FORM

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

	2023	California e-file	Signature A	uthor	ization	fo	r Ind	lividu	als		8	38	79
You	r name							You	r SSN o	or ITIN			
-	RANTHI KIR use's/RDP's name	ITI MEKALA								-8504		N	
SÆ	AI JOSHNA	KONDURU						899	9-60	-5127	,		
_		n Information (whole dollars only	')					1000					
1	California adjust	ed gross income (AGI). See instru	ictions							1	4	217	7438
2	Amount you owe	e. See instructions								2			
3	Refund or no am	ount due. See instructions								3			930
Pa	rt II Taxpayei	Declaration and Signature Auth	orization (Be sure you ol	otain and ke	ep a copy of yo	our re	eturn.)						
ider inco and agre dom prov <b>to n</b> retu pena	ntification number ome tax return. If on form FTB 84 ees with the direc hestic partner (R vider to transmit ny ERO, interme rn, I understand alties. I acknowle	ginator (ERO), transmitter, or inte r (ITIN), and the amounts shown applicable, I authorize an electron 55, California e-file Payment Reco ct deposit authorization stated on DP) as an agent to authorize an el my complete return to the Franch <b>diate service provider, and/or tra</b> that if the FTB does not receive fu edge that I have read and consent dentification number (PIN) as my	in Part I above agree with nic funds withdrawal of th ord for Individuals, or a co- my return. If I have filed lectronic funds withdrawa nise Tax Board (FTB). If th ansmitter the reason(s) fi ull and timely payment of to the Electronic Funds N	h the inform he amount of omparable f a joint retur al or direct of <b>he processii</b> for the dela my tax liab Withdrawal	ation and amou on line 2 and/or orm. If applicat n, this is an irre leposit. I autho <b>ng of my return y or the date w</b> lity, I remain lia Consent include	unts the ble, l evoca rize <b>i or r</b> <b>ihen</b> able ed or	shown o estimate declare able appo my ERO, refund is the refun for the ta n the cop	n the correct d tax paym that direct pintment of transmitte <b>delayed, I</b> <b>nd was sen</b> x liability a y of my ele	espond ents as deposi f the ot r, or in <b>autho</b> nt. If I a nd all a ectronic	ling lines s shown t refund ther spor termedia <b>rize the</b> am filing applicab c income	of my on my amour ise/reg te serv <b>FTB to</b> a bala e inter e tax re	rele ret nt or jiste vice <b>dis</b> nce est eturr	ctronic urn n line 3 ered c <b>close</b> due and n. I have
	payer's PIN: che				and,	n up	piloubio,				iarana		
X	l authorize GI	OBAL TAXES LLC					t	o enter my	PIN	4 8	3 5	(	0 4
			ERO firm name					5		Do not	enter	all z	zeros
	as my signatur	e on my 2023 e-filed California in	dividual income tax retur	n.									
		PIN as my signature on my 2023 Ising the Practitioner PIN method				k this	s box <b>oni</b>	<b>y</b> if you are	enteri	ing your	own P	IN a	ınd your
You	r signature 🕨 _				Date	•							
Spo	use's/RDP's PIN	: check one box only											
$ \mathbf{X} $		OBAL TAXES LLC					+	o enter my	DIN	0	5 1		2 7
	T AULIIUIIZE	INTER TAMES THE	ERO firm name				l	o enter my	FIN	Do not			
	as my signatur	e on my 2023 e-filed California in	dividual income tax retur	n.						20.00			
	-	PIN as my signature on my 20 n is filed using the Practitioner PII				Che	ck this t	oox <b>only</b> if	you a	re enter	ng yo	ur c	own PIN
Spo	use's/RDP's sigr	nature					Date	•					
		F	Practitioner PIN Method F	Returns Only	/ continue be	elow							
Pa	rt III Certifica	ation and Authentication — Prac	titioner PIN Method Only	1									
		<b>er Identification Number (EFIN)/</b> EFIN followed by your five-digit se			2 2 2		4 9 not ente	6 0 er all zeros	8	2 7	1	]	
con		ve numeric entry is my PIN, which Ibmitting this return in accordance											
ERC	)'s signature 🕨				Date	•	02/2	20/2024	ł				

# 2023 California Resident Income Tax Return

		APE	ATTA	CH FED	ERAL RETURN	
773-54-8504 KRANTHIKIRI SAIJOSHNA	MEKA MEKALA KONDUR	899-60-5127 U	23	PBA	518210	
3597 NUESTRA SACRAMENTO	-	95835				
05-05-1993 (	7-24-1994					

