1040		artment of the Treasury—Internal Revenue Serv S. Individual Income Tax		turn	202	23	OMB No. 1545	-0074	IRS Use Only	y—Do not v	vrite or st	aple in this space.		
For the year Jan	. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, en	ding			, 20	See se	parate	instructions.		
Your first name	and m	iddle initial	Last r	name						Your so	ocial see	curity number		
JOHN SAM	1UEL	DILIP	JAN	IGAM						044	49	0152		
		s first name and middle initial	Last r									I security number		
Home address	(numbe	er and street). If you have a P.O. box, see	e instruc	ctions.				A	Apt. no.	Preside	ential Ele	ection Campaigr		
<u>2741 LOC</u>	CKBOI	RNE COURT										you, or your		
City, town, or p	ost offi	ce. If you have a foreign address, also co	omplete	spaces be	elow.	Sta	ate	ZIP c	ode	1 ·	spouse if filing jointly, want \$3 to go to this fund. Checking a			
LATHROP				1		CZ		953		box be	low will	not change		
Foreign country	/ name			Foreign p	rovince/state	/coun	ity	Foreig	n postal code	your ta	_	_		
		a										ou Spouse		
Filing Status		Single					Head of he	ouseh	old (HOH)					
Check only		Married filing jointly (even if only o	ne hac	d income)			□			()				
one box.		Married filing separately (MFS)		,					ving spouse					
		you checked the MFS box, enter the alifying person is a child but not you			pouse. If yo	u che	ecked the HOF	l or Q	SS box, ent	er the ch	ild's na	ime if the		
	qu	anying person is a child but not you	u uepe	endent.										
Digital		ny time during 2023, did you: (a) rec						-			_			
Assets	exch	hange, or otherwise dispose of a dig					-	t)? (Se	e instructio	ns.)	∐ Y	es 🛛 No		
Standard	_	leone can claim: 🗌 You as a de	•				a dependent							
Deduction		Spouse itemizes on a separate retur	n or yo	ou were a	dual-status	alien	ו							
Age/Blindness	S You	: 🗌 Were born before January 2, 1	959	🗌 Are b	lind Sp	ouse	: 🗌 Was bor	n befo	ore January	2, 1959		s blind		
Dependents	s (see	instructions):		(2)	Social securit	v	(3) Relationsh	ip (4) Check the b	ox if qual	ifies for	(see instructions):		
- If more		irst name Last name			number	,	to you		Child tax of	ax credit Credit for othe		or other dependents		
than four														
dependents, see instructions														
and check	, <u> </u>													
here														
Income	1a	Total amount from Form(s) W-2, b	•		,					· 1a	_	203,071.		
Attach Form(s)	b	Household employee wages not r	•		. ,					. <u>1k</u>	_			
W-2 here. Also attach Forms	C	Tip income not reported on line 1a	•							. 10	_			
W-2G and	d	Medicaid waiver payments not rep		```	, (,	• •		. 10	_			
1099-R if tax was withheld.	e f	Taxable dependent care benefits t Employer-provided adoption bene			-			• •		· 16				
lf you did not	f							• •		·	-			
get a Form	9 h	Wages from Form 8919, line 6 . Other earned income (see instruct				• •		• •		· · · · · · · · · · · · · · · · · · ·		0.		
W-2, see instructions.	i	Nontaxable combat pay election (,				· · · · ·							
	z	Add lines 1a through 1h								. 12	z	203,071.		
Attach Sch. B	2a		2a			bТ	axable interest	t.		. 2t		51.		
if required.	3a		3a		138.	bС	Ordinary divider	nds .		. 3k	b	138.		
	4a	IRA distributions	4a				axable amoun			. 4k	b			
Standard Deduction for—	5a	Pensions and annuities	5a			bΤ	axable amoun	t		. 5k	b			
 Single or 	6a	Social security benefits	6a			bΤ	axable amoun	t		. 6k)			
Married filing separately,	с	If you elect to use the lump-sum e												
\$13,850 Married filing	7	Capital gain or (loss). Attach Sche								7		8,802.		
jointly or Qualifying	8	Additional income from Schedule								. 8		-14,585.		
surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7		-	our total in	com	е			. 9		197,477.		
\$27,700 • Head of	10	Adjustments to income from Sche			· · ·			• •		. 10				
household, \$20,800	11	Subtract line 10 from line 9. This is	-					• •		. 11		197,477.		
• If you checked	12	Standard deduction or itemized						• •		. 12		23,827.		
any box under Standard	13 14	Qualified business income deduct		iii Form 8	aas or forr	11 899	ло-А	• •	· · ·	. 13		72 007		
Deduction, see instructions.	14 15	Add lines 12 and 13 Subtract line 14 from line 11. If zer	 ro or le	· · ·	 _0_ This is	· ·	· · · · ·	 		. 14		23,827.		
	10			ss, enter	-u 1115 IS	your	avanie iucom	. 5		. 15	,	±/3,000.		

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

Form **1040** (2023)

Form 1040 (2023	3)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3		16	35,064.
Credits	17	Amount from Schedule 2, lin	e3				[17	
	18	Add lines 16 and 17					[18	35,064.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lin	e8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	35,064.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			23	190.
	24	Add lines 22 and 23. This is					🗖	24	35,254.
Payments	25	Federal income tax withheld							
	а	Form(s) W-2				25a 37	,903.		
	b	Form(s) 1099				25b	·		
	с	Other forms (see instructions				25c	189.		
	d	Add lines 25a through 25c	,				2	25d	38,092.
If you have a	26	2023 estimated tax payment						26	
qualifying child,	27	Earned income credit (EIC)		• •		27			
attach Sch. EIC.	28	Additional child tax credit from				28			
	29	American opportunity credit				29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin				31			
	32	Add lines 27, 28, 29, and 31				-		32	
	33	Add lines 25d, 26, and 32. T	•		-			33	38,092.
Refund	34	If line 33 is more than line 24						34	2,838.
nerana	35a	Amount of line 34 you want				•		85a	2,838.
Direct deposit?	b	Routing number 1 2 1	0 0 0 3	5 8			Savings		
See instructions.	ď	Account number 3 2 5					ouringo		
	36	Amount of line 34 you want a				36			
Amount	37	Subtract line 33 from line 24	•••••			1 1			
You Owe	0/	For details on how to pay, g						37	
	38	Estimated tax penalty (see in				38			
Third Party		you want to allow another	,						
Designee		structions	•				omplete bel	ow.	× No
	De	signee's		Phone			onal identifica	tion	
	nai			no.			per (PIN)		
Sign		der penalties of perjury, I declare the ief, they are true, correct, and com							
Here			piete. Declaration	、	1			•	, 0
	Yo	ur signature		Date	Your occupation				t you an Identity N, enter it here
Joint return?								t.)	v, enter it here
See instructions.	Sp	ouse's signature. If a joint return, i	ooth must sian.	Date	Spouse's occupat		If the IR	S sent	t your spouse an
Keep a copy for	-1-						Identity	Protec	ction PIN, enter it here
your records.							(see ins)	
		one no. (502) 510-884	6	Email address	SAMUELDIL	IP@GMAIL.CO	М		
Paid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:
Preparer	SYAM	I PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	03/14/2024	P020827	03	Self-employed
•	Fir	m's name GLOBAL TAX	XES LLC				Phone r	10. (6	678)965-9522
Use Only	Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firm's E	IN	84-3171965
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 03/04/24 PRO			Form 1040 (2023)

