Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

ERO must obtain and retain completed Form 8879. ▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID)

T.....

| , | Тахрау | yer's name | Social secu | rity number | | | | | |
|---|--------|---|---------------------------------|-------------|----------|--|--|--|--|
| Part I Tax Return Information – Tax Year Ending December 31, 2023 (Enter year you are authorizing.) Enter whole dollars only on lines 1 through 5. Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. 1 Adjusted gross income | YAS | SHASRI EDUKULLA | 782-46 | 5-6733 | | | | | |
| Enter whole dollars only on lines 1 through 5. Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. 1 Adjusted gross income | Spouse | e's name | Spouse's social security number | | | | | | |
| Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. 1 Adjusted gross income 1 116,115 | Par | Part I Tax Return Information – Tax Year Ending December 31, 2023 (Enter year you are authorizing.) | | | | | | | |
| 1 Adjusted gross income | | | | | | | | | |
| | Note: | Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. | | | | | | | |
| 2 Total tax | 1 | Adjusted gross income | | 1 | 116,115. | | | | |
| | 2 | Total tax | | 2 | 17,944. | | | | |
| 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | 3 | Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | | 3 | 20,356. | | | | |
| 4 Amount you want refunded to you | 4 | Amount you want refunded to you | | 4 | 2,412. | | | | |
| 5 Amount you owe | 5 | Amount you owe | | 5 | | | | | |

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

Under penalties of periury. I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

| X | I authorize | GLOBAL TAXES | LLC | to enter or generate my PIN |
|---|-------------|--------------|-----|-----------------------------|
| | | | | |

| | as my | | | | |
|---|-------|-----------|---------------|--------------------|--|
| 6 | 6 | 7 | 3 | 3 | |
| | Ent | Enter fiv | Enter five di | Enter five digits, | 6 6 7 3 3 Enter five digits, but don't enter all zeros |

ERO firm name signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature

Date

Spouse's PIN: check one box only

I authorize

to enter or generate my PIN

as mv Enter five digits, but don't enter all zeros

ERO firm name signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

| Spouse's signature ► | Date 🕨 | | | |
|--|---|--|--|--|
| Practitioner PIN Method Returns Only—continue below | | | | |
| Part III Certification and Authentication – Pra | ctitioner PIN Method Only | | | |
| ERO's EFIN/PIN. Enter your six-digit EFIN followed by yo | ur five-digit self-selected PIN. 2 2 2 4 9 6 0 8 2 7 1 Don't enter all zeros | | | |

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

| ERO's signature > | Date 🕨 | | | |
|---|--------|--|--|--|
| ERO Must Retain This Form — See Instructions Don't Submit This Form to the IRS Unless Requested To Do So | | | | |
| For Denominary Deduction Act Nation and your t | | | | |

