |

|                       |           |   |           |  |
|-----------------------|-----------|---|-----------|--|
| <b>Amount You Owe</b> | <b>37</b> | Subtract line 33 from line 24. This is the <b>amount you owe</b> .<br>For details on how to pay, go to <a href="http://www.irs.gov/Payments">www.irs.gov/Payments</a> or see instructions | <b>37</b> |  |
|                       | <b>38</b> | Estimated tax penalty (see instructions)  | <b>38</b> |  |

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

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

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

|   |  |                                      |   |
|---|--|--------------------------------------|---|
| Your signature  | Date                                   | Your occupation<br>SOFTWARE ENGINEER | If the IRS sent you an Identity Protection PIN, enter it here (see inst.)         |
| Spouse's signature. If a joint return, <b>both</b> must sign. | Date                                   | Spouse's occupation                  | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) |
| Phone no. (925) 430-8241                                      | Email address CHEERLARANJITH@GMAIL.COM |                                      |   |

**Paid Preparer Use Only**

|   |  |                    |                   |   |
|---|--|--------------------|-------------------|---|
| Preparer's name<br>SYAM PRIYA RAM SAGAR GUPTA | Preparer's signature<br>SYAM PRIYA RAM SAGAR GUPTA   | Date<br>03/18/2024 | PTIN<br>P02082703 | Check if:<br><input type="checkbox"/> Self-employed |
| Firm's name<br>GLOBAL TAXES LLC               | Firm's address<br>245 ROONEY CT E BRUNSWICK NJ 08816 |                    |                   | Phone no. (678) 965-9522                            |
| Firm's EIN                                    |  |                    |                   |   |

**SCHEDULE 1  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

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

Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2023**

Attachment  
Sequence No. **01**

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

RANJITH KUMAR CHEERLA

Your social security number

046-23-2302

**Part I Additional Income**

|           |   |               |           |          |
|-----------|---|---------------|-----------|----------|
| <b>1</b>  | Taxable refunds, credits, or offsets of state and local income taxes . . . . .  |               | <b>1</b>  |          |
| <b>2a</b> | Alimony received . . . . .  |               | <b>2a</b> |          |
| <b>b</b>  | Date of original divorce or separation agreement (see instructions): _____  |               |           |          |
| <b>3</b>  | Business income or (loss). Attach Schedule C . . . . .  |               | <b>3</b>  |          |
| <b>4</b>  | Other gains or (losses). Attach Form 4797 . . . . .   |               | <b>4</b>  |          |
| <b>5</b>  | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .   |               | <b>5</b>  | -14,572. |
| <b>6</b>  | Farm income or (loss). Attach Schedule F . . . . .  |               | <b>6</b>  |          |
| <b>7</b>  | Unemployment compensation . . . . .   |               | <b>7</b>  |          |
| <b>8</b>  | Other income:   |               |           |          |
| <b>a</b>  | Net operating loss . . . . .  | <b>8a</b> ( ) |           |          |
| <b>b</b>  | Gambling . . . . .  | <b>8b</b>     |           |          |
| <b>c</b>  | Cancellation of debt . . . . .  | <b>8c</b>     |           |          |
| <b>d</b>  | Foreign earned income exclusion from Form 2555 . . . . .  | <b>8d</b> ( ) |           |          |
| <b>e</b>  | Income from Form 8853 . . . . .   | <b>8e</b>     |           |          |
| <b>f</b>  | Income from Form 8889 . . . . .   | <b>8f</b>     |           |          |
| <b>g</b>  | Alaska Permanent Fund dividends . . . . .   | <b>8g</b>     |           |          |
| <b>h</b>  | Jury duty pay . . . . .   | <b>8h</b>     |           |          |
| <b>i</b>  | Prizes and awards . . . . .   | <b>8i</b>     |           |          |
| <b>j</b>  | Activity not engaged in for profit income . . . . .   | <b>8j</b>     |           |          |
| <b>k</b>  | Stock options . . . . .   | <b>8k</b>     |           |          |
| <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>     |           |          |
| <b>m</b>  | Olympic and Paralympic medals and USOC prize money (see instructions) . . . . .   | <b>8m</b>     |           |          |
| <b>n</b>  | Section 951(a) inclusion (see instructions) . . . . .   | <b>8n</b>     |           |          |
| <b>o</b>  | Section 951A(a) inclusion (see instructions) . . . . .  | <b>8o</b>     |           |          |
| <b>p</b>  | Section 461(l) excess business loss adjustment . . . . .  | <b>8p</b>     |           |          |
| <b>q</b>  | Taxable distributions from an ABL account (see instructions) . . . . .  | <b>8q</b>     |           |          |
| <b>r</b>  | Scholarship and fellowship grants not reported on Form W-2 . . . . .  | <b>8r</b>     |           |          |
| <b>s</b>  | Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d . . . . .  | <b>8s</b> ( ) |           |          |
| <b>t</b>  | Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan . . . . .                                   | <b>8t</b>     |           |          |
| <b>u</b>  | Wages earned while incarcerated . . . . .   | <b>8u</b>     |           |          |
| <b>z</b>  | Other income. List type and amount: _____   | <b>8z</b>     |           |          |
| <b>9</b>  | Total other income. Add lines 8a through 8z . . . . .   |               | <b>9</b>  |          |
| <b>10</b> | Combine lines 1 through 7 and 9. This is your <b>additional income</b> . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 . . . . .         |               | <b>10</b> | -14,572. |

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

Schedule 1 (Form 1040) 2023

**Part II Adjustments to Income**

|            |  |            |            |
|------------|--|------------|------------|
| <b>11</b>  | Educator expenses . . . . .  |            | <b>11</b>  |
| <b>12</b>  | Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .  |            | <b>12</b>  |
| <b>13</b>  | Health savings account deduction. Attach Form 8889 . . . . .   |            | <b>13</b>  |
| <b>14</b>  | Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .  |            | <b>14</b>  |
| <b>15</b>  | Deductible part of self-employment tax. Attach Schedule SE . . . . .   |            | <b>15</b>  |
| <b>16</b>  | Self-employed SEP, SIMPLE, and qualified plans . . . . .   |            | <b>16</b>  |
| <b>17</b>  | Self-employed health insurance deduction . . . . .   |            | <b>17</b>  |
| <b>18</b>  | Penalty on early withdrawal of savings . . . . .   |            | <b>18</b>  |
| <b>19a</b> | Alimony paid . . . . .   |            | <b>19a</b> |
| <b>b</b>   | Recipient's SSN . . . . .  |            |            |
| <b>c</b>   | Date of original divorce or separation agreement (see instructions): _____   |            |            |
| <b>20</b>  | IRA deduction . . . . .  |            | <b>20</b>  |
| <b>21</b>  | Student loan interest deduction . . . . .  |            | <b>21</b>  |
| <b>22</b>  | Reserved for future use . . . . .  |            | <b>22</b>  |
| <b>23</b>  | Archer MSA deduction . . . . .   |            | <b>23</b>  |
| <b>24</b>  | Other adjustments:   |            |            |
| <b>a</b>   | Jury duty pay (see instructions) . . . . .   | <b>24a</b> |            |
| <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> |            |
| <b>c</b>   | Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m . . . . .   | <b>24c</b> |            |
| <b>d</b>   | Reforestation amortization and expenses . . . . .  | <b>24d</b> |            |
| <b>e</b>   | Repayment of supplemental unemployment benefits under the Trade Act of 1974 . . . . .  | <b>24e</b> |            |
| <b>f</b>   | Contributions to section 501(c)(18)(D) pension plans . . . . .   | <b>24f</b> |            |
| <b>g</b>   | Contributions by certain chaplains to section 403(b) plans . . . . .   | <b>24g</b> |            |
| <b>h</b>   | Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) . . . . .  | <b>24h</b> |            |
| <b>i</b>   | 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 . . . . . | <b>24i</b> |            |
| <b>j</b>   | Housing deduction from Form 2555 . . . . .   | <b>24j</b> |            |
| <b>k</b>   | Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) . . . . .  | <b>24k</b> |            |
| <b>z</b>   | Other adjustments. List type and amount: _____   | <b>24z</b> |            |
| <b>25</b>  | Total other adjustments. Add lines 24a through 24z . . . . .   |            | <b>25</b>  |
| <b>26</b>  | Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10 . . . . .                    |            | <b>26</b>  |

**SCHEDULE 3  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Credits and Payments**

Attach to Form 1040, 1040-SR, or 1040-NR.  
Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2023**  
Attachment  
Sequence No. **03**

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

Your social security number  
046-23-2302

**Part I Nonrefundable Credits**

|           |   |           |        |
|-----------|---|-----------|--------|
| <b>1</b>  | Foreign tax credit. Attach Form 1116 if required . . . . .  | <b>1</b>  |        |
| <b>2</b>  | Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441 . . . . .          | <b>2</b>  |        |
| <b>3</b>  | Education credits from Form 8863, line 19 . . . . .   | <b>3</b>  |        |
| <b>4</b>  | Retirement savings contributions credit. Attach Form 8880 . . . . .                                       | <b>4</b>  |        |
| <b>5a</b> | Residential clean energy credit from Form 5695, line 15 . . . . .   | <b>5a</b> |        |
| <b>b</b>  | Energy efficient home improvement credit from Form 5695, line 32 . . . . .                                | <b>5b</b> |        |
| <b>6</b>  | Other nonrefundable credits:  |           |        |
| <b>a</b>  | General business credit. Attach Form 3800 . . . . .   | <b>6a</b> |        |
| <b>b</b>  | Credit for prior year minimum tax. Attach Form 8801 . . . . .   | <b>6b</b> |        |
| <b>c</b>  | Adoption credit. Attach Form 8839 . . . . .   | <b>6c</b> |        |
| <b>d</b>  | Credit for the elderly or disabled. Attach Schedule R . . . . .   | <b>6d</b> |        |
| <b>e</b>  | Reserved for future use . . . . .   | <b>6e</b> |        |
| <b>f</b>  | Clean vehicle credit. Attach Form 8936 . . . . .  | <b>6f</b> | 7,500. |
| <b>g</b>  | Mortgage interest credit. Attach Form 8396 . . . . .  | <b>6g</b> |        |
| <b>h</b>  | District of Columbia first-time homebuyer credit. Attach Form 8859 . . . . .                              | <b>6h</b> |        |
| <b>i</b>  | Qualified electric vehicle credit. Attach Form 8834 . . . . .   | <b>6i</b> |        |
| <b>j</b>  | Alternative fuel vehicle refueling property credit. Attach Form 8911 . . . . .                            | <b>6j</b> |        |
| <b>k</b>  | Credit to holders of tax credit bonds. Attach Form 8912 . . . . .   | <b>6k</b> |        |
| <b>l</b>  | Amount on Form 8978, line 14. See instructions . . . . .  | <b>6l</b> |        |
| <b>m</b>  | Credit for previously owned clean vehicles. Attach Form 8936 . . . . .                                    | <b>6m</b> |        |
| <b>z</b>  | Other nonrefundable credits. List type and amount: _____  | <b>6z</b> |        |
| <b>7</b>  | Total other nonrefundable credits. Add lines 6a through 6z . . . . .                                      | <b>7</b>  | 7,500. |
| <b>8</b>  | Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20 . . . . . | <b>8</b>  | 7,500. |

