

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) ▶

| | | |
|-------------------------------------|--|---------------------------------------|
| Taxpayer's name HARSHITHA SADULA | | Social security number 887-64-2669 |
| Spouse's name | | Spouse's social security 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 | 1 | 119,791. |
| 2 | Total tax | 2 | 18,826. |
| 3 | Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | 3 | 18,919. |
| 4 | Amount you want refunded to you | 4 | 93. |
| 5 | Amount you owe | 5 | |

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

Under penalties of perjury, 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

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

| | | | | |
|---|---|---|---|---|
| 4 | 2 | 6 | 6 | 9 |
|---|---|---|---|---|

 as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name
Enter five digits, but don't enter all zeros
- 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 my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name
Enter five digits, but don't enter all zeros
- 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 – Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your 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 the year Jan. 1–Dec. 31, 2023, or other tax year beginning , 2023, ending , 20 See separate instructions.

Your first name and middle initial HARSHITHA Last name SADULA Your social security number 887 64 2669

If joint return, spouse's first name and middle initial Last name Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. 15220 NE 16TH PL Apt. no. 27 Presidential Election Campaign

City, town, or post office. If you have a foreign address, also complete spaces below. BELLEVUE State WA ZIP code 98007 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.

Foreign country name Foreign province/state/county Foreign postal code You Spouse

Filing Status [X] Single [] Head of household (HOH) [] Married filing jointly (even if only one had income) [] Married filing separately (MFS) [] Qualifying surviving spouse (QSS)
Check only one box.
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, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) [] Yes [X] No

Standard Deduction Someone can claim: [] You as a dependent [] Your spouse as a dependent [] 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

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Check the box if qualifies for (see instructions): Child tax credit, Credit for other dependents. Includes rows for dependents.

Income section table with rows 1a through 1z. 1a Total amount from Form(s) W-2, box 1 (see instructions) 113,763. 1b Household employee wages not reported on Form(s) W-2. 1c Tip income not reported on line 1a (see instructions). 1d Medicaid waiver payments not reported on Form(s) W-2 (see instructions). 1e Taxable dependent care benefits from Form 2441, line 26. 1f Employer-provided adoption benefits from Form 8839, line 29. 1g Wages from Form 8919, line 6. 1h Other earned income (see instructions) 0. 1i Nontaxable combat pay election (see instructions). 1z Add lines 1a through 1h 113,763.

Table with rows 2a through 6b. 2a Tax-exempt interest. 2b Taxable interest. 3a Qualified dividends. 3b Ordinary dividends. 4a IRA distributions. 4b Taxable amount. 5a Pensions and annuities. 5b Taxable amount. 6a Social security benefits. 6b Taxable amount.

Table with rows 7 through 15. 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here. 8 Additional income from Schedule 1, line 10 6,028. 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 119,791. 10 Adjustments to income from Schedule 1, line 26. 11 Subtract line 10 from line 9. This is your adjusted gross income 119,791. 12 Standard deduction or itemized deductions (from Schedule A) 13,850. 13 Qualified business income deduction from Form 8995 or Form 8995-A. 14 Add lines 12 and 13 13,850. 15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income 105,941.

| | | | | |
|------------------------|-----------|--|-----------|---------|
| Tax and Credits | 16 | Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____ | 16 | 18,826. |
| | 17 | Amount from Schedule 2, line 3 | 17 | |
| | 18 | Add lines 16 and 17 | 18 | 18,826. |
| | 19 | Child tax credit or credit for other dependents from Schedule 8812 | 19 | |
| | 20 | Amount from Schedule 3, line 8 | 20 | |
| | 21 | Add lines 19 and 20 | 21 | |
| | 22 | Subtract line 21 from line 18. If zero or less, enter -0- | 22 | 18,826. |
| | 23 | Other taxes, including self-employment tax, from Schedule 2, line 21 | 23 | 0. |
| | 24 | Add lines 22 and 23. This is your total tax | 24 | 18,826. |