| Deduction for- Sa Definition and annulation annulation annulatingetin annulation annulation annulation annulat | 1040 | | artment of the Treasury—Internal Revenue Servi S. Individual Income Ta > | | turn | 202 | 3 | OMB No. 1545 | -0074 | IRS Use Onl | y—Do not v | /rite or sta | aple in this space. |
|---|---|----------|--|----------|---------------|-----------------|--------------------|------------------|--------------|---------------|--------------|--------------|---------------------|
| YASHASRI EDIKULLA Year | For the year Jan | . 1–Dec | 2. 31, 2023, or other tax year beginning | | | , 2023, end | ling | | | , 20 | See se | parate | instructions. |
| If joint refurm, spouse's first name and middle initial Last name Spoker's social security number 145 SUTTCLLIFFE CIR Appl. no. Prediability Elaction Campaign of the spokes and spoke and spokes and spokes and spokes and spokes and spokes and | Your first name | and m | iddle initial | Last r | name | | | | | | Your so | cial sec | curity number |
| If joint refurm, spouse's first name and middle initial Last name Spoker's social security number 145 SUTTCLLIFFE CIR Appl. no. Prediability Elaction Campaign of the spokes and spoke and spokes and spokes and spokes and spokes and spokes and | YASHASRI | C | | EDU | KULLA | | | | | | 782 | 46 | 6733 |
| 145 SUTCLIFFE Check here if you or you, " Chy, town, or post office. If you have a foreign address, also complete spaces below. CA 25 6 30 Check here if you, or you," Foreign country name Foreign province/state/county Foreign province/state/county Foreign province/state/county Foreign province/state/county Foreign province/state/county Foreign province/state/county Image: Country name Image: Country name <td< td=""><td></td><td></td><td>s first name and middle initial</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<> | | | s first name and middle initial | | | | | | | | | | |
| 145 SUTCLIFFE Check here if you or you, " Chy, town, or post office. If you have a foreign address, also complete spaces below. CA 25 6 30 Check here if you, or you," Foreign country name Foreign province/state/county Foreign province/state/county Foreign province/state/county Foreign province/state/county Foreign province/state/county Foreign province/state/county Image: Country name Image: Country name <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<> | | | | | | | | | | | | | |
| City: rom. or pose office. If you have a foreign address, also complete spaces below. State 2/2 2/2 5/6.5.0 spouse of filing joint/, went 35 POLSOM Foreign control yame Foreign province/state/comp Foreign province/state/comp goouse of filing joint/, went 35 Filing Status Single Interded filing joint/ (went 36 Single Interded filing joint/ (went 36 Check only Interded filing joint/ (went 36 Single Outsifying surviving spouse (OSS) If you checked the MFS box, enter the name of your spouse. If you checked the MOH or OSS box, enter the child's name if the qualifying person is a child but not your dependent: Qualitying surviving spouse (OSS) Standard Someone can claim: You sa a dependent Qualitying surviving spouse (OSS) If yes id No Standard Someone can olaim: You sa a dependent: Qualitying (4) Check the box it qualifies for eign intervitions.) If yes id No Standard Someone can olaim: You sa a dependent: Qualitying (4) Check the box it qualifies for eign intervitions.) If yes id No Check only Into and intervitions. (2) Social security (3) Relationship (4) Check the box it qualifies for eign intervitions.) If id 127, 718. Marcie filing joint/, went 38 Into and intor form | Home address | (numbe | er and street). If you have a P.O. box, see | instruc | ctions. | | | | A | pt. no. | Preside | ntial Ele | ection Campaigr |
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| Foreign country name CA 955.30 box below will not change Foreign country name Foreign province/state/country Foreign province/state/country Foreign province/state/country Preven postal code Filing Status Single Head of household (HOH) Check only Qualifying surviving spouse (QSS) If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent. Qualifying surviving spouse (QSS) Digital At any time during 2023, did you: (a) receive (as a reward, ward, or payment for property or services); or (b) sell. Assets Schange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions). Yes No Beduction Spouse itemizes on a separate return or you were a dual-status allen Age/Bindmesse (See instructions). Yes No Dependents (see instructions): (f) First name Last name (g) Relationship (g) Check the box if qualifies for fiele instructions) Image: Cole of the dependent If more (f) First name Last name (g) Relationship Image: Cole of the dependent Image: Cole of the dependent Washer Image: Cole of the dependent care boren(s) Image: Cole of the dependent | City, town, or p | ost offi | ce. If you have a foreign address, also co | mplete | spaces be | low. | Sta | ite | ZIP co | ode | | | |
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| Check only Married filing jointly (even if only one had income) Qualifying surviving spouse (QSS) If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: | | | | | | | | | | | | ∐ Yo | ou Spouse |
| Chick Uniy Married filing separately (MFS) Qualifying surviving spouse (QSS) If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: Digital At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions). Ves No Standard Someone can claim: You spouse as a dependent Your spouse as a dependent Yes No Standard Spouse lemizes on a separate return or you were a dual-status alien Spouse lemizes on a separate return or you were a dual-status alien Age/Blindness You: Were born before January 2, 1959 Are blind Spouse: Was born before January 2, 1959 Is blind Dependents (see instructions): (f) First name La taname Immediate Imm | Filing Status | ; 🗵 | Single | | | | | Head of he | ouseh | old (HOH) | | | |
| If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: Digital Assets At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, eschange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions). \Vers \not No Standard Deduction Someone can claim: \Vers \not No as a dependent \Vers \not No Age/Blindness You: Ware born before January 2, 1959 \vers born before dependent If more than four dependents, see instructions): (1) Finaname Last name (1) Part name - - If more than four dependents, see instructions, are instructions, are instructions, are instructions, are instructions, and check - - - - Here 1a Total amount from Forn(s) W-2, box 1 (see instructions). 1a 12,7,718. By out dot, before a formed in the gene first form Form 838, line 29 11 - - 1a If you dot not g wages for more may also the other start wages and bendt form Form 8383, line 29 11 - 12,7,718. If you dot not | Check only | | | ne hac | d income) | | | | | | | | |
| qualifying person is a child but not your dependent: Digital Assets At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) Image: The temp of temp o | one box. | | | | | | | | | ÷ . | . , | | |
| Digital Assets At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) Image: The second sec | | | | | | pouse. If you | u che | ecked the HOH | l or QS | SS box, ent | er the ch | ild's na | me if the |
| Assets exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) ↓ Yes 义 No Standard Someore can claim: \other You as a dependent \other Your spouse as a dependent \other Your spouse as a dependent Age/Blindness You: Were born before January 2, 1959 Are blind Spouse: \other Was born before January 2, 1959 Is blind Dependents (a) Executions): (a) Social security (b) Check the box if qualifies for (see instructions): (c) Credit for other dependent if more (1) First name Last name number (b) you (c) Check the box if qualifies for (see instructions) if more (1) First name Last name number (c) Social security (c) Check the box if qualifies for (see instructions) if more 1 Total amount from Form(s) W-2, box 1 (see instructions) 1 1 1 Nuce Alor Alor 1 Total amount from Form(s) W-2, box 1 (see instructions) 1 1 1 1 Values Aloid employee wages not reported on Form(s) W-2 (see instructions) 1 1 1 1 1 1 1 1 1 1 1 1 1 | | qu | alitying person is a child but not you | ır aepe | endent: | | | | | | | | |
| Assets exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) ↓ Yes No Standard Someone can claim: ↓ You as a dependent ↓ You so a dependent ↓ You as a dependent Age/Blindness You: ↓ Were born before January 2, 1959 ↓ Are blind Spouse itemizes on a separate return or you were a dual-status alien Age/Blindness You: ↓ Were born before January 2, 1959 ↓ Are blind Spouse: ↓ Was born before January 2, 1959 ↓ Is blind Dependents (1) First name Last name number (2) Social security (3) Feletionship (4) Check the box if qualifies for (see instructions) If more (1) First name Last name number (3) Feletionship (4) Check the box if qualifies for other dependent ese instructions | Digital | At ar | יא time during 2023, did you: (a) rec | eive (a | s a reward | d, award, or | payr | ment for prope | rty or : | services); o | r (b) sell, | | |
| Deduction Spouse itemizes on a separate return or you were a dual-status alien Age/Blindness You: Were born before January 2, 1959 Are blind Spouse: Was born before January 2, 1959 Is blind Dependents (see instructions): (i) First name Last name (ii) Relationship (ii) Chick the box if qualifies for (see instructions): Chick tax credit Credit for other dependents if more (ii) First name Last name Iii) Chick tax credit Credit for other dependents dependents, see instructions Iiii) Iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii | | exch | ange, or otherwise dispose of a dig | ital ass | set (or a fir | nancial inter | est ir | n a digital asse | t)? (Se | e instructio | ons.) | Y | es 🛛 No |
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| If more than four dependents, see instructions and check here Image: transme tra | Dependents | s (see | instructions): | | (2) 5 | Social security | , | (3) Relationsh | ip (4 |) Check the b | box if qual | ifies for | (see instructions): |
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| and check | | | | | | | | | | | | | |
| here | | 5 | | | | | | | | | | | |