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

Υοι	ır na	me:	MEK	ALA	J		Your SS	SN or ITIN	: 773-	54-8504					
	10	Depen	dents:		ot include y Dependent 1		your spouse		pendent 2			Dener	dont 0		
		First	Name		Dependent	I			penuent z				ndent 3		
Exemptions		Last	Name												
			. See												
Exer		Dep	ructions. endent's tionship												
		to yo	ou .									Г			
											X \$446 = (	 Г			
	11	Exen	nption a	amou	Int: Add line	e 7 through	i line 10. Trai	nsfer this ai	nount to li	ne 32		11 \$		28	38
	12	State Form	wages (s) W-2	from 2, box	n your feder x 16	al		12		21213	4 .00				
	13	Enter	federa	l adju	isted gross	income fro	om federal Fo	orm 1040 o	r 1040-SR.	line 11	• 13			217438	. 00
	14	Califo	ornia ac	ljustn	nents – sub	tractions.	Enter the am	ount from S	Schedule C						. 00
Ð	15	Subt	ract line	e 14 f	rom line 13	. If less th	an zero, ente	r the result	in parenth	eses.				217438	. 00
ncom	16	Califo	See instructions												
Taxable Income	17			,										217438	.00
Тах	18	Enter	(		-					), Part II, line 3	1				•[ <u>00</u> ]
	10	large		Your	r California	standard d	eduction sh	own below	for your fili	ng status:		}			
			l		-			-		ing spouse/RD				10416	
	19	If Married/RDP filing separately or the box on line 6 is checked, <b>STOP</b> . See instructions. • <b>18 19</b> Subtract line 18 from line 17. This is your <b>taxable income</b> .											12416	<u>00</u>	
		If les	s than a	zero,	enter -0						🖲 19			205022	<b>.</b> 00
		-	o			Т	ax Table	T ×	ax Rate Sc	hedule					
	31	Tax.	Uneck t	ne bo	ox if from:	F	TB 3800	• - F	TB 3803 .					12373	. 00
	32		•				om line 11. I	5		ore than	(•) 32			288	. 00
Тах	33										<u> </u>			12085	. 00
					ons. Check			Schedule	Г		A ● 34				.00
	34							_			_			12085	.00
	35	Add	ine 33	and II	ine 34						• 35			12005	• <u>[UU</u> ]
dits	40	Nonr	efunda	ble Cl	hild and De	pendent Ca	are Expenses	Credit. See	instructio	ıs	• 40				. 00
Special Credits	43	Enter	<sup>-</sup> credit	name	e			code	•	and amoun	t • 43				- 00
Speci	44	Enter	r credit	name	e			code	•	] and amoun	t • 44				. 00
							1.5.5					REV (	02/02/24 PRO		
		Side 2	Porm	540	2023		175	31	02234						

You	r nar	me: MEKALA Your SSN or ITI	N: 773-54-8504				
Ś	45	To claim more than two credits, see instructions. Attach Sche	edule P (540)	• 45			. 00
redit	46	Nonrefundable Renter's Credit. See instructions		• 46			. 00
Special Credits	47	Add line 40 through line 46. These are your total credits	• 47			. 00	
Spe	48	Subtract line 47 from line 35. If less than zero, enter -0			12	2085	. 00
xes	61	Alternative Minimum Tax. Attach Schedule P (540)					• 00
Other Taxes	62	Mental Health Services Tax. See instructions					<u>   00</u>
	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	<b>(</b>	• 64	12	2085	. 00
	71	California income tax withheld. See instructions		• 71	13	3015	. 00
	72	2023 California estimated tax and other payments. See instrue	ictions	• 72			- 00
	73	Withholding (Form 592-B and/or Form 593). See instructions	5	• 73			. 00
Payments	74	Excess SDI (or VPDI) withheld. See instructions		• 74			. 00
Payn	75	Earned Income Tax Credit (EITC). See instructions		• 75			. 00
	76	Young Child Tax Credit (YCTC). See instructions		• 76			. 00
	77 78	Foster Youth Tax Credit (FYTC). See instructions Add line 71 through line 77. These are your total payments. See instructions		<ul><li>77</li><li>78</li></ul>	13	3015	• 00 • 00
Use Tax	91	Use Tax. Do not leave blank. See instructions	• 91		0.00		
Use		If line 91 is zero, check if:  No use tax is owed. (	You paid your use ta	ax obligatio	on directly to CDTFA.		
ISR Penaltv	92	If you and your household had full-year health care coverage, See instructions. Medicare Part A or C coverage is qualifying If you did not check the box, see instructions.		• ×	]		
		Individual Shared Responsibility (ISR) Penalty. See instruction	ons • 92		.00		
an	93	Payments balance. If line 78 is more than line 91, subtract line	ne 91 from line 78	• 93	13	3015	. 00
Overpaid Tax/Tax Due	94 95	<b>Use Tax balance.</b> If line 91 is more than line 78, subtract line Payments after Individual Shared Responsibility Penalty. If lin		1 -	2015	• 00	
aid Ta	96	subtract line 92 from line 93	more than line 93,	95		3015	• 00
Overp		subtract line 93 from line 92		• 96		020	• 00
0	97	Overpaid tax. If line 95 is more than line 64, subtract line 64 f	from line 95	97		930	• 00
			103234		Form 540 2023 S	Side 3	

