Form **8879**

(Rev. January 2021)

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.

OMB No. 1545-0074

Submission Identification Number (SID)			
Taxpayer's name	Social secu	rity number	
BASAVA MANIKHANTA GAJAVALLI	878-64	4-1429	
Spouse's name	Spouse's so	ocial security number	er
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.	2023 (Enter year you	are authorizing].)
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.			
1 Adjusted gross income		1 144	4,288.
2 Total tax			4,650.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099			7,531.
4 Amount you want refunded to you			2,881.
5 Amount you owe		5	
Part II Taxpayer Declaration and Signature Authorization (Be sure y	ou get and keep a co	py of your retu	urn)
Under penalties of perjury, I declare that I have examined a copy of the income tax return (original penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent at 1-888-353-4537. Payment of payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment business days prior to the payment (settlement) date. I also authorize the financial institutions taxes to receive confidential information necessary to answer inquiries and resolve issues personal identification number (PIN) below is my signature for the income tax return (original	ts in Part I above are the ar provider, transmitter, or elector reason for rejection of the authorize the U.S. Treasury tion account indicated in the financial institution to debit the pent to terminate the authoricancellation requests must be involved in the processing related to the payment. I further transmitted to the payment.	mounts from the increment record return original transmission, (b) the and its designated tax preparation so the entry to this accuration. To revoke the received no late of the electronic purther acknowledge.	ncome tax ator (ERO) the reason d Financial oftware for count. This (cancel) a ter than 2 ayment of e that the
Electronic Funds Withdrawal Consent. Taxpayer's PIN: check one box only	Г		1
	er or generate my PIN	4 1 4 2 9	00 mv
ERO firm name	, E	nter five digits, but on't enter all zeros	as my
signature on the income tax return (original or amended) I am now authoriz	-		
I will enter my PIN as my signature on the income tax return (original or an if you are entering your own PIN and your return is filed using the Practiti below.	oner PIN method. The EF		te Part III
Your signature ►	_ Date ►	JOILLILOLT	
Spouse's PIN: check one box only	Г		1
	er or generate my PIN		as my
ERO firm name		nter five digits, but on't enter all zeros	
signature on the income tax return (original or amended) I am now authoriz	ing.		
I will enter my PIN as my signature on the income tax return (original or an if you are entering your own PIN and your return is filed using the Practiti below.			
Spouse's signature ▶	Date ►		
Practitioner PIN Method Returns Only—co	ntinue below		
Part III Certification and Authentication — Practitioner PIN Method	Only		
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected		6 0 8 2 ·	7 1
I certify that the above numeric entry is my PIN, which is my signature for the electronic indiauthorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm requirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-fi	that I am submitting this re	turn in accordanc	
ERO's signature ▶	Date ►		
ERO Must Retain This Form — See In	structions		
Don't Submit This Form to the IRS Unless Re			