| Attach Form(s) b Household employee wages not reported on Form(s) W-2. 1b Attach Forms c Tip income not reported on line 1a (see instructions) 1c w2-26 and d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) 1d w2-26 and e Taxable dependent care benefits from Form 2441, line 26 1e was withheld. f Employer-provided adoption benefits from Form 8839, line 29 1f If you did not get a form gwages from Form 8919, line 6 1e 1g was withheld. f Employer-provided adoption benefits from Form 8839, line 29 1h 0. w2-2, see n Other earned income (see instructions) 1i 1z 1277, 718. w2-2, see in Nontaxable combat pay election (see instructions) 1i 1z 1277, 718. Attach Sch. B 2a Tax-exempt interest 2a b Ordinary dividends 3b frequired. 3a Qualified dividends 3a b Draxable amount 4b Standard Deduction forforf 6a Social security benefits 6a Maried filing separately. sil.asso f | here 🗌 |] | | | | | | | | | | | |
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| W-2 here, Also attach Forms c Tip income not reported on line 1a (see instructions) 1c attach Forms d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) 1d W-26 and 1099-R if tax e Taxable dependent care benefits from Form 2441, line 26 1e was withhed f Employer-provided adoption benefits from Form 8893, line 29 1f If you did not get a form W-2, see g Wages from Form 8919, line 6 1g M-2, see h Other earned income (see instructions) 1i 1g Add lines 1a through 1h | Attach Form(s) | b | Household employee wages not re | eporte | d on Form | n(s) W-2 . | | | | | . 1b |) | |
| W-26 and 1099-R if tax e Taxable dependent care benefits from Form 2441, line 26 1e was withheld. f Employer-provided adoption benefits from Form 2441, line 26 1f If you did not get a form g Wages from Form 8919, line 6 1g W-2, see h Other earned income (see instructions) 1h 0. w/2, see in Nontaxable combat pay election (see instructions) 1i 1z 1277,718. Z Add lines 1a through 1h . . 1z 1277,718. Attach Sch. B 2a b Taxable interest 2b 336. Bandard Qualified dividends 3a b Ordinary dividends 3b Standard Pensions and annuities 5a b Taxable amount 4b Standard Social security benefits 6a b Taxable amount 7 Married filing jointy or Qualifying surving spouse, St27700 R Additional income from Schedule 1, line 10 7 8 -11,939. Standard Deduction for- lead of household, St20,800 Standard deduction or itemized deductions (from Schedule A) 11 116,115. Standard | | С | Tip income not reported on line 1a (see instructions) | | | | | | . 10 | ; | | | |
| 1099-R if tax e Taxable dependent care benefits from Form 2441, line 26 1 was withheld. f Employer-provided adoption benefits from Form 8839, line 29 1 If you did not g Wages from Form 8919, line 6 1g W-2, see h Other earned income (see instructions) 1h 0. W-2, see Nontaxable combat pay election (see instructions) 1i 1z 127, 718. Attach Sch. B za Add lines 1a through 1h 2a b Taxable interest 2b 336. Maried fling separatelity qualified dividends 3a b b Taxable amount 4b 5b Beduction for- 5a Pensions and annuities 5a b Taxable amount 5b Geductin for 6a Social security benefits 6a b Taxable amount 5b Maried fling sparteling pointly or Qualifying spouse, String spouse, | | d | | | | | nstru | uctions) | | | . 10 | | |
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| get a form W-2, see instructions. h Other earned income (see instructions) 1h 0. instructions. i Nontaxable combat pay election (see instructions) 1i 1i 1a z Add lines 1a through 1h 1a 1a 1a 1a 1a Attach Sch. B if required. 2a Tax-exempt interest 2a b Taxable interest 2b 336. 3a Qualified dividends 3a b Ordinary dividends 3b 2b Standard Deduction for- 5a Pensions and annuities 5a b Taxable amount 4b 4b Married filing separately, S13,850 c If you elect to use the lump-sum election method, check here (see instructions) c 6b Married filing jointly or Qualifying surviving spouse, \$27.700 Additional income from Schedule 1, line 10 c 7 Maried of filing jointly or Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 116, 115. \$27.700 Additional income from Schedule 1, line 26 10 11 116, 115. \$20.800 It Standard deduction or itemized deductions (from Schedule A) 12 13, 85 | | f | | | | | | | | | . <u>1</u> f | | |
| W-2, see In Other earlied income (see instructions) In Other earlied income (see instructions) instructions. i Nontaxable combat pay election (see instructions) 1i iz 127,718. Attach Sch. B Za Tax-exempt interest 2a b 336. if required. 3a Qualified dividends 3a b b Attach Sch. B if a Qualified dividends 3a b b Ordinary dividends 3b 4a IRA distributions 4a b Taxable amount 4b 5b Standard 5a Pensions and annuities 5a b Taxable amount 6b Social security benefits 6a b Taxable amount 6b 6b Married filing separately, \$13,850 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 7 Qualifying surviving spouse, \$27,700 8 Additional income from Schedule 1, line 10 11 116,115. \$27,700 10 Adjustments to income from Schedule 1, line 26 10 11 116,115. \$20,800 14 | | | | | | | | | | | 0 | | |
| z Add lines 1a through 1h 12 127,718. Attach Sch. B 2a Tax-exempt interest 2a b Taxable interest 2b 336. if required. 3a Qualified dividends 3a b Ordinary dividends 3b Standard Qualified dividends 4a b Taxable amount 4b Standard Pensions and annuities 5a b Taxable amount 4b Married filing separately, \$13,850 If you elect to use the lump-sum election method, check here (see instructions) 5b 6b Married filing ipinty or Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 7 8 -11,939. 9 116,115. 10 10 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 11 116,115. 11 Subtract line 10 from line 9. This is your adjusted gross income 12 13,850. 12 12,850. 13 12 13,850. 12 13,850. 13 12 13,850. 13 Qualifying 9 116,115. 12 13,850. | W-2, see | | | | | | | . 1 h | 1 | 0. | | | |
| Attach Sch. B 2a Tax-exempt interest 2a b Taxable interest 2b 336. if required. 3a Qualified dividends 3a b Ordinary dividends 3b 3b 3b | instructions. | | | see ins | structions) | | • • | 11 | | | _ | | 107 710 |
| if required. 3a Qualified dividends | | | - | 0- | | · · · · | ь . | • • • • • | • • | | | | |
| Standard Standard <th< td=""><td></td><td></td><td>-</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></th<> | | | - | | | | | | | | | | |
| Standard Deduction for- 5a 5a b Taxable amount 5b • Single or Married filing separately, \$13,850 6a 5a 6a b Taxable amount 6b • Married filing separately, \$13,850 c If you elect to use the lump-sum election method, check here (see instructions) . . 6b • Married filing jointly or Qualifying surviving spouse, \$27,700 8 Additional income from Schedule 1, line 10 . . . 7 • Head of household, \$20,800 11 Subtract line 10 from line 9. This is your adjusted gross income . . 10 • If you checked any box under Standard Deduction, . 13 Qualified business income deduction from Form 8995 or Form 8995-A • If you checked any box under Standard Deduction, . 14 13,850. | | | | | | | | | | | | - | |
| Single or Married filing separately, \$13,850 6a Social security benefits 6a b Taxable amount 6b Married filing separately, \$13,850 c If you elect to use the lump-sum election method, check here (see instructions) . | Standard | | | | | | | | | | | | |
| Married filing separately, \$13,850 c If you elect to use the lump-sum election method, check here (see instructions) 7 Married filing jointly or Qualifying surviving spouse, \$27,700 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 Married filing jointly or Qualifying surviving spouse, \$27,700 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 8 -11,939. Married filing jointly or Qualifying surviving spouse, \$27,700 9 116,115. 9 116,115. 10 10 10 11 116,115. 12 13,850. 11 116,115. 12 13,850. 13 14 13,850. | Deduction for - | | | | | | | | | • • • | | | |
| Subparticly, standard Deduction, 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 Married filing jointly or Qualifying souse, \$27,700 8 Additional income from Schedule 1, line 10 8 -11,939. 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 116,115. \$27,700 10 Adjustments to income from Schedule 1, line 26 10 Head of household, \$20,800 11 Subtract line 10 from line 9. This is your adjusted gross income 11 116,115. \$20,800 12 Standard deduction or itemized deductions (from Schedule A) 12 13,850. 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 14 13,850. | Married filing | | | | method | check here | | | | | | , | |
| Married filling jointly or Qualifying spouse, \$27,700 8 -11,939. 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 116,115. 10 Adjustments to income from Schedule 1, line 26 10 Head of household, \$20,800 12 Standard deduction or itemized deductions (from Schedule A) 11 116,115. 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 14 13,850. | | | | | | | • | , | • • | | | | |
| Qualifying surving spouse, \$27,7009Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income9116, 115.10Adjustments to income from Schedule 1, line 2610Head of household, \$20,80011Subtract line 10 from line 9. This is your adjusted gross income11116, 115.\$20,80012Standard deduction or itemized deductions (from Schedule A)1213, 850.If you checked any box under13Qualified business income deduction from Form 8995 or Form 8995-A13ItAdd lines 12 and 131413, 850. | Married filing jointly or | | 1 0 () | | • | • | | , 511000 11010 | | | | | -11.939 |
| 10 Adjustments to income from Schedule 1, line 26 10 Head of household, \$20,800 11 Subtract line 10 from line 9. This is your adjusted gross income 11 116,115. 12 Standard deduction or itemized deductions (from Schedule A) 12 13,850. 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 14 Add lines 12 and 13 14 13,850. | Qualifying | | | , | | | | e | | | | | |
| Head of household, \$20,80011Subtract line 10 from line 9. This is your adjusted gross income11116,115.12Standard deduction or itemized deductions (from Schedule A)1213,850.13Qualified business income deduction from Form 8995 or Form 8995-A1314Add lines 12 and 131413,850. | \$27,700 | | | | | | | | | | | - | |
| \$20,800 12 Standard deduction or itemized deductions (from Schedule A) 12 13,850. If you checked any box under Standard Deduction, 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 13 Add lines 12 and 13 13 14 13,850. | Head of household. | | • | | | | | | | | | | 116,115. |
| 13Qualified business income deduction from Form 8995 or Form 8995-A13Standard Deduction,1413,850. | \$20,800 | | | | | | | | | | | | |
| Standard 14 Add lines 12 and 13 13,850 14 13,850 | any box under | | | | • | | , | 5-A | | | | | · • |
| | | 14 | Add lines 12 and 13 | | | | | | | | . 14 | | 13,850. |
| | | 15 | Subtract line 14 from line 11. If zer | ro or le | ess, enter | -0 This is y | our | taxable incom | e . | <u> </u> | . 15 | 5 | |