| | | | | |
|-----------------|-----------|---|------------|---------|
| Payments | 25 | Federal income tax withheld from: | | |
| | a | Form(s) W-2 | 25a | 18,919. |
| | b | Form(s) 1099 | 25b | |
| | c | Other forms (see instructions) | 25c | |
| | d | Add lines 25a through 25c | 25d | 18,919. |
| | 26 | 2023 estimated tax payments and amount applied from 2022 return | 26 | |
| | 27 | Earned income credit (EIC) | 27 | |
| | 28 | Additional child tax credit from Schedule 8812 | 28 | |
| | 29 | American opportunity credit from Form 8863, line 8 | 29 | |
| | 30 | Reserved for future use | 30 | |
| | 31 | Amount from Schedule 3, line 15 | 31 | |
| | 32 | Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits | 32 | |
| | 33 | Add lines 25d, 26, and 32. These are your total payments | 33 | 18,919. |

| | | | | |
|--------------------------------------|------------|---|------------|-----|
| Refund | 34 | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid | 34 | 93. |
| | 35a | Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/> | 35a | 93. |
| Direct deposit? See instructions. | b | Routing number 1 2 2 1 0 0 0 2 4 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings | | |
| | d | Account number 7 6 1 3 1 0 0 9 0 | | |
| | 36 | Amount of line 34 you want applied to your 2024 estimated tax | 36 | |

| | | | | |
|-----------------------|-----------|---|-----------|--|
| Amount You Owe | 37 | Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to www.irs.gov/Payments or see instructions | 37 | |
| | 38 | Estimated tax penalty (see instructions) | 38 | |

Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions **Yes**. Complete below. **No**

Designee's name _____ Phone no. _____ Personal identification number (PIN) _____

Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

| | | | |
|---|--|--------------------------------------|---|
| Your signature | Date | Your occupation SOFTWARE ENGINEER | If the IRS sent you an Identity Protection PIN, enter it here (see inst.) |
| Spouse's signature. If a joint return, both must sign. | Date | Spouse's occupation | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) |
| Phone no. (602) 813-7259 | Email address SADULA.HARSHITHA@GMAIL.COM | | |

Paid Preparer Use Only

| | | | | |
|---|--|--------------------|-------------------|---|
| Preparer's name SYAM PRIYA RAM SAGAR GUPTA | Preparer's signature SYAM PRIYA RAM SAGAR GUPTA | Date 04/01/2024 | PTIN P02082703 | Check if: <input type="checkbox"/> Self-employed |
| Firm's name GLOBAL TAXES LLC | Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 | | | Phone no. (678) 965-9522 |
| Firm's EIN | | | | |

**SCHEDULE 1
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074

2023

Attachment
Sequence No. **01**

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

HARSHITHA SADULA

Your social security number

887-64-2669

Part I Additional Income

| | | | | |
|-----------|---|---------------|-----------|---------|
| 1 | Taxable refunds, credits, or offsets of state and local income taxes | | 1 | |
| 2a | Alimony received | | 2a | |
| b | Date of original divorce or separation agreement (see instructions): _____ | | | |
| 3 | Business income or (loss). Attach Schedule C | | 3 | |
| 4 | Other gains or (losses). Attach Form 4797 | | 4 | |
| 5 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E | | 5 | -6,972. |
| 6 | Farm income or (loss). Attach Schedule F | | 6 | |
| 7 | Unemployment compensation | | 7 | |
| 8 | Other income: | | | |
| a | Net operating loss | 8a () | | |
| b | Gambling | 8b | | |
| c | Cancellation of debt | 8c | | |
| d | Foreign earned income exclusion from Form 2555 | 8d () | | |
| e | Income from Form 8853 | 8e | | |
| f | Income from Form 8889 | 8f | | |
| g | Alaska Permanent Fund dividends | 8g | | |
| h | Jury duty pay | 8h | | |
| i | Prizes and awards | 8i | | |
| j | Activity not engaged in for profit income | 8j | | |
| k | Stock options | 8k | | |
| l | Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property | 8l | | |
| m | Olympic and Paralympic medals and USOC prize money (see instructions) | 8m | | |
| n | Section 951(a) inclusion (see instructions) | 8n | | |
| o | Section 951A(a) inclusion (see instructions) | 8o | | |
| p | Section 461(l) excess business loss adjustment | 8p | | |
| q | Taxable distributions from an ABL account (see instructions) | 8q | | |
| r | Scholarship and fellowship grants not reported on Form W-2 | 8r | | |
| s | Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d | 8s () | | |
| t | Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan | 8t | | |
| u | Wages earned while incarcerated | 8u | | |
| z | Other income. List type and amount: _____ | 8z | | |
| | Other Income from box 3 of 1099-Misc 13,000. | | 13,000. | |
| 9 | Total other income. Add lines 8a through 8z | | 9 | 13,000. |
| 10 | Combine lines 1 through 7 and 9. This is your additional income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 | | 10 | 6,028. |