our na	me:	MEKALA	Your SSN or ITIN:	773-54-8504			
<u>ම</u> 98	Amo	unt of line 97 you want applied to you	ur <b>2024</b> estimated tax		98	0.	00
Tax/Tax Due 66 66 001 00	Over	paid tax available this year. Subtract l	ine 98 from line 97		99	930	00
Lax/ 100 I	Tax o	lue. If line 95 is less than line 64, sub	tract line 95 from line	64	100		00
					<u>Code</u>	Amount	
	Califo	ornia Seniors Special Fund. See instru	uctions		<b>400</b>		00
	Alzhe	imer's Disease and Related Dementia	a Voluntary Tax Contrib	ution Fund	<b>401</b>		00
	Rare	and Endangered Species Preservatio	n Voluntary Tax Contril	oution Program	<b>4</b> 03	-	00
	Califo	ornia Breast Cancer Research Volunta	ry Tax Contribution Fu	nd	• 405	-	00
	Califo	ornia Firefighters' Memorial Voluntary	r Tax Contribution Func	l	• 406		00
	Emei	gency Food for Families Voluntary Ta	x Contribution Fund		• 407		00
	Califo	ornia Peace Officer Memorial Foundat	ion Voluntary Tax Cont	ribution Fund	• 408		00
	Califo	ornia Sea Otter Voluntary Tax Contrib	ution Fund		• 410		00
	Califo	ornia Cancer Research Voluntary Tax	Contribution Fund		• 413		00
Contributions	Scho	ol Supplies for Homeless Children Vo	oluntary Tax Contributio	on Fund	• 422		00
3	State	Parks Protection Fund/Parks Pass P	urchase		• 423		00
	Prote	ect Our Coast and Oceans Voluntary 1	ax Contribution Fund.		• 424	-	00
	Кеер	Arts in Schools Voluntary Tax Contri	bution Fund		• 425	-	00
	Califo	ornia Senior Citizen Advocacy Volunta	ary Tax Contribution Fu	nd	• 438	-	00
	Nativ	e California Wildlife Rehabilitation Vo	luntary Tax Contributio	n Fund	• 439	-	00
	Rape	Kit Backlog Voluntary Tax Contributi	on Fund		• 440	-	00
	Suici	de Prevention Voluntary Tax Contribu	tion Fund		• 444		00
	Ment	al Health Crisis Prevention Voluntary	Tax Contribution Fund		• 445		00
110	Add	amounts in code 400 through code 4	45. This is your total c	ontribution	• 110		00