E 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return



1040		artment of the Treasury—Internal Revenue Servi		urn 2(023	OMB No. 1545	5-0074	IRS Use	Only—	Do not w	rite or sta	aple in this space.			
For the year Jar	n. 1–Dec	c. 31, 2023, or other tax year beginning		, 20	23, ending	ı		, 20		See se	oarate i	instructions.			
Your first name	and m	iddle initial	Last nar	me						Your so	cial sec	curity number			
BASAVA 1	MANI	KHANTA	GAJA	VALLI						878	64	1429			
		s first name and middle initial	Last nar						:			security number			
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.			A	Apt. no.		Preside	ntial Ele	ection Campaign			
11511 St	UNRI	SE SPRING COURT								Check ł	nere if y	ou, or your			
City, town, or p	oost offi	ce. If you have a foreign address, also co	mplete s	paces below.	St	ate	ZIP o	ode				jointly, want \$3 nd. Checking a			
CUPERTI	NO				C	A	950	14		U		not change			
Foreign countr	y name		F	oreign province	e/state/cour	nty	Foreig	n postal c							
Filing Status	s X	Single				☐ Head of h	ouseh	old (HOH							
Check only		Married filing jointly (even if only o	ne had ir	ncome)				`	,						
one box.		☐ Married filing separately (MFS) ☐ Qualifying surviving spouse (QSS) f 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 y	ou checked the MFS box, enter the	name o	f your spouse	. If you ch	ecked the HOH	or Q	SS box,	enter	the chi	ld's na	me if the			
	qu	alifying person is a child but not you	ır depen	dent:											
 Digital		ny time during 2023, did you: (a) rec													
Assets	exch	nange, or otherwise dispose of a dig			al interest i	in a digital asse	et)? (Se	ee instru	ctions	s.)	Ye	es 🗵 No			
Standard		neone can claim:	pendent	: Your	spouse as	a dependent									
Deduction	<u> </u>	Spouse itemizes on a separate retur	n or you	were a dual-s	status alie	n									
Age/Blindnes	s You	: Were born before January 2, 1	959	Are blind	Spouse	e: Was bo	rn befo	ore Janua	ary 2,	1959		s blind			
Dependent	s (see	instructions):		(2) Social s	security	(3) Relationsh	nip (4) Check t	he box	k if quali	fies for ((see instructions):			
If more		irst name Last name		numb		to you		Child t	ax cre	dit	Credit fo	or other dependents			
than four															
dependents,	_														
see instruction and check	s —														
here								[
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructions)						1a		158,414.			
Attach Form(s)	b	Household employee wages not re	eported	on Form(s) W-	-2					1b					
W-2 here. Also	С	Tip income not reported on line 1a	•							1c					
attach Forms W-2G and	d	Medicaid waiver payments not rep				uctions)				1d					
1099-R if tax	е	Taxable dependent care benefits f	from For	m 2441, line 2	26					1e					
was withheld.	f	Employer-provided adoption bene	fits from	ı Form 8839, I	ine 29 .					1f					
If you did not	g	Wages from Form 8919, line 6 .								1g					
get a Form W-2, see	h	Other earned income (see instruct	ions) .							1h		0.			
instructions.	i	Nontaxable combat pay election (s	see instr	uctions)		<u>1</u> i									
	z	Add lines 1a through 1h	· ; ·							1z		158,414.			
Attach Sch. B	2a	Tax-exempt interest	2a			Taxable interes				2b		9.			
if required.	3a_		3a	88		Ordinary divide				3b		88.			
Standard	4a	-	4a		_	Taxable amoun				4b					
Deduction for—	5a	_	5a			Taxable amoun				5b					
Single or Married filing	6a	,	6a			Taxable amoun	ıt		٠ _	6b					
separately,	C	If you elect to use the lump-sum e		•	,	,						505			
\$13,850 Married filing	7	Capital gain or (loss). Attach Sche							. L	7		525.			
jointly or Qualifying	8	Additional income from Schedule	•							8		-14,748.			
surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7		-						9		144,288.			
\$27,700 • Head of	10	Adjustments to income from Sche								10		144 000			
household, \$20,800	11	Subtract line 10 from line 9. This is	-							11		144,288.			
If you checked	12	Standard deduction or itemized								12		13,850.			
any box under Standard	13	Qualified business income deduct								13		12 050			
Deduction, see instructions.	14	Add lines 12 and 13				tavable incom				14		13,850.			

Form 1040 (2023	3)								Page 2				
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌		16	24,650.				
Credits	17	Amount from Schedule 2, lin	ne 3					17					
	18	Add lines 16 and 17						18	24 , 650.				
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19					
	20	Amount from Schedule 3, lin	ie 8					20					
	21	Add lines 19 and 20						21					
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	24,650.				
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			23	0.				
	24	Add lines 22 and 23. This is	your total tax					24	24,650.				
Payments	25	Federal income tax withheld											
•	а	Form(s) W-2				25a 27	,531.						
	b	Form(s) 1099				25b							
	С	Other forms (see instructions	s)			25c							
	d	Add lines 25a through 25c						25d	27 , 531.				
If you have a	26	2023 estimated tax payment	ts and amount a	pplied from 20	22 return			26					
qualifying child,	27	Earned income credit (EIC)			No .	27							
attach Sch. EIC.	28	Additional child tax credit from	m Schedule 8812			28							
	29	American opportunity credit	from Form 8863	3, line 8		29							
	30	Reserved for future use .											
	31	Amount from Schedule 3, lin											
	32		Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits										
	33	Add lines 25d, 26, and 32. T		33	27,531.								
Refund	34	If line 33 is more than line 24						34	2,881.				
	35a	Amount of line 34 you want				•		35a	2,881.				
Direct deposit?	b	Routing number 1 1 1					Savings						
See instructions.	d	Account number 4 8 8	ŭ										
	36	Amount of line 34 you want a	applied to your	2024 estimate	ed tax	36							
Amount	37	Subtract line 33 from line 24	This is the amo	ount vou owe		-							
You Owe	•	For details on how to pay, g						37					
	38	Estimated tax penalty (see in	nstructions) .			38							
Third Party	Do	you want to allow another				See							
Designee		structions				_	omplete b	elow.	⋈ No				
J		signee's	onal identifi	cation									
	naı			no.			ber (PIN)						
Sign		der penalties of perjury, I declare the lief, they are true, correct, and com											
Here			pioto: Boolaration	· · · ·	, <i>, ,</i>	acca on an imornian			, ,				
	YO	ur signature		Date	Your occupation				nt you an Identity IN, enter it here				
Joint return?					SOFTWARE		(see in		,				
See instructions.	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupat	tion	If the	IRS ser	nt your spouse an				
Keep a copy for your records.	•		_				l l	•	ection PIN, enter it here				
your records.							(see ir	ist.)					
		one no. (361) 336-958		Email address	AJETMANI@								
Paid	Pre	eparer's name	Preparer's signat			Date	PTIN		Check if:				
Preparer	SYA	M PRIYA RAM SAGAR GUPTA		A RAM SAC	GAR GUPTA	03/22/2024	P02082	703	Self-employed				
Use Only	Fire	m's name GLOBAL TAX	Phone	∍ no. (678) 965-9522								
	Fin	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firm's	EIN_					
Go to www.irs.g	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 03/07/24 PRO			Form 1040 (2023)				

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074 Attachment Sequence No. 01

Department of the Treasury Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.gov/Form1040 for instructions and the latest information.