(continued on page 2)

**Part II Other Payments and Refundable Credits**

|           |  |            |           |  |
|-----------|--|------------|-----------|--|
| <b>9</b>  | Net premium tax credit. Attach Form 8962 . . . . .   |            | <b>9</b>  |  |
| <b>10</b> | Amount paid with request for extension to file (see instructions) . . . . .                        |            | <b>10</b> |  |
| <b>11</b> | Excess social security and tier 1 RRTA tax withheld . . . . .                                      |            | <b>11</b> |  |
| <b>12</b> | Credit for federal tax on fuels. Attach Form 4136 . . . . .  |            | <b>12</b> |  |
| <b>13</b> | Other payments or refundable credits:  |            |           |  |
| <b>a</b>  | Form 2439 . . . . .  | <b>13a</b> |           |  |
| <b>b</b>  | Credit for repayment of amounts included in income from earlier years . . . . .                    | <b>13b</b> |           |  |
| <b>c</b>  | Elective payment election amount from Form 3800, Part III, line 6, column (i) . . . . .            | <b>13c</b> |           |  |
| <b>d</b>  | Deferred amount of net 965 tax liability (see instructions) . . . . .                              | <b>13d</b> |           |  |
| <b>z</b>  | Other payments or refundable credits. List type and amount:<br>_____                               | <b>13z</b> |           |  |
| <b>14</b> | Total other payments or refundable credits. Add lines 13a through 13z . . . . .                    |            | <b>14</b> |  |
| <b>15</b> | Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31 . . . . . |            | <b>15</b> |  |

**SCHEDULE E  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Income and Loss**

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

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.  
Go to [www.irs.gov/ScheduleE](http://www.irs.gov/ScheduleE) for instructions and the latest information.

OMB No. 1545-0074

**2023**  
Attachment  
Sequence No. **13**

Name(s) shown on return

RANJITH KUMAR CHEERLA

Your social security number

046-23-2302

**Part I Income or Loss From Rental Real Estate and Royalties**

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

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

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

**A** 5-60/3, LAXMINAGAR COLONY MANCHERIAL TELANGANA IN 504208

**B**  
**C**

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

**Type of Property:**

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

| Income:   | Properties:           |   |   |
|---|-----------------------|---|---|
|   | A                     | B | C |
| <b>3</b> Rents received . . . . .   | <b>3</b> 642.         |   |   |
| <b>4</b> Royalties received . . . . .   | <b>4</b>              |   |   |
| <b>Expenses:</b>  |                       |   |   |
| <b>5</b> Advertising . . . . .  | <b>5</b>              |   |   |
| <b>6</b> Auto and travel (see instructions) . . . . .   | <b>6</b>              |   |   |
| <b>7</b> Cleaning and maintenance . . . . .   | <b>7</b> 2,479.       |   |   |
| <b>8</b> Commissions . . . . .  | <b>8</b>              |   |   |
| <b>9</b> Insurance . . . . .  | <b>9</b>              |   |   |
| <b>10</b> Legal and other professional fees . . . . .   | <b>10</b>             |   |   |
| <b>11</b> Management fees . . . . .   | <b>11</b> 2,154.      |   |   |
| <b>12</b> Mortgage interest paid to banks, etc. (see instructions)  | <b>12</b>             |   |   |
| <b>13</b> Other interest . . . . .  | <b>13</b>             |   |   |
| <b>14</b> Repairs . . . . .   | <b>14</b> 3,896.      |   |   |
| <b>15</b> Supplies . . . . .  | <b>15</b> 2,045.      |   |   |
| <b>16</b> Taxes . . . . .   | <b>16</b>             |   |   |
| <b>17</b> Utilities . . . . .   | <b>17</b> 2,187.      |   |   |
| <b>18</b> Depreciation expense or depletion . . . . .   | <b>18</b> 2,453.      |   |   |
| <b>19</b> Other (list) _____  | <b>19</b>             |   |   |
| <b>20</b> Total expenses. Add lines 5 through 19 . . . . .  | <b>20</b> 15,214.     |   |   |
| <b>21</b> Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file <b>Form 6198</b> . . . . .  | <b>21</b> -14,572.    |   |   |
| <b>22</b> Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions) . . . . .   | <b>22</b> ( 14,572. ) |   |   |
| <b>23a</b> Total of all amounts reported on line 3 for all rental properties . . . . .  | <b>23a</b> 642.       |   |   |
| <b>b</b> Total of all amounts reported on line 4 for all royalty properties . . . . .   | <b>23b</b>            |   |   |
| <b>c</b> Total of all amounts reported on line 12 for all properties . . . . .  | <b>23c</b>            |   |   |
| <b>d</b> Total of all amounts reported on line 18 for all properties . . . . .  | <b>23d</b> 2,453.     |   |   |
| <b>e</b> Total of all amounts reported on line 20 for all properties . . . . .  | <b>23e</b> 15,214.    |   |   |
| <b>24</b> <b>Income.</b> Add positive amounts shown on line 21. <b>Do not</b> include any losses . . . . .  | <b>24</b>             |   |   |
| <b>25</b> <b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here  | <b>25</b> ( 14,572. ) |   |   |
| <b>26</b> <b>Total rental real estate and royalty income or (loss).</b> 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 . . . . . | <b>26</b> -14,572.    |   |   |

For Paperwork Reduction Act Notice, see the separate instructions.

NPA -14,572.

Schedule E (Form 1040) 2023

Department of the Treasury  
Internal Revenue Service

Attach to your tax return.  
Go to [www.irs.gov/Form8936](http://www.irs.gov/Form8936) for instructions and the latest information.

**2023**  
Attachment  
Sequence No. **69**

Name(s) shown on return

RANJITH KUMAR CHEERLA

Identifying number

046-23-2302

**Notes:** • Complete a separate Schedule A (Form 8936) for each clean vehicle placed in service during the tax year.  
• Individuals completing Parts II, III, or IV, must also complete Part I. See "Note" text below.

**Part I Modified Adjusted Gross Income Amount**

|           |   |           |         |         |  |
|-----------|---|-----------|---------|---------|--|
| <b>1a</b> | Enter the amount from line 11 of your 2023 Form 1040, 1040-SR, or 1040-NR | <b>1a</b> | 76,476. |         |  |
| <b>b</b>  | Enter any income from Puerto Rico you excluded                            | <b>1b</b> |         |         |  |
| <b>c</b>  | Enter any amount from Form 2555, line 45                                  | <b>1c</b> |         |         |  |
| <b>d</b>  | Enter any amount from Form 2555, line 50                                  | <b>1d</b> |         |         |  |
| <b>e</b>  | Enter any amount from Form 4563, line 15                                  | <b>1e</b> |         |         |  |
| <b>2</b>  | Add lines 1a through 1e   | <b>2</b>  |         | 76,476. |  |
| <b>3a</b> | Enter the amount from line 11 of your 2022 Form 1040, 1040-SR, or 1040-NR | <b>3a</b> | 80,462. |         |  |
| <b>b</b>  | Enter any income from Puerto Rico you excluded                            | <b>3b</b> |         |         |  |
| <b>c</b>  | Enter any amount from Form 2555, line 45                                  | <b>3c</b> |         |         |  |
| <b>d</b>  | Enter any amount from Form 2555, line 50                                  | <b>3d</b> |         |         |  |
| <b>e</b>  | Enter any amount from Form 4563, line 15                                  | <b>3e</b> |         |         |  |
| <b>4</b>  | Add lines 3a through 3e   | <b>4</b>  |         | 80,462. |  |
| <b>5</b>  | Enter the <b>smaller</b> of line 2 or line 4                              | <b>5</b>  |         | 76,476. |  |

**Part II Credit for Business/Investment Use Part of New Clean Vehicles**

**Note:** Individuals can't claim a credit on line 6 if Part I, line 5, is more than \$150,000 (\$300,000 if married filing jointly or a qualifying surviving spouse; \$225,000 if head of household).

|          |   |          |  |    |
|----------|---|----------|--|----|
| <b>6</b> | Enter the total credit amount figured in Part II of Schedule(s) A (Form 8936)   | <b>6</b> |  | 0. |
| <b>7</b> | New clean vehicle credit from partnerships and S corporations (see instructions)  | <b>7</b> |  |    |
| <b>8</b> | <b>Business/investment use part of credit.</b> Add lines 6 and 7. Partnerships and S corporations, stop here and report this amount on Schedule K. All others, report this amount on Form 3800, Part III, line 1y | <b>8</b> |  | 0. |

**Part III Credit for Personal Use Part of New Clean Vehicles**

**Note:** You can't claim the Part III credit if Part I, line 5, is more than \$150,000 (\$300,000 if married filing jointly or a qualifying surviving spouse; \$225,000 if head of household).

|           |  |           |  |        |
|-----------|--|-----------|--|--------|
| <b>9</b>  | Enter the total credit amount figured in Part III of Schedule(s) A (Form 8936)   | <b>9</b>  |  | 7,500. |
| <b>10</b> | Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 18  | <b>10</b> |  | 9,085. |
| <b>11</b> | Personal credits from Form 1040, 1040-SR, or 1040-NR (see instructions)  | <b>11</b> |  |        |
| <b>12</b> | Subtract line 11 from line 10. If zero or less, enter -0- and stop here. You can't claim the personal use part of the credit   | <b>12</b> |  | 9,085. |
| <b>13</b> | <b>Personal use part of credit.</b> Enter the <b>smaller</b> of line 9 or line 12 here and on Schedule 3 (Form 1040), line 6f. If line 12 is smaller than line 9, see instructions | <b>13</b> |  | 7,500. |

