

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

Personal information section including name (SWATHI, JASTHI), social security numbers (805-48-9069, 335-89-0485), address (1401 RED HAWK CIR, FREMONT, CA 94538), and marital status options.

Filing Status section with checkboxes for Single, Married filing jointly (checked), Married filing separately, Head of household (HOH), and Qualifying surviving spouse (QSS).

Digital Assets section asking if a digital asset was received or sold during 2023, with Yes/No options.

Standard Deduction section with checkboxes for claiming someone as a dependent or spouse itemizes on a separate return.

Age/Blindness section with checkboxes for being born before January 2, 1959 or being blind.

Table for Dependents with columns for (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Child tax credit, and Credit for other dependents.

Income section table with rows 1a through 1z, including Total amount from Form(s) W-2, household employee wages, tip income, and other income sources.

Table for Deductions and Adjustments with rows 2a through 15, including Tax-exempt interest, qualified dividends, IRA distributions, pensions, and the final taxable income calculation.

Attach Sch. B if required.

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

Table with columns for line numbers (16-24), descriptions (Tax and Credits), and amounts. Total tax is 26,168.

Table for Payments (lines 25-33). Includes federal income tax withheld (35,874) and total payments (35,874).

Table for Refund (lines 34-36). Shows overpaid amount (9,706) and amount applied to 2024 estimated tax (36).

Table for Amount You Owe (lines 37-38). Shows amount you owe (37) and estimated tax penalty (38).

Third Party Designee section with checkboxes for Yes/No and fields for name, phone, and PIN.

Sign Here section with declaration and signature fields for taxpayer and spouse, including occupation and ID protection PIN.

Paid Preparer Use Only section with fields for preparer name, signature, date, PTIN, firm name, address, and phone number.

**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
SWATHI JASTHI & ANVESH DUDDUKURI

Your social security number
805-48-9069

Part I Additional Income

| | | | | |
|-----------|---|---------------|-----------|----------|
| 1 | Taxable refunds, credits, or offsets of state and local income taxes | | 1 | |
| 2a | Alimony received | | 2a | |
| b | Date of original divorce or separation agreement (see instructions): _____ | | | |
| 3 | Business income or (loss). Attach Schedule C | | 3 | |
| 4 | Other gains or (losses). Attach Form 4797 | | 4 | |
| 5 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E | | 5 | -18,929. |
| 6 | Farm income or (loss). Attach Schedule F | | 6 | |
| 7 | Unemployment compensation | | 7 | |
| 8 | Other income: | | | |
| a | Net operating loss | 8a () | | |
| b | Gambling | 8b | | |
| c | Cancellation of debt | 8c | | |
| d | Foreign earned income exclusion from Form 2555 | 8d () | | |
| e | Income from Form 8853 | 8e | | |
| f | Income from Form 8889 | 8f | | |
| g | Alaska Permanent Fund dividends | 8g | | |
| h | Jury duty pay | 8h | | |
| i | Prizes and awards | 8i | | |
| j | Activity not engaged in for profit income | 8j | | |
| k | Stock options | 8k | | |
| l | 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 | 8l | | |
| m | Olympic and Paralympic medals and USOC prize money (see instructions) | 8m | | |
| n | Section 951(a) inclusion (see instructions) | 8n | | |
| o | Section 951A(a) inclusion (see instructions) | 8o | | |
| p | Section 461(l) excess business loss adjustment | 8p | | |
| q | Taxable distributions from an ABL account (see instructions) | 8q | | |
| r | Scholarship and fellowship grants not reported on Form W-2 | 8r | | |
| s | Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d | 8s () | | |
| t | Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan | 8t | | |
| u | Wages earned while incarcerated | 8u | | |
| z | Other income. List type and amount: _____ | 8z | | |
| 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 and on Form 1040, 1040-SR, or 1040-NR, line 8 | | 10 | -18,929. |

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

Schedule 1 (Form 1040) 2023

Part II Adjustments to Income

| | | | |
|------------|--|------------|------------|
| 11 | Educator expenses | | 11 |
| 12 | Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 | | 12 |
| 13 | Health savings account deduction. Attach Form 8889 | | 13 |
| 14 | Moving expenses for members of the Armed Forces. Attach Form 3903 | | 14 |
| 15 | Deductible part of self-employment tax. Attach Schedule SE | | 15 |
| 16 | Self-employed SEP, SIMPLE, and qualified plans | | 16 |
| 17 | Self-employed health insurance deduction | | 17 |
| 18 | Penalty on early withdrawal of savings | | 18 |
| 19a | Alimony paid | | 19a |
| b | Recipient's SSN | | |
| c | Date of original divorce or separation agreement (see instructions): _____ | | |
| 20 | IRA deduction | | 20 |
| 21 | Student loan interest deduction | | 21 |
| 22 | Reserved for future use | | 22 |
| 23 | Archer MSA deduction | | 23 |
| 24 | Other adjustments: | | |
| a | Jury duty pay (see instructions) | 24a | |
| b | Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit | 24b | |
| c | Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m | 24c | |
| d | Reforestation amortization and expenses | 24d | |
| e | Repayment of supplemental unemployment benefits under the Trade Act of 1974 | 24e | |
| f | Contributions to section 501(c)(18)(D) pension plans | 24f | |
| 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 . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10 | | 26 |