Name(Name(s) shown on Form 1040, 1040-SR, or 1040-NR												
BASA	VA MANIKHANTA GAJAVALLI		878-6	54-14	29								
Par	t I Additional Income												
1	Taxable refunds, credits, or offsets of state and local income taxes			1									
2 a	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. Att	ach Schedule	E.	5	-14,748.								
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											
k	Stock options	8k											
ı	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											
р	Section 461(I) excess business loss adjustment	8p											
q	Taxable distributions from an ABLE 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												

8s

8t

8u

8z

u Wages earned while incarcerated

9

10

z Other income. List type and amount:

Combine lines 1 through 7 and 9. This is your additional income. Enter here and on Form

t Pension or annuity from a nonqualifed deferred compensation plan or a nongovernmental section 457 plan

-14,748.

9

10

Page **2** Schedule 1 (Form 1040) 2023

Par	Adjustments to Income				
11	Educator expenses			11	
12	Certain business expenses of reservists, performing artists, and fee	e-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				
С	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:				
а	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			
С	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		_	
е	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	04:			
		24i		-	
j	Housing deduction from Form 2555	24j		-	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	041-			
_	1041)	24k			
Z	Other adjustments. List type and amount:	24z			
25				25	
25 26	Total other adjustments. Add lines 24a through 24z			25	_
20	Add lines 11 through 23 and 25. These are your adjustments to income Form 1040, 1040-SR, or 1040-NR, line 10	. ⊏nter	nere and on	26	
					le 1 (Form 1040) 2023
	BAA	KEV 03/0	07/24 PRO	JUNEUU	ie i (Fulli 1040) 2023

SCHEDULE D (Form 1040)

Department of the Treasury

BASAVA MANIKHANTA GAJAVALLI

Internal Revenue Service

Name(s) shown on return

Capital Gains and Losses

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.

OMB No. 1545-0074

2023

Attachment Sequence No. **12**

Your social security number 878-64-1429

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? 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 (h) Gain or (loss) (g) Adjustments Subtract column (e) lines below. Proceeds Cost to gain or loss from from column (d) and This form may be easier to complete if you round off cents to (sales price) (or other basis) Form(s) 8949, Part I, combine the result whole dollars. with column (g) line 2. column (a) 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 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 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 4 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from 5 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover 6 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h), If you have any longterm capital gains or losses, go to Part II below. Otherwise, go to Part III on the back 7 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 (h) Gain or (loss) (g) Adjustments Subtract column (e) (d) (e) lines below. Proceeds to gain or loss from from column (d) and Cost This form may be easier to complete if you round off cents to (or other basis) Form(s) 8949, Part II, (sales price) combine the result whole dollars. line 2. column (a) with column (a) 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 Totals for all transactions reported on Form(s) 8949 with **Box E** checked 3,775. 3,250. 525. 10 Totals for all transactions reported on Form(s) 8949 with 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) 11 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 12 13 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover 14 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III 15 525.

Schedule D (Form 1040) 2023 Page 2

Part III **Summary** 16 Combine lines 7 and 15 and enter the result 16 525. • 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 • 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? X Yes. Go to line 18. No. Skip lines 18 through 21, and go to line 22. 18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet 18 19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet . 19 20 Are lines 18 and 19 both zero or blank and you are not filing Form 4952? X Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. □ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 21 • (\$3,000), or if married filing separately, (\$1,500) **Note:** When figuring which amount is smaller, treat both amounts as positive numbers. Do you have gualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.

Form 8949 (2023) Attachment Sequence No. **12A** Page **2**

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side BASAVA MANIKHANTA GAJAVALLI

Social security number or taxpayer identification number 878-64-1429

Before you check Box D, E, or F 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 II

Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-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 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box D, E, *or* F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-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.

- (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- X (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS
- (F) Long-term transactions not reported to you on Form 1099-B

	ioi reported	to you on i c	1111 1099-D					
1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below	Adjustment, if If you enter an a enter a co See the sepa	(h) Gain or (loss) Subtract column (e)		
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).	
FIDELITY BROKERAGE SERVICES LLC	01/01/23	12/31/23	3,775.	3,250.			525.	
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box I	I here and inclis checked), lir	lude on your ne 9 (if Box E	3,775.	3,250.			525.	