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 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	Your social security number
JOHN SAMUEL DILIP JANGAM	044-49-0152

Par	Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach S	chedule E	5	-14,585.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	()	
b	Gambling			
С	Cancellation of debt	-		
d	Foreign earned income exclusion from Form 2555 . . 8d	()	
е	Income from Form 8853			
f	Income from Form 8889			
g	Alaska Permanent Fund dividends			
h	Jury duty pay			
i	Prizes and awards			
j	Activity not engaged in for profit income			
k	Stock options			
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			
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)			
n	Section 951(a) inclusion (see instructions)			
0	Section 951A(a) inclusion (see instructions)		_	
р	Section 461(I) excess business loss adjustment			
q	Taxable distributions from an ABLE account (see instructions) 8q			
r	Scholarship and fellowship grants not reported on Form W-2			
S	Nontaxable amount of Medicaid waiver payments included on Form	1		
	1040, line 1a or 1d	(4	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan		-	
u	Wages earned while incarcerated 8u		-	
Z	Other income. List type and amount:			
~	Tatal athen in some Add lines to through the			
9	Total other income. Add lines 8a through 8z.		9	
10	Combine lines 1 through 7 and 9. This is your additional income . Enter here 1040, 1040-SR, or 1040-NR, line 8		10	-14,585.
For Pa	perwork Reduction Act Notice, see your tax return instructions.		Schedule	e 1 (Form 1040) 2023

1	Educator expenses		 	11	
2	Certain business expenses of reservists, performing artists, and fee		nment		
-	officials. Attach Form 2106		 	12	
3	Health savings account deduction. Attach Form 8889		 	13	
4	Moving expenses for members of the Armed Forces. Attach Form 3903			14	
5	Deductible part of self-employment tax. Attach Schedule SE			15	
6	Self-employed SEP, SIMPLE, and qualified plans			16	
17	Self-employed health insurance deduction			17	
8	Penalty on early withdrawal of savings			18	
19a	Alimony paid			19a	
b	Recipient's SSN			Tou	
c	Date of original divorce or separation agreement (see instructions):	•			
20				20	
21	Student loan interest deduction			20	
22	Reserved for future use			22	
23	Archer MSA deduction			23	
24	Other adjustments:	· · ·	 • •	23	
<u>а</u>		24a			
a b	Deductible expenses related to income reported on line 81 from the	24a		-	
D		24b			
•	Nontaxable amount of the value of Olympic and Paralympic medals	240		-	
С	and USOC prize money reported on line 8m	24c			
А	Reforestation amortization and expenses	240 24d		-	
d	Repayment of supplemental unemployment benefits under the Trade	24u		-	
е		24e			
	Act of 1974	24e 24f		-	
f	Contributions to section 501(c)(18)(D) pension plans			-	
g	Contributions by certain chaplains to section 403(b) plans	24g		-	
h	Attorney fees and court costs for actions involving certain unlawful				
_	discrimination claims (see instructions)	24h		_	
i	Attorney fees and court costs you paid in connection with an award				
	from the IRS for information you provided that helped the IRS detect				
-	tax law violations	24i		_	
j	Housing deduction from Form 2555	24j		-	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form				
	1041)	24k			
z	Other adjustments. List type and amount:				
		24z			
25	Total other adjustments. Add lines 24a through 24z			25	
26	Add lines 11 through 23 and 25. These are your adjustments to income				
	Form 1040, 1040-SR, or 1040-NR, line 10	<u> </u>	 	26	

SCHEDULE 2 (Form 1040)

Department of the Treasury

Internal Revenue Service

Additional Taxes

OMB No. 1545-0074 2023

Attachment

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

Go to www.irs.gov/Form1040 for instructions and the latest information.

Sequence No. 02 Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number JOHN SAMUEL DILIP JANGAM 044-49-0152 Part I Tax 1 Alternative minimum tax. Attach Form 6251 1 2 Excess advance premium tax credit repayment. Attach Form 8962 2 Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17 . . 3 3 Part II Other Taxes

4	Self-employment tax. Attach Schedule SE	4	
5	Social security and Medicare tax on unreported tip income.Attach Form 4137 5		
6	Uncollected social security and Medicare tax on wages. AttachForm 89196		
7	Total additional social security and Medicare tax. Add lines 5 and 6	7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required.		
	If not required, check here \ldots	8	
9	Household employment taxes. Attach Schedule H	9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required	10	
11	Additional Medicare Tax. Attach Form 8959	11	190.
12	Net investment income tax. Attach Form 8960	12	
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12	13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares	14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000	15	
16	Recapture of low-income housing credit. Attach Form 8611	16	
		ontinu	ued on page 2)

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

Schedule 2 (Form 1040) 2023

Par	Other Taxes (continued)				
17	Other additional taxes:				
а	Recapture of other credits. List type, form number, and amount:	17a			
b	Recapture of federal mortgage subsidy, if you sold your home see instructions	17b			
С	Additional tax on HSA distributions. Attach Form 8889	17c			
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d			
е	Additional tax on Archer MSA distributions. Attach Form 8853 .	17e			
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f			
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g			
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h	_		
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17i	_		
j	Section 72(m)(5) excess benefits tax	17j			
k	Golden parachute payments	17k			
I	Tax on accumulation distribution of trusts	171			
m	Excise tax on insider stock compensation from an expatriated corporation	17m			
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n			
0	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	170			
р	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p			
q	Any interest from Form 8621, line 24	17q			
z	Any other taxes. List type and amount:				
		17z			
18	Total additional taxes. Add lines 17a through 17z		18		
19	Reserved for future use		19		
20	Section 965 net tax liability installment from Form 965-A	20			
21	Add lines 4, 7 through 16, and 18. These are your total other taxe on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b.		21		190.
	BAA	REV 03/04/24 PRO	Schedu	ule 2 (Form 10	40) 2023