**SCHEDULE D
(Form 1040)**

Capital Gains and Losses

OMB No. 1545-0074

2023

Department of the Treasury
Internal Revenue Service

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**

Name(s) shown on return

SWATHI JASTHI & ANVESH DUDDUKURI

Your social security number

805-48-9069

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes 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)

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

| | (d) Proceeds (sales price) | (e) Cost (or other basis) | (g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g) | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with 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 | 8,689. | 7,521. | | 1,168. |
| 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 | 141. | 0. | | 141. |
| 4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 | | | | 4 |
| 5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 | | | | 5 |
| 6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions | | | | 6 () |
| 7 Net short-term capital gain or (loss) . Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back | | | | 7 1,309. |

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

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

| | (d) Proceeds (sales price) | (e) Cost (or other basis) | (g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g) | (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 | 5,519. | 4,853. | 815. | 1,481. |
| 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 | | | | |
| 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 | | | | 11 |
| 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 | | | | 12 |
| 13 Capital gain distributions. See the instructions | | | | 13 |
| 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions | | | | 14 () |
| 15 Net long-term capital gain or (loss) . Combine lines 8a through 14 in column (h). Then, go to Part III on the back | | | | 15 1,481. |

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

Schedule D (Form 1040) 2023

Part III Summary

| | | | |
|-----------|--|-----------|--------|
| 16 | Combine lines 7 and 15 and enter the result | 16 | 2,790. |
| | <ul style="list-style-type: none"> • 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? <input checked="" type="checkbox"/> Yes. Go to line 18. <input type="checkbox"/> 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? <input checked="" type="checkbox"/> 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. <input type="checkbox"/> 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: <ul style="list-style-type: none"> • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) } <p>Note: When figuring which amount is smaller, treat both amounts as positive numbers.</p> | 21 | () |
| 22 | Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. <input type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR. | | |

Sales and Other Dispositions of Capital Assets

Department of the Treasury
Internal Revenue Service

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.

Name(s) shown on return

Social security number or taxpayer identification number

SWATHI JASTHI & ANVESH DUDDUKURI

805-48-9069

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.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see 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.

- (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 (Example: 100 sh. XYZ Co.) | (b) Date acquired (Mo., day, yr.) | (c) Date sold or disposed of (Mo., day, yr.) | (d) Proceeds (sales price) (see instructions) | (e) Cost or other basis See the Note below and see <i>Column (e)</i> in the separate instructions. | Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See the separate instructions. | | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g). |
|---|--|---|---|--|--|--|--------------------------------|--|
| | | | | | | (f) Code(s) from instructions | (g) Amount of adjustment | |
| | BLOCK, INC | 01/01/23 | 12/31/23 | 141. | 0. | | | 141. |
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| 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked). | | | | 141. | 0. | | | 141. |

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.

**SCHEDULE E
(Form 1040)**

Supplemental Income and Loss

OMB No. 1545-0074

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

2023
Attachment
Sequence No. **13**

Department of the Treasury
Internal Revenue Service

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

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

Name(s) shown on return

SWATHI JASTHI & ANVESH DUDDUKURI

Your social security number

805-48-9069

Part I Income or Loss From Rental Real Estate and Royalties

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

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

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

A 7-24, UPPALAPADU PEDHAKAKANI, GUNTUR ANDHRA PRADESH IN 522509

B
C

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

Type of Property:

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

| Income: | Properties: | | |
|---|-----------------------|---|---|
| | A | B | C |
| 3 Rents received | 3 726. | | |
| 4 Royalties received | 4 | | |
| Expenses: | | | |
| 5 Advertising | 5 | | |
| 6 Auto and travel (see instructions) | 6 | | |
| 7 Cleaning and maintenance | 7 3,894. | | |
| 8 Commissions | 8 | | |
| 9 Insurance | 9 | | |
| 10 Legal and other professional fees | 10 | | |
| 11 Management fees | 11 3,512. | | |
| 12 Mortgage interest paid to banks, etc. (see instructions) | 12 | | |
| 13 Other interest | 13 | | |
| 14 Repairs | 14 3,789. | | |
| 15 Supplies | 15 2,410. | | |
| 16 Taxes | 16 | | |
| 17 Utilities | 17 2,961. | | |
| 18 Depreciation expense or depletion | 18 3,089. | | |
| 19 Other (list) _____ | 19 | | |
| 20 Total expenses. Add lines 5 through 19 | 20 19,655. | | |
| 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 -18,929. | | |
| 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) | 22 (18,929.) | | |
| 23a Total of all amounts reported on line 3 for all rental properties | 23a 726. | | |
| 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 3,089. | | |
| e Total of all amounts reported on line 20 for all properties | 23e 19,655. | | |
| 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 (18,929.) | | |
| 26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 . | 26 -18,929. | | |

For Paperwork Reduction Act Notice, see the separate instructions.