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Your	r nan	ne:	MEKAI				Your SSN or ITIN:	773-54-					
ount Owe	111	AMO	UNT YOU	OWE. If y	you do n	iot have an a	amount on line 99, add li	ne 94, line 96	line 100, and li	ne 110. Se	ee instructions. <b>Do not send cash.</b>		
Amo You		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 Pay Online – Go to ftb.ca.gov/pay for more information.											
and			est, late r erpaymen				ment penalties			112		. 00	
Interest and Penalties	110		ck the box		1		ed • FTB 5805	F attached .		113		. 00	
	114	Total	amount	due. See i	instructi	ions. Enclos	se, but <b>do not</b> staple, a	ny payment .		114		. 00	
	115	REF	UND OR N	IO AMOU	JNT DUE	. Subtract	the sum of line 110, lin	e 112, and lir	e 113 from line	99. See	instructions.		
		Mail to: FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001 • 115 930 .00											
Refund and Direct Deposit		Fill in the information to authorize direct deposit of your refund into one or two accounts. <b>Do not</b> attacts See instructions. <b>Have you verified the routing and account numbers?</b> Use whole dollars only. All or the following amount of my refund (line 115) is authorized for direct deposit into the account short Type								у.			
I Dire		• F	Routing nu		<u> </u>	hecking	Account number				• 116 Direct deposit amount		
id and		02	21200	339		ũ	38104113517	4			930	. 00	
Refur		The	remaining			-	115) is authorized for c	lirect deposit	into the accoun	nt shown below:			
		• F	Routing nu			hecking	Account number				• 117 Direct deposit amount		
				[	Sa	avings						. 00	
Voter Info.		For v	voter regis	stration in	nformati	on, check tl	he box and go to <b>sos.c</b>	a.gov/electio	<b>ns</b> . See instruc	tions			
Health Care Coverage Info.		-					w-cost health care cove your tax return with Cc	• •	-			No	

REV 02/02/24 PRO

Sign your tax return on Side 6

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Your	name:	ME
Your	name:	1.11

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MEKALA
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Your SSN	or ITINI	
	ULTIN.	

773-54-8504



IMPORTANT: S	See the instructions to find out if you should attach a copy of your complete federal tax return	า.							
Our privacy notice to locate FTB 113	e can be found in annual tax booklets or online. Go to <b>ftb.ca.gov/privacy</b> to learn about our privacy policy sta 1 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505	atement, or go to <b>ftb.ca.g</b> and enter form code <b>948</b>	ov/forms and search for 1131 when instructed.						
Under penalties o is true, correct, a	of perjury, I declare that I have examined this tax return, including accompanying schedules and statem and complete.	ents, and to the best of	my knowledge and belief, it						
Your signature	Date Spouse's/RDP's	s signature (if a joint tax	return, both must sign)						
	Your email address. Enter only one email address.	Pre	eferred phone number						
Sign		201	9208897						
Here	Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge)								
	SYAM PRIYA RAM SAGAR GUPTA TALLAM								
It is unlawful to forge a	Firm's name (or yours, if self-employed)		PTIN						
spouse's/ RDP's signature.	GLOBAL TAXES LLC		P02082703						
0	Firm's address		● Firm's FEIN						
Joint tax return?	245 ROONEY CT E BRUNSWICK NJ 08816		843171965						
See instructions.	Do you want to allow another person to discuss this tax return with us? See instructions.	· · · · · • Yes	Yes × No						
	Print Third Party Designee's Name	Teleph	Telephone Number						

REV 02/02/24 PRO

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CA (540)

# **2023 California Adjustments — Residents**

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

Na	SSN or ITIN			
	MEKALA & S KONDURU			773548504
	<b>art I Income Adjustment Schedule</b> ction A – Income from federal Form 1040 or 1040-SR	A Federal Amounts (taxable amounts from your federal tax return)	<b>B</b> Subtractions See instructions	<b>C</b> Additions See instructions
1	<b>a</b> Total amount from federal Form(s) W-2, box 1. See instructions <b>1a</b>	<ul> <li>212134</li> </ul>	۲	۲
	b Household employee wages not reported on federal Form(s) W-2	۲	۲	۲
	c Tip income not reported on line 1a 1c	۲	۲	۲
	d Medicaid waiver payments not reported on federal Form(s) W-2. See instructions 1d	۲	$\odot$	۲
	e Taxable dependent care benefits from federal Form 2441, line 26 1e	۲	۲	۲
	f Employer-provided adoption benefits from federal Form 8839, line 29 1f	۲	۲	۲
	<b>g</b> Wages from federal Form 8919, line 6 <b>1g</b>	۲	۲	•
	h Other earned income. See instructions 1h	• 0	۲	۲
	i Nontaxable combat pay election. See instructions1i			•
	z Add line 1a through line 1i1z	212134	۲	•
2	Taxable interest. a • 2b		$\odot$	$\odot$
3	Ordinary dividends. See instructions. a • 3b	۲	۲	۲
4	IRA distributions. See instructions. a	۲	۲	۲
5	Pensions and annuities. See instructions. a • 5b	۲		۲
6	Social security benefits. <b>a</b> • 6b	۲	۲	
		• -3000	۲	۲
	<b>ction B – Additional Income</b> from federal Schedule 1 Taxable refunds, credits, or offsets of state			
'	and local income taxes	۲	۲	
2	a Alimony received. See instructions 2a	٢		•
3	Business income or (loss). See instructions <b>3</b>	• 8935	۲	۲
	Other gains or (losses)	۲	۲	•
9	Rental real estate, royalties, partnerships, S corporations, trusts, etc <b>5</b>	۲	۲	۲
6	Farm income or (loss)6	۲	۲	۲
7	Unemployment compensation7	۲	۲	