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

3

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		You	r so	cial security number
JOHN SAMU	ΞL	DILIP JANGAM		04	4-4	19-0152
Medical		Caution: Do not include expenses reimbursed or paid by others.				
and Dental		Medical and dental expenses (see instructions)	1	_		
Expenses	2		3			
	-	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0		_	4	
Taxes You		State and local taxes.				
Paid	é	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- 10.00			
	ŀ	check this box	5a 18,00 5b 13,77			
		State and local personal property taxes	5c	0.		
		Add lines 5a through 5c	5d 31,77	7.		
		Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing				
		separately)	5e 10,00	0.		
	6	Other taxes. List type and amount:				
	-		6	_	-	10.000
Interest		Add lines 5e and 6		_	7	10,000.
Interest You Paid	8	Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see				
Caution: Your		instructions and check this box				
mortgage interest deduction may be	é	Home mortgage interest and points reported to you on Form 1098.				
limited. See instructions.		See instructions if limited	8a 13,82	7.		
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	0.			
			8b			
	C	Points not reported to you on Form 1098. See instructions for special	80			
		rules	8c 8d	_		
		Add lines 8a through 8c	8e 13,82	7.		
		Investment interest. Attach Form 4952 if required. See instructions	9			
	10	Add lines 8e and 9			10	13,827.
Gifts to	11	Gifts by cash or check. If you made any gift of \$250 or more, see				
Charity Caution: If you	10	Other than by cash or check. If you made any gift of \$250 or more,	11	_		
made a gift and got a benefit for it,	12	see instructions. You must attach Form 8283 if over \$500	12			
see instructions.	13	Carryover from prior year	13			
	14	Add lines 11 through 13			14	
	15	Casualty and theft loss(es) from a federally declared disaster (othe				
Theft Losses		disaster losses). Attach Form 4684 and enter the amount from line 1 instructions			15	
Other	16	Other from list in instructions, List type and amount	· · · · · · ·	_	13	
Itemized						
Deductions					16	
Total	17	Add the amounts in the far right column for lines 4 through 16. Also, e				
Itemized		Form 1040 or 1040-SR, line 12			17	23,827.
Deductions	18	If you elect to itemize deductions even though they are less than your check this box		n,		
For Paperwork	Red	uction Act Notice, see the Instructions for Form 1040.	REV 03/04/24 PRO	Sch	edu	le A (Form 1040) 2023

SCHEDULE D (Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

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

Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10. Go to *www.irs.gov/ScheduleD* for instructions and the latest information.

Attachment Sequence No. 12 Your social security number

20

Name(s) shown on return

Department of the Treasury

Internal Revenue Service

JOHN SAMUEL DILIP JANGAM

044-49-0152

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?
Yes X No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses – Generally Assets Held One Year or Less (see instructions)

	instructions for how to figure the amounts to enter on the below.	(d) Proceeds	(e) Cost	(g) Adjustments to gain or loss from	(h) Gain or (loss) Subtract column (e) from column (d) and
	form may be easier to complete if you round off cents to e dollars.	(sales price)	(or other basis)	Form(s) 8949, Part I line 2, column (g)	
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.				
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked	54 , 365.	47,400.	1,837.	8,802.
2	Totals for all transactions reported on Form(s) 8949 with Box B checked				
3	Totals for all transactions reported on Form(s) 8949 with Box C checked				
4	Short-term gain from Form 6252 and short-term gain or (I	oss) from Forms 4	684, 6781, and 88	324 4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1	-		usts from 5	
6	Short-term capital loss carryover. Enter the amount, if an Worksheet in the instructions		-		()
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise				8,802.

Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year (see instructions)

lines This	instructions for how to figure the amounts to enter on the s below. form may be easier to complete if you round off cents to le dollars.	ow. n may be easier to complete if you round off cents to (d) Proceeds (sales price) (or other basis) (or other basi		from Part II,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)	
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.					
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked					
9	Totals for all transactions reported on Form(s) 8949 with Box E checked					
10	Totals for all transactions reported on Form(s) 8949 with Box F checked.					
	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824				11	
12 13	Net long-term gain or (loss) from partnerships, S corporat Capital gain distributions. See the instructions				12 13	
14	Long-term capital loss carryover. Enter the amount, if any Worksheet in the instructions	/, from line 13 of y	our Capital Loss	Carryover	14	()
15	Net long-term capital gain or (loss). Combine lines 8a on the back .	•	• • •		15	

Part	III Summary		
16	Combine lines 7 and 15 and enter the result	16	8,802.
	• If line 16 is a gain , enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.		
	• If line 16 is a loss , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.		
	• If line 16 is zero , skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.		
17	Are lines 15 and 16 both gains? ☐ Yes. Go to line 18. ⊠ No. Skip lines 18 through 21, and go to line 22.		
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet	18	
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet	19	
20	 Are lines 18 and 19 both zero or blank and you are not filing Form 4952? Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. 		
	□ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:		
	The loss on line 16; or (\$3,000), or if married filing separately, (\$1,500)	21	()
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.		

22 Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?

X Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16.

□ No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.

REV 03/04/24 PRO BAA

Schedule D (Form 1040) 2023

Department of the Treasury Internal Revenue Service

Sales and Other Dispositions of Capital Assets

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.



Go to www.irs.gov/Form8949 for instructions and the latest information.

Social security number or taxpayer identification number Name(s) shown on return 044-49-0152 JOHN SAMUEL DILIP JANGAM

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see Part I instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A. B. or C below. Check only one box. If more than one box applies for your short-term transactions. complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

X (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

(C) Short-term transactions not reported to you on Form 1099-B

1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below	Adjustment, if If you enter an a enter a co See the sepa	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g).	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.			
Merrill Lynch, Pierce, Fenner & Smith Inc	01/01/23	12/31/23	14,245.	14,207.			38.
ROBINHOOD SECURITIES LLC	01/01/23	12/31/23	40,120.	33,193.	W	1,837.	8,764.
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box C	lude on your ne 2 (if Box B	54,365.	47,400.		1,837.	8,802.	