NPA -18,929.

Schedule E (Form 1040) 2023

Health Savings Accounts (HSAs)

Department of the Treasury
Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form8889 for instructions and the latest information.

2023
Attachment
Sequence No. **52**

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

Social security number of HSA beneficiary.
If both spouses have HSAs, see instructions.
805-48-9069

SWATHI JASTHI

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

Part I HSA Contributions and Deduction. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

| | | |
|-----------|--|---|
| 1 | Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2023. See instructions | <input type="checkbox"/> Self-only <input checked="" type="checkbox"/> Family |
| 2 | HSA contributions you made for 2023 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2023. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions | 2 0. |
| 3 | If you were under age 55 at the end of 2023 and, on the first day of every month during 2023, you were, or were considered, an eligible individual with the same coverage, enter \$3,850 (\$7,750 for family coverage). All others , see the instructions for the amount to enter | 3 7,750. |
| 4 | Enter the amount you and your employer contributed to your Archer MSAs for 2023 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2023, also include any amount contributed to your spouse's Archer MSAs | 4 0. |
| 5 | Subtract line 4 from line 3. If zero or less, enter -0- | 5 7,750. |
| 6 | Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2023, see the instructions for the amount to enter | 6 7,750. |
| 7 | If you were age 55 or older at the end of 2023, married, and you or your spouse had family coverage under an HDHP at any time during 2023, enter your additional contribution amount. See instructions | 7 |
| 8 | Add lines 6 and 7 | 8 7,750. |
| 9 | Employer contributions made to your HSAs for 2023 | 9 2,600. |
| 10 | Qualified HSA funding distributions | 10 |
| 11 | Add lines 9 and 10 | 11 2,600. |
| 12 | Subtract line 11 from line 8. If zero or less, enter -0- | 12 5,150. |
| 13 | HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions. | 13 0. |

Part II HSA Distributions. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

| | | |
|------------|--|-------------------|
| 14a | Total distributions you received in 2023 from all HSAs (see instructions) | 14a 5,236. |
| b | Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions | 14b |
| c | Subtract line 14b from line 14a | 14c 5,236. |
| 15 | Qualified medical expenses paid using HSA distributions (see instructions) | 15 5,236. |
| 16 | Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8f | 16 0. |
| 17a | If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here <input type="checkbox"/> | |
| b | Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c | 17b |

Part III Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

| | | |
|-----------|--|-----------|
| 18 | Last-month rule | 18 |
| 19 | Qualified HSA funding distribution | 19 |
| 20 | Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f | 20 |
| 21 | Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d | 21 |

Qualified Business Income Deduction Simplified Computation

Department of the Treasury
Internal Revenue Service

Attach to your tax return.

Attachment
Sequence No. **55**

Go to www.irs.gov/Form8995 for instructions and the latest information.

Name(s) shown on return

SWATHI JASTHI & ANVESH DUDDUKURI

Your taxpayer identification number

805-48-9069

Note. You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.
Use this form if your taxable income, before your qualified business income deduction, is at or below \$182,100 (\$364,200 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

| 1 | (a) Trade, business, or aggregation name | (b) Taxpayer identification number | (c) Qualified business income or (loss) |
|-----|---|------------------------------------|---|
| i | | | |
| ii | | | |
| iii | | | |
| iv | | | |
| v | | | |
| 2 | Total qualified business income or (loss). Combine lines 1i through 1v, column (c) | 2 | |
| 3 | Qualified business net (loss) carryforward from the prior year | 3 | () |
| 4 | Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0- | 4 | |
| 5 | Qualified business income component. Multiply line 4 by 20% (0.20) | | 5 |
| 6 | Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions) | 6 | 1. |
| 7 | Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year | 7 | () |
| 8 | Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0- | 8 | 1. |
| 9 | REIT and PTP component. Multiply line 8 by 20% (0.20) | | 9 |
| 10 | Qualified business income deduction before the income limitation. Add lines 5 and 9 | | 10 |
| 11 | Taxable income before qualified business income deduction (see instructions) | 11 | 162,087. |
| 12 | Enter your net capital gain, if any, increased by any qualified dividends (see instructions) | 12 | 1,518. |
| 13 | Subtract line 12 from line 11. If zero or less, enter -0- | 13 | 160,569. |
| 14 | Income limitation. Multiply line 13 by 20% (0.20) | | 14 |
| 15 | Qualified business income deduction. Enter the smaller of line 10 or line 14. Also enter this amount on the applicable line of your return (see instructions) | | 15 |
| 16 | Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0- | | 16 |
| 17 | Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0- | | 17 |

TAXABLE YEAR

FORM

2023

California e-file Signature Authorization for Individuals

8879

Table with 2 columns: Name (Your name, Spouse's/RDP's name) and SSN or ITIN. Values include SWATHI JASTHI, ANVESH DUDDUKURI, 805-48-9069, 335-89-0485.