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Section B – Additional Income Continued	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	<b>C</b> Additions See instructions		
8 Other income: a Federal net operating loss8a	• ( )		۲		
b Gambling	۲	۲			
c Cancellation of debt	۲	$\odot$	$\odot$		
<b>d</b> Foreign earned income exclusion from federal Form 2555	• ( )		۲		
e Income from federal Form 8853 8e	۲		۲		
f Income from federal Form 8889	۲	۲			
g Alaska Permanent Fund dividends	۲				
<b>h</b> Jury duty pay8h	۲				
i Prizes and awards8i	۲				
j Activity not engaged in for profit income 8j	۲				
k Stock options8k	۲		$\odot$		
I Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property 81	۲				
m Olympic and Paralympic medals and USOC prize money	۲				
<b>n</b> IRC Section 951(a) inclusion 8 <b>n</b>	۲	۲			
<b>o</b> IRC Section 951A(a) inclusion	۲	۲			
p IRC Section 461(I) excess business loss adjustment 8p	۲	۲	۲		
<b>q</b> Taxable distributions from an ABLE account <b>8q</b>	۲				
r Scholarship and fellowship grants not reported on federal Form(s) W-2 8r	۲				
s Nontaxable amount of Medicaid waiver payments included on federal Form 1040, line 1a or line 1d8s	• ( )				
t Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental IRC Section 457 plan 8t	۲				
<b>u</b> Wages earned while incarcerated 8 <b>u</b>	$\odot$				
z Other income. List type and amount.					
8z	۲	۲	$\textcircled{\bullet}$		

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Se	ction B – Additional Income Continued	A	Federal Amounts (taxable amounts from your federal tax return)		B Subtractions See instructions	<b>C</b> Additions See instructions
9	<b>a</b> Total other income. Add lines 8a through 8z <b>9a</b>			۲		۲
	b1 Disaster loss deduction from form FTB 3805V 9b1			۲		
	<b>b2</b> NOL deduction from form FTB 3805V 9b2			ullet		
	<b>b3</b> NOL deduction from form FTB 3805Z, 3807, or 3809			۲		
10	<b>Total.</b> Combine Section A, line 1z through line 7, and Section B, line 1 through line 7, and line 9a in column A and column C. Add Section A, line 1z through line 7, and Section B, line 1 through line 7, line 9a, and line 9b1 through line 9b3 in column B (as applicable). See instructions	۲	218069	۲		۲
	<b>ction C – Adjustments to Income</b> m federal Schedule 1 (Form 1040)					
11	Educator expenses					
12	Certain business expenses of reservists, performing artists, and fee-basis government officials <b>12</b>			۲		۲
13	Health savings account deduction	$oldsymbol{igstar}$		۲		
14	Moving expenses. Attach form FTB 3913. See instructions					۲
15	Deductible part of self-employment tax. See instructions		631	۲		
16	Self-employed SEP, SIMPLE, and qualified plans16	$   \mathbf{O} $				
17	Self-employed health insurance deduction. See instructions			۲		
18	Penalty on early withdrawal of savings	$oldsymbol{igstar}$				
19	a Alimony paid19a					
	<b>b</b> Recipient's: SSN •					
	Last Name 🖲					
20	IRA deduction			۲		۲
21	Student loan interest deduction					
22	Reserved for future use					
23	Archer MSA deduction					