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

Form **1040** (2023)

| Form 1040 (2023 | 3) | | | | | | | P | Page 2 |
|---------------------------------------|----------------|--|--------------------------|---------------------|-------------------------|-------------------------|-------------------------------|--|--------|
| Tax and | 16 | Tax (see instructions). Check | if any from Form | (s): 1 🗌 881 | 4 2 4972 | 3 🗌 | [1 | 17,94 | 44. |
| Credits | 17 | Amount from Schedule 2, lin | ne3 | | | | 1 | 17 | |
| | 18 | Add lines 16 and 17 | | | | | 1 | 17,94 | 44. |
| | 19 | Child tax credit or credit for | other dependen | ts from Sched | ule 8812 | | 1 | 19 | |
| | 20 | Amount from Schedule 3, lin | ne8 | | | | 2 | 20 | |
| | 21 | Add lines 19 and 20 | | | | | 2 | 21 | |
| | 22 | Subtract line 21 from line 18 | . If zero or less, | enter -0 | | | 2 | 17,94 | 44. |
| | 23 | Other taxes, including self-e | mployment tax, | from Schedule | e 2, line 21 . | | 2 | 23 | 0. |
| | 24 | Add lines 22 and 23. This is | your total tax | | | | 2 | 24 17,94 | 44. |
| Payments | 25 | Federal income tax withheld | | | | | | | |
| - | а | Form(s) W-2 | | | | 25a 20 | ,356. | | |
| | b | Form(s) 1099 | | | | 25b | | | |
| | с | Other forms (see instructions | s) | | | 25c | | | |
| | d | Add lines 25a through 25c | | | | | 2 | 5d 20,35 | 56. |
| If you have a | 26 | 2023 estimated tax payment | ts and amount a | pplied from 20 |)22 return | | 2 | 26 | |
| qualifying child, attach Sch. EIC. | 27 | Earned income credit (EIC) | | | No . | 27 | | | |
| attach Sch. ElC. | 28 | Additional child tax credit from | m Schedule 8812 | | | 28 | | | |
| | 29 | American opportunity credit | from Form 8863 | 8, line 8 | | 29 | | | |
| | 30 | Reserved for future use . | | | | 30 | | | |
| | 31 | Amount from Schedule 3, lin | ne 15 | | | 31 | | | |
| | 32 | Add lines 27, 28, 29, and 31 | . These are your | total other pa | ayments and ref | undable credits | 3 | 32 | |
| | 33 | Add lines 25d, 26, and 32. T | hese are your to | tal payments | | | 3 | 33 20,35 | 56. |
| Refund | 34 | If line 33 is more than line 24 | 1, subtract line 2 | 4 from line 33. | This is the amou | nt you overpaid | 3 | 34 2,41 | |
| | 35a | Amount of line 34 you want | | | 3 is attached, che | ck here | . 🗌 🖪 | 5a 2,41 | 12. |
| Direct deposit? | b | Routing number 1 2 1 0 0 3 5 8 c Type: X Checking Savings Account number 3 2 5 1 3 1 5 3 6 4 8 Image: Checking Image: Checking Savings | | | | | | | |
| See instructions. | d | Account number 3 2 5 | 1 3 1 5 | 5 3 6 | 4 8 | | | | |
| | 36 | Amount of line 34 you want a | applied to your | 2024 estimate | edtax | 36 | | | |
| Amount | 37 | Subtract line 33 from line 24 | | | | | | | |
| You Owe | | For details on how to pay, g | o to <i>www.ir</i> s.gov | //Payments or | see instructions | | 3 | 37 | |
| | 38 | Estimated tax penalty (see in | nstructions) . | | | 38 | | | |
| Third Party | | you want to allow another | • | | | | | E . | |
| Designee | | tructions | | | | | omplete belo | | |
| | De nai | signee's ne | | Phone no. | | | onal identificat per (PIN) | ion | |
| Sign | | der penalties of perjury, I declare th | nat I have examined | | accompanying sche | | . , | est of my knowledge | and |
| Here | bel | ief, they are true, correct, and com | plete. Declaration | of preparer (othe | r than taxpayer) is b | ased on all information | on of which pre | parer has any knowle | edge. |
| пеге | Your signature | | | Date | Your occupation | | If the IRS | S sent you an Identity | / |
| | | | | | Protectic (see inst. | on PIN, enter it here | | | |
| Joint return? | | | SOFIWARE ENGINEER | | | (| / | | |
| See instructions. Keep a copy for | Sp | ouse's signature. If a joint return, t | ooth must sign. | Date | Spouse's occupat | ion | | S sent your spouse ar Protection PIN, enter | |
| your records. | | | | | | | (see inst. | | |
| | Ph | one no. (925)209-553 | 3 | Email address | YASHASRIEDU | 2125@GMAIL.CO |)M | | |
| | | parer's name | Preparer's signat | | | Date | PTIN | Check if: | |
| Paid | SYAM | PRIYA RAM SAGAR GUPTA TALLAM | SYAM PRIYA | RAM SAGAR | GUPTA TALLAM | 03/06/2024 | P0208270 |) 3 | oyed |
| Preparer | | n's name GLOBAL TAX | | | | | | o. (678)965-9! | |
| Use Only | | | Y CT E BRU | NSWICK N | J 08816 | | Firm's El | | |
| Go to www.irs.go | | n1040 for instructions and the late | | | BAA | REV 02/23/24 PRO | | Form 1040 | |
| 5 | | | | | Britt | | | | . , |

| SCHEDULE | 1 |
|-------------|---|
| (Form 1040) | |

Additional Income and Adjustments to Income

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

OMB No. 1545-0074 20

| Department of the Treasury Internal Revenue Service | Go to www.irs.gov/Form1040 for instructions and the latest information. | | Attachment Sequence No. 01 |
|--|---|----------|--------------------------------------|
| Name(s) shown on Fo | rm 1040, 1040-SR, or 1040-NR | Your soc | ial security number |
| YASHASRI EDUKU | LLA | 782-46 | -6733 |
| Part I Additio | onal Income | | |

| Par | t Additional Income | | | |
|--------|---|------------------|----|--------------------|
| 1 | Taxable refunds, credits, or offsets of state and local income taxes | | 1 | 0. |
| 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. Atta | ach Schedule E . | 5 | -11,939. |
| 6 | Farm income or (loss). Attach Schedule F | | 6 | |
| 7 | Unemployment compensation | | 7 | |
| 8 | Other income: | | | |
| а | Net operating loss | 8a (|) | |
| b | Gambling | 8b | | |
| С | Cancellation of debt | 8c | | |
| d | Foreign earned income exclusion from Form 2555 | 8d (|) | |
| е | 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 | | |
| - | Stock options | 8k | _ | |
| 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) | 8m | _ | |
| n | Section 951(a) inclusion (see instructions) | 8n | _ | |
| 0 | Section 951A(a) inclusion (see instructions) | 80 | - | |
| p | Section 461(I) excess business loss adjustment | 8p | - | |
| q | | 8q 8r | - | |
| r | Scholarship and fellowship grants not reported on Form W-2 Nontaxable amount of Medicaid waiver payments included on Form | | - | |
| S | 1040, line 1a or 1d | 8s (| | |
| t | Pension or annuity from a nonqualifed deferred compensation plan or | | 4 | |
| Ľ | a nongovernmental section 457 plan | 8t | | |
| u | Wages earned while incarcerated | 8u | - | |
| z | Other income. List type and amount: | - Ou | - | |
| 2 | | 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 | | - | |
| | 1040, 1040-SR, or 1040-NR, line 8 | | 10 | -11,939. |
| For Pa | perwork Reduction Act Notice, see your tax return instructions. | | | 1 (Form 1040) 2023 |

| Par | Adjustments to Income | | | | |
|----------|---|-------------|-----------|-----|---------------------|
| 11 | Educator expenses | | | 11 | |
| 12 | Certain business expenses of reservists, performing artists, and fee- | basis | aovernmen | t 🗌 | |
| | 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 | | | | 19a | |
| b | Recipient's SSN | | | | |
| c | Date of original divorce or separation agreement (see instructions): | | | | |
| 20 | IRA deduction | | | | |
| 21 | Student loan interest deduction | | | 21 | |
| 22 | Reserved for future use | | | 22 | |
| 23 | Archer MSA deduction | | | 23 | |
| 24 | Other adjustments: | · · · | | | |
| a | | 24a | | | |
| | Deductible expenses related to income reported on line 8I from the | <u>- 10</u> | | | |
| D | | 24b | | | |
| с | Nontaxable amount of the value of Olympic and Paralympic medals | | | | |
| Ŭ | | 24c | | | |
| d | | 24d | | | |
| e | Repayment of supplemental unemployment benefits under the Trade | | | | |
| C | | 24e | | | |
| f | | 24f | | _ | |
| g | | 24g | | _ | |
| • | Attorney fees and court costs for actions involving certain unlawful | <u></u> | | - | |
| | | 24h | | | |
| | | 2411 | | - | |
| | Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect | | | | |
| | | 24i | | | |
| : | | 24i 24i | | | |
| ן ע | Excess deductions of section 67(e) expenses from Schedule K-1 (Form | ∠ +j | | | |
| ĸ | | 24k | | | |
| - | Other adjustments. List type and amount: | 248 | | - | |
| 2 | | 24z | | | |
| 9E | Total other adjustments. Add lines 24a through 24z | | | 25 | |
| 25 26 | Add lines 11 through 23 and 25. These are your adjustments to income . | Entor | | | |
| 20 | Form 1040, 1040-SR, or 1040-NR, line 10 | | | 26 | |
| | BAA | REV 02/2 | | - | e 1 (Form 1040) 202 |

| SCHEDULE E | |
|-------------|--|
| (Form 1040) | |

Supplemental Income and Loss

OMB No. 1545-0074

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

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

| .) | 2023 |
|----|--------------------------------------|
| | Attachment Sequence No. 13 |