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

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

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Namedia borno na teum Vox 4 exist accurity number (04 - 49 - 0132) DOBNI SANTEL DILLP_TANIGAM 04 - 49 - 0132 Data Construction 04 - 49 - 0132 A Did you make any payments in 2023 that would require you to file Form(s) 10997. 5 constructions									6 1		Attachn	nent 10
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aretal income or loss from Form 4395 on page 2, line 40. D Id your will you file required Form(s) 10997 See instructions Yes X No In Prysical address of each property (street, city, state, ZIP code) A 14 -33 -19 MAIRARANIPETA VISARIAPATNAM ANDHRA PRADESH IN S30002 B C C Each code A 330002 B C A 330002 B C A 360002 C	Tart	Note: If yo	ou are in th	e business of renting personal proper	rty, use	Schedule	c . See	instruc	ctions. If you are	an indiv	/idual, rep	ort farm
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21 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 Form 6198 21 -14,585. 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) 21 -14,585. 23a Total of all amounts reported on line 3 for all rental properties 23a 624. b Total of all amounts reported on line 12 for all properties 23a 624. c Total of all amounts reported on line 12 for all properties 23a 23a c Total of all amounts reported on line 12 for all properties 23a 23a c Total of all amounts reported on line 12 for all properties 23a 23a d Total of all amounts reported on line 12 for all properties 23a 23a d Total of all amounts reported on line 20 for all properties 23a 23c d Total of all amounts reported on line 21. Do not include any losses 23e 15,209. 24 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 25 14,585. 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 25 14,585.												
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file Form 6198 -14,585. 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) 23a Total of all amounts reported on line 3 for all rental properties b Total of all amounts reported on line 4 for all royalty properties c Total of all amounts reported on line 12 for all properties d Total of all amounts reported on line 18 for all properties e Total of all amounts reported on line 20 for all properties e Total of all amounts reported on line 20 for all properties e Total of all amounts reported on line 21. Do not include any losses c Total of all amounts shown on line 21. Do not include any losses c Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on	21											
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) 21 14,585.)()(23a Total of all amounts reported on line 3 for all rental properties 23a 624. b Total of all amounts reported on line 4 for all royalty properties 23b 23b c Total of all amounts reported on line 12 for all properties 23d 2,758. d Total of all amounts reported on line 20 for all properties 23e 15,209. 24 Income. Add positive amounts shown on line 21. Do not include any losses 24 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 25 (14,585.) 26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on					21		-14 5	85				
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23a Total of all amounts reported on line 3 for all rental properties 23a 624. b Total of all amounts reported on line 4 for all royalty properties 23b 23b c Total of all amounts reported on line 12 for all properties 23c 23d d Total of all amounts reported on line 18 for all properties 23c 23d d Total of all amounts reported on line 20 for all properties 23d 2,758. e Total of all amounts reported on line 20 for all properties 23e 15,209. 24 Income. Add positive amounts shown on line 21. Do not include any losses 24 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 25 (14,585.) 26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on 25 (14,585.)	22				22	C	14.58	5.)	()	(,
b Total of all amounts reported on line 4 for all royalty properties 23b c Total of all amounts reported on line 12 for all properties 23c d Total of all amounts reported on line 18 for all properties 23d 2,758. e Total of all amounts reported on line 20 for all properties 23d 2,758. 24 Income. Add positive amounts shown on line 21. Do not include any losses 24 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 25 14,585. 26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on 14,585.	23a		-							, 624.	<u>`</u>	· · · · · · · · · · · · · · · · · · ·
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 24 Income. Add positive amounts shown on line 21. Do not include any losses 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on 	d	Total of all am	ounts rep	oorted on line 18 for all properties				23d				
 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on 	е							23e	15,2	_		
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on						-						
here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on										25	(14,585.
	26											
										26		-14,585.

-14,585.

Schedule E (Form 1040) 2023

Form **8959**

Department of the Treasury

Internal Revenue Service

Name(s) shown on return

Additional Medicare Tax

If any line does not apply to you, leave it blank. See separate instructions. Attach to Form 1040, 1040-SR, 1040-NR, or 1040-SS.

Go to www.irs.gov/Form8959 for instructions and the latest information.

OMB No. 1545-0074

Your social security number

JOHI	N SAMUEL DILIP JANGAM	044-49	9-01	52
Par	Additional Medicare Tax on Medicare Wages	ł		
1	Medicare wages and tips from Form W-2, box 5. If you have more than one			
	Form W-2, enter the total of the amounts from box 5	221,072.		
2	Unreported tips from Form 4137, line 6			
3	Wages from Form 8919, line 6			
4	Add lines 1 through 3	221,072.		
5	Enter the following amount for your filing status:			
	Married filing jointly			
	Married filing separately			
	Single, Head of household, or Qualifying surviving spouse \$200,000 5	200,000.		
6	Subtract line 5 from line 4. If zero or less, enter -0		6	21,072.
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter h	here and go to		
	Part II		7	190.
Part	II Additional Medicare Tax on Self-Employment Income			
8	Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you			
	had a loss, enter -0			
9	Enter the following amount for your filing status:			
	Married filing jointly			
	Married filing separately			
	Single, Head of household, or Qualifying surviving spouse \$200,000 9			
10	Enter the amount from line 4			
11	Subtract line 10 from line 9. If zero or less, enter -0			
12	Subtract line 11 from line 8. If zero or less, enter -0		12	
13	Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009).	Enter here and		
	go to Part III		13	
Part	III Additional Medicare Tax on Railroad Retirement Tax Act (RRTA) Com	pensation		
14	Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14			
	(see instructions)			
15	Enter the following amount for your filing status:			
	Married filing jointly			
	Married filing separately			
	Single, Head of household, or Qualifying surviving spouse \$200,000 15			
16	Subtract line 15 from line 14. If zero or less, enter -0		16	
17	Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by			
	Enter here and go to Part IV		17	
Part	V Total Additional Medicare Tax			
18	Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 11 (
	filers, see instructions), and go to Part V		18	190.
Part				
19	Medicare tax withheld from Form W-2, box 6. If you have more than one Form			
	W-2, enter the total of the amounts from box 6	3,395.		
20	Enter the amount from line 1	221,072.		
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax			
	withholding on Medicare wages	3,206.		
22	Subtract line 21 from line 19. If zero or less, enter -0 This is your Additional			
	withholding on Medicare wages		22	189.
23	Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from I			
	14 (see instructions)		23	
24	Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this			
	federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (Form			
			24	189.
For Pa	perwork Reduction Act Notice, see your tax return instructions. BAA	REV 03/04/24 PRO		Form 8959 (2023)