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Section C – Adjustments to Income Continued	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	<b>C</b> Additions See instructions		
24 Other adjustments: a Jury duty pay	۲				
<ul> <li>b Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit</li></ul>	۲	۲	۲		
c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m24c	۲	۲			
d Reforestation amortization and expenses <b>24d</b>					
e Repayment of supplemental unemployment benefits under the federal Trade Act of 1974 <b>24e</b>	•				
f Contributions to IRC Section 501(c)(18)(D) pension plans24f	۲	۲	۲		
g Contributions by certain chaplains to IRC Section 403(b) plans	$\odot$	۲	۲		
h Attorney fees and court costs for actions involving certain unlawful discrimination claims	۲				
i Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations24i	۲	۲			
j Housing deduction from federal Form 2555 <b>24</b> j	$\odot$				
k Excess deductions of IRC Section 67(e) expenses from federal Schedule K-1 (Form 1041)24k	•				
<b>z</b> Other adjustments. List type and amount.					
②     24z	$\bullet$	$\odot$	$\textcircled{\bullet}$		
25    Total other adjustments. Add line 24a through line 24z	۲	۲	۲		
<b>26</b> Add line 11 through line 23 and line 25 in columns A, B, and C. See instructions <b>26</b>	• 631	۲	۲		
27 Total. Subtract line 26 from line 10 in columns A, B, and C. See instructions27	• 217438	$\textcircled{\textbf{0}}$	$\textcircled{\textbf{0}}$		

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#### Part II Adjustments to Federal Itemized Deductions

	-			×	]		
Che	ck the box if you did NOT itemize for federal but will itemize	for C			Cubirections		
		A	Federal Amounts (from federal Schedule A (Form 1040))		<b>B</b> Subtractions See instructions		<b>Additions</b> See instructions
Me	dical and Dental Expenses See instructions.		<u> </u>				
1	Medical and dental expenses • 1						
2	Enter amount from federal Form 1040 or 1040-SR, line 11 (•) 217438 2						
3	Multiply line 2 by 7.5% (0.075) (•) 16308 3						
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter 0					۲	
	<b>es You Paid</b> <b>a</b> State and local income tax or general sales taxes <b>5a</b>	۲	14146	۲	14146		
	<b>b</b> State and local real estate taxes	•					
	${\bf c}~$ State and local personal property taxes $\ldots\ldots.5{\bf c}$						
	<b>d</b> Add line 5a through line 5c	$   \mathbf{O} $	14146				
	<ul> <li>e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) in column A.</li> <li>Enter the amount from line 5a, column B in line 5e, column B.</li> <li>Enter the difference from line 5d and line 5e, column A in line 5e, column C</li></ul>		10000		14146		4146
6	Other taxes. List type • 6			•		•	
	Add line 5e and line 6		10000	•	14146	•	4146
	a Home mortgage interest and points reported to		12416				
	you on federal Form 1098	•	12410			•	
	c Points not reported to you on federal Form 10988c					•	
	d Reserved for future use						
	e Add line 8a through line 8c		12416	۲		۲	
9	Investment interest			۲		۲	
10	Add line 8e and line 9 <b>10</b>		12416			۲	

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Pa	rt II Adjustments to Federal Itemized Deductions Continued	A	Federal Amounts (from federal Schedule A (Form 1040))		B Subtractions See instructions		<b>C</b> Additions See instructions
Gif	ts to Charity		( //				
	Gifts by cash or check					۲	
12	Other than by cash or check	$   \mathbf{O} $		۲		۲	
13	Carryover from prior year			۲		۲	
	Add line 11 through line 1314					۲	
	casualty and Theft Losses Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions <b>15</b>						
Oth	er Itemized Deductions						
16	Other—from list in federal instructions <b>16</b>						
17	Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C <b>17</b>		22416		14146		4146
18	Total. Combine line 17 column A less column B plus co	lumn	C			0 18_	12416
Job	Expenses and Certain Miscellaneous Deductions						
19	Unreimbursed employee expenses: job travel, union due Attach federal Form 2106 if required. See instructions	es, jo	b education, etc.	9 19		-	
20	Tax preparation fees			20			
	Other expenses: investment, safe deposit box, etc. List type			20 21	0	-	
	Add line 19 through line 21			22 _	0	-	
	or 1040-SR, line 11		21/430				
24	Multiply line 23 by 2% (0.02). If less than zero, enter 0.			24	4349	-	
25	Subtract line 24 from line 22. If line 24 is more than line	22,	enter 0			25	0
26	Total Itemized Deductions. Add line 18 and line 25					26	12416
27	Other adjustments. See instructions. Specify.					27_	
28	Combine line 26 and line 27					28_	12416
29	Is your federal AGI (Form 540, line 13) more than the Single or married/RDP filing separately Head of household Married/RDP filing jointly or qualifying surviving s No. Transfer the amount on line 28 to line 29.			. \$237	,035		
	Yes. Complete the Itemized Deductions Worksheet in th	e ins	tructions for Schedule CA	(540),	line 29	29_	12416
30	Enter the larger of the amount on line 29 or your stand Single or married/RDP filing separately. See instru- Married/RDP filing jointly, head of household, or que Transfer the amount on line 30 to Form 540, line 18	ictior ialifyi	nsng surviving spouse/RDP	\$10	,726	) 30	12416
						_	
				_	REV 02/02/24 PRO	)	
	<b>Side 6</b> Schedule CA (540) 2023 175		7736234	I			