| | Revenue Service | | Go to ww | w.irs.gov/ScheduleE fo | r instr | uctions an | d the la | atest in | formation. | | Attachm Sequen | rent ce No. 13 |
|------------|---------------------------------------|---------------|----------------|---|----------|------------|----------------|----------|----------------|--------------|-------------------|--------------------------|
| Name(s |) shown on return | | | - | | | | | | Your socia | | |
| YASH | ASRI EDUKUL | LA | | | | | | | | 782-46 | 5-6733 | |
| Part | Income of | or Los | s From Re | ntal Real Estate an | nd Ro | valties | | | | 1 | | |
| | Note: If you | are in | the business c | f renting personal proper 4835 on page 2, line 40. | | | c . See | e instru | ctions. If you | are an indiv | idual, rep | ort farm |
| A [| Did you make any | paym | ents in 2023 | that would require you | to file | Form(s) 1 | 099? 5 | See in | structions . | | . 🗌 Ye | s 🛛 No |
| BI | f "Yes," did you c | or will y | you file requi | red Form(s) 1099? | | | | | | | . 🗌 Ye | es 🗌 No |
| 1a | | | | (street, city, state, ZII | | | | | | | | |
| Α | - | | | Y SECUNDERABAD | | , | TN | 5000 | 11 | | | |
| | | <u>кт</u> , , | BOWEIIFALL | II SECONDERABAD, | , 101 | | 7 11/ | 5000 | ± ± | | | |
| <u> </u> | | | | | | | | | | | | |
| 1b | Type of Propert | v 2 | Eor oach r | ental real estate prope | orty lie | tod | | E | ir Rental | Person | | |
| 10 | (from list below) | | | ort the number of fair | | | | 10 | Days | Day | | QJV |
| Α | 3 | | | se days. Check the Q | | | Α | | 365 | | 0 | |
| B | | | | t the requirements to f | | | B | | | | | |
| | | | qualified jo | pint venture. See instru | uctions | S. | C | | | | | |
| | of Property: | | | | | | • | | | | I | |
| | Single Family Re | sidenc | e 3 Vac | ation/Short-Term Ren | ntal | 5 Land | | 7 | Self-Rental | | | |
| | Multi-Family Res | | | nmercial | | 6 Roya | alties | 8 | Other (desc | ribe) | | |
| | , | | | | | , | | | | | | |
| | | | | | | | • | | Propert | les: | | • |
| Incon | | | | | • | | A | 100 | В | | | С |
| 3 | | | | | 3 | | / | 720. | | | | |
| 4 | | ea . | | | 4 | | | | | | | |
| Exper | | | | | E | | | | | | | |
| 5 | - | | | | 5 | | | | | | | |
| 6 | | - | | | 6 | | 1 Г | | | | | |
| 7 | • | | | | 7 | | 1,5 | 588. | | | | |
| 8 | | | | | 8 | | | | | | | |
| 9 | | | | | - | | | | | | | |
| 10 | • | | | | 10 | | 1 7 | 745 | | | | |
| 11 | - | | | · · · · · · · · | 11 | | 1,/ | /45. | | | | |
| 12 13 | | • | | tc. (see instructions) | 12 13 | | | | | | | |
| 13 14 | | | | | 13 | | 2 2 | 256. | | | | |
| 14 | | | | | 14 | | | 172. | | | | |
| 16 | T | | | | 16 | | 5,4 | E/Z. | | | | |
| 17 | | | | | 17 | | 2 5 | 598. | | | | |
| 18 | | | | | 18 | | 4,5 | . 07 | | | | |
| 19 | Other (list) | | | | 19 | | | | | | | |
| 20 | · · · · · · · · · · · · · · · · · · · | | | h 19 | 20 | | 12,6 | 59 | | | | |
| 21 | | | • | and/or 4 (royalties). If | 20 | | 12,0 | | | | | |
| 21 | | | | o find out if you must | | | | | | | | |
| | file Form 6198 | | | | 21 | - | -11,9 | 939. | | | | |
| 22 | Deductible rent | al real | estate loss a | fter limitation, if any, | | | , - | | | | | |
| | | | | · · · · · · · · · | 22 | (| 11,93 | 39.) | (| | | , |
| 23a | | | - | e 3 for all rental prope | | | | 23a | 1 | 720. | | |
| b | | | | e 4 for all royalty prop | | | | 23b | | | | |
| c | | | | e 12 for all properties | | | | 23c | | | | |
| d | | | • | e 18 for all properties | | | | 23d | | | | |
| e | | | • | e 20 for all properties | | | | 23e | 12 | 2,659. | | |
| 24 | | | • | own on line 21. Do no t | | | | | | . 24 | | |
| 25 | | | | 21 and rental real estat | | - | | inter to | tal losses he | | | 11,939. |
| 26 | - | - | | Ity income or (loss). | | | | | | | | |

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 NPA For Paperwork Reduction Act Notice, see the separate instructions.

-11,939.

| TAXABLE YEAR | | FORM |
|---|---|---|
| 2023 California e-file Signature Authorization for Ind | ividuals | 8879 |
| Your name | Your SSN or | |
| YASHASRI EDUKULLA | 782-46- | 6733 |
| Spouse's/RDP's name | Spouse's/RD | P's SSN or ITIN |
| Part I Tax Return Information (whole dollars only) | | |
| 1 California adjusted gross income (AGI). See instructions | | 116115 |
| 2 Amount you owe. See instructions | | |
| 3 Refund or no amount due. See instructions | 3 | 2107 |
| Part II Taxpayer Declaration and Signature Authorization (Be sure you obtain and keep a copy of your return.) | | |
| identification number (ITIN), and the amounts shown in Part I above agree with the information and amounts shown or income tax return. If applicable, I authorize an electronic funds withdrawal of the amount on line 2 and/or the estimated and on form FTB 8455, California e-file Payment Record for Individuals, or a comparable form. If applicable, I declare t agrees with the direct deposit authorization stated on my return. If I have filed a joint return, this is an irrevocable apport domestic partner (RDP) as an agent to authorize an electronic funds withdrawal or direct deposit. I authorize my ERO, provider to transmit my complete return to the Franchise Tax Board (FTB). If the processing of my return or refund is to my ERO, intermediate service provider, and/or transmitter the reason(s) for the delay or the date when the refund return, I understand that if the FTB does not receive full and timely payment of my tax liability, I remain liable for the tax penalties. I acknowledge that I have read and consent to the Electronic Funds Withdrawal Consent included on the copy selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, | d tax payments as that direct deposit pintment of the oth transmitter, or inte delayed , I authori ind was sent . If I ar x liability and all ar y of my electronic | shown on my return refund amount on line 3 er spouse/registered ermediate service ize the FTB to disclose n filing a balance due oplicable interest and income tax return. I have |
| Taxpayer's PIN: check one box only | | |
| I authorize GLOBAL TAXES LLC | o enter my PIN | 6 6 7 3 3 |
| I authorize GLOBAL TAXES LLC ERO firm name | | Do not enter all zeros |
| as my signature on my 2023 e-filed California individual income tax return. | | |
| I will enter my PIN as my signature on my 2023 e-filed California individual income tax return. Check this box only return is filed using the Practitioner PIN method. The ERO must complete Part III below. | y if you are enterin | g your own PIN and you |
| Your signature Date Date | | |
| Spouse's/RDP's PIN: check one box only | | |
| L authorize | o enter my PIN | |
| ERO firm name | , L | Do not enter all zeros |
| as my signature on my 2023 e-filed California individual income tax return. | | |
| I will enter my PIN as my signature on my 2023 e-filed California individual income tax return. Check this b and your return is filed using the Practitioner PIN method. The ERO must complete Part III below. | oox only if you are | e entering your own PIN |
| Spouse's/RDP's signature Date 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. Do not enter | | 2 7 1 |
| I certify that the above numeric entry is my PIN, which is my signature for the 2023 California individual income tax r confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and FTB e-file Providers. | return for the taxpa | ayer(s) indicated above. Handbook for Authorized |
| ERO's signature Date Date 03/0 | 6/2024 | |