Note: If you checked Box D 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

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

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

Department of the Treasury Internal Revenue Service Go to www.irs.gov/ScheduleE for instructions and the latest information. Name(s) shown on return 878-64-1429 BASAVA MANIKHANTA GAJAVALLI

	OMB No. 1545-0074								
s, etc.)	2023								
	Attachment Sequence No. 13								
Your social security number									

Part	Income or Loss From Rental Real Estate an Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.			C . See	instru	ctions. If you	are an indi	vidual, rep	ort far	m
	Did you make any payments in 2023 that would require you f "Yes," did you or will you file required Form(s) 1099?									No No
1a	Physical address of each property (street, city, state, ZIF	P code	e)							
Α	DOOR NO:4-240, VVS NA 1ST PEDDADORNALA	A PRA	KASAM	DIST	RTCT	. ANDHRA	PRADESI	H TN 52	2333	1
В	DOOK NO. 1 2 10, VVB MI 101 12DDIDGIMENT	1 1141	111101111	D1011		, mark direction of the contraction of the contract	I TUIDEDI	1 111 02		
C										
1b	Type of Property (from list below) 2 For each rental real estate properabove, report the number of fair	erty liste rental a	ed and		Fa	ir Rental Days	Persor Da		Q	λην
Α	personal use days. Check the Q			Α		365		0		
В	if you meet the requirements to f			В					[
С	qualified joint venture. See instru	ICTIONS	.	С					[
Туре	of Property:		,					'		
	Single Family Residence 3 Vacation/Short-Term Ren Multi-Family Residence 4 Commercial	ital	5 Land 6 Roya			Self-Rental Other (desc	ribe)			
						Propert	ies:			
Incom				Α		В			С	
3	Rents received	3		6	74.					
4	Royalties received	4								
Exper										
5	Advertising	5								
6	Auto and travel (see instructions)	6								
7	Cleaning and maintenance	7		2,8	76.					
8	Commissions	8								
9	Insurance	9								
10	Legal and other professional fees	10								
11	Management fees	11		2,3	51.					
12	Mortgage interest paid to banks, etc. (see instructions)	12								
13	Other interest	13								
14	Repairs	14			10.					
15	Supplies	15		2,2	64.					
16	Taxes	16								
17	Utilities	17		2,4						
18	Depreciation expense or depletion	18		2,7	43.					
19	Other (list)	19								
20	Total expenses. Add lines 5 through 19	20		15,4	22.					
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21	-	-14 , 7	48.					
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(14,74	18.)	()	(
23a	Total of all amounts reported on line 3 for all rental prope	erties			23a		674.			
b	Total of all amounts reported on line 4 for all royalty prop				23b					
С	Total of all amounts reported on line 12 for all properties				23c					
d	Total of all amounts reported on line 18 for all properties				23d	2	2,743.			
е	Total of all amounts reported on line 20 for all properties				23e	15	5,422.			
24	Income. Add positive amounts shown on line 21. Do not		de any los	sses			. 24			
25	Losses. Add royalty losses from line 21 and rental real estate	e losse	s from line	e 22. Eı	nter to	tal losses he	re 25	(14,7	48.
26	Total rental real estate and royalty income or (loss).	Combi	ne lines 2	24 and	25. E	nter the resi	ult			
	here. If Parts II, III, and IV, and line 40 on page 2 do no Schedule 1 (Form 1040), line 5. Otherwise, include this at	t apply	y to you,	also e	nter tl	nis amount o		-	-14,	748.

FORM TAXABLE YEAR

23 California e-file Signature Authorization for Individual	duals
-------------------------------------------------------------	-------