Atta	ach to Form 540, Form 540NR, or Form 541.				
Nar	ne(s) as shown on tax return	SSN, ITIN, or FE	IN		
K	MEKALA & S KONDURU	773-54-85	04		
1	Investment interest expense paid or accrued in 2023. See instructions		1		00
2	Disallowed investment interest expense from 2022 form FTB 3526, line 7. If zero or less, enter -0		2	20	00
3	Total investment interest expense. Add line 1 and line 2			20	00
<b>4</b> a	Gross income from property held for investment (excluding any net gain from the disposition of property he investment). See instructions	eld for			00
4b	Net gain from the disposition of property held for investment. See instructions				
	Net capital gain from the disposition of property held for investment. See instructions <b>4c</b>	0 00			
	Subtract line 4c from line 4b. If zero or less, enter -0		. 4d	0	00
	Enter all or part of the amount on line 4c that you elect to include in investment income. Do not include mor				
	than the amount on line 4b. See instructions		. 4e		00
4f					00
5	Investment expenses. See instructions				00
6	Net investment income. Subtract line 5 from line 4f.				00
7	Disallowed investment interest expense to be carried forward to 2024. Subtract line 6 from line 3.				
	If zero or less, enter -O		7	20	00
8	Investment interest expense deduction. Enter the smaller of line 3 or line 6. Form 541 filers, stop here and	0			
	see instructions. All other filers, go to line 9	•	8	0	00
9	Enter the amount from federal Form 4952, line 8				00
10	California investment interest expense deduction adjustment. Enter the difference between line 8 and line 9.				-
	See instructions.		10	0	00

#### **General Information**

In general, for taxable years beginning on or after January 1, 2015, California law conforms to the Internal Revenue Code (IRC) as of January 1, 2015. However, there are continuing differences between California and federal law. When California conforms to federal tax law changes, we do not always adopt all of the changes made at the federal level. For more information, go to ftb.ca.gov and search for conformity. Additional information can be found in FTB Pub. 1001, Supplemental Guidelines to California Adjustments, the instructions for California Schedule CA (540), California Adjustments — Residents, or Schedule CA (540NR), California Adjustments — Nonresidents or Part-Year Residents, and the Business Entity tax booklets.

The instructions provided with California tax forms are a summary of California tax law and are only intended to aid taxpayers in preparing their state income tax returns. We include information that is most useful to the greatest number of taxpayers in the limited space available. It is not possible to include all requirements of the California Revenue and Taxation Code (R&TC) in the instructions. Taxpayers should not consider the instructions as authoritative law.

#### A Purpose

Use form FTB 3526, Investment Interest Expense Deduction, to figure the amount of investment interest expense deductible for the current year and the amount, if any, to carry forward to future years. Interest expense paid by an individual, estate, or trust on a loan allocable to property held for investment may not be fully deductible in the current year.

Net capital gain from the disposition of property held for investment is excluded from investment income when figuring the investment interest limitation. However, taxpayers may elect to include in their investment income as much of their net capital gain investment income as they choose, if they also reduce the amount of net capital gain eligible for the special federal capital gain tax rate.

This form allows you to make a separate California election to include net capital gain investment income in the calculation of the investment interest limitation. However, California taxes all income at the same rate. Consider the effect on your California tax before making a separate California election or applying the federal election for California purposes.

#### **B** Who Must File

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If you are an individual, estate, or trust and you claim a deduction for investment interest expense, you must complete and attach form FTB 3526 to your tax return.

**Exception:** You do not have to file form FTB 3526 if **all** of the following apply:

- Your only investment income was from interest or dividends.
- You have no other deductible expenses connected with the production of interest or dividends.
- Your investment interest expense is not more than your investment income.
- You have no disallowed investment interest expense from 2022.