		DC	NOT MAIL THIS FO	RM TO THE FTB
TAXABLE YEAR				FORM
2023	California e-file Signature	e Authorization for	Individuals	8879
Your name			Your SSN or ITI	N
	DILIP JANGAM		044-49-01	-
Spouse's/RDP's name	1		Spouse's/RDP's	SSN or ITIN
Part I Tax Return	n Information (whole dollars only)			
	ed gross income (AGI). See instructions			
2 Amount you owe	See instructions			4010
				4316
	Declaration and Signature Authorization (Be sure y erjury, I declare that I have examined a copy of my ine			
and on form FTB 845 agrees with the direc domestic partner (RI provider to transmit to my ERO, intermet return, I understand penalties. I acknowle	applicable, I authorize an electronic funds withdrawa 55, California e-file Payment Record for Individuals, o et deposit authorization stated on my return. If I have DP) as an agent to authorize an electronic funds withor my complete return to the Franchise Tax Board (FTB) diate service provider, and/or transmitter the reaso that if the FTB does not receive full and timely payme edge that I have read and consent to the Electronic Fu dentification number (PIN) as my signature for my el	r a comparable form. If applicable, I d filed a joint return, this is an irrevocat drawal or direct deposit. I authorize m . If the processing of my return or re n(s) for the delay or the date when th nt of my tax liability, I remain liable fo nds Withdrawal Consent included on i	eclare that direct deposit ref ole appointment of the other y ERO, transmitter, or interm fund is delayed, I authorize the refund was sent. If I am fi r the tax liability and all appli the copy of my electronic inc	und amount on line 3 spouse/registered tediate service the FTB to disclose iling a balance due icable interest and come tax return. I have
Taxpayer's PIN: che		ectronic income tax return and, if app		
I authorize GL	OBAL TAXES LLC		to enter my PIN 9	0 1 5 2
	ERO firm name			not enter all zeros
as my signature	e on my 2023 e-filed California individual income tax	return.		
-	PIN as my signature on my 2023 e-filed California ind sing the Practitioner PIN method. The ERO must com		box only if you are entering y	our own PIN and you
Your signature		Date 🕨		
Spouse's/RDP's PIN	: check one box only			
🗌 I authorize			to enter my PIN	
	ERO firm name			not enter all zeros
as my signature	e on my 2023 e-filed California individual income tax	return.		
	PIN as my signature on my 2023 e-filed California n is filed using the Practitioner PIN method. The ERO		k this box only if you are e	ntering your own PIN
Spouse's/RDP's sign	ature	[Date 🕨	
	Practitioner PIN Met	hod Returns Only continue below		
Part III Certifica	tion and Authentication — Practitioner PIN Method	Only		
	er Identification Number (EFIN)/PIN. EFIN followed by your five-digit self-selected PIN.	2 2 2 4 Dom	9 6 0 8 2 ot enter all zeros	7 1
I certify that the above confirm that I am su e-file Providers.	ve numeric entry is my PIN, which is my signature for bmitting this return in accordance with the requirem	or the 2023 California individual incor	ne tax return for the taxpaye	r(s) indicated above. ndbook for Authorized
ERO's signature		Date 🕨	03/14/2024	

2023 California Resident Income Tax Return

				AB	ΥĒ	ATTACH	FEDERAL	RETURN
		49-0152 J SAMUELD	ANG JANGAM			23		
		LOCKBORNE ROP		5330				
10	-12	2-1980						
		Enter your county at t	ime of filing (see instruc	ctions)				
e	۲	SAN JOAQU	IN	· · ·]			
siden			ove is the same as yo your principal/physio			ress at the time of filin filing.	g, check this box	• ×
al Re			per and street) (If foreign				Apt. no/ste.	no.
Principal Residence	۲							
P	۲	City					State 2	ZIP code
		lf your California	filing status is differe	ent from your fede	ral filing status, cł	neck the box here		
tus	1	× Single		4	Head of household	l (with qualifying pers	on). See instructi	ons.
Filing Status	2)P filing jointly (even		Qualifying survivir	ng spouse/RDP. Enter y	year spouse/RDP	died.
Filin		only one sp See instruc	oouse/RDP had incor ctions.		See instructions.			
	3	Married/RE)P filing separately. E	Enter spouse's/RD	P's SSN or ITIN at	ove and full name her	·e.	
	6	lf someone can c	laim you (or your sp	ouse/RDP) as a de	ependent, check th	e box here. See instr.	• 6	
•	Fo	r line 7, line 8, line 9	9, and line 10: Multipl	y the number you	enter in the box by	the pre-printed dollar	amount for that li	ne. Whole dollars only
ions	7		hecked box 1, 3, or 4 2 in the box. If you cl				144 = • \$	144
empt	8	Blind: If you (or y	our spouse/RDP) are	e visually impaired	l, enter 1;		144 = • \$	
ĔX	9	Senior: If you (or	your spouse/RDP) a	re 65 or older, ent	er 1;			
		REV 02/02/24					ΨΨ	
				175	3101234		Form	540 2023 Side 1
Exemptions	8	box 2 or 5, enter 2 Blind: If you (or y if both are visually Senior: If you (or if both are 65 or c	2 in the box. If you cl our spouse/RDP) are y impaired, enter 2. S your spouse/RDP) a older, enter 2. See ins	hecked the box on e visually impaired See instructions re 65 or older, ent	line 6, see instruc I, enter 1; 	tions. ● 7 1 X \$1 ●8 X \$1	144 = • \$	144
				175	3101234		Form	540 2023 Side 1