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

Schedule 1 (Form 1040) 2023

Part II Adjustments to Income

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

**SCHEDULE E
(Form 1040)**

Supplemental Income and Loss

OMB No. 1545-0074

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

2023
Attachment
Sequence No. **13**

Department of the Treasury
Internal Revenue Service

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

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

Name(s) shown on return

HARSHITHA

SADULA

Your social security number

887-64-2669

Part I Income or Loss From Rental Real Estate and Royalties

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

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

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

A H NO : 48-156/1 MANDAMARRI, WARD 15 DEEPAK NAGAR, MANDAMARRI, PO: MANDAMARRI R.S.,ADILABAD ,TELANGANA IN 504231

B
C

| 1b Type of Property (from list below) | 2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions. | Fair Rental Days | | Personal Use Days | QJV |
|---------------------------------------|--|------------------|---|-------------------|--------------------------|
| | | A | B | C | |
| A 3 | | 290 | | 0 | <input type="checkbox"/> |
| B | | | | | <input type="checkbox"/> |
| C | | | | | <input type="checkbox"/> |

Type of Property:

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

| Income: | Properties: | | |
|---|----------------------|---|---|
| | A | B | C |
| 3 Rents received | 3 580. | | |
| 4 Royalties received | 4 | | |
| Expenses: | | | |
| 5 Advertising | 5 | | |
| 6 Auto and travel (see instructions) | 6 | | |
| 7 Cleaning and maintenance | 7 750. | | |
| 8 Commissions | 8 | | |
| 9 Insurance | 9 | | |
| 10 Legal and other professional fees | 10 | | |
| 11 Management fees | 11 680. | | |
| 12 Mortgage interest paid to banks, etc. (see instructions) | 12 | | |
| 13 Other interest | 13 | | |
| 14 Repairs | 14 2,051. | | |
| 15 Supplies | 15 3,021. | | |
| 16 Taxes | 16 | | |
| 17 Utilities | 17 1,050. | | |
| 18 Depreciation expense or depletion | 18 | | |
| 19 Other (list) _____ | 19 | | |
| 20 Total expenses. Add lines 5 through 19 | 20 7,552. | | |
| 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 -6,972. | | |
| 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) | 22 (6,972.) | | |
| 23a Total of all amounts reported on line 3 for all rental properties | 23a 580. | | |
| b Total of all amounts reported on line 4 for all royalty properties | 23b | | |
| c Total of all amounts reported on line 12 for all properties | 23c | | |
| d Total of all amounts reported on line 18 for all properties | 23d | | |
| e Total of all amounts reported on line 20 for all properties | 23e 7,552. | | |
| 24 Income. Add positive amounts shown on line 21. Do not include any losses | 24 | | |
| 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here | 25 (6,972.) | | |
| 26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 . | 26 -6,972. | | |

For Paperwork Reduction Act Notice, see the separate instructions.

NPA

-6,972.