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## **Specific Line Instructions**

Generally, California law for the investment interest expense deduction follows federal law. Get the instructions for federal Form 4952, Investment Interest Expense Deduction, for more information. Get federal Pub. 550, Investment Income and Expenses, to determine your investment interest expense deduction if you have interest income or expense attributable to a working interest in oil or gas property or if you paid or accrued interest on a loan and you used the proceeds of the loan for more than one purpose.

#### Line 1

Enter the investment interest paid or accrued during the taxable year, regardless of when you incurred the indebtedness. Investment interest expense is interest paid or accrued on a loan (or part of a loan) that is allocable to property held for investment.

Include investment interest expense reported to you on Schedules K-1 (100S, 541, 565, or 568), Share of Income, Deductions, Credits, etc. Include amortization of bond premiums on taxable bonds purchased after October 22, 1986, but before January 1, 1988, unless you elected to offset amortizable bond premiums against the interest payments on the bond. A taxable bond is a bond on which the interest is includible in gross income.

Investment interest expense does not include:

- Qualified residence interest.
- Interest expense that is properly allocable to a passive activity. See "Passive Activities." REV 02/02/24 PRO

SCHEDULE A (Form 1040)

Department of the Treasury Internal Revenue Service

# **Itemized Deductions**

Attach to Form 1040 or 1040-SR.

OMB No. 1545-0074 20

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

Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

Attachment Sequence No. 07

Name(s) shown on	Form	1040 or 1040-SR		Yo	ur so	cial security number
K MEKALA &	S	KONDURU		77	3-5	4-8504
Medical		Caution: Do not include expenses reimbursed or paid by others.				
and		Medical and dental expenses (see instructions)	1			
Dental		Enter amount from Form 1040 or 1040-SR, line 11 2 217438				
Expenses		Multiply line 2 by 7.5% (0.075)		308		
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0			4	0
Taxes You	5	State and local taxes.				
Paid	а	State and local income taxes or general sales taxes. You may include				
		either income taxes or general sales taxes on line 5a, but not both. If				
		you elect to include general sales taxes instead of income taxes,	5			
	Ŀ	check this box	5a <u>14</u> 5b	146		
			50 5c			
		State and local personal property taxes	<b>F</b> 1	110		
		Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing	<b>Ju</b> 14	146		
	e	separately)	<b>5e</b> 10	~ ~ ^		
	6	Other taxes. List type and amount:		000		
	Ŭ		6			
	7	Add lines 5e and 6			7	10000
Interest		Home mortgage interest and points. If you didn't use all of your home				10000
You Paid	•	mortgage loan(s) to buy, build, or improve your home, see				
Caution: Your		instructions and check this box				
mortgage interest deduction may be	а	Home mortgage interest and points reported to you on Form 1098.				
limited. See instructions.		See instructions if limited	<b>8a</b> 12	416		
instructions.	k	Home mortgage interest not reported to you on Form 1098. See				
		instructions if limited. If paid to the person from whom you bought the				
		home, see instructions and show that person's name, identifying no.,				
		and address	8b			
	C	Points not reported to you on Form 1098. See instructions for special	0.0			
		rules	8c 8d			
				110		
		Investment interest. Attach Form 4952 if required. See instructions	9	416		
		Add lines 8e and 9	Ŧ		10	12416
Gifts to		Gifts by cash or check. If you made any gift of \$250 or more, see				
Charity	••		11			
Caution: If you	12	Other than by cash or check. If you made any gift of \$250 or more,				
made a gift and got a benefit for it,		see instructions. You <b>must</b> attach Form 8283 if over \$500	12			
see instructions.	13	Carryover from prior year	13			
	14	Add lines 11 through 13			14	
Casualty and	15	Casualty and theft loss(es) from a federally declared disaster (other				
Theft Losses		disaster losses). Attach Form 4684 and enter the amount from line 1		ee		
		instructions			15	
Other	16	Other-from list in instructions. List type and amount:				
Itemized Deductions					10	
Deductions	4-	Add the encounter in the few states - towns for the few to the Add	atau th's set		16	
Total Itemized	17	Add the amounts in the far right column for lines 4 through 16. Also, e Form 1040 or 1040-SR, line 12		on	17	22416
Deductions	19	If you elect to itemize deductions even though they are less than your s		n	17	22416
_ 344340113	10	check this box		$\square$		
For Paperwork	Red	ention Act Nation, and the Instructions for Form 1040	V 02/02/24 PRO	Scl	nedu	e A (Form 1040) 2023
		1/3 KE	V ULIVERET FILU			