**Part IV Credit for Previously Owned Clean Vehicles**

**Note:** You can't claim the Part IV credit if Part I, line 5, is more than \$75,000 (\$150,000 if married filing jointly or a qualifying surviving spouse; \$112,500 if head of household).

|           |  |           |  |  |
|-----------|--|-----------|--|--|
| <b>14</b> | Enter the total credit amount figured in Part IV of Schedule(s) A (Form 8936)  | <b>14</b> |  |  |
| <b>15</b> | Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 18  | <b>15</b> |  |  |
| <b>16</b> | Personal credits from Form 1040, 1040-SR, or 1040-NR (see instructions)  | <b>16</b> |  |  |
| <b>17</b> | Subtract line 16 from line 15. If zero or less, enter -0- and stop here. You can't claim the Part IV credit                                      | <b>17</b> |  |  |
| <b>18</b> | Enter the <b>smaller</b> of line 14 or line 17 here and on Schedule 3 (Form 1040), line 6m. If line 17 is smaller than line 14, see instructions | <b>18</b> |  |  |

**Part V Credit for Qualified Commercial Clean Vehicles**

|           |   |           |  |  |
|-----------|---|-----------|--|--|
| <b>19</b> | Enter the total credit amount figured in Part V of Schedule(s) A (Form 8936)  | <b>19</b> |  |  |
| <b>20</b> | Qualified commercial clean vehicle credit from partnerships and S corporations (see instructions)   | <b>20</b> |  |  |
| <b>21</b> | Add lines 19 and 20. Partnerships and S corporations, stop here and report this amount on Schedule K. All others, report this amount on Form 3800, Part III, line 1aa | <b>21</b> |  |  |



**SCHEDULE A  
(Form 8936)**

**Clean Vehicle Credit Amount**

OMB No. 1545-2137

**2023**

Department of the Treasury  
Internal Revenue Service

**Attach to your tax return.  
Go to [www.irs.gov/Form8936](http://www.irs.gov/Form8936) for instructions and the latest information.**

Attachment  
Sequence No. **69A**

Name(s) shown on return

RANJITH KUMAR CHEERLA

Identifying number

046-23-2302

**Part I Vehicle Details**

- 1a** Year . . . . . 2023
- b** Make . . . . . TESLA
- c** Model . . . . . Y
- 2** Vehicle identification number (VIN) (see instructions) . . . . . 7 S A Y G D E E 7 P F 8 2 9 8 3 5
- 3** Enter date vehicle was placed in service (MM/DD/YYYY) . . . . . 06/09/2023
- 4** Was the vehicle used primarily outside the United States? Answer "No" if it was but an exception applies. See instructions.  
 **Yes. Stop here.** You can't claim a credit amount for a vehicle used primarily outside the United States.  
 **No.**
- 5** Does the VIN entered on line 2 belong to a **new clean vehicle** placed in service during the tax year? See instructions for definitions.  
 **Yes.** Go to Part II.  
 **No.** Go to line 6.
- 6** Does the VIN entered on line 2 belong to a **previously owned clean vehicle** acquired after 2022 and placed in service during the tax year? See instructions for definitions.  
 **Yes.** Go to Part IV.  
 **No.** Go to line 7.
- 7** Does the VIN entered on line 2 belong to a **qualified commercial clean vehicle** acquired after 2022 and placed in service during the tax year? See instructions for definitions.  
 **Yes.** Go to Part V.  
 **No. Stop here.** You can't use this schedule to figure a credit amount for a vehicle not described on line 5, 6, or 7.

**Part II Credit Amount for Business/Investment Use Part of New Clean Vehicle**

- 8** Did you acquire the vehicle for use or to lease to others, and not for resale? Answer "No" if you are leasing the vehicle from another person.  
 **Yes.**  
 **No. Stop here.** You can't claim a credit amount for a vehicle you didn't acquire for use or to lease to others, or acquired for resale.
- 9** Tentative credit amount (see instructions) . . . . . **9** 7,500.
- 10** Business/investment use percentage (see instructions) . . . . . **10** %
- 11** Multiply line 9 by line 10. Include this credit amount on line 6 in Part II of Form 8936. If you entered 100% on line 10, stop here. Otherwise, go to Part III below . . . . . **11** 0.

**Part III Credit Amount for Personal Use Part of New Clean Vehicle**

- 12** Subtract line 11 from line 9 in Part II. Stop here and include this credit amount on line 9 in Part III of Form 8936 . . . . . **12** 7,500.

**Part IV Credit Amount for Previously Owned Clean Vehicle**

- 13a** Is the sales price of the vehicle more than \$25,000?
  - Yes. Stop here.** The vehicle doesn't qualify for the Part IV credit.
  - No.**
  
- b** Did you acquire the vehicle for use and not for resale? Answer "No" if you are leasing the vehicle from another person.
  - Yes.**
  - No. Stop here.** You can't claim a credit amount for a vehicle you didn't acquire for use or acquired for resale.
  
- c** Can you be claimed as a dependent on another person's tax return, such as your parent's return?
  - Yes. Stop here.** You can't claim a credit amount if you can be claimed as a dependent.
  - No.**
  
- d** Is the vehicle a qualified fuel cell motor vehicle? See instructions.
  - Yes.**
  - No.**

|  |           |        |
|--|-----------|--------|
| <b>14</b> Enter the sales price of the vehicle . . . . .   | <b>14</b> |        |
| <b>15</b> Multiply line 14 by 30% (0.30) . . . . .   | <b>15</b> |        |
| <b>16</b> Maximum vehicle credit amount . . . . .  | <b>16</b> | 4,000. |
| <b>17</b> Enter the smaller of line 15 or line 16. Stop here and include this credit amount on line 14 in Part IV of Form 8936 . . . . . | <b>17</b> |        |

**Part V Credit Amount for Qualified Commercial Clean Vehicle**

- 18a** Is the vehicle of a character subject to the allowance for depreciation? Answer "Yes" if the exception for certain tax-exempt entities discussed in the instructions applies.
  - Yes.**
  - No. Stop here.** The vehicle is not a qualified commercial clean vehicle unless the exception applies.
  
- b** Did you acquire the vehicle for use or to lease to others, and not for resale? Answer "No" if you are leasing the vehicle from another person.
  - Yes.**
  - No. Stop here.** You can't claim a credit amount for a vehicle you didn't acquire for use or to lease to others, or acquired for resale.
  
- c** Is the vehicle also powered by gas or diesel? See instructions.
  - Yes.**
  - No.**

|  |           |  |
|--|-----------|--|
| <b>19</b> Enter the cost or other basis of the vehicle. See instructions . . . . .   | <b>19</b> |  |
| <b>20</b> Section 179 expense deduction (see instructions) . . . . .   | <b>20</b> |  |
| <b>21</b> Subtract line 20 from line 19 . . . . .  | <b>21</b> |  |
| <b>22</b> Multiply line 21 by 15% (0.15) [30% (0.30) if the answer on line 18c above is "No"] . . . . .  | <b>22</b> |  |
| <b>23</b> Enter the incremental cost of the vehicle. See instructions . . . . .  | <b>23</b> |  |
| <b>24</b> Enter the smaller of line 22 or line 23 . . . . .  | <b>24</b> |  |
| <b>25</b> <b>Maximum credit.</b> Enter \$7,500 (\$40,000 if the vehicle's gross vehicle weight rating (GVWR) is 14,000 pounds or more) . . . . . | <b>25</b> |  |
| <b>26</b> Enter the smaller of line 24 or line 25. Include this credit amount on line 19 in Part V of Form 8936 . . . . .                        | <b>26</b> |  |

# 2023 Virginia Nonresident Income Tax Return

Due May 1, 2024



Enclose a complete copy of your federal tax return and all other required Virginia enclosures.

|  |  |                      |                   |  |  |
|--|--|----------------------|-------------------|--|--|
| First Name<br>RANJITH KUMAR  | MI   | Last Name<br>CHEERLA | Suffix            | Your Social Security Number<br>046-23-2302   | <input type="checkbox"/> Check if deceased |
| Spouse's First Name (Filing Status 2 Only)                             | MI   | Last Name            | Suffix            | Spouse's Social Security Number  | <input type="checkbox"/> Check if deceased |
| Present Home Address (Number and Street or Rural Route)<br>24 BEECH CT |  |                      |                   | Your Birth Date (mm-dd-yyyy)<br>10 - 02 - 1991                                     | Spouse's Birth Date (mm-dd-yyyy)<br>- -    |
| City, Town or Post Office<br>WALNUT CREEK                              |  | State<br>CA          | ZIP Code<br>94596 |  |  |
| State of Residence<br>CA   | <b>Important</b> - Name of Virginia City or County in which principal place of business, employment, or income source is located.<br>FAIRFAX |                      |                   |  | Locality Code<br>600                       |
|  |  |                      |                   | <input checked="" type="checkbox"/> City <b>OR</b> <input type="checkbox"/> County |  |

|                               |  |  |   |
|-------------------------------|--|--|---|
| <b>Check Applicable Boxes</b> | <input type="checkbox"/> Amended Return Reason Code    | <input type="checkbox"/> Name(s) or Address Different than Shown on 2022 VA Return | <input type="checkbox"/> Overseas on Due Date |
|                               | <input type="checkbox"/> Dependent on Another's Return | <input type="checkbox"/> Qualifying Farmer, Fisherman, or Merchant Seaman          | EIC Claimed on federal return \$ _____ .00    |

**Filing Status** Enter Filing Status Code in box below.

- 1 = Single. Federal head of household? YES
- 2 = Married, Filing Joint Return - both must have Virginia income
- 3 = Married, Spouse Has No Income From Any Source
- 4 = Married, Filing Separate Returns

If Filing Status 3 or 4, enter spouse's SSN in the Spouse's Social Security Number box at top of form and enter Spouse's Name \_\_\_\_\_