Part I Tax Return Information (whole dollars only)

Table with 2 columns: Line number and Amount. Lines 1, 2, and 3 with amounts 153547 and 3434.

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

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

Taxpayer's PIN: check one box only

- I authorize GLOBAL TAXES LLC to enter my PIN 89069 as my signature on my 2023 e-filed California individual income tax return. I will enter my PIN as my signature on my 2023 e-filed California individual income tax return.

Your signature Date

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

- I authorize GLOBAL TAXES LLC to enter my PIN 90485 as my signature on my 2023 e-filed California individual income tax return. I will enter my PIN as my signature on my 2023 e-filed California individual income tax return.

Spouse's/RDP's signature Date

Practitioner PIN Method Returns Only -- continue below

Part III Certification and Authentication — Practitioner PIN Method Only

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

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

Table with 11 cells containing digits: 2, 2, 2, 4, 9, 6, 0, 8, 2, 7, 1

Do not enter all zeros

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

ERO's signature Date 02/27/2024

California Nonresident or Part-Year Resident Income Tax Return

2023

540NR

APE

ATTACH FEDERAL RETURN

805-48-9069 JAST 335-89-0485
SWATHI JASTHI
ANVESH DUDDUKURI

23

1401 RED HAWK CIR APT M201
FREMONT CA 94538

08-26-1993 05-27-1993

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

Filing Status

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

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

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

Whole dollars only

Exemptions

- 7 **Personal:** If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2. If you checked the box on line 6, see instructions. 7 X \$144 = \$
- 8 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2. See instructions. 8 X \$144 = \$
- 9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2. See instructions. 9 X \$144 = \$
- 10 **Dependents: Do not include yourself or your spouse/RDP.**

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

Total dependent exemptions 10 X \$446 = \$

Your name: Your SSN or ITIN:

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

Total Taxable Income

12 Total California wages from your federal Form(s) W-2, box 16 **12**

13 Enter federal AGI from federal Form 1040, 1040-SR, or 1040-NR, line 11 **13**

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

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

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

17 Adjusted gross income from all sources. Combine line 15 and line 16. **17**

18 Enter the **larger** of: Your California **itemized deductions** from Schedule CA (540NR), Part III, line 30; **OR** Your California **standard deduction**. See instructions **18**

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

CA Taxable Income

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

FTB 3800 FTB 3803 **31**

32 CA adjusted gross income from Schedule CA (540NR), Part IV, line 1. **32**

35 CA Taxable Income from Schedule CA (540NR), Part IV, line 5. **35**

36 CA Tax Rate. Divide line 31 by line 19. **36**

37 CA Tax Before Exemption Credits. Multiply line 35 by line 36. **37**

38 CA Exemption Credit Percentage. Divide line 35 by line 19. If more than 1, enter 1.0000. **38**

39 CA Prorated Exemption Credits. Multiply line 11 by line 38. If the amount on line 13 is more than \$237,035, see instructions **39**

40 CA Regular Tax Before Credits. Subtract line 39 from line 37. If less than zero, enter -0- ... **40**

41 Tax. See instructions. Check the box if from: Schedule G-1 FTB 5870A **41**

42 Add line 40 and line 41 **42**

Special Credits

50 Nonrefundable Child and Dependent Care Expenses Credit. See instructions. Attach form FTB 3506. **50**

51 Credit for joint custody head of household. See instructions **51**

52 Credit for dependent parent. See instructions. **52**

53 Credit for senior head of household. See instructions. **53**

54 Credit percentage. Enter the amount from line 38 here. If more than 1, enter 1.0000. See instructions **54**

55 Credit amount. See instructions **55**

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Your name: Your SSN or ITIN:

| | | | | | | |
|------------------------|----|---|----------------------------------|----|-----------------------------------|----------------------------------|
| Special Credits | 58 | Enter credit name <input type="text"/> code <input type="text"/> and amount... | <input type="radio"/> | 58 | <input type="text"/> | <input type="text" value=".00"/> |
| | 59 | Enter credit name <input type="text"/> code <input type="text"/> and amount... | <input type="radio"/> | 59 | <input type="text"/> | <input type="text" value=".00"/> |
| | 60 | To claim more than two credits, see instructions. Attach Schedule P (540NR) | <input type="radio"/> | 60 | <input type="text"/> | <input type="text" value=".00"/> |
| | 61 | Nonrefundable Renter's Credit. See instructions | <input type="radio"/> | 61 | <input type="text"/> | <input type="text" value=".00"/> |
| | 62 | Add line 50 and line 55 through line 61. These are your total credits | <input checked="" type="radio"/> | 62 | <input type="text"/> | <input type="text" value=".00"/> |
| | 63 | Subtract line 62 from line 42. If less than zero, enter -0- | <input checked="" type="radio"/> | 63 | <input type="text" value="7904"/> | <input type="text" value=".00"/> |