175

DO NOT MAIL THIS FORM TO THE FTB

540

2023 California Resident Income Tax Return

| | | APE ATTACH FEDERAL RE | FURN |
|---------------------|--------|--|---------------------------|
| | | -46-6733 EDUK 23 HASRI EDUKULLA | |
| | | SUTCLLIFFE CIR SOM CA 95630 | |
| 01 | -25 | 25-1998 | |
| | ~ | Enter your county at time of filing (see instructions) | |
| Principal Residence | | If your address above is the same as your principal/physical residence address at the time of filing, check this box If not, enter below your principal/physical residence address at the time of filing. Street address (number and street) (If foreign address, see instructions.) Apt. no/ste. no. | |
| Princ | | City State ZIP co | de |
| Filing Status | 1 2 | | |
| | 3 | | |
| Exemptions | Fo | 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. 7 Personal: If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2 in the box. If you checked the box on line 6, see instructions. 7 1 X \$144 = 8 Blind: If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2. See instructions. | Whole dollars only 144 |
| | | 175 3101234 Form 540 | 2023 Side 1 |

| Υοι | ır na | me: EDUI | KUI | LA | | Your SS | SN or ITIN: | 782- | 46-6733 | | | | | |
|-----------------|-------|--|----------------|-----------------------------|-------------------------|----------------|-------------------------|--------------------|-------------------|---------------|---------------------------------------|-----------|-------|----------------|
| | 10 | Dependents: I | | ot include y Dependent 1 | | your spouse | | endent 2 | | | Depende | ont 3 | | |
| | | First Name | \odot | | | | | | | | | | | |
| S | | Last Name | \odot | | | | | | | | | | | |
| Exemptions | | SSN. See instructions. | • | | | | | | | | , [| | | |
| Exen | | Dependent's relationship | | | | | | | | | ـــــــــــــــــــــــــــــــــــــ | | | |
| | | to you | | | | | | | | | | | | |
| | | al dependent ex | | | | | | | | X \$446 = (| | | 1 / | |
| | 11 | Exemption a | mou | Int: Add line | 7 through | line 10. Tran | isfer this an | nount to lii | ne 32 | ····· • • | 1\$ | | 14 | :4 |
| | 12 | State wages Form(s) W-2 | from 2, box | n your feder x 16 | al | | 12 | | 12771 | 8 .00 | | | | |
| | 13 | | | | | | | 1040-SR. | line 11 | 🖲 13 | | 1 | 16115 | . 00 |
| | 14 | California ad | justn | nents – sub | tractions. E | Enter the amo | ount from S | chedule C | | | | | 0 | . 00 |
| đ | 15 | Subtract line | 14 f | rom line 13 | . If less tha | an zero, enter | r the result i | in parenthe | | | | 1 | 16115 | . 00 |
| JCOM | 16 | California ad | justn | nents – add | itions. Ente | er the amoun | t from Sche | edule CA (| | | | | | . 00 |
| Taxable Income | 17 | · | | | | | | | | | | 1 | 16115 | . 00 |
| Таха | 17 | (| | | | | | | | ١ | | | | ∎ <u>[00</u>] |
| | 10 | Enter the Jour California itemized deductions from Schedule CA (540), Part II, line 30; OR Jarger of Single or Married/RDP filing separately | | | | | | | | | | | | |
| | | | | | | | | | ing spouse/RDI | | | | | |
| | 19 | Subtract line | | | • | • | | ecked, STOF | P. See instructio | ns • 18 | | | 5363 | • 00 |
| | 15 | If less than z | ero, | enter -0 | · · · · · · · · · · · · | | · · · · · · · · · · · · | | | 🖲 19 | | 1 | 10752 | . 00 |
| | | | | | Ta | ıx Table | × | ax Rate Sc | hedule | | | | | |
| | 31 | Tax. Check tl | ne bo | ox if from: | | B 3800 | | | | • 21 | | | 6953 | . 00 |
| | 32 | Exemption c | | | amount fro | om line 11. If | f your federa | al AGI is m | ore than | •••• | | | 144 | . 00 |
| Тах | | . , , | | | | | | | | Ŭ | | | 6809 | |
| | 33 | | | | | |] | Г | | Ū. | | | 0009 | • <u>00</u> |
| | 34 | Tax. See inst | ructi | ons. Check | the box if f | from: • | Schedule | G-1 ●∟ | FTB 5870 | A ● 34 | | | | <u>00</u> |
| | 35 | Add line 33 a | and li | ine 34 | | | | | | • 35 | | | 6809 | . 00 |
| lits | 40 | Nonrefundat | ole Ch | hild and Der | pendent Ca | re Expenses | Credit. See | instructio | 18 | • 40 | | | | . 00 |
| Special Credits | 43 | Enter credit | | | | | code | | and amount | | | | | . 00 |
| pecia | 44 | Enter credit | | | | | code | | and amount | | | | | . 00 |
| S | -7-7 | | naille | J [| | | | ◄ | anu annuull | 🛡 44 | REV 02/0 |)2/24 PRO |] | - 00 |
| | | Side 2 Form | 540 | 2023 | | 175 | 31 | 02234 | | | | | | |

| You | r nar | me: EDUKULLA Your SSN or ITIN: 782-46-6733 | | | | |
|----------------------|----------|--|---------|------------------------|--------|--------------|
| Ś | 45 | To claim more than two credits, see instructions. Attach Schedule P (540) | 45 | | | . 00 |
| credit | 46 | Nonrefundable Renter's Credit. See instructions | 46 | | | . 00 |
| Special Credits | 47 | Add line 40 through line 46. These are your total credits | 9 47 | | | . 00 |
| Spe | 48 | Subtract line 47 from line 35. If less than zero, enter -0 | | | 6809 | . 00 |
| | | | | | | |
| kes | 61 | Alternative Minimum Tax. Attach Schedule P (540) | | | | . 00 |
| Other Taxes | 62 | Mental Health Services Tax. See instructions | 62 | | | . 00 |
| Oth | 63 | Other taxes and credit recapture. See instructions | 63 | | | . 00 |
| | 64 | Add line 48, line 61, line 62, and line 63. This is your total tax | 64 | | 6809 | . 00 |
| | 71 | California income tax withheld. See instructions | 71 | | 8916 | . 00 |
| | 72 | 2023 California estimated tax and other payments. See instructions | 72 | | | - 00 |
| | 73 | Withholding (Form 592-B and/or Form 593). See instructions | 73 | | | . 00 |
| Payments | 74 | Excess SDI (or VPDI) withheld. See instructions | 74 | | | - 00 |
| Payn | 75 | Earned Income Tax Credit (EITC). See instructions | 75 | | | - 00 |
| | 76 | Young Child Tax Credit (YCTC). See instructions | 76 | | | . 00 |
| | 77 78 | Foster Youth Tax Credit (FYTC). See instructions | | | 8916 | - 00 - 00 |
| Тах | 91 | Use Tax. Do not leave blank. See instructions | | 0_00 | | |
| Use Tax | | If line 91 is zero, check if: No use tax is owed. You paid your use tax | obligat | ion directly to CDTFA. | | |
| ISR Penaltv | 92 | If you and your household had full-year health care coverage, check the box. See instructions. Medicare Part A or C coverage is qualifying health care coverage | × | | | |
| | | Individual Shared Responsibility (ISR) Penalty. See instructions • 92 | | . 00 | | |
| ne | 93 | Payments balance. If line 78 is more than line 91, subtract line 91 from line 78 | 93 | | 8916 | - 00 |
| Tax D | 94 95 | Use Tax balance. If line 91 is more than line 78, subtract line 78 from line 91 • • • • • • • • • • | 94 | | | - 00 |
| l Tax/ | | subtract line 92 from line 93 | 95 | | 8916 | . 00 |
| Overpaid Tax/Tax Due | 96 | Individual Shared Responsibility Penalty Balance. If line 92 is more than line 93, subtract line 93 from line 92 | 96 | | | . 00 |
| ŇŎ | 97 | Overpaid tax. If line 95 is more than line 64, subtract line 64 from line 95 | 97 | | 2107 | - 00 |
| | | REV 02/02/24 PRO | | | | |
| | | 175 3103234 | | Form 540 2023 | Side 3 | |