**Exemptions** Add Sections 1 and 2. Enter the sum on Line 12.

|                |                                |            |                        |                        |
|----------------|--------------------------------|------------|------------------------|------------------------|
| You            | Spouse if Filing Status 2 or 3 | Dependents | <b>Total Section 1</b> |                        |
| 1              |                                |            | 1                      | X \$930 = 930          |
| You 65 or over | Spouse 65 or over              | You Blind  | Spouse Blind           | <b>Total Section 2</b> |
|                |                                |            |                        | X \$800 =              |

|     |  |     |       |    |
|-----|--|-----|-------|----|
| 1   | Adjusted Gross Income from federal return - <i>Not federal taxable income</i> .....  | 1   | 76476 | 00 |
| 2   | Additions from Schedule 763 ADJ, Line 3. ....  | 2   |       | 00 |
| 3   | <b>Add Lines 1 and 2</b> .....   | 3   | 76476 | 00 |
| 4   | Age Deduction (See instructions and the Age Deduction Worksheet) ..... You Enter Birth Dates above. Enter Your Age Deduction on Line 4a and Your Spouse's Age Deduction on Line 4b. .... | 4a  |       | 00 |
|     |  | 4b  |       | 00 |
| 5   | Social Security Act and equivalent Tier 1 Railroad Retirement Act benefits reported on your federal return. ....   | 5   |       | 00 |
| 6   | State income tax refund or overpayment credit reported as income on your federal return. ....  | 6   |       | 00 |
| 7   | Subtractions from Schedule 763 ADJ, Line 7. ....   | 7   |       | 00 |
| 8   | <b>Add Lines 4a, 4b, 5, 6, and 7</b> .....   | 8   |       | 00 |
| 9   | <b>Virginia Adjusted Gross Income (VAGI). Subtract Line 8 from Line 3</b> .....  | 9   | 76476 | 00 |
| 10  | Itemized Deductions from Virginia Schedule A, if applicable. See instructions. ....  | 10  |       | 00 |
| 11  | If you do not claim itemized deductions on Line 10, enter standard deduction. See instructions. ....   | 11  | 8000  | 00 |
| 12  | Exemption amount. Enter the total amount from the Exemption Sections 1 and 2 above. ....   | 12  | 930   | 00 |
| 13  | Deductions from Schedule 763 ADJ, Line 9. ....   | 13  |       | 00 |
| 14  | <b>Add Lines 10, 11, 12 and 13</b> .....   | 14  | 8930  | 00 |
| 15  | Virginia Taxable Income computed as a resident. Subtract Line 14 from Line 9.....  | 15  | 67546 | 00 |
| 16  | Percentage from Nonresident Allocation Section on Page 2 (Enter to one decimal place only).....  | 16  | 100.0 | %  |
| 17  | Nonresident Taxable Income. (Multiply Line 15 by percentage on Line 16).....   | 17  | 67546 | 00 |
| 18  | Income Tax from Tax Table or Tax Rate Schedule.....  | 18  | 3626  | 00 |
| 19a | Your Virginia income tax withheld. Enclose Forms W-2, W-2G, 1099, and VK-1.....  | 19a | 4545  | 00 |



|                                    |                         |
|------------------------------------|-------------------------|
| Your Name<br>RANJITH KUMAR CHEERLA | Your SSN<br>046-23-2302 |
|------------------------------------|-------------------------|

|     |   |     |      |    |
|-----|---|-----|------|----|
| 19b | Spouse's Virginia income tax withheld. Enclose Forms W-2, W-2G, 1099, and VK-1.   | 19b |      | 00 |
| 20  | 2023 Estimated Tax Payments.  | 20  |      | 00 |
| 21  | 2022 overpayment credited to 2023 estimated tax.  | 21  |      | 00 |
| 22  | Extension Payment - submitted using Form 760IP.   | 22  |      | 00 |
| 23  | Credit for Low-Income Individuals or Virginia Earned Income Credit from Schedule 763 ADJ, Line 17.  | 23  |      | 00 |
| 24  | Total credits from Schedule OSC.  | 24  | 2965 | 00 |
| 25  | Credits from Schedule CR, Section 5, Line 1A.   | 25  |      | 00 |
| 26  | <b>Total payments and credits. Add Lines 19a through 25.</b>  | 26  | 7510 | 00 |
| 27  | If Line 18 is larger than Line 26, enter the difference. This is the <b>INCOME TAX YOU OWE</b> .  | 27  |      | 00 |
| 28  | If Line 26 is larger than Line 18, enter the difference. This is the <b>OVERPAYMENT AMOUNT</b> .  | 28  | 3884 | 00 |
| 29  | Amount of overpayment on Line 28 to be CREDITED TO 2024 ESTIMATED INCOME TAX.   | 29  |      | 00 |
| 30  | Virginia529 and ABLE Contributions from Schedule VAC, Part I, Line 6.   | 30  |      | 00 |
| 31  | Other Voluntary Contributions from Schedule VAC, Section II, Line 14.   | 31  |      | 00 |
| 32  | Addition to Tax, Penalty, and Interest from <b>enclosed</b> Schedule 763 ADJ, Line 21.<br>See instructions. Enclose 760C or 760F and check here.  | 32  |      | 00 |
| 33  | Sales and Use Tax is due on Internet, mail order, and out-of-state purchases (Consumer's Use Tax).<br>See instructions. Check here if no sales and use tax is due.  | 33  |      | 00 |
| 34  | <b>Add Lines 29 through 33.</b>   | 34  |      | 00 |
| 35  | If you owe tax on Line 27, add Lines 27 and 34 - <b>OR</b> - If you have an overpayment on Line 28 and Line 34 is larger than Line 28, enter the difference. <b>AMOUNT YOU OWE</b> . Enclose payment or pay at <b>www.tax.virginia.gov</b> . Check here if paying by credit or debit card - See instructions. | 35  |      | 00 |
| 36  | If Line 28 is larger than Line 34, subtract Line 34 from Line 28. This is the amount to be <b>REFUNDED TO YOU</b> .   | 36  | 3884 | 00 |

If the Direct Deposit section below is not completed, your refund will be issued by check.

|   |   |                                 |  |                                  |
|---|---|---------------------------------|--|----------------------------------|
| <b>DIRECT BANK DEPOSIT</b>                          | <b>Your Bank Routing Transit Number</b> | <b>Your Bank Account Number</b> | Checking <input checked="" type="checkbox"/> | Savings <input type="checkbox"/> |
| Domestic Accounts Only<br>No International Deposits | 1 2 1 0 4 2 8 8 2                       | 6 8 4 3 5 8 3 8 4 7             |  |                                  |

**Nonresident Allocation Percentage**

|  |    | A - All Sources |    | B - Virginia Sources |    |
|--|----|-----------------|----|----------------------|----|
| 1. Wages, salaries, tips, etc.   | 1  | 91048           | 00 | 91048                | 00 |
| 2. Interest income   | 2  |                 | 00 |                      | 00 |
| 3. Dividends   | 3  |                 | 00 |                      | 00 |
| 4. Alimony received  | 4  |                 | 00 |                      | 00 |
| 5. Business income or loss   | 5  |                 | 00 |                      | 00 |
| 6. Capital gain or loss/capital gain distributions   | 6  |                 | 00 |                      | 00 |
| 7. Other gains or losses   | 7  |                 | 00 |                      | 00 |
| 8. Taxable pensions, annuities and IRA distributions   | 8  |                 | 00 |                      |    |
| 9. Rents, royalties, partnerships, estates, trusts, S corporations, etc.   | 9  | -14572          | 00 | 0                    | 00 |
| 10. Farm income or loss  | 10 |                 | 00 |                      | 00 |
| 11. Other income   | 11 |                 | 00 |                      | 00 |
| 12. Interest on obligations of other states from Schedule 763 ADJ, Line 1.   | 12 |                 | 00 |                      |    |
| 13. Lump-sum and accumulation distributions included on Sch. 763 ADJ, Line 3.  | 13 |                 | 00 |                      | 00 |
| 14. TOTAL - Add Lines 1 through 13 and enter each column total here.   | 14 | 76476           | 00 | 91048                | 00 |
| 15. Nonresident allocation percentage - Divide Line 14 B, by Line 14 A. <i>Compute percentage to one decimal place (e.g., 5.4%).</i> Enter on Page 1, Line 16. | 15 |                 |    | 100.0%               |    |

I (We) authorize the Dept. of Taxation to discuss this return with my (our) preparer.  I agree to obtain my Form 1099-G at [www.tax.virginia.gov](http://www.tax.virginia.gov).

I (We), the undersigned, declare under penalty provided by law that I (we) have examined this return and to the best of my (our) knowledge, it is a true, correct, and complete return.

|   |   |   |                              |                     |
|---|---|---|------------------------------|---------------------|
| Your Signature  |   | Your Phone Number<br>(925) 430-8241       | Date                         |                     |
| Spouse's Signature (If a joint return, <b>both</b> must sign) |   | Spouse's Phone Number                     | Preparer's PTIN<br>P02082703 | Vendor Code<br>1555 |
| Preparer's Name<br>SYAM PRIYA RAM SAGAR GUPTA                 | Firm's Name (or Yours if Self-Employed)<br>GLOBAL TAXES LLC | Preparer's Phone Number<br>(678) 965-9522 | Filing Election Code<br>7    | ID Theft PIN        |

**2023 Schedule INC/CG**

046232302

Report all W-2s, 1099s & VK-1s with VA Withholding



RANJITH KUMA CHEERLA

| Your/<br>Spouse SSN | Withholding<br>Type | VA<br>Withholding | Employer<br>FEIN | VA<br>Account Number | VA Wages, tips,<br>other comp. |
|---------------------|---------------------|-------------------|------------------|----------------------|--------------------------------|
| 046232302           | W                   | 4545.             | 832834321        | 30832834321F001      | 91048.                         |

| Total VA Withholding           | SSN       | VA Withholding |
|--------------------------------|-----------|----------------|
| You                            | 046232302 | 4545.          |
| Spouse                         |           |                |
| Total # of W-2s, 1099s & VK-1s | 01        |                |

To avoid delays - be sure to enter all information, including the Employer's FEIN.