Υοι	ır na	me:	JAN	GAN	A		Yo	our SSN	or ITIN:	044-	49-01	.52					
	10	Depen	dents:		ot include y Dependent [·]		or your s	pouse/RI		endent 2				Depend	ant 2		
		First	t Name	۲	Dependent	•			• Debe					Deheun			
S		Last	Name						•								
Exemptions			. See														
Exem		Depe	ructions. endent's tionship	•													
		to yo	Ju														
	Tota	al depei	ndent e	xemp	otions						10	X \$	6446 = 🤇) \$ [
	11	Exem	nption	amou	Int: Add line	e 7 throu	gh line 1	0. Transfe	er this am	ount to lir	ne 32		• 1	1\$		1	44
	12	State Form	wages	from	n your fedei x 16	ral		• 1	2		203	3071	00				
	10										line 11					197477	. 00
	13 14	Califo	ornia ad	ljustr	usted gross ments – sut	otractions	s. Enter t	he amour	nt from Sc	hedule C	A (540),						
	15	Subt	ract lin	e 14 f	lumn B from line 13	3. If less t	than zero	, enter th	e result in	parenthe	eses.		• 14			107477	
some	16												15			197477	
Taxable Income		California adjustments – additions. Enter the amount from Schedule CA (540), Part I, line 27, column C • 16												• 00			
axab	17	Califo	ornia ad	djuste	ed gross inc	come. Co	mbine lir	ne 15 and	line 16				• 17			197477	. 00
	18	Enter large			r California r California					. ,			۶				
		lungu	Ĭ	• Sir	ngle or Mar	ried/RDP	filing se	parately.				\$5		•			
			l		arried/RDP fil arried/RDP fil				-	-			,			27603	. 00
	19	Subt If les	ract lin s than :	e 18 f zero.	from line 17 enter -0	7. This is	your tax	able inco	me.				• 19			169874	. 00
	31	Tax. (Check 1	the bo	ox if from:		Tax Tabl	е	Ta>	Rate Sc	hedule						
		-					FTB 380						• 31			12451	. 00
Тах	32		•		s. Enter the structions.			-					32			144	. 00
Ë	33	Subt	ract lin	e 32 f	from line 31	I. If less t	than zero	, enter -0					• 33			12307	. 00
	34	Tax. S	See ins	tructi	ions. Check	the box	if from:	s	chedule G	-1	FTB	5870A	• 34				. 00
	35				ine 34								• 35			12307	. 00
edits	40	Nonr	efunda	ble C	hild and De	pendent	Care Exp	enses Cre	edit. See i	nstructio	ns		• 40				. 00
al Cr	43	Enter	^r credit	name	e				code 🗨		and an	nount	• 43				. 00
Special Credits	44	Enter	r credit	name	e				code		and ar	nount	• 44				. 00
														REV 02/	02/24 PRO		
		Side 2	Porm	540	2023		17	75	310	2234							

You	ır nar	me:	JANGAM	Your SSN or ITIN:	044-49-0	152				
s	45	To cl	aim more than two credits, see instru	uctions. Attach Schedu	le P (540)		45			. 00
Special Credits	46	Nonr	refundable Renter's Credit. See instru	ictions			46			. 00
ecial (47	Add	line 40 through line 46. These are yo	ur total credits			47			. 00
Spe	48	Subt	ract line 47 from line 35. If less than	zero, enter -0			48		12307	. 00
	61	Altor	native Minimum Tax. Attach Schedul	o P (540)			61			. 00
axes	62		tal Health Services Tax. See instruction			. 00				
Other Taxes										. 00
ō	63		r taxes and credit recapture. See inst						12307	
	64	Add	line 48, line 61, line 62, and line 63.	This is your total tax		• • • • •	64		12307	. 00
	71	Calif	ornia income tax withheld. See instru	ictions		• • • • •	71		16623	. 00
	72	2023	B California estimated tax and other p	ayments. See instructi	ons	•	72			. 00
	73	With	holding (Form 592-B and/or Form 59	93). See instructions		• • • • •	73			. 00
Payments	74	Exce	ss SDI (or VPDI) withheld. See instru	uctions		•	74			. 00
Payn	75	Earn	ed Income Tax Credit (EITC). See ins	tructions		•	75			. 00
	76	Your	ng Child Tax Credit (YCTC). See instru			. 00				
	77 78	Add	er Youth Tax Credit (FYTC). See instri line 71 through line 77. These are yo instructions	ur total payments.					16623	- 00 - 00
Use Tax	91		Tax. Do not leave blank. See instruct					0.00		
ő —		If lin	e 91 is zero, check if:	use tax is owed. 💿	You paid	l your use tax c	obligati	on directly to CDTFA.		
ISR Penaltv	92	See	u and your household had full-year h instructions. Medicare Part A or C co u did not check the box, see instruct	overage is qualifying he		e	×]		
Pe –		Indiv	ridual Shared Responsibility (ISR) Pe	enalty. See instructions	• 92	2		_ 00		
an	93	Payn	nents balance. If line 78 is more than	ı line 91, subtract line S	91 from line 78 .		93		16623	. 00
Overpaid Tax/Tax Due	94 95		Tax balance. If line 91 is more than nents after Individual Shared Respon		94			• 00		
id Tax	96	subt	ract line 92 from line 93	95		16623	. 00			
<i>r</i> erpai	50		ract line 93 from line 92				96			. 00
ó	97	Over	paid tax. If line 95 is more than line 6	64, subtract line 64 fro	m line 95		97		4316	. 00
		RE\	/ 02/02/24 PRO	175 31()3234	—		Form 540 202	3 Side 3	
				-·~ JI(,J2J7	1		101111040 202		

our nai	ne:	JANGAM	Your SSN or ITIN:	044-49-0152							
e 98	Amo	unt of line 97 you want applied to yo	ur 2024 estimated tax .		• 98	0	. 00				
Tax/Tax Due 66 66 001 001	Over	paid tax available this year. Subtract	line 98 from line 97		• 99	4316	. 00				
, ₩ 100	Tax c	lue. If line 95 is less than line 64, sul	otract line 95 from line 6	4	• 100		. 00				
					<u>Code</u>	<u>Amount</u>					
	Califo	rnia Seniors Special Fund. See instru	uctions		• 400		<u> 00 </u>				
	Alzhe	imer's Disease and Related Dementia	a Voluntary Tax Contribu	Ition Fund	• 401		- 00				
	Rare	and Endangered Species Preservatic	n Voluntary Tax Contrib	ution Program	• 403		. 00				
	Califo	rnia Breast Cancer Research Volunta	ary Tax Contribution Fun	d	• 405		. 00				
	Califo	rnia Firefighters' Memorial Voluntary	/ Tax Contribution Fund		• 406		. 00				
	Emer	Emergency Food for Families Voluntary Tax Contribution Fund									
	Califo	rnia Peace Officer Memorial Founda	tion Voluntary Tax Contr	ibution Fund	• 408		. 00				
	Califo	rnia Sea Otter Voluntary Tax Contrib	ution Fund		• 410		. 00				
	Califo	rnia Cancer Research Voluntary Tax	Contribution Fund		• 413		. 00				
Contributions	Scho	ol Supplies for Homeless Children Vo	oluntary Tax Contribution	n Fund	• 422		. 00				
3	State	Parks Protection Fund/Parks Pass P	urchase		• 423		. 00				
	Prote	ct Our Coast and Oceans Voluntary 1	fax Contribution Fund		• 424		- 00				
	Кеер	Arts in Schools Voluntary Tax Contri	bution Fund		• 425		. 00				
	Califo	rnia Senior Citizen Advocacy Volunt	ary Tax Contribution Fun	ıd	• 438		. 00				
	Nativ	e California Wildlife Rehabilitation Vo	oluntary Tax Contributior	ו Fund	• 439		. 00				
	Rape	Kit Backlog Voluntary Tax Contributi	on Fund		• 440		. 00				
	Suici	de Prevention Voluntary Tax Contribu	ition Fund		• 444		. 00				
	Ment	al Health Crisis Prevention Voluntary	Tax Contribution Fund.		• 445		. 00				
110	Add	amounts in code 400 through code 4	45. This is your total co	ntribution	• 110		. 00				