| our nai | me: | EDUKULLA | Your SSN or ITIN: | 782-46-6733 | | | |
|-------------------------------|--------|---|--------------------------------|----------------|-------------|--------|------|
| ම 98 | Amo | unt of line 97 you want applied to yo | ur 2024 estimated tax . | | • 98 | 0 | . 00 |
| Tax/Tax Due 66 86 00 00 | Over | paid tax available this year. Subtract | ine 98 from line 97 | | • 99 | 2107 | . 00 |
| ₩ 100 | Tax o | lue. If line 95 is less than line 64, sub | tract line 95 from line (| 64 | • 100 | | . 00 |
| | | | | | <u>Code</u> | Amount | |
| | Califo | ornia Seniors Special Fund. See instru | ıctions | | • 400 | | . 00 |
| | Alzhe | imer's Disease and Related Dementia | a Voluntary Tax Contrib | ution Fund | • 401 | | . 00 |
| | Rare | and Endangered Species Preservatio | n Voluntary Tax Contril | oution Program | • 403 | | . 00 |
| | Califo | ornia Breast Cancer Research Volunta | ry Tax Contribution Fu | nd | • 405 | | . 00 |
| | Califo | ornia Firefighters' Memorial Voluntary | r Tax Contribution Fund | l | • 406 | | . 00 |
| | Emer | gency Food for Families Voluntary Ta | x Contribution Fund | | • 407 | | . 00 |
| | Califo | ornia Peace Officer Memorial Founda | ion Voluntary Tax Cont | ribution Fund | • 408 | | . 00 |
| | Califo | ornia Sea Otter Voluntary Tax Contrib | ution Fund | | • 410 | | . 00 |
| | Califo | ornia Cancer Research Voluntary Tax | Contribution Fund | | • 413 | | . 00 |
| CONTRACTOR | Scho | ol Supplies for Homeless Children Vo | oluntary Tax Contributio | on Fund | • 422 | | . 00 |
| 3 | State | Parks Protection Fund/Parks Pass P | urchase | | • 423 | | . 00 |
| | Prote | ect Our Coast and Oceans Voluntary 1 | ax Contribution Fund | | • 424 | | . 00 |
| | Кеер | Arts in Schools Voluntary Tax Contri | bution Fund | | • 425 | | . 00 |
| | Califo | ornia Senior Citizen Advocacy Volunta | ary Tax Contribution Fu | nd | • 438 | | . 00 |
| | Nativ | e California Wildlife Rehabilitation Vo | luntary Tax Contributio | n Fund | • 439 | | . 00 |
| | Rape | Kit Backlog Voluntary Tax Contributi | on Fund | | • 440 | | . 00 |
| | Suici | de Prevention Voluntary Tax Contribu | tion Fund | | • 444 | | . 00 |
| | Ment | al Health Crisis Prevention Voluntary | Tax Contribution Fund | | • 445 | | . 00 |
| 110 | Add | amounts in code 400 through code 4 | 45. This is your total co | ontribution | • 110 | | . 00 |

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| Your | | | Your SSN or ITIN: 782-46 | | | | | | | |
|-------------------------------|--|--|---|-------------------------------|------------------------------------|-------------|--|--|--|--|
| unt Dwe | 111 AMOUNT YOU OWE. If you do not have an amount on line 99, add line 94, line 96, line 100, and line 110. See instructions. Do not send cash. Mail to: FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001 • 111 Pay Online – Go to ftb.ca.gov/pay for more information. | | | | | | | | | |
| Amo /ou (| | Mail to: FRANCHISE TAX BOARD, PO BO | DX 942867, SACRAMENTO CA 942 | 67-0001 • 111 | | .00 | | | | |
| | | Pay Online – Go to ftb.ca.gov/pay for mor | 'e information. | | | | | | | |
| σ | 112 | Interest, late return penalties, and late pay | ment penalties | 112 | | . 00 | | | | |
| t an ties | 113 | Underpayment of estimated tax. | | | | _ | | | | |
| Interest and Penalties | | Check the box: FTB 5805 attache | ed FTB 5805F attached | • 113 | | . 00 | | | | |
| | 114 | Total amount due. See instructions. Enclos | se, but do not staple, any payment | 114 | | .00 | | | | |
| | 115 | REFUND OR NO AMOUNT DUE. Subtract t | the sum of line 110, line 112, and I | ine 113 from line 99. See | instructions. | | | | | |
| | | Mail to: FRANCHISE TAX BOARD, PO BOX | (942840, SACRAMENTO CA 9424 |)-0001 ● 115 | 2107 | . 00 | | | | |
| Refund and Direct Deposit | | Fill in the information to authorize direct deposit of your refund into one or two accounts. Do not attach a voided check or a de See instructions. Have you verified the routing and account numbers? Use whole dollars only. All or the following amount of my refund (line 115) is authorized for direct deposit into the account shown below: | | | | | | | | |
| Direc | | Type Routing number Checking | Account number | | • 116 Direct deposit amount | | | | | |
| nd E | | | 325131553648 | 7 | 2107 | | | | | |
| nd a | | Savings | 325151555040 | | 2107 | . 00 | | | | |
| Refu | | The remaining amount of my refund (line 115) is authorized for direct deposit into the account shown below: Type | | | | | | | | |
| | | | Account number | _ | • 117 Direct deposit amount | _ | | | | |
| | | | | | | . 00 | | | | |
| | | Savings | | | | | | | | |
| Voter Info. | | For voter registration information, check th | he box and go to sos.ca.gov/elect | ons . See instructions | | | | | | |
| Health Care Coverage Info. | | Do you want information on no-cost or lov the FTB to share limited information from | | | | No | | | | |

Sign your tax return on Side 6

Г

| Your | name: | ED |
|------|-------|----|
| | | |

| EDUKULI | A |
|---------|------|
| прощонт | 77.7 |

| | | | | | 15 |
|------|------|----|-----|------|----|
| Your | CCVI | or | ITI | NI • | 7 |
| TUUL | VOIN | UL | | IN. | |

782-46-6733



| IMPORTANT: | See the instructions to find out if you should attach a copy of your complete federal tax return. | | | |
|-------------------------------------|--|---------------------------|--|--|
| Our privacy notic to locate FTB 113 | e can be found in annual tax booklets or online. Go to ftb.ca.gov/privacy to learn about our privacy policy statement, or go t 1 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form | o ftb.ca.go code 948 v | w/forms and search for 1131 when instructed. | |
| Under penalties is true, correct, a | of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to th and complete. | e best of n | ny knowledge and belief, it | |
| Your signature | Date Spouse's/RDP's signature (if a | joint tax re | eturn, both must sign) | |
| | Your email address. Enter only one email address. | Pref | ferred phone number | |
| Sign | | 9252 | 2095533 | |
| Here | Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowle | edge) | | |
| | SYAM PRIYA RAM SAGAR GUPTA TALLAM | | | |
| It is unlawful to forge a | Firm's name (or yours, if self-employed) | | | |
| spouse's/ RDP's signature. | GLOBAL TAXES LLC | | P02082703 | |
| 0 | Firm's address | | Firm's FEIN | |
| Joint tax return? | 245 ROONEY CT E BRUNSWICK NJ 08816 | | 843171965 | |
| See instructions. | Do you want to allow another person to discuss this tax return with us? See instructions | Yes | × No | |
| | Print Third Party Designee's Name | Telephor | ne Number | |
| | | | | |

REV 02/02/24 PRO

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CA (540)

2023 California Adjustments — Residents

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

| Na | me(s) as shown on tax return | | SSN or ITIN | | | |
|----|---|--|------------------------------------|--|--|--|
| _ | ASHASRI EDUKULLA | | 782466733 | | | |
| | art 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 | 127718 | ۲ | ۲ | | |
| | b Household employee wages not reported on federal Form(s) W-2 1b | ۲ | ۲ | ۲ | | |
| | c Tip income not reported on line 1a 1c | ۲ | ۲ | ۲ | | |
| | d Medicaid waiver payments not reported on federal Form(s) W-2. See instructions 1d | ۲ | \odot | \odot | | |
| | e Taxable dependent care benefits from federal Form 2441, line 26 1e | ۲ | ۲ | ۲ | | |
| | f Employer-provided adoption benefits from federal Form 8839, line 29 1f | ۲ | ۲ | • | | |
| | ${\bf g}~$ Wages from federal Form 8919, line 6 ${\bf 1g}$ | ۲ | \odot | • | | |
| | $\boldsymbol{h}~$ Other earned income. See instructions $\ldots\ldots$. $\boldsymbol{1}\boldsymbol{h}$ | • 0 | • | ۲ | | |
| | i Nontaxable combat pay election. See instructions | | | ۲ | | |
| | z Add line 1a through line 1i1z | • 127718 | ۲ | • | | |
| 2 | Taxable interest. a 🔍 2b | 336 | | ۲ | | |
| 3 | Ordinary dividends. See instructions. a • 3b | | \odot | ۲ | | |
| 4 | IRA distributions. See instructions. a • 4b | ۲ | ۲ | ۲ | | |
| 5 | Pensions and annuities. See instructions. a • 5b | ۲ | ۲ | ۲ | | |
| 6 | Social security benefits. a • 6b | ۲ | ۲ | | | |
| _ | Capital gain or (loss). See instructions | (Form 1040) | ۲ | ۲ | | |
| | ction B – Additional Income from federal Schedule 1 Taxable refunds, credits, or offsets of state | (FUIII 1040) | | | | |
| ' | and local income taxes 1 | • 0 | • 0 | | | |
| 2 | a Alimony received. See instructions 2a | ۲ | | • | | |
| 3 | Business income or (loss). See instructions 3 | ۲ | • | • | | |
| | Other gains or (losses) | ۲ | ۲ | • | | |
| 5 | Rental real estate, royalties, partnerships, S corporations, trusts, etc 5 | • -11939 | ۲ | ۲ | | |
| 6 | Farm income or (loss)6 | ۲ | ۲ | ۲ | | |
| 7 | Unemployment compensation7 | ۲ | ۲ | | | |