# 2023 Schedule OSC/CG

Enclose other state tax returns when filing



046232302

## Credit Computation State 1

### If Claiming border state

|  |        |                                 |       |
|--|--------|---------------------------------|-------|
| 1. Filing Status - other state's return    | 1      | 6. Other State Abbreviation     | CA    |
| 2. Person Claiming the Credit              | 1      | 7. Virginia Income Tax          | 3626. |
| 3. Qualifying Taxable Income - other state | 71113. | 8. Income percentage            | 95.0  |
| 4. Virginia Taxable Income                 | 67546. | 9. Virginia Ratio of Income Tax | 2965. |
| 5. Qualifying Tax Liability - other state  | 3121.  | 10. Credit Allowed              | 2965. |

## Credit Computation State 2

|   |                                  |
|---|----------------------------------|
| 11. Filing Status - other state's return    | 16. Other State Abbreviation     |
| 12. Person Claiming the Credit              | 17. Virginia Income Tax          |
| 13. Qualifying Taxable Income - other state | 18. Income percentage            |
| 14. Virginia Taxable Income                 | 19. Virginia Ratio of Income Tax |
| 15. Qualifying Tax Liability - other state  | 20. Credit Allowed               |

## Credit Computation State 3

|   |                                  |       |
|---|----------------------------------|-------|
| 21. Filing Status - other state's return    | 26. Other State Abbreviation     |       |
| 22. Person Claiming the Credit              | 27. Virginia Income Tax          |       |
| 23. Qualifying Taxable Income - other state | 28. Income percentage            |       |
| 24. Virginia Taxable Income                 | 29. Virginia Ratio of Income Tax |       |
| 25. Qualifying Tax Liability - other state  | 30. Credit Allowed               |       |
|   | 31. Total Credit Claimed         | 2965. |

Enclose other state tax returns when filing your Virginia tax return.



TAXABLE YEAR

FORM

2023

California e-file Signature Authorization for Individuals

8879

Table with 2 columns: Name/SSN/ITIN and Spouse's/RDP's name/SSN/ITIN. Values: RANJITH KUMAR CHEERLA, 046-23-2302.

Part I Tax Return Information (whole dollars only)

Table with 3 rows: 1 California adjusted gross income (AGI), 2 Amount you owe, 3 Refund or no amount due. Values: 76476, 3256.

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

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

Taxpayer's PIN: check one box only

- I authorize GLOBAL TAXES LLC to enter my PIN 3 2 3 0 2 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.

Your signature Date

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

- I authorize to enter my PIN 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.

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 digits: 2 2 2 4 9 6 0 8 2 7 1

Do not enter all zeros

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

ERO's signature Date 03/18/2024



# Voucher at bottom of page

Do not mail a paper copy of your tax return with the payment voucher.  
If amount of payment is zero, do not mail this voucher.

### When to pay: Calendar Year – File and pay by April 15, 2024

When a due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

**Pay online:** Go Green! Enjoy the ease and secure options for online payments.

You can make an immediate payment or schedule a payment up to a year in advance.

- **Bank Account – Web Pay** (free)
- **Credit Card** (service fee)

Go to [ftb.ca.gov/pay](https://ftb.ca.gov/pay) for more information.

**Do not mail this voucher if you pay online.**



**Where to pay:** Using black or blue ink, make your check or money order payable to the “Franchise Tax Board.” Write the taxpayer’s social security number (SSN) or individual taxpayer identification number(ITIN) and 2023 FTB 3582 on the check or money order. Detach the voucher below. Enclose, but **do not** staple, payment with the voucher and mail to:

**FRANCHISE TAX BOARD  
PO BOX 942867  
SACRAMENTO CA 94267-0008**

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

DETACH HERE IF NO PAYMENT IS DUE, DO NOT MAIL THIS VOUCHER DETACH HERE

**CAUTION:** You may be required to pay electronically. See instructions.

TAXABLE YEAR

## Payment Voucher for Individual e-filed Returns

CALIFORNIA FORM

**2023**

**3582 (e-file)**

046-23-2302 CHEE  
RANJITHKUMA CHEERLA

23

24 BEECH CT  
WALNUT CREEK CA 94596

Amount of Payment 3256.

# 2023 California Resident Income Tax Return

# 540

APE

ATTACH FEDERAL RETURN

046-23-2302 CHEE  
RANJITHKUMA CHEERLA

23

24 BEECH CT  
WALNUT CREEK CA 94596

10-02-1991

Principal Residence

Enter your county at time of filing (see instructions)

CONTRA COSTA

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

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

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

Apt. no/ste. no.

City

State

ZIP code

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

Filing Status

- 1  Single
- 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.

Exemptions

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

Whole dollars only

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

Your name:  Your SSN or ITIN:

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

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

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

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

**12** State wages from your federal Form(s) W-2, box 16 ..... ● 12  .00

**13** Enter federal adjusted gross income from federal Form 1040 or 1040-SR, line 11 ..... ● 13  .00

**14** California adjustments – subtractions. Enter the amount from Schedule CA (540), Part I, line 27, column B. .... ● 14  .00

**15** Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions ..... ● 15  .00

**16** California adjustments – additions. Enter the amount from Schedule CA (540), Part I, line 27, column C. .... ● 16  .00

**17** California adjusted gross income. Combine line 15 and line 16 ..... ● 17  .00

**18** Enter the larger of { Your California **itemized deductions** from Schedule CA (540), Part II, line 30; **OR** Your California **standard deduction** shown below for your filing status:

- Single or Married/RDP filing separately. .... \$5,363
- Married/RDP filing jointly, Head of household, or Qualifying surviving spouse/RDP. \$10,726

If Married/RDP filing separately or the box on line 6 is checked, **STOP**. See instructions. . . ● 18  .00

**19** Subtract line 18 from line 17. This is your **taxable income**. If less than zero, enter -0- ..... ● 19  .00

**31** Tax. Check the box if from:  Tax Table  Tax Rate Schedule

●  FTB 3800 ●  FTB 3803 ..... ● 31  .00

**32** Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$237,035, see instructions. .... ● 32  .00

**33** Subtract line 32 from line 31. If less than zero, enter -0- ..... ● 33  .00

**34** Tax. See instructions. Check the box if from: ●  Schedule G-1 ●  FTB 5870A. . . ● 34  .00

**35** Add line 33 and line 34. .... ● 35  .00

**40** Nonrefundable Child and Dependent Care Expenses Credit. See instructions. .... ● 40  .00

**43** Enter credit name  code ●  and amount. . . ● 43  .00

**44** Enter credit name  code ●  and amount. . . ● 44  .00

Your name:  Your SSN or ITIN:

**Special Credits**

45 To claim more than two credits, see instructions. Attach Schedule P (540) . . . . . ● 45  .00

46 Nonrefundable Renter's Credit. See instructions . . . . . ● 46  .00

47 Add line 40 through line 46. These are your total credits . . . . . ● 47  .00

48 Subtract line 47 from line 35. If less than zero, enter -0- . . . . . ● 48  .00

**Other Taxes**

61 Alternative Minimum Tax. Attach Schedule P (540) . . . . . ● 61  .00

62 Mental Health Services Tax. See instructions . . . . . ● 62  .00

63 Other taxes and credit recapture. See instructions . . . . . ● 63  .00

64 Add line 48, line 61, line 62, and line 63. This is your total tax. . . . . ● 64  .00

**Payments**

71 California income tax withheld. See instructions . . . . . ● 71  .00

72 2023 California estimated tax and other payments. See instructions . . . . . ● 72  .00

73 Withholding (Form 592-B and/or Form 593). See instructions . . . . . ● 73  .00

74 Excess SDI (or VPMI) withheld. See instructions . . . . . ● 74  .00

75 Earned Income Tax Credit (EITC). See instructions . . . . . ● 75  .00

76 Young Child Tax Credit (YCTC). See instructions . . . . . ● 76  .00

77 Foster Youth Tax Credit (FYTC). See instructions . . . . . ● 77  .00

78 Add line 71 through line 77. These are your total payments.  
See instructions . . . . . ● 78  .00

**Use Tax**

91 **Use Tax.** Do not leave blank. See instructions. . . . . ● 91  .00

If line 91 is zero, check if:  No use tax is owed.  You paid your use tax obligation directly to CDTFA.

**ISR Penalty**

92 If you and your household had full-year health care coverage, check the box.  
See instructions. Medicare Part A or C coverage is qualifying health care coverage. . . . . ●

If you did not check the box, see instructions.

Individual Shared Responsibility (ISR) Penalty. See instructions . . . . . ● 92  .00

**Overpaid Tax/Tax Due**

93 Payments balance. If line 78 is more than line 91, subtract line 91 from line 78 . . . . . ● 93  .00

94 **Use Tax balance.** If line 91 is more than line 78, subtract line 78 from line 91 . . . . . ● 94  .00

95 Payments after Individual Shared Responsibility Penalty. If line 93 is more than line 92,  
subtract line 92 from line 93. . . . . ● 95  .00

96 Individual Shared Responsibility Penalty Balance. If line 92 is more than line 93,  
subtract line 93 from line 92. . . . . ● 96  .00

97 Overpaid tax. If line 95 is more than line 64, subtract line 64 from line 95. . . . . ● 97  .00

Your name:  Your SSN or ITIN:

|                                 |   |
|---------------------------------|---|
| <b>Overpaid<br/>Tax/Tax Due</b> | <b>98</b> Amount of line 97 you want applied to your <b>2024</b> estimated tax . . . . . ● <b>98</b> <input type="text"/> .00                   |
|                                 | <b>99</b> Overpaid tax available this year. Subtract line 98 from line 97 . . . . . ● <b>99</b> <input type="text"/> .00                        |
|                                 | <b>100</b> Tax due. If line 95 is less than line 64, subtract line 95 from line 64 . . . . . ● <b>100</b> <input type="text" value="3121"/> .00 |

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

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Your name:  Your SSN or ITIN:

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

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

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

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

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

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

**Sign your tax return on Side 6**

Your name:  Your SSN or ITIN:

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

Our privacy notice can be found in annual tax booklets or online. Go to [ftb.ca.gov/privacy](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