2023	California e-file Signature Authorization fo	r inaivi	auais	887
Your name			Your SSN o	r ITIN
BASAVA MAN	NIKHANTA GAJAVALLI		878-64-	-1429
Spouse's/RDP's nar	ime		Spouse's/RD	DP's SSN or ITIN
Part I Tax Ret	turn Information (whole dollars only)			
1 California adju:	usted gross income (AGI). See instructions			1442
2 Amount you o	owe. See instructions		2	2
3 Refund or no a	amount due. See instructions		3	26
Part II Taxpay	yer Declaration and Signature Authorization (Be sure you obtain and keep a copy of your r	return.)		
identification numincome tax return. and on form FTB & agrees with the dindomestic partner (provider to transmanto my ERO, internaturn, I understar penalties. I acknov	originator (ERO), transmitter, or intermediate service provider, including my name, address, nber (ITIN), and the amounts shown in Part I above agree with the information and amounts I. If applicable, I authorize an electronic funds withdrawal of the amount on line 2 and/or the 8455, California e-file Payment Record for Individuals, or a comparable form. If applicable, i irect deposit authorization stated on my return. If I have filed a joint return, this is an irrevoc (RDP) as an agent to authorize an electronic funds withdrawal or direct deposit. I authorize mit my complete return to the Franchise Tax Board (FTB). If the processing of my return or mediate service provider, and/or transmitter the reason(s) for the delay or the date when and that if the FTB does not receive full and timely payment of my tax liability, I remain liable wledge that I have read and consent to the Electronic Funds Withdrawal Consent included o hal identification number (PIN) as my signature for my electronic income tax return and, if ag	s shown on the e estimated tax I declare that d cable appointm my ERO, trans refund is delay the refund wa for the tax liab on the copy of n	corresponding payments as irect depositent of the other mitter, or integrated, I author as sent. If I are illity and all any electronic	ng lines of my electr shown on my return refund amount on li ner spouse/registere ermediate service ize the FTB to disclor m filing a balance du pplicable interest an income tax return. I
·	check one box only	pp =		
X Lauthorize	GLOBAL TAXES LLC	to ente	er mv PIN	4 1 4 2
	ERO firm name	10 0		Do not enter all zer
as my signat	ture on my 2023 e-filed California individual income tax return.			
	ny PIN as my signature on my 2023 e-filed California individual income tax return. Check thi d using the Practitioner PIN method. The ERO must complete Part III below.	is box only if yo	ou are enterir	ng your own PIN and
Your signature	Date •			
Snouse's/RNP's P	PIN: check one box only			
_		1	DIN	
∟ I autnonze _	ERO firm name	to ente	er my PIN	Do not enter all zer
as my signat	ture on my 2023 e-filed California individual income tax return.			Do not citter un zer
☐ I will enter r	my PIN as my signature on my 2023 e-filed California individual income tax return. Che turn is filed using the Practitioner PIN method. The ERO must complete Part III below.	eck this box o i	nly if you ar	e entering your own
and your ron				
,	ignature 🕨	_ Date 🕨		
,	Practitioner PIN Method Returns Only continue below			
Spouse's/RDP's si	Practitioner PIN Method Returns Only continue below			
Spouse's/RDP's si Part III Certifi ERO's Electronic I	Practitioner PIN Method Returns Only continue below fication and Authentication — Practitioner PIN Method Only Filer Identification Number (EFIN)/PIN.			2 7 1
Spouse's/RDP's si Part III Certifi ERO's Electronic I Enter your six-digi	Practitioner PIN Method Returns Only continue below fication and Authentication — Practitioner PIN Method Only Filer Identification Number (EFIN)/PIN. jit EFIN followed by your five-digit self-selected PIN. Do	4 9 6 onot enter all 3	0 8 2 zeros	2 7 1
Spouse's/RDP's si Part III Certifi ERO's Electronic I Enter your six-digi I certify that the al confirm that I am	Practitioner PIN Method Returns Only continue below fication and Authentication — Practitioner PIN Method Only Filer Identification Number (EFIN)/PIN. jit EFIN followed by your five-digit self-selected PIN.	4 9 6 onot enter all a	0 8 2 zeros a for the taxp	2 7 1 ayer(s) indicated ab
Part III Certification Certify ERO's Electronic Intergrated Entergrater of the Entergrate	Practitioner PIN Method Returns Only continue below fication and Authentication — Practitioner PIN Method Only Filer Identification Number (EFIN)/PIN. jit EFIN followed by your five-digit self-selected PIN. Do above numeric entry is my PIN, which is my signature for the 2023 California individual included a submitting this return in accordance with the requirements of the Practitioner PIN method	4 9 6 onot enter all a	0 8 2 zeros 1 for the taxp 1345, 2023	2 7 1 ayer(s) indicated ab

TAXABLE YEAR

FORM

2023 California Resident Income Tax Return

540

API

ATTACH FEDERAL RETURN

878-64-1429 GAJA BASAVAMANIK GAJAVALLI 23

11511 SUNRISE SPRING COURT CUPERTINO CA 95014

08-16-1996

		Enter your county at time of filing (see instructions)
ĕ	\odot	SANTA CLARA
lenc		If your address above is the same as your principal/physical residence address at the time of filing, check this box
esic		If not, enter below your principal/physical residence address at the time of filing.
E E		Street address (number and street) (If foreign address, see instructions.) Apt. no/ste. no.
Principal Residence	\odot	
rin		City State ZIP code
_	•	
		If your California filing status is different from your federal filing status, check the box here
(0	1	X Single 4 Head of household (with qualifying person). See instructions.
Filing Status	•	Tread of flousefiold (with qualifying person). See instructions.
	2	Married/RDP filing jointly (even if 5 Qualifying surviving spouse/RDP. Enter year spouse/RDP died.
i i		only one spouse/RDP had income). See instructions. See instructions.
ш		See instructions.
	3	Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here.
	6	If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See instr
_	F ₀	r line 7, line 8, line 9, and line 10: Multiply the number you enter in the box by the pre-printed dollar amount for that line.
SL	7	Personal: If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked
Exemptions		box 2 or 5, enter 2 in the box. If you checked the box on line 6, see instructions. 7 1 X \$144 = • \$ 144
dwe	8	Blind: If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2. See instructions
Ě	9	Senior: If you (or your spouse/RDP) are 65 or older, enter 1;
		if both are 65 or older, enter 2. See instructions
		PEV 03/05/24 PPO