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



| Section 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 | | ullet | | \odot | | |
| | b1 Disaster loss deduction from form FTB 3805V 9b1 | | | | | | | |
| | b2 NOL deduction from form FTB 3805V 9b2 | | | ullet | | | | |
| | b3 NOL deduction from form FTB 3805Z, 3807, or 3809 | | | $oldsymbol{O}$ | | | | |
| 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 10 | • | 116115 | ۲ | 0 | ۲ | | |
| | ction C – Adjustments to Income m federal Schedule 1 (Form 1040) | | | | | | | |
| 11 | Educator expenses | | | | | | | |
| 12 | Certain business expenses of reservists, performing artists, and fee-basis government officials 12 | • | | $ \mathbf{O} $ | | ۲ | | |
| 13 | Health savings account deduction | • | | ۲ | | | | |
| 14 | Moving expenses. Attach form FTB 3913. See instructions | • | | | | ۲ | | |
| 15 | Deductible part of self-employment tax. See instructions | • | | ۲ | | | | |
| 16 | Self-employed SEP, SIMPLE, and qualified plans16 | ullet | | | | | | |
| 17 | Self-employed health insurance deduction. See instructions | | | ۲ | | | | |
| 18 | Penalty on early withdrawal of savings | | | | | | | |
| 19 | a Alimony paid 19a (| ● | | | | ۲ | | |
| | b Recipient's: SSN • | | | | | | | |
| | Last Name 🖲 | | | | | | | |
| 20 | IRA deduction | • | | ullet | | ۲ | | |
| 21 | Student loan interest deduction | • | | | | ۲ | | |
| 22 | Reserved for future use | | | | | | | |
| 23 | Archer MSA deduction | ullet | | | | | | |



| Section C – Adjustments to Income Continued | A Federal Amounts (taxable amounts from your federal tax return) | B Subtractions See instructions | C Additions See instructions | | |
|---|--|------------------------------------|--|--|--|
| 24 Other adjustments: a Jury duty pay | ۲ | | | | |
| b Deductible expenses related to income reported on line 8I 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 8m | ۲ | ۲ | | | |
| d Reforestation amortization and expenses24d | $\overline{\bullet}$ | | | | |
| 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 violations24i | ۲ | ۲ | | | |
| j Housing deduction from federal Form 2555 24 j | \odot | | | | |
| k Excess deductions of IRC Section 67(e) expenses from federal Schedule K-1 (Form 1041)24k | • | | | | |
| z Other adjustments. List type and amount. | | | | | |
| 24z | \odot | | | | |
| 25 Total other adjustments. Add line 24a through line 24z | ۲ | ۲ | ۲ | | |
| 26 Add line 11 through line 23 and line 25 in columns A, B, and C. See instructions 26 | ۲ | ۲ | ۲ | | |
| 27 Total. Subtract line 26 from line 10 in columns A, B, and C. See instructions27 | • 116115 | ۰ 0 | ۲ | | |

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REV 02/02/24 PRO

| Part II | Adjustments | to | Federal | Itemized | Deductions |
|---------|-------------|----|---------|----------|------------|
|---------|-------------|----|---------|----------|------------|

| | | | | |] | | |
|-----|---|--------|------------|---|------------------------------------|---|---------------------------------|
| Che | ck the box if you did NOT itemize for federal but will itemiz | te for | California | | 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 		 116115 2 | | | | | | |
| 3 | Multiply line 2 by 7.5% (0.075) (•) 8709 3 | | | | | | |
| 4 | Subtract line 3 from line 1. If line 3 is more than line 1, enter 0 | |) | | | ۲ | |
| | a State and local income tax or general sales taxes5 | a | 8916 | | 8916 | | |
| | b State and local real estate taxes5 | b |) | | | | |
| | c State and local personal property taxes5 | C 🖲 | | | | | |
| | d Add line 5a through line 5c | d | 8916 | | | | |
| | 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, | | 8916 | | 8916 | | 0 |
| | column A in line 5e, column C | |) 0710 | | 0910 | | 0 |
| 6 | Other taxes. List type • 6 | |) | ۲ | | ۲ | |
| 7 | Add line 5e and line 67 | | 8916 | | 8916 | ۲ | 0 |
| | a Home mortgage interest and points reported to you on federal Form 1098 | a 🖲 |) | | | | |
| | b Home mortgage interest not reported to you on federal Form 1098 | b |) | | | ۲ | |
| | c Points not reported to you on federal Form 10988 | c 💽 |) | | | ۲ | |
| | d Reserved for future use | d | | | | | |
| | e Add line 8a through line 8c | e 💽 |) | | | ۲ | |
| 9 | Investment interest | |) | ۲ | | ۲ | |
| 10 | Add line 8e and line 9 | ۲ |) | ۲ | | ۲ | |



| Gifts to | | | | | | | |
|------------------------|---|-------------------|------------------------------|----------|------------------|----------------|------|
| | | | | | | | |
| 11 Gifts | s by cash or check 11 | | | ۲ | | $oldsymbol{O}$ | |
| 12 Othe | er than by cash or check | $ \mathbf{O} $ | | ۲ | | ۲ | |
| 13 Carr | ryover from prior year13 | | | ۲ | | ۲ | |
| | l line 11 through line 13 14 | | | ۲ | | ullet | |
| 15 Casi | / and Theft Losses ualty or theft loss(es) (other than net qualified disaster ses). Attach federal Form 4684. See instructions 15 | | | ۲ | | ۲ | |
| Other Ite | emized Deductions | | | | | | |
| 16 Othe | er—from list in federal instructions 16 | $ \mathbf{O} $ | | ۲ | | ۲ | |
| 17 Add colu | I lines 4, 7, 10, 14, 15, and 16 in umns A, B, and C 17 | $ \mathbf{O} $ | 8916 | | 8916 | ۲ | 0 |
| 18 Tota | al. Combine line 17 column A less column B plus co | lumn | C | | | 18 | 0 |
| Job Exp | enses and Certain Miscellaneous Deductions | | | | | | |
| 19 Unre Atta | eimbursed employee expenses: job travel, union due ich federal Form 2106 if required. See instructions . | es, jol | education, etc. |) 19 | | | |
| 20 Tax | preparation fees | | |) 20 | | | |
| 21 Oth | er expenses: investment, safe deposit , etc. List type | | | | 0 | | |
| 23 Ente | l line 19 through line 21 er amount from federal Form 1040 040-SR, line 11 • | | |) 22 | 0 | | |
| | tiply line 23 by 2% (0.02). If less than zero, enter 0. | | | 24 | 2322 | | |
| 25 Sub | tract line 24 from line 22. If line 24 is more than line | 22, (| enter 0 | | | 25 | 0 |
| 26 Tota | al Itemized Deductions. Add line 18 and line 25 | | | | | 26 | 0 |
| 27 Othe | er adjustments. See instructions. Specify. | | | | | 27 | |
| | nbine line 26 and line 27 | | | | | 28 | 0 |
| - | our 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 Transfer the amount on line 28 to line 29. | | | . \$237, | 035 | | |
| Yes | . Complete the Itemized Deductions Worksheet in th | e inst | tructions for Schedule CA | (540), | line 29 | 29 | 0 |
| | er 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 nsfer the amount on line 30 to Form 540, line 18 | iction ialifyi | s ng surviving spouse/RDP | \$10, | 726 | 30 | 5363 |
| | | | | | | | |
| | Side 6 Schedule CA (540) 2023 175 | 1 | 7736234 | | REV 02/02/24 PRO | | |