REV 03/05/24 PRO

# 2023 California Adjustments — Residents

## CA (540)

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

|  |                                 |
|--|---------------------------------|
| Name(s) as shown on tax return<br><b>RANJITH KUMAR CHEERLA</b> | SSN or ITIN<br><b>046232302</b> |
|--|---------------------------------|

| <b>Part I Income Adjustment Schedule</b>  | <b>A Federal Amounts</b><br><small>(taxable amounts from your federal tax return)</small> | <b>B Subtractions</b><br><small>See instructions</small> | <b>C Additions</b><br><small>See instructions</small> |
|---|---|--|---|
| <b>Section A – Income</b> from federal Form 1040 or 1040-SR   |   |  |   |
| <b>1 a</b> Total amount from federal Form(s) W-2, box 1. See instructions . . . . . <b>1a</b>             | 91048   |  |   |
| <b>b</b> Household employee wages not reported on federal Form(s) W-2 . . . . . <b>1b</b>                 |   |  |   |
| <b>c</b> Tip income not reported on line 1a . . . . . <b>1c</b>   |   |  |   |
| <b>d</b> Medicaid waiver payments not reported on federal Form(s) W-2. See instructions . . . . <b>1d</b> |   |  |   |
| <b>e</b> Taxable dependent care benefits from federal Form 2441, line 26 . . . . . <b>1e</b>              |   |  |   |
| <b>f</b> Employer-provided adoption benefits from federal Form 8839, line 29 . . . . . <b>1f</b>          |   |  |   |
| <b>g</b> Wages from federal Form 8919, line 6. . . . . <b>1g</b>  |   |  |   |
| <b>h</b> Other earned income. See instructions . . . . <b>1h</b>  | 0   |  |   |
| <b>i</b> Nontaxable combat pay election. See instructions. . . . . <b>1i</b>                              |   |  |   |
| <b>z</b> Add line 1a through line 1i. . . . . <b>1z</b>   | 91048   |  |   |
| <b>2</b> Taxable interest. <b>a</b> <input checked="" type="radio"/>                                      |   |  |   |
| <b>3</b> Ordinary dividends. See instructions. <b>a</b> <input checked="" type="radio"/>                  |   |  |   |
| <b>4</b> IRA distributions. See instructions. <b>a</b> <input checked="" type="radio"/>                   |   |  |   |
| <b>5</b> Pensions and annuities. See instructions. <b>a</b> <input checked="" type="radio"/>              |   |  |   |
| <b>6</b> Social security benefits. <b>a</b> <input checked="" type="radio"/>                              |   |  |   |
| <b>7</b> Capital gain or (loss). See instructions . . . . . <b>7</b>                                      |   |  |   |
| <b>Section B – Additional Income</b> from federal Schedule 1 (Form 1040)                                  |   |  |   |
| <b>1</b> Taxable refunds, credits, or offsets of state and local income taxes . . . . . <b>1</b>          |   |  |   |
| <b>2 a</b> Alimony received. See instructions. . . . . <b>2a</b>  |   |  |   |
| <b>3</b> Business income or (loss). See instructions. . . . <b>3</b>                                      |   |  |   |
| <b>4</b> Other gains or (losses) . . . . . <b>4</b>   |   |  |   |
| <b>5</b> Rental real estate, royalties, partnerships, S corporations, trusts, etc. . . . . <b>5</b>       | -14572  |  |   |
| <b>6</b> Farm income or (loss) . . . . . <b>6</b>   |   |  |   |
| <b>7</b> Unemployment compensation . . . . . <b>7</b>   |   |  |   |



| Section B – Additional Income<br>Continued   | <b>A</b> Federal Amounts<br>(taxable amounts from your<br>federal tax return) | <b>B</b> Subtractions<br>See instructions | <b>C</b> Additions<br>See instructions |
|--|---|---|--|
| <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"/>                     |  |
| <b>c</b> Cancellation of debt . . . . . <b>8c</b>  | <input type="radio"/>   | <input type="radio"/>                     | <input type="radio"/>                  |
| <b>d</b> Foreign earned income exclusion from<br>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"/>                  |
| <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"/>   |   |  |
| <b>h</b> Jury duty pay . . . . . <b>8h</b>   | <input type="radio"/>   |   |  |
| <b>i</b> Prizes and awards . . . . . <b>8i</b>   | <input type="radio"/>   |   |  |
| <b>j</b> Activity not engaged in for profit income . . . . . <b>8j</b>   | <input type="radio"/>   |   |  |
| <b>k</b> Stock options . . . . . <b>8k</b>   | <input type="radio"/>   |   | <input type="radio"/>                  |
| <b>l</b> Income from the rental of personal property<br>if you engaged in the rental for profit but were<br>not in the business of renting such property . . <b>8l</b> | <input type="radio"/>   |   |  |
| <b>m</b> Olympic and Paralympic medals and USOC<br>prize money . . . . . <b>8m</b>   | <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"/>                  |
| <b>q</b> Taxable distributions from an ABLE account . . <b>8q</b>  | <input type="radio"/>   |   |  |
| <b>r</b> Scholarship and fellowship grants<br>not reported on federal Form(s) W-2 . . . . . <b>8r</b>  | <input type="radio"/>   |   |  |
| <b>s</b> Nontaxable amount of Medicaid waiver payments<br>included on federal Form 1040, line 1a or line 1d. . <b>8s</b>   | <input type="radio"/> ( )   |   |  |
| <b>t</b> Pension or annuity from a nonqualified<br>deferred compensation plan or a<br>nongovernmental IRC Section 457 plan . . . . . <b>8t</b>                         | <input type="radio"/>   |   |  |
| <b>u</b> Wages earned while incarcerated. . . . . <b>8u</b>  | <input type="radio"/>   |   |  |
| <b>z</b> Other income. List type and amount.<br><br><input type="radio"/> _____ <b>8z</b>  | <input type="radio"/>   | <input type="radio"/>                     | <input type="radio"/>                  |

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| Section B – Additional Income<br>Continued  | <b>A</b> Federal Amounts<br>(taxable amounts from your<br>federal tax return) | <b>B</b> Subtractions<br>See instructions | <b>C</b> Additions<br>See instructions |
|---|---|---|--|
| <b>9 a</b> Total other income. Add lines 8a through 8z. . <b>9a</b>   | <input type="radio"/>   | <input type="radio"/>                     | <input type="radio"/>                  |
| <b>b1</b> Disaster loss deduction from form FTB 3805V. . <b>9b1</b>   |   | <input type="radio"/>                     |  |
| <b>b2</b> NOL deduction from form FTB 3805V . . . . . <b>9b2</b>  |   | <input type="radio"/>                     |  |
| <b>b3</b> NOL deduction from form FTB 3805Z,<br>3807, or 3809 . . . . . <b>9b3</b>  |   | <input type="radio"/>                     |  |
| <b>10 Total.</b> Combine Section A, line 1z through line 7,<br>and Section B, line 1 through line 7, and line 9a<br>in column A and column C. Add Section A, line 1z<br>through line 7, and Section B, line 1 through line 7,<br>line 9a, and line 9b1 through line 9b3 in column B<br>(as applicable). See instructions. . . . . <b>10</b> | <input type="radio"/> 76476   | <input type="radio"/>                     | <input type="radio"/>                  |

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

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

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| <b>Section C – Adjustments to Income</b><br>Continued |  | <b>A Federal Amounts</b><br>(taxable amounts from your federal tax return) | <b>B Subtractions</b><br>See instructions | <b>C Additions</b><br>See instructions |
|---|--|--|---|--|
| <b>24</b>   | Other adjustments:   |  |   |  |
| <b>a</b>  | Jury duty pay . . . . . <b>24a</b>   | <input checked="" 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 checked="" type="radio"/>          | <input checked="" 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 checked="" type="radio"/>          |  |
| <b>d</b>  | Reforestation amortization and expenses. . . . . <b>24d</b>  | <input checked="" type="radio"/>   | <input checked="" type="radio"/>          |  |
| <b>e</b>  | Repayment of supplemental unemployment benefits under the federal Trade Act of 1974 . . . . <b>24e</b>   | <input checked="" type="radio"/>   |   |  |
| <b>f</b>  | Contributions to IRC Section 501(c)(18)(D) pension plans . . . . . <b>24f</b>  | <input checked="" type="radio"/>   | <input checked="" type="radio"/>          | <input checked="" type="radio"/>       |
| <b>g</b>  | Contributions by certain chaplains to IRC Section 403(b) plans . . . . . <b>24g</b>  | <input checked="" type="radio"/>   | <input checked="" type="radio"/>          | <input checked="" type="radio"/>       |
| <b>h</b>  | Attorney fees and court costs for actions involving certain unlawful discrimination claims . . . . . <b>24h</b>  | <input checked="" type="radio"/>   |   |  |
| <b>i</b>  | 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. . . . . <b>24i</b> | <input checked="" type="radio"/>   | <input checked="" type="radio"/>          |  |
| <b>j</b>  | Housing deduction from federal Form 2555 . . . . . <b>24j</b>  | <input checked="" type="radio"/>   | <input checked="" type="radio"/>          |  |
| <b>k</b>  | Excess deductions of IRC Section 67(e) expenses from federal Schedule K-1 (Form 1041) . . . . . <b>24k</b>   | <input checked="" type="radio"/>   |   |  |
| <b>z</b>  | Other adjustments. List type and amount.<br><br><input checked="" type="radio"/> _____ <b>24z</b>  | <input checked="" type="radio"/>   | <input checked="" type="radio"/>          | <input checked="" type="radio"/>       |
| <b>25</b>   | Total other adjustments. Add line 24a through line 24z . . . . . <b>25</b>   | <input checked="" type="radio"/>   | <input checked="" type="radio"/>          | <input checked="" type="radio"/>       |
| <b>26</b>   | Add line 11 through line 23 and line 25 in columns A, B, and C. See instructions . . . . . <b>26</b>   | <input checked="" type="radio"/>   | <input checked="" type="radio"/>          | <input checked="" type="radio"/>       |
| <b>27</b>   | <b>Total.</b> Subtract line 26 from line 10 in columns A, B, and C. See instructions . . . . . <b>27</b>   | <input checked="" type="radio"/>   | 76476 <input checked="" type="radio"/>    | <input checked="" type="radio"/>       |

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**Part II Adjustments to Federal Itemized Deductions**