Υοι	ır na	me:	GAJ	AVA	LLI			Your S	SN or I	TIN:	878-	64-142	29				
	10	Depend	dents: I		ot includ Depender	•	elf or y	our spouse	e/RDP.	Depen	dent 2				Dependent 3		
		First	Name	•	Боронио				•		uo 2			•			
SL		Last	Name	•)							
Exemptions		SSN.	See uctions.	•					_ -					_ -			
Exen		Depe	endent's	•)							
		Total dependent exemptions															
				·												14	1 /
	11	Exem	ption a	ımou	nt: Add I	ine 7 th	rough I	ine 10. Ira	nster th	is amou	ınt to lir	ie 32		. (1)	1 \$		± 4]
	12	State Form	wages (s) W-2	from 2, box	your fed k 16	deral 			• 12 [158	414	00			
	13															144288	. 00
	14																. 00
Ф	15															144288	. 00
Taxable Income	16																
l ele	47															144288	.00
Тах	17 18	Enter	(-									, ₁ ,		111200	. [UU]
	10	larger of Your California standard deduction shown below for your filing status:															
		 Single or Married/RDP filing separately\$5,363 Married/RDP filing jointly, Head of household, or Qualifying surviving spouse/RDP. \$10,726 													F2.62		
	19															5363	. 00
		If less	s than z	ero,	enter -0-									19		138925	<u>00</u>
						Г	Tax	Table	×	: Tax F	Rate Scl	nedule					
	31	Tax. (Check t	he bo	x if from	: _		3 3800	•	_				21		9573	. 00
	32						unt fro	m line 11. l	-	ederal <i>F</i>	AGI is m	ore than		,		144	.00
Tax																9429	
	33								7							7129	. 00
	34							om: •			1 ● _		5870A ●	34		0.4.0.0	_ 00
	35	Add I	ine 33 a	and li	ne 34								©	35		9429	. 00
ts	40	Nonre	efundal	ole Ch	nild and I	Depend	ent Car	e Expenses	Credit.	See ins	struction	IS	•	40			. 00
Special Credits	43		credit				- 341	F 2.1000		ode •			ount				.00
oecia	44		credit														. 00
์ ดี	44	EIILEF	oreall	ııaıIIt	<i>i</i> L				C(ode	L	allu all	ount	7 44	REV 03/05/24 PF	RO	• 00

You	r nar	ne: GAJAVALLI	Your SSN or ITIN:	878-64-1429				
S	45	To claim more than two credits, see instr	uctions. Attach Schedule	P (540)	45			. 00
Credit	46	Nonrefundable Renter's Credit. See instru	uctions		46			_ 00
Special Credits	47	Add line 40 through line 46. These are yo	ur total credits		9 47			. 00
Sp	48	Subtract line 47 from line 35. If less than	zero, enter -0		9 48		9429	. 00
	C4	Altauration Minimore Tay Attack Calcadul	D (F40)					. 00
xes	61	Alternative Minimum Tax. Attach Schedul						
Other Taxes	62	Mental Health Services Tax. See instruction						• 00
ਠੋ	63	Other taxes and credit recapture. See inst	tructions		63			- 00
	64	Add line 48, line 61, line 62, and line 63.	This is your total tax		64		9429	. 00
	71	California income tax withheld. See instru	uctions		71		12101	. 00
	72	2023 California estimated tax and other p	ayments. See instruction	ıs	72			. 00
	73	Withholding (Form 592-B and/or Form 59	93). See instructions		73			. 00
Payments	74	Excess SDI (or VPDI) withheld. See instru	uctions		74			. 00
	75	Earned Income Tax Credit (EITC). See ins	tructions		75			. 00
	76	Young Child Tax Credit (YCTC). See instru	uctions		76			. 00
	77	Foster Youth Tax Credit (FYTC). See instr						. 00
	78	Add line 71 through line 77. These are yo See instructions	ur total payments.				12101	. 00
UseTax	91	Use Tax. Do not leave blank. See instruct If line 91 is zero, check if: ● X No	ions	• 91 You paid your use tax	obligation (0 .00		
ISR enaltv	92	If you and your household had full-year h See instructions. Medicare Part A or C co If you did not check the box, see instruct	overage is qualifying heal		×			
- Per	1	Individual Shared Responsibility (ISR) Pe	enalty. See instructions	● 92		_ 00		
)ne	93	Payments balance. If line 78 is more than	ı line 91, subtract line 91	from line 78	93		12101	. 00
Overpaid Tax/Tax Due ISR Penalty 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	Use Tax balance. If line 91 is more than Payments after Individual Shared Respon	sibility Penalty. If line 93	is more than line 92,			12101	. 00	
	subtract line 92 from line 93 Individual Shared Responsibility Penalty subtract line 93 from line 92	Balance. If line 92 is mor	e than line 93,	95			. 00	
ŏ	97	Overpaid tax. If line 95 is more than line 6	64, subtract line 64 from	line 95	97		2672	. 00
		REV 03/05/24 PRO						