Schedule E (Form 1040) 2023

Health Savings Accounts (HSAs)

Department of the Treasury
Internal Revenue Service

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

2023
Attachment
Sequence No. **52**

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

Social security number of HSA beneficiary.
If both spouses have HSAs, see instructions.
887-64-2669

HARSHITHA

SADULA

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

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

| | | |
|-----------|--|---|
| 1 | Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2023. See instructions | <input checked="" type="checkbox"/> Self-only <input type="checkbox"/> Family |
| 2 | HSA contributions you made for 2023 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2023. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions | 2 0. |
| 3 | If you were under age 55 at the end of 2023 and, on the first day of every month during 2023, you were, or were considered, an eligible individual with the same coverage, enter \$3,850 (\$7,750 for family coverage). All others , see the instructions for the amount to enter | 3 3,850. |
| 4 | Enter the amount you and your employer contributed to your Archer MSAs for 2023 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2023, also include any amount contributed to your spouse's Archer MSAs | 4 0. |
| 5 | Subtract line 4 from line 3. If zero or less, enter -0- | 5 3,850. |
| 6 | Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2023, see the instructions for the amount to enter | 6 3,850. |
| 7 | If you were age 55 or older at the end of 2023, married, and you or your spouse had family coverage under an HDHP at any time during 2023, enter your additional contribution amount. See instructions | 7 0. |
| 8 | Add lines 6 and 7 | 8 3,850. |
| 9 | Employer contributions made to your HSAs for 2023 | 9 750. |
| 10 | Qualified HSA funding distributions | 10 |
| 11 | Add lines 9 and 10 | 11 750. |
| 12 | Subtract line 11 from line 8. If zero or less, enter -0- | 12 3,100. |
| 13 | HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions. | 13 0. |

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

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

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

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

TAXABLE YEAR

FORM

2023

California e-file Signature Authorization for Individuals

8879

Table with 2 columns: Name (Your name, Spouse's/RDP's name) and SSN/ITIN (Your SSN or ITIN, Spouse's/RDP's SSN or ITIN). Values: HARSHITHA SADULA, 887-64-2669.

Part I Tax Return Information (whole dollars only)

Table with 2 columns: Line number and Amount. Line 1: 120541, Line 2: (blank), Line 3: 1188.

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

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

Taxpayer's PIN: check one box only

- I authorize GLOBAL TAXES LLC to enter my PIN 4 2 6 6 9 as my signature on my 2023 e-filed California individual income tax return. I will enter my PIN as my signature on my 2023 e-filed California individual income tax return.

Your signature Date

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

- I authorize (blank) to enter my PIN (blank) as my signature on my 2023 e-filed California individual income tax return. I will enter my PIN as my signature on my 2023 e-filed California individual income tax return.

Spouse's/RDP's signature Date

Practitioner PIN Method Returns Only -- continue below

Part III Certification and Authentication — Practitioner PIN Method Only

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

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

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

Do not enter all zeros

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

ERO's signature Date 04/01/2024

2023 California Resident Income Tax Return

540

APE

ATTACH FEDERAL RETURN

887-64-2669 SADU
HARSHITHA SADULA

23

15220 NE 16TH PL APT 27
BELLEVUE WA 98007

12-16-1999

Principal Residence

Enter your county at time of filing (see instructions)

SAN DIEGO

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.

City

State

ZIP code

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

Filing Status

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

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

Exemptions

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

Whole dollars only

- 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 X \$144 = \$
- 8 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2. See instructions. 8 X \$144 = \$
- 9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2. See instructions. 9 X \$144 = \$

Your name: Your SSN or ITIN:

10 Dependents: Do not include yourself or your spouse/RDP.

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

Total dependent exemptions ● 10 X \$446 = ● \$

11 Exemption amount: Add line 7 through line 10. Transfer this amount to line 32 ● 11 \$

| | | | |
|-----------|--|-------------------------------------|---------------------------------|
| 12 | State wages from your federal Form(s) W-2, box 16 ● 12 | <input type="text" value="114513"/> | <input type="text" value="00"/> |
| 13 | Enter federal adjusted gross income from federal Form 1040 or 1040-SR, line 11 ● 13 | <input type="text" value="119791"/> | <input type="text" value="00"/> |
| 14 | California adjustments – subtractions. Enter the amount from Schedule CA (540), Part I, line 27, column B. ● 14 | <input type="text"/> | <input type="text" value="00"/> |
| 15 | Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions 15 | <input type="text" value="119791"/> | <input type="text" value="00"/> |
| 16 | California adjustments – additions. Enter the amount from Schedule CA (540), Part I, line 27, column C. ● 16 | <input type="text" value="750"/> | <input type="text" value="00"/> |
| 17 | California adjusted gross income. Combine line 15 and line 16 ● 17 | <input type="text" value="120541"/> | <input type="text" value="00"/> |
| 18 | Enter the larger of { Your California itemized deductions from Schedule CA (540), Part II, line 30; OR 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 If Married/RDP filing separately or the box on line 6 is checked, STOP . See instructions. . . ● 18 | <input type="text" value="5363"/> | <input type="text" value="00"/> |
| 19 | Subtract line 18 from line 17. This is your taxable income . If less than zero, enter -0- ● 19 | <input type="text" value="115178"/> | <input type="text" value="00"/> |

| | | | |
|-----------|---|-----------------------------------|---------------------------------|
| 31 | Tax. Check the box if from: <input type="checkbox"/> Tax Table <input checked="" type="checkbox"/> Tax Rate Schedule | | |
| | ● <input type="checkbox"/> FTB 3800 ● <input type="checkbox"/> FTB 3803 ● 31 | <input type="text" value="7364"/> | <input type="text" value="00"/> |
| 32 | Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$237,035, see instructions. ● 32 | <input type="text" value="144"/> | <input type="text" value="00"/> |
| 33 | Subtract line 32 from line 31. If less than zero, enter -0- ● 33 | <input type="text" value="7220"/> | <input type="text" value="00"/> |
| 34 | Tax. See instructions. Check the box if from: ● <input type="checkbox"/> Schedule G-1 ● <input type="checkbox"/> FTB 5870A . . ● 34 | <input type="text"/> | <input type="text" value="00"/> |
| 35 | Add line 33 and line 34. ● 35 | <input type="text" value="7220"/> | <input type="text" value="00"/> |

| | | | |
|-----------|---|---------------------------------|---------------------------------|
| 40 | Nonrefundable Child and Dependent Care Expenses Credit. See instructions. ● 40 | <input type="text"/> | <input type="text" value="00"/> |
| 43 | Enter credit name <input type="text" value="OTHER STATE"/> code ● <input type="text" value="187"/> and amount. . . ● 43 | <input type="text" value="58"/> | <input type="text" value="00"/> |
| 44 | Enter credit name <input type="text"/> code ● <input type="text"/> and amount. . . ● 44 | <input type="text"/> | <input type="text" value="00"/> |

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Your name: Your SSN or ITIN:

| | | | | | | |
|------------------------|----|---|----------------------------------|----|-----------------------------------|----------------------------------|
| Special Credits | 45 | To claim more than two credits, see instructions. Attach Schedule P (540) | <input type="radio"/> | 45 | <input type="text"/> | <input type="text" value=".00"/> |
| | 46 | Nonrefundable Renter's Credit. See instructions | <input type="radio"/> | 46 | <input type="text"/> | <input type="text" value=".00"/> |
| | 47 | Add line 40 through line 46. These are your total credits | <input checked="" type="radio"/> | 47 | <input type="text" value="58"/> | <input type="text" value=".00"/> |
| | 48 | Subtract line 47 from line 35. If less than zero, enter -0- | <input checked="" type="radio"/> | 48 | <input type="text" value="7162"/> | <input type="text" value=".00"/> |

| | | | | | | |
|--------------------|----|---|-----------------------|----|-----------------------------------|----------------------------------|
| Other Taxes | 61 | Alternative Minimum Tax. Attach Schedule P (540) | <input type="radio"/> | 61 | <input type="text"/> | <input type="text" value=".00"/> |
| | 62 | Mental Health Services Tax. See instructions | <input type="radio"/> | 62 | <input type="text"/> | <input type="text" value=".00"/> |
| | 63 | Other taxes and credit recapture. See instructions | <input type="radio"/> | 63 | <input type="text"/> | <input type="text" value=".00"/> |
| | 64 | Add line 48, line 61, line 62, and line 63. This is your total tax. | <input type="radio"/> | 64 | <input type="text" value="7162"/> | <input type="text" value=".00"/> |