| | | | | | | |
|--------------------|----|--|-----------------------|----|-----------------------------------|----------------------------------|
| Other Taxes | 71 | Alternative Minimum Tax. Attach Schedule P (540NR) | <input type="radio"/> | 71 | <input type="text"/> | <input type="text" value=".00"/> |
| | 72 | Mental Health Services Tax. See instructions | <input type="radio"/> | 72 | <input type="text"/> | <input type="text" value=".00"/> |
| | 73 | Other taxes and credit recapture. See instructions | <input type="radio"/> | 73 | <input type="text"/> | <input type="text" value=".00"/> |
| | 74 | Add line 63, line 71, line 72, and line 73. This is your total tax | <input type="radio"/> | 74 | <input type="text" value="7904"/> | <input type="text" value=".00"/> |

| | | | | | | |
|-----------------|----|--|----------------------------------|----|------------------------------------|----------------------------------|
| Payments | 81 | California income tax withheld. See instructions | <input type="radio"/> | 81 | <input type="text" value="11338"/> | <input type="text" value=".00"/> |
| | 82 | 2023 California estimated tax and other payments. See instructions | <input type="radio"/> | 82 | <input type="text"/> | <input type="text" value=".00"/> |
| | 83 | Withholding (Form 592-B and/or Form 593). See instructions | <input type="radio"/> | 83 | <input type="text"/> | <input type="text" value=".00"/> |
| | 84 | Excess SDI (or VPD) withheld. See instructions | <input type="radio"/> | 84 | <input type="text"/> | <input type="text" value=".00"/> |
| | 85 | Earned Income Tax Credit (EITC). See instructions | <input type="radio"/> | 85 | <input type="text"/> | <input type="text" value=".00"/> |
| | 86 | Young Child Tax Credit (YCTC). See instructions | <input type="radio"/> | 86 | <input type="text"/> | <input type="text" value=".00"/> |
| | 87 | Foster Youth Tax Credit (FYTC). See instructions | <input type="radio"/> | 87 | <input type="text"/> | <input type="text" value=".00"/> |
| | 88 | Add line 81 through line 87. These are your total payments. See instructions | <input checked="" type="radio"/> | 88 | <input type="text" value="11338"/> | <input type="text" value=".00"/> |

| | | | | |
|--------------------|----|--|----------------------------------|--------------------------------|
| ISR Penalty | 91 | If you and your household had full-year health care coverage, check the box. See instructions. Medicare Part A or C coverage is qualifying health care coverage. | <input checked="" type="radio"/> | <input type="text" value="X"/> |
| | 91 | Individual Shared Responsibility (ISR) Penalty. See instructions | <input type="radio"/> | <input type="text"/> |

| | | | | | | |
|-----------------------------|-----|--|----------------------------------|-----|------------------------------------|----------------------------------|
| Overpaid Tax/Tax Due | 92 | Payments after Individual Shared Responsibility Penalty. If line 88 is more than line 91, subtract line 91 from line 88 | <input checked="" type="radio"/> | 92 | <input type="text" value="11338"/> | <input type="text" value=".00"/> |
| | 93 | Individual Shared Responsibility Penalty Balance. If line 91 is more than line 88, subtract line 88 from line 91 | <input checked="" type="radio"/> | 93 | <input type="text"/> | <input type="text" value=".00"/> |
| | 101 | Overpaid tax. If line 92 is more than line 74, subtract line 74 from line 92 | <input checked="" type="radio"/> | 101 | <input type="text" value="3434"/> | <input type="text" value=".00"/> |
| | 102 | Amount of line 101 you want applied to your 2024 estimated tax | <input type="radio"/> | 102 | <input type="text" value="0"/> | <input type="text" value=".00"/> |
| | 103 | Overpaid tax available this year. Subtract line 102 from line 101 | <input type="radio"/> | 103 | <input type="text" value="3434"/> | <input type="text" value=".00"/> |

Your name: Your SSN or ITIN:

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

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

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Your name: Your SSN or ITIN:

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

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

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

Refund and Direct Deposit
Fill in the information to authorize direct deposit of your refund into one or two accounts. **Do not** attach a voided check or a deposit slip.
See instructions. **Have you verified the routing and account numbers?** Use whole dollars only.
All or the following amount of my refund (line 125) is authorized for direct deposit into the account shown below:
● Routing number ● Type Checking Savings ● Account number ● **126** Direct deposit amount

The remaining amount of my refund (line 125) is authorized for direct deposit into the account shown below:
● Routing number ● Type Checking Savings ● Account number ● **127** Direct deposit amount

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

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

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Sign your tax return on Side 6

Your name: Your SSN or ITIN:

IMPORTANT: Attach a copy of your complete federal return.