REV 02/02/24 PRO

Health Care Coverage Info.)	-				ow-cost health care cove I your tax return with Co		-			No
Voter Info.		For v	oter registra	tion infor	mation, check	the box and go to sos.ca	a.gov/electio	ns . See instruc	tions		
					Savings						∎ <u>00</u>
		• F	louting num	per	Checking	Account number				• 117 Direct deposit amount	. 00
Ref		The	emaining an		ny refund (line Type	115) is authorized for d	irect deposit	into the accour	nt shown	below:	
und ar		12	2100035	58	Savings	32508591592	1			4316	. 00
Id Dire			louting num	oer ×	Ĵ	Account number]			• 116 Direct deposit amount	
Refund and Direct Deposit		See i	nstructions.	Have you Ig amoun	ı verified the r	deposit of your refund in outing and account num (line 115) is authorized f	bers? Use w	hole dollars on	ly.	n a voided check or a deposit slip own below:	
		Mail	to: FRANCH	ISE TAX E	OARD, PO BO	X 942840, SACRAMENT	O CA 94240-	0001	• 115	4316	. 00
	115	REFL	JND OR NO	AMOUNT	DUE. Subtract	the sum of line 110, line	e 112, and lin	e 113 from line	e 99. See	instructions.	
-		Total	amount due	. See inst	ructions. Enclo	ose, but do not staple, ar	iy payment .		114		. 00
Interest and Penalties		Chec	k the box: ●	F	• 113		. 00				
and es	112 113		est, late retu erpayment of			yment penalties			112		. 00
Amoui You Ov		Mail Pay (to: FRANC Dnline – Go t	HISE TAX o ftb.ca.(BOARD, PO B Jov/pay for mo	30X 942867, SACRAME pre information.	NTO CA 9426	7-0001 (111 	ee instructions. Do not send cash.	. 00
You	r nan	ne:	JANGAM		do not have an	Your SSN or ITIN:	044-49-		no 110 S	no instructions. Do not cond coch	

REV 02/02/24 PRO

Sign your tax return on Side 6

Г

Your	name.	JA

Γ

JANGAM

Your	N22	٥r	ITINI	
TUUL		UL	IIIIV.	

044-49-0152



IMPORTANT:	See the instructions to find out if you should attach a copy of your complete federal tax return.			
	e can be found in annual tax booklets or online. Go to ftb.ca.gov/privacy to learn about our privacy policy statement, c I1 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and ente			
Under penalties is true, correct, a	of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and and complete.	to the best of r	ny knowledge and belief, it	
Your signature	Date Spouse's/RDP's signatur	re (if a joint tax re	eturn, both must sign)	
	• Your email address. Enter only one email address.	Pret	erred phone number	
Sign		502	25108846	
Here	Paid preparer's signature (declaration of preparer is based on all information of which preparer has any k	nowledge)		
	SYAM PRIYA RAM SAGAR GUPTA TALLAM			
It is unlawful to forge a	Firm's name (or yours, if self-employed)			
spouse's/ RDP's	GLOBAL TAXES LLC		P02082703	
signature.	Firm's address		Firm's FEIN	
Joint tax return?	245 ROONEY CT E BRUNSWICK NJ 08816	843171965		
See instructions.	Do you want to allow another person to discuss this tax return with us? See instructions	Yes	× No	
	Print Third Party Designee's Name	Telepho	ne Number	

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CA (540)

2023 California Adjustments — Residents

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

Na	ne(s) as shown on tax return		SSN or ITIN						
J	JOHN SAMUEL DILIP JANGAM 044490152								
	rt I Income Adjustment Schedule ction A – Income from federal Form 1040 or 1040-SR	A	Federal Amounts (taxable amounts from your federal tax return)		B Subtractions See instructions	C Additions See instructions			
1	a Total amount from federal Form(s) W-2, box 1. See instructions 1a		203071	۲		۲			
	 b Household employee wages not reported on federal Form(s) W-2 1b 			۲		۲			
	c Tip income not reported on line 1a 1c					۲			
	d Medicaid waiver payments not reported on federal Form(s) W-2. See instructions 1d			۲		$\textcircled{\bullet}$			
	e Taxable dependent care benefits from federal Form 2441, line 26 1e	$ \mathbf{O} $		۲		۲			
	f Employer-provided adoption benefits from federal Form 8839, line 29 1f			۲		۲			
	g Wages from federal Form 8919, line 6 1 g	۲		۲		•			
	${\bf h}$ Other earned income. See instructions $\ldots\ldots$. 1h	$ \mathbf{O} $	0	۲		۲			
	i Nontaxable combat pay election. See instructions 1 i					۲			
	z Add line 1a through line 1i1z	۲	203071	۲		•			
2	Taxable interest. a 🔍 2b		51	$ \mathbf{O} $		\odot			
3	Ordinary dividends. See instructions. a • 138 3b	$ \mathbf{O} $	138	۲		۲			
4	IRA distributions. See instructions. a • 4b	$ \mathbf{O} $		۲		۲			
5	Pensions and annuities. See instructions. a • 5b								
6	Social security benefits. a • 6b	۲		۲					
	Capital gain or (loss). See instructions		8802	۲		۲			
	ction B – Additional Income from federal Schedule 1	(For	m 1040)						
1	Taxable refunds, credits, or offsets of state and local income taxes	ullet		۲					
2	a Alimony received. See instructions 2a	$ \mathbf{O} $				۲			
3	Business income or (loss). See instructions 3	$ \mathbf{O} $		۲		۲			
	Other gains or (losses)			۲		٢			
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc	$ \mathbf{O} $	-14585	۲		۲			
6	Farm income or (loss)6	$ \mathbf{O} $		۲		۲			
7	Unemployment compensation	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	C Additions See instructions
8 Other income: a Federal net operating loss	• ()		۲
b Gambling	۲	۲	
c Cancellation of debt 8c	\odot	\odot	\odot
d Foreign earned income exclusion from federal Form 2555	• ()		۲
e Income from federal Form 8853 8e	۲		۲
f Income from federal Form 8889	۲	۲	
g Alaska Permanent Fund dividends	۲		
h Jury duty pay 8h	۲		
i Prizes and awards8i	۲		
j Activity not engaged in for profit income8j	۲		
k Stock options8k	۲		
I Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property 81	۲		
m Olympic and Paralympic medals and USOC prize money	۲		
n IRC Section 951(a) inclusion 8 n	۲	\odot	
o IRC Section 951A(a) inclusion	۲	۲	
p IRC Section 461(I) excess business loss adjustment 8p	۲	۲	
q Taxable distributions from an ABLE account 8q	\odot		
r Scholarship and fellowship grants not reported on federal Form(s) W-28r	۲		
s Nontaxable amount of Medicaid waiver payments included on federal Form 1040, line 1a or line 1d8s	• ()		
t Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental IRC Section 457 plan 8t	۲		
u Wages earned while incarcerated 8 u	\odot		
z Other income. List type and amount.			
• 8z	۲	۲	\bullet