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

|  | <b>A Federal Amounts</b><br>(from federal Schedule A<br>(Form 1040)) | <b>B Subtractions</b><br>See instructions | <b>C Additions</b><br>See instructions |
|--|--|---|--|
| <b>Medical and Dental Expenses</b> See instructions.   |  |   |  |
| <b>1</b> Medical and dental expenses . . . . <input checked="" type="radio"/> _____ <b>1</b>   |  |   |  |
| <b>2</b> Enter amount from federal Form 1040 or 1040-SR, line 11.. <input checked="" type="radio"/> 76476 <b>2</b>   |  |   |  |
| <b>3</b> Multiply line 2 by 7.5% (0.075) . . . . <input checked="" type="radio"/> 5736 <b>3</b>  |  |   |  |
| <b>4</b> Subtract line 3 from line 1. If line 3 is more than line 1, enter 0 . . . . . <b>4</b> <input checked="" type="radio"/>   |  |   | <input checked="" type="radio"/>       |
| <b>Taxes You Paid</b>  |  |   |  |
| <b>5 a</b> State and local income tax or general sales taxes. <b>.5a</b> <input checked="" type="radio"/> 6969 <input checked="" type="radio"/> 6969   | 6969   | 6969                                      |  |
| <b>b</b> State and local real estate taxes . . . . . <b>.5b</b> <input checked="" type="radio"/>   |  |   |  |
| <b>c</b> State and local personal property taxes . . . . . <b>.5c</b> <input checked="" type="radio"/>   |  |   |  |
| <b>d</b> Add line 5a through line 5c. . . . . <b>.5d</b> <input checked="" type="radio"/> 6969   | 6969   |   |  |
| <b>e</b> 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 . . . . . <b>.5e</b> <input checked="" type="radio"/> 6969 <input checked="" type="radio"/> 6969 <input checked="" type="radio"/> 0 | 6969   | 6969                                      | 0                                      |
| <b>6</b> Other taxes. List type <input checked="" type="radio"/> _____ <b>6</b> <input checked="" type="radio"/>   |  |   | <input checked="" type="radio"/>       |
| <b>7</b> Add line 5e and line 6. . . . . <b>7</b> <input checked="" type="radio"/> 6969 <input checked="" type="radio"/> 6969 <input checked="" type="radio"/> 0   | 6969   | 6969                                      | 0                                      |
| <b>Interest You Paid</b>   |  |   |  |
| <b>8 a</b> Home mortgage interest and points reported to you on federal Form 1098 . . . . . <b>.8a</b> <input checked="" type="radio"/>  |  |   | <input checked="" type="radio"/>       |
| <b>b</b> Home mortgage interest not reported to you on federal Form 1098 . . . . . <b>.8b</b> <input checked="" type="radio"/>   |  |   | <input checked="" type="radio"/>       |
| <b>c</b> Points not reported to you on federal Form 1098. <b>.8c</b> <input checked="" type="radio"/>  |  |   | <input checked="" type="radio"/>       |
| <b>d</b> Reserved for future use . . . . . <b>.8d</b>  |  |   |  |
| <b>e</b> Add line 8a through line 8c. . . . . <b>.8e</b> <input checked="" type="radio"/>  |  | <input checked="" type="radio"/>          | <input checked="" type="radio"/>       |
| <b>9</b> Investment interest. . . . . <b>9</b> <input checked="" type="radio"/>  |  | <input checked="" type="radio"/>          | <input checked="" type="radio"/>       |
| <b>10</b> Add line 8e and line 9. . . . . <b>10</b> <input checked="" type="radio"/>   |  | <input checked="" type="radio"/>          | <input checked="" type="radio"/>       |

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| Part II Adjustments to Federal Itemized Deductions<br>Continued   | A Federal Amounts<br>(from federal Schedule A<br>(Form 1040)) | B Subtractions<br>See instructions | C Additions<br>See instructions  |
|---|---|------------------------------------|----------------------------------|
| <b>Gifts to Charity</b>   |   |                                    |                                  |
| 11 Gifts by cash or check. . . . . 11   | <input checked="" type="radio"/>                              | <input checked="" type="radio"/>   | <input checked="" type="radio"/> |
| 12 Other than by cash or check. . . . . 12  | <input checked="" type="radio"/>                              | <input checked="" type="radio"/>   | <input checked="" type="radio"/> |
| 13 Carryover from prior year. . . . . 13  | <input checked="" type="radio"/>                              | <input checked="" type="radio"/>   | <input checked="" type="radio"/> |
| 14 Add line 11 through line 13 . . . . . 14   | <input checked="" type="radio"/>                              | <input checked="" type="radio"/>   | <input checked="" type="radio"/> |
| <b>Casualty and Theft Losses</b>  |   |                                    |                                  |
| 15 Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions . . 15 | <input checked="" type="radio"/>                              | <input checked="" type="radio"/>   | <input checked="" type="radio"/> |
| <b>Other Itemized Deductions</b>  |   |                                    |                                  |
| 16 Other—from list in federal instructions. . . . . 16  | <input checked="" type="radio"/>                              | <input checked="" type="radio"/>   | <input checked="" type="radio"/> |
| 17 Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C. . . . . 17  | <input checked="" type="radio"/>                              | <input checked="" type="radio"/>   | <input checked="" type="radio"/> |
|   | 6969  | 6969                               | 0                                |

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

**Job Expenses and Certain Miscellaneous Deductions**

|   |              |
|---|--------------|
| 19 Unreimbursed employee expenses: job travel, union dues, job education, etc. Attach federal Form 2106 if required. See instructions . . . . . <input checked="" type="radio"/> 19 | <u>0</u>     |
| 20 Tax preparation fees . . . . . <input checked="" type="radio"/> 20   | <u>0</u>     |
| 21 Other expenses: investment, safe deposit box, etc. List type. . . . . <input checked="" type="radio"/> 21  | <u>0</u>     |
| 22 Add line 19 through line 21 . . . . . <input checked="" type="radio"/> 22  | <u>0</u>     |
| 23 Enter amount from federal Form 1040 or 1040-SR, line 11 . . . . . <input checked="" type="radio"/> 23  | <u>76476</u> |
| 24 Multiply line 23 by 2% (0.02). If less than zero, enter 0. . . . . <input checked="" type="radio"/> 24   | <u>1530</u>  |
| 25 Subtract line 24 from line 22. If line 24 is more than line 22, enter 0. . . . . <input checked="" type="radio"/> 25   | <u>0</u>     |
| 26 <b>Total Itemized Deductions.</b> Add line 18 and line 25 . . . . . <input checked="" type="radio"/> 26  | <u>0</u>     |
| 27 Other adjustments. See instructions. Specify. <input checked="" type="radio"/> 27  | <u>0</u>     |
| 28 Combine line 26 and line 27. . . . . <input checked="" type="radio"/> 28   | <u>0</u>     |

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

|  |           |
|--|-----------|
| Single or married/RDP filing separately . . . . .                      | \$237,035 |
| Head of household . . . . .  | \$355,558 |
| Married/RDP filing jointly or qualifying surviving spouse/RDP. . . . . | \$474,075 |

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

**Yes.** Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540), line 29. . . . .  29 0

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

|   |          |
|---|----------|
| Single or married/RDP filing separately. See instructions . . . . .                         | \$5,363  |
| Married/RDP filing jointly, head of household, or qualifying surviving spouse/RDP . . . . . | \$10,726 |

**Transfer the amount on line 30 to Form 540, line 18.** . . . . .  30 5363

# Underpayment of Estimated Tax by Individuals and Fiduciaries

**2023**

**5805**

Attach this form to the **back** of your Form 540, Form 540NR, or Form 541. Also, check the box for underpayment of estimated tax located on Form 540, line 113; Form 540NR, line 123; or Form 541, line 44, whichever applies.

Name(s) as shown on return

SSN, ITIN, or FEIN

RANJITH KUMAR CHEERLA

046232302

**IMPORTANT:** In most cases, the Franchise Tax Board (FTB) can figure the penalty for you and you do not have to complete this form. See General Information B.

If you meet **any** of the following conditions, you do not owe a penalty for underpayment of estimated tax. **Do not complete or file this form if:**

- The amount of your tax liability (not including tax on lump-sum distributions and accumulation distribution of trusts) less credits (including the withholding credit) but not including estimated tax payments for either 2022 or 2023 was less than \$500 (or less than \$250 if married/RDP filing a separate return).
- Your 2022 return was for a full 12 months (or would have been if you were required to file) and you did not have any tax liability on that return.
- The amount of your withholding plus your estimated tax payments, **if paid in the required installments**, is at least 90% of the tax shown on your 2023 return or 100% of the tax shown on your 2022 return (110% if California adjusted gross income (AGI) was more than \$150,000 or \$75,000 if married/RDP filing a separate return) **and** you are not using the annualized income installment method. Taxpayers with California AGI equal to or greater than \$1,000,000 (or \$500,000 if married/RDP filing a separate return) must use the tax shown on their 2023 tax return if they do not meet one of the two conditions above.

**Part I Questions.** All filers must complete this part. Estates and Trusts, see General information E.

**1** Are you requesting a waiver of the penalty? If "Yes," provide an explanation below and be sure to check the box on Form 540, line 113; Form 540NR, line 123; or Form 541, line 44. If you need additional space, attach a statement. See General Information C ..... **1**   Yes  No

**2** Did you use the annualized income installment method? If "Yes," see instructions for Part III and be sure to check the box on Form 540, line 113; Form 540NR, line 123; or Form 541, line 44 ..... **2**   Yes  No

**3** Was your California withholding not withheld in equal installments and are you able to show the actual amounts withheld per period and the actual dates withheld? ..... **3**   Yes  No  
 N/A

If "Yes," enter the **actual uneven amounts withheld** on the spaces provided below. The total of the four amounts must equal the total withholding reported on Form 540, line 71 and line 73; Form 540NR, line 81 and line 83; or Form 541, line 29 and line 31.

4/15/23  \$  ; 6/15/23  \$  ;  
9/15/23  \$  ; 1/15/24  \$  .