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

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

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

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

Sign Here

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

Joint tax return? See instructions.

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

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

Firm's address Firm's FEIN

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

Print Third Party Designee's Name Telephone Number

REV 02/02/24 PRO

California Adjustments —
Nonresidents or Part-Year Residents

2023

CA (540NR)

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

Table with 2 columns: Name(s) as shown on tax return (SWATHI JASTHI & ANVESH DUDDUKURI) and SSN or ITIN (805489069)

Part I Residency Information. Complete all lines that apply to you and your spouse/RDP for taxable year 2023.

During 2023:

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

Table for residency information with columns: Yourself, Spouse/RDP. Rows include domicile, military status, CA residency start/end, CA nonresidency start/end, days in CA, and CA residency before 2023.

Part II Income Adjustment Schedule

Main income adjustment table with columns A-E: Federal Amounts, Subtractions, Additions, Total Amounts Using CA Law, CA Amounts. Rows include total federal income, household employee wages, tip income, Medicaid waiver, dependent care, adoption benefits, wages, other earned income, nontaxable combat pay, taxable interest, dividends, IRA distributions, pensions, social security, and capital gain.

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| | A | B | C | D | E |
|--|---|---|--|---|---|
| Section B — Additional Income from federal Schedule 1 (Form 1040) | Federal Amounts (taxable amounts from your federal tax return) | Subtractions See instructions (difference between CA & federal law) | Additions See instructions (difference between CA & federal law) | Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result) | CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident) |
| 1 Taxable refunds, credits, or offsets of state and local income taxes. 1 | <input type="radio"/> | <input type="radio"/> | | | |
| 2 a Alimony received. See instructions. 2a | <input type="radio"/> | | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3 Business income or (loss). See instructions. 3 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4 Other gains or (losses) 4 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5 Rental real estate, royalties, partnerships, S corporations, trusts, etc 5 | <input type="radio"/> -18929 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> -18929 | <input type="radio"/> |
| 6 Farm income or (loss) 6 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7 Unemployment compensation 7 | <input type="radio"/> | <input type="radio"/> | | | |
| 8 Other income: | | | | | |
| a Federal net operating loss. 8a | <input type="radio"/> () | | <input type="radio"/> | | |
| b Gambling 8b | <input type="radio"/> | <input type="radio"/> | | <input type="radio"/> | <input type="radio"/> |
| c Cancellation of debt. 8c | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d Foreign earned income exclusion from federal Form 2555 8d | <input type="radio"/> () | | <input type="radio"/> | | |
| e Income from federal Form 8853. 8e | <input type="radio"/> | | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f Income from federal Form 8889. 8f | <input type="radio"/> | <input type="radio"/> | | | |
| g Alaska Permanent Fund dividends 8g | <input type="radio"/> | | | <input type="radio"/> | <input type="radio"/> |
| h Jury duty pay 8h | <input type="radio"/> | | | <input type="radio"/> | <input type="radio"/> |
| i Prizes and awards. 8i | <input type="radio"/> | | | <input type="radio"/> | <input type="radio"/> |
| j Activity not engaged in for profit income 8j | <input type="radio"/> | | | <input type="radio"/> | <input type="radio"/> |
| k Stock options 8k | <input type="radio"/> | | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| l 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 8l | <input type="radio"/> | | | <input type="radio"/> | <input type="radio"/> |
| m Olympic and Paralympic medals and USOC prize money. 8m | <input type="radio"/> | | | <input type="radio"/> | <input type="radio"/> |
| n IRC Section 951(a) inclusion 8n | <input type="radio"/> | <input type="radio"/> | | | |
| o IRC Section 951A(a) inclusion 8o | <input type="radio"/> | <input type="radio"/> | | | |
| p IRC Section 461(l) excess business loss adjustment 8p | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| q Taxable distributions from an ABLE account. 8q | <input type="radio"/> | | | <input type="radio"/> | <input type="radio"/> |
| r Scholarship and fellowship grants not reported on federal Form(s) W-2. 8r | <input type="radio"/> | | | <input type="radio"/> | <input type="radio"/> |
| s Nontaxable amount of Medicaid waiver payments included on federal Form 1040, line 1a or line 1d 8s | <input type="radio"/> () | | | <input type="radio"/> () | <input type="radio"/> () |
| t Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental IRC Section 457 plan. 8t | <input type="radio"/> | | | <input type="radio"/> | <input type="radio"/> |
| u Wages earned while incarcerated 8u | <input type="radio"/> | | | <input type="radio"/> | <input type="radio"/> |
| z Other income. List type and amount. <input type="radio"/> _____ 8z | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 9 a Total other income. Add line 8a through line 8z 9a | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