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Se	ction B – Additional Income Continued	A	Federal Amounts (taxable amounts from your federal tax return)		B Subtractions See instructions	C Additions See instructions
9	a Total other income. Add lines 8a through 8z 9a			ullet		۲
	b1 Disaster loss deduction from form FTB 3805V 9b1			$oldsymbol{O}$		
	b2 NOL deduction from form FTB 3805V 9b2			ullet		
	b3 NOL deduction from form FTB 3805Z, 3807, or 3809			ullet		
10	Total. Combine Section A, line 1z through line 7, and Section B, line 1 through line 7, and line 9a in column A and column C. Add Section A, line 1z through line 7, and Section B, line 1 through line 7, line 9a, and line 9b1 through line 9b3 in column B (as applicable). See instructions	۲	197477	۲		۲
	ction C – Adjustments to Income m federal Schedule 1 (Form 1040)					
11	Educator expenses			۲		
12	Certain business expenses of reservists, performing artists, and fee-basis government officials 12			۲		۲
13	Health savings account deduction					
14	Moving expenses. Attach form FTB 3913. See instructions					
15	Deductible part of self-employment tax. See instructions			۲		
16	Self-employed SEP, SIMPLE, and qualified plans16	$oldsymbol{igstar}$				
17	Self-employed health insurance deduction. See instructions			۲		
18	Penalty on early withdrawal of savings	ullet				
19	a Alimony paid 19a					•
	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	$ \bigcirc $				

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Section C – Adjustments to Income Continued	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
4 Other adjustments: a Jury duty pay24a	۲		
 b Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit	۲	۲	۲
c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m24c	۲	۲	
d Reforestation amortization and expenses24d			
e Repayment of supplemental unemployment benefits under the federal Trade Act of 1974 24e	•		
f Contributions to IRC Section 501(c)(18)(D) pension plans24f	۲	۲	•
g Contributions by certain chaplains to IRC Section 403(b) plans	۲	۲	•
h Attorney fees and court costs for actions involving certain unlawful discrimination claims	۲		
i Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations 24 i	۲	۲	
j Housing deduction from federal Form 2555 24 j			
k Excess deductions of IRC Section 67(e) expenses from federal Schedule K-1 (Form 1041)24k	•		
z Other adjustments. List type and amount.			
<u>و</u> 24z	\odot		\odot
5 Total other adjustments. Add line 24a through line 24z	۲	۲	۲
6 Add line 11 through line 23 and line 25 in columns A, B, and C. See instructions	۲	۲	۲
7 Total. Subtract line 26 from line 10 in columns A, B, and C. See instructions	• 197477	۲	۲

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Ohe	- In the bay if you did NOT itemize for federal but will itemize	for C	alifornia				
	eck the box if you did NOT itemize for federal but will itemize	A	Federal Amounts (from federal Schedule A (Form 1040))		B Subtractions See instructions		C Additions See instructions
Me	dical and Dental Expenses See instructions.						
1	Medical and dental expenses • 1						
2	Enter amount from federal Form 1040 or 1040-SR, line 11 (•) 197477 2						
3	Multiply line 2 by 7.5% (0.075) • 14811 3						
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter 04					۲	
	a State and local income tax or general sales taxes. . 5a	۲	18001		18001		
	b State and local real estate taxes 5 b		13776				
	c State and local personal property taxes5c	۲					
	d Add line 5a through line 5c		31777				
	 e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) in column A. Enter the amount from line 5a, column B in line 5e, column B. Enter the difference from line 5d and line 5e, column A in line 5e, column C		10000		18001	۲	21777
6	Other taxes. List type • 6	۲		۲		۲	
	Add line 5e and line 67	۲	10000	۲	18001	۲	21777
	 a Home mortgage interest and points reported to you on federal Form 1098 		13827				
	 b Home mortgage interest not reported to you on federal Form 1098					۲	
	c Points not reported to you on federal Form 10988c	$ \mathbf{O} $				۲	
	d Reserved for future use8d						
	e Add line 8a through line 8c8e		13827			۲	
9	Investment interest	$ \mathbf{O} $				۲	
10	Add line 8e and line 9 10	۲	13827			۲	

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Pa	rt II Adjustments to Federal Itemized Deductions Continued	A	Federal Amounts (from federal Schedule A (Form 1040))		B Subtractions See instructions		C Additions See instructions
Gif	ts to Charity						
				۲		۲	
12	Other than by cash or check			۲		۲	
13	Carryover from prior year			۲		۲	
14	Add line 11 through line 1314			۲		۲	
	casualty and Theft Losses Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions15			۲		۲	
Oth	er Itemized Deductions						
	Other—from list in federal instructions16	$ \mathbf{O} $		۲		۲	
17	Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C 17		23827		18001	۲	21777
	Total. Combine line 17 column A less column B plus co	lumn	C) 18	27603
Job	Expenses and Certain Miscellaneous Deductions						
19	Unreimbursed employee expenses: job travel, union due Attach federal Form 2106 if required. See instructions .	es, jo 	b education, etc.) 19			
20	Tax preparation fees) 20			
	Other expenses: investment, safe deposit box, etc. List type) 21	0		
	Add line 19 through line 21 Enter amount from federal Form 1040) 22	0		
	or 1040-SR, line 11						
24	Multiply line 23 by 2% (0.02). If less than zero, enter 0.			24	3950		
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	27603
27	Other adjustments. See instructions. Specify.					27	
28	Combine line 26 and line 27					28	27603
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	27603
30	Enter the larger of the amount on line 29 or your stand Single or married/RDP filing separately. See instru Married/RDP filing jointly, head of household, or qu	ictior ialifyi	ng surviving spouse/RDP	\$10	,726		
	Transfer the amount on line 30 to Form 540, line 18 $_{\cdot}$.					30	27603
					REV 02/02/24 PRO		
	Side 6 Schedule CA (540) 2023 175	1	7736234				
		•	,,,,,,,,,,	•			