175 3103234

Form 540 2023 **Side 3**

878-64-1429 GAJAVALLI Your name: Your SSN or ITIN: 0 Overpaid Tax/Tax Due 2672 00 00 <u>Code</u> **Amount** 00 400 . 00 Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund • . 00 Rare and Endangered Species Preservation Voluntary Tax Contribution Program • 403 . 00 California Breast Cancer Research Voluntary Tax Contribution Fund..... . 00 00 Emergency Food for Families Voluntary Tax Contribution Fund 00 California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund...... • 408 . 00 . 00 . 00 School Supplies for Homeless Children Voluntary Tax Contribution Fund • 422 00 . 00 424 . 00 . 00 . 00 Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund..... . 00 . 00 Suicide Prevention Voluntary Tax Contribution Fund 00 Mental Health Crisis Prevention Voluntary Tax Contribution Fund...... • 445

REV 03/05/24 PRO

00

νοιιι	nan	ne: GAJAVALLI Your SSN or ITIN: 878-64-1429
-		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.
Interest and Penalties	113	Interest, late return penalties, and late payment penalties
		REFUND OR NO AMOUNT DUE. Subtract the sum of line 110, line 112, and line 113 from line 99. See instructions.
	110	Mail to: FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001 ● 115 2672 .00
ect Deposit		Fill in the information to authorize direct deposit of your refund into one or two accounts. Do not attach a voided check or a deposit slip. See instructions. Have you verified the routing and account numbers? Use whole dollars only. All or the following amount of my refund (line 115) is authorized for direct deposit into the account shown below: Type
Refund and Direct Deposit		Routing number X Checking Savings Account number 488093681993 116 Direct deposit amount 2672 00
Refu		The remaining amount of my refund (line 115) is authorized for direct deposit into the account shown below:
		● Routing number Checking
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

Sign your tax return on Side 6

175 3105234 Form 540 2023 **Side 5**

Volir	name.	

GAJA	77 A T	.T.T	
JAUA	$^{\prime}$ $^{\prime}$ $^{\prime}$	ــــــــــــــــــــــــــــــــــــــ	

Your SSN or ITIN:

878-64-1429

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 statemer B1 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and e	nt, or go to ftb.ca.gov nter form code 948 v	i/forms and search for 113 then instructed.
Under penalties is true, correct,	of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and complete.	and to the best of m	y knowledge and belief, i
Your signature	Date Spouse's/RDP's signa	ature (if a joint tax ref	turn, both must sign)
	Your email address. Enter only one email address.	Prefe	erred phone number
Sign		3613	3369586
Here	Paid preparer's signature (declaration of preparer is based on all information of which preparer has an	y knowledge)	
	SYAM PRIYA RAM SAGAR GUPTA		
It is unlawful to forge a	Firm's name (or yours, if self-employed)		● PTIN
spouse's/ RDP's signature.	GLOBAL TAXES LLC		P02082703
· ·	Firm's address		Firm's FEIN
Joint tax return?	245 ROONEY CT E BRUNSWICK NJ 08816		
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	ie Number

2023 California Adjustments — Residents

CA (540)

_	Important: Attach this schedule behind Form 540, Side 6 as a supporting California schedule.							
	me(s) as shown on tax return					SSN or ITIN		
В	ASAVA MANIKHANTA GAJAVALLI					878641429		
P a	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)		Subtractions See instructions	C Additions See instructions		
1	a Total amount from federal Form(s) W-2, box 1. See instructions 1a	•	158414	•		•		
	b Household employee wages not reported on federal Form(s) W-2	•		•		•		
	c Tip income not reported on line 1a1c	•		•		•		
	d Medicaid waiver payments not reported on federal Form(s) W-2. See instructions 1d	•		•		•		
	e Taxable dependent care benefits from federal Form 2441, line 26 1e	•		•		•		
	f Employer-provided adoption benefits from federal Form 8839, line 29 1f	•		•		•		
	g Wages from federal Form 8919, line 6 1g	•		•		•		
	h Other earned income. See instructions 1h	•	0	•		•		
	i Nontaxable combat pay election. See instructions					•		
	z Add line 1a through line 1i1z	•	158414	•		•		
		•	9	•		•		
	Ordinary dividends. See instructions. a 88 3b	•	88	•		•		
4	IRA distributions. See instructions. a 4b	•		•		•		
5	Pensions and annuities. See instructions. a • 5b	•		•		•		
6	Social security benefits. a • 6b	•		•				
	Capital gain or (loss). See instructions		525	•		•		
	ction B – Additional Income from federal Schedule 1	(Form	1040)					
1	Taxable refunds, credits, or offsets of state and local income taxes	•		•				
2	a Alimony received. See instructions 2a	•				•		
3	Business income or (loss). See instructions 3	•		•		•		
	Other gains or (losses)	•		•		•		
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc	•	-14748	•		•		
6	Farm income or (loss)6	•		•		•		
7	Unemployment compensation	•		•				

ction B – Additional Income Continued	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
Other income: a Federal net operating loss8a	()		•
b Gambling8b	•	•	
c Cancellation of debt 8c	•	•	•
d Foreign earned income exclusion from federal Form 2555	• ()		•
e Income from federal Form 8853 8e	•		•
f Income from federal Form 88898f	•	•	
g Alaska Permanent Fund dividends8g	•		
h Jury duty pay8h	•		
i Prizes and awards8i	•		
j Activity not engaged in for profit income 8j	•		
k Stock options8k	•		•
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 8I	•		
m Olympic and Paralympic medals and USOC prize money	1		
n IRC Section 951(a) inclusion	•	•	
o IRC Section 951A(a) inclusion80	•	•	
p IRC Section 461(I) excess business loss adjustment 8p	•	•	•
q Taxable distributions from an ABLE account 8q			
r Scholarship and fellowship grants not reported on federal Form(s) W-28r			
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	•		
u Wages earned while incarcerated8u	•		
z Other income. List type and amount.			
● 8z		•	