| | A | B | C | D | E |
|--|---|---|--|---|---|
| Section B — Additional Income Continued | Federal Amounts (taxable amounts from your federal tax return) | Subtractions See instructions (difference between CA & federal law) | Additions See instructions (difference between CA & federal law) | Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result) | CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident) |
| b1 Disaster loss deduction from form FTB 3805V 9b1 | | <input type="radio"/> | | <input type="radio"/> | <input type="radio"/> |
| b2 NOL deduction from form FTB 3805V 9b2 | | <input type="radio"/> | | <input type="radio"/> | <input type="radio"/> |
| b3 NOL deduction from form FTB 3805Z, FTB 3807, or FTB 3809 .. 9b3 | | <input type="radio"/> | | <input type="radio"/> | <input type="radio"/> |
| 10 Total. Combine Section A, line 1z through line 7, and Section B, line 1 through line 7, line 9a and line 9b1 through line 9b3 (as applicable) in each column. See instructions. 10 | <input checked="" type="radio"/> 189787 | <input type="radio"/> | <input type="radio"/> 2600 | <input checked="" type="radio"/> 192387 | <input checked="" type="radio"/> 153547 |

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

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

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| | A | B | C | D | E |
|---|---|---|--|---|---|
| Section C — Adjustments to Income Continued | Federal Amounts (taxable amounts from your federal tax return) | Subtractions See instructions (difference between CA & federal law) | Additions See instructions (difference between CA & federal law) | Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result) | CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident) |
| i Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations 24i | <input checked="" type="radio"/> | <input checked="" type="radio"/> | | | |
| j Housing deduction from federal Form 2555 24j | <input checked="" type="radio"/> | <input checked="" type="radio"/> | | | |
| k Excess deductions of IRC Section 67(e) expenses from federal Schedule K-1 (Form 1041) 24k | <input checked="" type="radio"/> | | | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| z Other adjustments. List type and amount. <input checked="" type="radio"/> _____ 24z | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 25 Total other adjustments. Add line 24a through line 24z. 25 | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 26 Add line 11 through line 23 and line 25 in each column, A through E 26 | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 27 Total. Subtract line 26 from line 10 in each column, A through E. See instructions. 27 | <input checked="" type="radio"/> 189787 | <input checked="" type="radio"/> | <input checked="" type="radio"/> 2600 | <input checked="" type="radio"/> 192387 | <input checked="" type="radio"/> 153547 |

Part III Adjustments to Federal Itemized Deductions
Check the box if you did NOT itemize for federal but will itemize for California

| | A Federal Amounts (from federal Schedule A (Form 1040)) | B Subtractions See instructions | C Additions See instructions |
|---|--|---|--|
| Medical and Dental Expenses See instructions. | | | |
| 1 Medical and dental expenses 1 | | | |
| 2 Enter amount from federal Form 1040 or 1040-SR, line 11 2 | 189787 | | |
| 3 Multiply line 2 by 7.5% (0.075) 3 | 14234 | | |
| 4 Subtract line 3 from line 1. If line 3 is more than line 1, enter 0 4 | <input checked="" type="radio"/> | | <input checked="" type="radio"/> 0 |

Taxes You Paid

| | | | |
|--|--|--|---------------------------------------|
| 5a State and local income tax or general sales taxes 5a | <input checked="" type="radio"/> 15325 | <input checked="" type="radio"/> 15325 | |
| 5b State and local real estate taxes 5b | <input checked="" type="radio"/> | | |
| 5c State and local personal property taxes 5c | <input checked="" type="radio"/> | | |
| 5d Add line 5a through line 5c. 5d | <input checked="" type="radio"/> 15325 | | |
| 5e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) in column A. Enter the amount from line 5a, column B in line 5e, column B. Enter the difference from line 5d and line 5e, column A in line 5e, column C. 5e | <input checked="" type="radio"/> 10000 | <input checked="" type="radio"/> 15325 | <input checked="" type="radio"/> 5325 |
| 6 Other taxes. List type <input checked="" type="radio"/> _____ 6 | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 7 Add line 5e and line 6. 7 | <input checked="" type="radio"/> 10000 | <input checked="" type="radio"/> 15325 | <input checked="" type="radio"/> 5325 |