**4** For estates and trusts: Was the date of death less than two years from the end of the taxable year? See General Information E ..... **4**   Yes  No

**Part II Required Annual Payment.** All filers must complete this part.

|   |  |   |      |     |
|---|--|---|------|-----|
| 1 | Current year tax. Enter your 2023 tax after credits. See instructions . . . . .  | 1 | 3121 | .00 |
| 2 | Multiply line 1 by 90% (.90). . . . .  | 2 | 2809 | .00 |
| 3 | Withholding taxes. <b>Do not</b> include any estimated tax payments on this line. See instructions. . . . .  | 3 |      | .00 |
| 4 | Subtract line 3 from line 1. If less than \$500 (or less than \$250 if married/RDP filing a separate return), stop here. You do not owe the penalty. <b>Do not</b> file form FTB 5805 . . . . .  | 4 | 3121 | .00 |
| 5 | Enter the tax shown on your 2022 tax return. See instructions. (110% (1.10) of that amount if the adjusted gross income shown on that return is more than \$150,000, or if married/RDP filing a separate return for 2023, more than \$75,000). . . . . | 5 | 3616 | .00 |
| 6 | Required annual payment. Enter the <b>smaller</b> of line 2 or line 5. (If your California AGI is equal to or greater than \$1,000,000/\$500,000 for married/RDP filing a separate return, use line 2). . . . .  | 6 | 2809 | .00 |

**Short Method**

**Caution:** See the instructions to find out if you can use the short method. If you answered "Yes" to Question 2 in Part I, skip this part and go to Part III. If you answered "No" to Question 2 in Part I **and** you cannot use the short method, go to Worksheet II, Regular Method to Figure Your Underpayment and Penalty, on page 4 of the instructions.

|           |   |                                     |      |                     |  |  |         |   |                |   |                  |    |   |     |
|-----------|---|-------------------------------------|------|---------------------|--|--|---------|---|----------------|---|------------------|----|---|-----|
| 7         | Enter the amount, if any, from Part II, line 3 above . . . . .  | 7                                   |      | .00                 |  |  |         |   |                |   |                  |    |   |     |
| 8         | Enter the total amount, if any, of estimated tax payments you made. . . . .   | 8                                   |      | .00                 |  |  |         |   |                |   |                  |    |   |     |
| 9         | Add line 7 and line 8 . . . . .   | 9                                   |      | .00                 |  |  |         |   |                |   |                  |    |   |     |
| 10        | <b>Total underpayment for the year.</b> Subtract line 9 from line 6. If zero or less, stop here. You do not owe the penalty. <b>Do not</b> file form FTB 5805. . . . .  | 10                                  | 2809 | .00                 |  |  |         |   |                |   |                  |    |   |     |
| 11        | Multiply line 10 by .04799165 . . . . .   | 11                                  | 135  | .00                 |  |  |         |   |                |   |                  |    |   |     |
| 12        | <ul style="list-style-type: none"> <li>If the amount on line 10 was paid <b>on or after</b> 4/15/24, enter -0-.</li> <li>If the amount on line 10 was paid <b>before</b> 4/15/24, enter the result of the following computation:</li> </ul> |                                     |      |                     |  |  |         |   |                |   |                  |    |   |     |
|           | <table border="0"> <tr> <td>Amount on</td> <td></td> <td>Number of days paid</td> <td></td> <td></td> </tr> <tr> <td>line 10</td> <td>X</td> <td>before 4/15/24</td> <td>X</td> <td>.00019 . . . . .</td> </tr> </table>                    | Amount on                           |      | Number of days paid |  |  | line 10 | X | before 4/15/24 | X | .00019 . . . . . | 12 | 0 | .00 |
| Amount on |   | Number of days paid                 |      |                     |  |  |         |   |                |   |                  |    |   |     |
| line 10   | X   | before 4/15/24                      | X    | .00019 . . . . .    |  |  |         |   |                |   |                  |    |   |     |
| 13        | <b>PENALTY.</b> Subtract line 12 from line 11. Enter the result here and on Form 540, line 113; Form 540NR, line 123; or Form 541, line 44. Also, check the box for "FTB 5805." ► . . . . .   | <input checked="" type="radio"/> 13 | 135  | .00                 |  |  |         |   |                |   |                  |    |   |     |



**Part III Annualized Income Installment Method Schedule.**

Use this schedule ONLY if you earned taxable income at an UNEVEN RATE during 2023 (see Example A). If you earned your income at approximately the same rate each month (see Example B), then you should not complete this schedule. If you choose to figure the penalty, see Worksheet II, on page 4 of the instructions.

**Example A:** If you were a commissioned salesperson who earned no income during the first three months of the year, earned most of your income during the following six months, and earned very little during the last three months, you should complete this schedule. You may be able to benefit by using the annualized income installment method. The required installment of estimated tax figured using the annualized method may be less than your required installment figured using the required installment method.

**Example B:** If you worked all year and earned a monthly salary that did not change much during the year, you should not complete this schedule.

|  |                                 |                                 |                                 |                                  |
|--|---------------------------------|---------------------------------|---------------------------------|----------------------------------|
| To complete this schedule correctly, you must first complete Side 2, Part II, line 1 through line 6.   |                                 |                                 |                                 |                                  |
| Estates and trusts, <b>do not</b> use the period ending dates shown to the right. Instead, use the following: 2/28/23, 4/30/23, 7/31/23, and 11/30/23. |                                 |                                 |                                 |                                  |
| Fiscal year filers must adjust dates accordingly.  | <b>(a)</b><br>1/1/23 to 3/31/23 | <b>(b)</b><br>1/1/23 to 5/31/23 | <b>(c)</b><br>1/1/23 to 8/31/23 | <b>(d)</b><br>1/1/23 to 12/31/23 |

|  |           |                      |                      |                      |                      |
|--|-----------|----------------------|----------------------|----------------------|----------------------|
| <b>1</b> Enter your California adjusted gross income (AGI) for each period. Form 540NR filers, see instructions. Estates or Trusts, enter the amount from Form 541, line 20 attributable to each period. See instructions . . . .                        | <b>1</b>  | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <b>2</b> Annualization amounts. Estates or Trusts, see instructions . . . . .  | <b>2</b>  | 4                    | 2.4                  | 1.5                  | 1                    |
| <b>3</b> Annualized income. Multiply line 1 by line 2 . . . . .  | <b>3</b>  | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <b>4</b> Enter your itemized deductions for the period shown in each column. If you do not itemize deductions, enter -0- here and on line 6. Estates or Trusts, enter -0- here, skip to line 9, and enter the amount from line 3 on line 9 . . . . .     | <b>4</b>  | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <b>5</b> Annualization amounts. . . . .  | <b>5</b>  | 4                    | 2.4                  | 1.5                  | 1                    |
| <b>6</b> Annualized itemized deductions. Multiply line 4 by line 5. See instructions . . . . .   | <b>6</b>  | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <b>7</b> Enter your standard deduction from your 2023 Form 540 or Form 540NR, line 18. Enter the total standard deduction amount in each column. See instructions . . . .  | <b>7</b>  | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <b>8</b> Enter line 6 or line 7, whichever is <b>larger</b> . . . . .  | <b>8</b>  | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <b>9</b> Subtract line 8 from line 3 . . . . .   | <b>9</b>  | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <b>10</b> Figure the tax on the amount in each column of line 9 using the tax table or the tax rate schedule in the instructions for Form 540, Form 540NR, or Form 541. Also, include any tax from form FTB 3803. Estates or Trusts, see instructions. . | <b>10</b> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <b>11</b> Enter the total amount of exemption credits from your 2023 Form 540, line 32 or Form 541, line 22. If you filed Form 540NR, see instructions . . . . .   | <b>11</b> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <b>12</b> Subtract line 11 from line 10. Form 540NR filers, complete Worksheet I on page 3 of the instructions . . . .   | <b>12</b> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <b>13</b> Enter the total credit amount from your 2023 Form 540, line 47; or Form 541, line 23. Form 540NR filers, see instructions . . . . .  | <b>13</b> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |



**Part III Annualized Income Installment Method Schedule.** continued

|   | (a)<br>1/1/23 to 3/31/23 | (b)<br>1/1/23 to 5/31/23 | (c)<br>1/1/23 to 8/31/23 | (d)<br>1/1/23 to 12/31/23 |
|---|--------------------------|--------------------------|--------------------------|---------------------------|
| <b>14 a</b> Subtract line 13 from line 12.<br>If zero or less, enter -0- . . . . . <b>14a</b>             | <input type="text"/>     | <input type="text"/>     | <input type="text"/>     | <input type="text"/>      |
| <b>b</b> Enter the alternative minimum tax and<br>mental health tax. See instructions. . . . . <b>14b</b> | <input type="text"/>     | <input type="text"/>     | <input type="text"/>     | <input type="text"/>      |
| <b>c</b> Add line 14a and line 14b . . . . . <b>14c</b>   | <input type="text"/>     | <input type="text"/>     | <input type="text"/>     | <input type="text"/>      |
| <b>d</b> Enter the excess SDI from Form 540, line 74<br>or Form 540NR, line 84 . . . . . <b>14d</b>       | <input type="text"/>     | <input type="text"/>     | <input type="text"/>     | <input type="text"/>      |
| <b>e</b> Subtract line 14d from line 14c.<br>If zero or less, enter -0- . . . . . <b>14e</b>              | <input type="text"/>     | <input type="text"/>     | <input type="text"/>     | <input type="text"/>      |
| <b>15</b> Applicable percentage . . . . . <b>15</b>   | 27%                      | 63%                      | 63%                      | 90%                       |
| <b>16</b> Multiply line 14e by line 15 . . . . . <b>16</b>  | <input type="text"/>     | <input type="text"/>     | <input type="text"/>     | <input type="text"/>      |

**Complete line 17 through line 23 of each column before you go to the next column.**

|   |                      |                      |                      |                      |
|---|----------------------|----------------------|----------------------|----------------------|
| <b>17</b> Enter the combined amounts shown on line 23<br>from all preceding columns . . . . . <b>17</b>   | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <b>18</b> Subtract line 17 from line 16. If zero or less,<br>enter -0- . . . . . <b>18</b>  | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <b>19</b> Enter 30% of the amount shown on form FTB 5805,<br>Part II, line 6 in columns (a & d), enter 40% of the<br>amount on line 6 in column b, enter -0- in column c. . . . . <b>19</b> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <b>20</b> Enter the amount from line 22 from<br>the preceding column . . . . . <b>20</b>  | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <b>21</b> Add line 19 and line 20 . . . . . <b>21</b>   | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <b>22</b> Subtract line 18 from line 21. If zero or less,<br>enter -0- . . . . . <b>22</b>  | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

**23** Enter line 18 or line 21, whichever is less, for each column. Transfer these amounts to Worksheet II, line 1, on page 4 of the instructions.

| (a)<br>1/1/23 to 3/31/23 | (b)<br>1/1/23 to 5/31/23 | (c)<br>1/1/23 to 8/31/23 | (d)<br>1/1/23 to 12/31/23 |
|--------------------------|--------------------------|--------------------------|---------------------------|
| <input type="text"/>     | <input type="text"/>     | <input type="text"/>     | <input type="text"/>      |

**If you use the annualized income installment method for one payment due date, you must use it for all payment due dates.  
This schedule automatically selects the smaller of your annualized income installment or your regular installment.**