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

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	•	·				
 b Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit	•		•		•	
c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	•		•			
d Reforestation amortization and expenses24d	•		•			
e Repayment of supplemental unemployment benefits under the federal Trade Act of 1974 24e	•					
f Contributions to IRC Section 501(c)(18)(D) pension plans	•		•		•	
g Contributions by certain chaplains to IRC Section 403(b) plans	•		•		•	
h Attorney fees and court costs for actions involving certain unlawful discrimination claims 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 federal Form 2555 24 j	•		•			
k Excess deductions of IRC Section 67(e) expenses from federal Schedule K-1 (Form 1041)24k	•					
z Other adjustments. List type and amount.						
●24z	•		•		•	
Total other adjustments. Add line 24a through line 24z	•		•		•	
Add line 11 through line 23 and line 25 in columns A, B, and C. See instructions	•		•		•	
7 Total. Subtract line 26 from line 10 in columns A, B, and C. See instructions	•	144288	•		•	

	art II Adjustments to Federal Itemized Deductions]		
Ch	eck the box if you did NOT itemize for federal but will itemiz	ze for C	Federal Amounts (from federal Schedule A (Form 1040))		B Subtractions See instructions		Additions See instructions
Me	edical and Dental Expenses See instructions.						
1	Medical and dental expenses • 1						
2	Enter amount from federal Form 1040 or 1040-SR, line 11 144288 2						
3	Multiply line 2 by 7.5% (0.075) • 10822 3						
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter 0					•	
	xes You Paid a State and local income tax or general sales taxes5	ia 💽	13479	•	13479		
	b State and local real estate taxes	ib 💽					
	c State and local personal property taxes	ic 💽					
	d Add line 5a through line 5c	id 💽	13479				
	e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) in column A. Enter the amount from line 5a, column B in line 5e, column B. Enter the difference from line 5d and line 5e,						
	column A in line 5e, column C	ie 💿	10000	•	13479	•	3479
6	Other taxes. List type 6	•		•		•	
	Add line 5e and line 6	•	10000	•	13479	•	3479
	erest You Paid 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 10988	Sb 💽				•	
	c Points not reported to you on federal Form 10988	Sc 💿				•	
	d Reserved for future use	d					
	e Add line 8a through line 8c	se 🖭		•		•	
9	Investment interest			•		•	

10 Add line 8e and line 9......**10**

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	Adjustments to Federal Itemized Deductions Continued	A Federal Amounts (from federal Schedule A (Form 1040))	B Subtract		C Additions See instructions
Gif	s to Charity				
11	Gifts by cash or check	•	•	•	
12	Other than by cash or check12	•	•	•	
13	Carryover from prior year13	•	•	•	
14	Add line 11 through line 13	•	•	•	
	ualty and Theft Losses Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions15	•	•	•	
0th	er Itemized Deductions				
16	Other—from list in federal instructions16	•	•	•	
17	Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C	10000	•	13479	3479
18	Total. Combine line 17 column A less column B plus co	lumn C		• 18_	0
Job	Expenses and Certain Miscellaneous Deductions				
20	Unreimbursed employee expenses: job travel, union due Attach federal Form 2106 if required. See instructions. Tax preparation fees				
22	Add line 19 through line 21	(22	0	
23	Enter amount from federal Form 1040 or 1040-SR, line 11	144288			
24	Multiply line 23 by 2% (0.02). If less than zero, enter 0 .		② 24	2886	
25	Subtract line 24 from line 22. If line 24 is more than line	e 22, enter 0			0
26	Total Itemized Deductions. Add line 18 and line 25			26 _	0
27	Other adjustments. See instructions. Specify.				
28	Combine line 26 and line 27			28 _	0
29	Is your federal AGI (Form 540, line 13) more than the Single or married/RDP filing separately Head of household	spouse/RDP	\$237,035 \$355,558 \$474,075	20	0
	1991 Complete the Romazou Dougotions Workshoot III th				
20	Futer the James of the amount on the On our				
30	Enter the larger of the amount on line 29 or your stand Single or married/RDP filing separately. See instru Married/RDP filing jointly, head of household, or qu Transfer the amount on line 30 to Form 540, line 18	uctionsualifying surviving spouse/RDF	\$5,363 P\$10,726	(A) 20	5363