Interest You Paid

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

Gifts to Charity

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

| | | | |
|---|--|---|--|
| Part III Adjustments to Federal Itemized Deductions Continued | A Federal Amounts (from federal Schedule A (Form 1040)) | B Subtractions See instructions | C Additions See instructions |
|---|--|---|--|

| | | | |
|---|-------|----------------------------------|-----------------------|
| Casualty and Theft Losses | | | |
| 15 Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions. | 15 | <input type="radio"/> | <input type="radio"/> |
| Other Itemized Deductions | | | |
| 16 Other—from list in federal instructions. | 16 | <input type="radio"/> | <input type="radio"/> |
| 17 Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C. | 17 | <input checked="" type="radio"/> | <input type="radio"/> |
| | 10000 | <input type="radio"/> | <input type="radio"/> |
| | | <input type="radio"/> | <input type="radio"/> |
| | | <input type="radio"/> | <input type="radio"/> |
| 18 Total. Combine line 17 column A less column B plus column C. | 18 | <input checked="" type="radio"/> | <input type="radio"/> |
| | | | 0 |

| |
|--|
| Job Expenses and Certain Miscellaneous Deductions |
|--|

| | | | |
|--|-----------|----------------------------------|-----------------------|
| 19 Unreimbursed employee expenses: job travel, union dues, job education, etc. Attach federal Form 2106 if required. See instructions. | 19 | <input checked="" type="radio"/> | <input type="radio"/> |
| 20 Tax preparation fees. | 20 | <input checked="" type="radio"/> | <input type="radio"/> |
| 21 Other expenses: investment, safe deposit box, etc. List type <input type="radio"/> _____ | 21 | <input checked="" type="radio"/> | <input type="radio"/> |
| 22 Add line 19 through line 21. | 22 | <input checked="" type="radio"/> | <input type="radio"/> |
| 23 Enter amount from federal Form 1040 or 1040-SR, line 11 <input type="radio"/> _____ | 23 | <input checked="" type="radio"/> | <input type="radio"/> |
| 24 Multiply line 23 by 2% (0.02). If less than zero, enter 0. | 24 | <input checked="" type="radio"/> | <input type="radio"/> |
| 25 Subtract line 24 from line 22. If line 24 is more than line 22, enter 0. | 25 | <input checked="" type="radio"/> | <input type="radio"/> |
| 26 Total Itemized Deductions. Add line 18 and line 25. | 26 | <input checked="" type="radio"/> | <input type="radio"/> |
| 27 Other adjustments. See instructions. Specify. <input type="radio"/> _____ | 27 | <input checked="" type="radio"/> | <input type="radio"/> |
| 28 Combine line 26 and line 27. | 28 | <input checked="" type="radio"/> | <input type="radio"/> |
| 29 Is your federal AGI (Form 540NR, line 13) more than the amount shown below for your filing status? | | | |
| Single or married/RDP filing separately. | \$237,035 | | |
| Head of household. | \$355,558 | | |
| Married/RDP filing jointly or qualifying surviving spouse/RDP. | \$474,075 | | |
| No. Transfer the amount on line 28 to line 29. | | | |
| Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540NR), line 29. | 29 | <input checked="" type="radio"/> | <input type="radio"/> |
| 30 Enter the larger of the amount on line 29 or your standard deduction shown below: | | | |
| Single or married/RDP filing separately. See instructions. | \$5,363 | | |
| Married/RDP filing jointly, head of household, or qualifying surviving spouse/RDP. | \$10,726 | <input checked="" type="radio"/> | <input type="radio"/> |
| | | | 10726 |

| |
|--|
| Part IV California Taxable Income |
|--|

| | | | |
|--|---|----------------------------------|--------|
| 1 California AGI. Enter your California AGI from Part II, line 27, column E. | 1 | <input checked="" type="radio"/> | 153547 |
| 2 Enter your deductions from line 30. | 2 | <input checked="" type="radio"/> | 10726 |
| 3 Deduction Percentage. Divide Part II, line 27, column E by Part II, line 27, column D. Carry the decimal to four places. If the result is greater than 1.0000, enter 1.0000. If less than zero, enter -0-. | 3 | <input checked="" type="radio"/> | 0.7981 |
| 4 California Itemized/Standard Deductions. Multiply line 2 by the percentage on line 3. | 4 | <input checked="" type="radio"/> | 8560 |
| 5 California Taxable Income. Subtract line 4 from line 1. Transfer this amount to Form 540NR, line 35. If less than zero, enter -0-. | 5 | <input checked="" type="radio"/> | 144987 |

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| | |
|---|------------------------------------|
| Name as Shown on Return SWATHI JASTHI & ANVESH DUDDUKURI | Social Security No. 805-48-9069 |
|---|------------------------------------|

Line 1a – Wages, Salaries, Tips, Etc.

| | (B) Subtractions | (C) Additions |
|--|---------------------|------------------|
| 1 Excess reimbursements from Form 2106 included in wage income | | |
| 2 Active duty military pay | | |
| 3 HSA employer contributions | | 2600 |
| 4 Paid Family Leave Insurance (PFL) benefits I confirm that the PFL amount above is accurate <input type="checkbox"/> | | |
| 5 Excess moving reimbursements | | |
| Total adjustments to wages, salaries, tips, etc. Enter here and on Schedule CA (540/540NR), line 1a | | 2600 |

Line 1h – Wages, Salaries, Tips, Etc.

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

Line 4 – IRA, Pensions, and Annuities

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