| | | | | | | |
|-----------------|----|---|----------------------------------|----|-----------------------------------|----------------------------------|
| Payments | 71 | California income tax withheld. See instructions | <input type="radio"/> | 71 | <input type="text" value="8350"/> | <input type="text" value=".00"/> |
| | 72 | 2023 California estimated tax and other payments. See instructions | <input type="radio"/> | 72 | <input type="text"/> | <input type="text" value=".00"/> |
| | 73 | Withholding (Form 592-B and/or Form 593). See instructions | <input type="radio"/> | 73 | <input type="text"/> | <input type="text" value=".00"/> |
| | 74 | Excess SDI (or VPD) withheld. See instructions | <input type="radio"/> | 74 | <input type="text"/> | <input type="text" value=".00"/> |
| | 75 | Earned Income Tax Credit (EITC). See instructions | <input type="radio"/> | 75 | <input type="text"/> | <input type="text" value=".00"/> |
| | 76 | Young Child Tax Credit (YCTC). See instructions | <input type="radio"/> | 76 | <input type="text"/> | <input type="text" value=".00"/> |
| | 77 | Foster Youth Tax Credit (FYTC). See instructions | <input type="radio"/> | 77 | <input type="text"/> | <input type="text" value=".00"/> |
| | 78 | Add line 71 through line 77. These are your total payments. See instructions | <input checked="" type="radio"/> | 78 | <input type="text" value="8350"/> | <input type="text" value=".00"/> |

| | | | | | | |
|----------------|--|---|-----------------------|----|--------------------------------|----------------------------------|
| Use Tax | 91 | Use Tax. Do not leave blank. See instructions. | <input type="radio"/> | 91 | <input type="text" value="0"/> | <input type="text" value=".00"/> |
| | If line 91 is zero, check if: <input checked="" type="radio"/> <input type="checkbox"/> No use tax is owed. <input type="radio"/> <input type="checkbox"/> You paid your use tax obligation directly to CDTFA. | | | | | |

| | | | | | | |
|--------------------|---|---|-----------------------|-------------------------------------|----------------------|----------------------------------|
| ISR Penalty | 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. | <input type="radio"/> | <input checked="" type="checkbox"/> | | |
| | If you did not check the box, see instructions. | | | | | |
| | 92 | Individual Shared Responsibility (ISR) Penalty. See instructions | <input type="radio"/> | 92 | <input type="text"/> | <input type="text" value=".00"/> |

| | | | | | | |
|-----------------------------|----|---|----------------------------------|----|-----------------------------------|----------------------------------|
| Overpaid Tax/Tax Due | 93 | Payments balance. If line 78 is more than line 91, subtract line 91 from line 78 | <input checked="" type="radio"/> | 93 | <input type="text" value="8350"/> | <input type="text" value=".00"/> |
| | 94 | Use Tax balance. If line 91 is more than line 78, subtract line 78 from line 91 | <input checked="" type="radio"/> | 94 | <input type="text"/> | <input type="text" value=".00"/> |
| | 95 | Payments after Individual Shared Responsibility Penalty. If line 93 is more than line 92, subtract line 92 from line 93. | <input checked="" type="radio"/> | 95 | <input type="text" value="8350"/> | <input type="text" value=".00"/> |
| | 96 | Individual Shared Responsibility Penalty Balance. If line 92 is more than line 93, subtract line 93 from line 92. | <input checked="" type="radio"/> | 96 | <input type="text"/> | <input type="text" value=".00"/> |
| | 97 | Overpaid tax. If line 95 is more than line 64, subtract line 64 from line 95. | <input checked="" type="radio"/> | 97 | <input type="text" value="1188"/> | <input type="text" value=".00"/> |

Your name: Your SSN or ITIN:

| | |
|-----------------------------|---|
| Overpaid Tax/Tax Due | 98 Amount of line 97 you want applied to your 2024 estimated tax ● 98 <input type="text" value="0"/> .00 |
| | 99 Overpaid tax available this year. Subtract line 98 from line 97 ● 99 <input type="text" value="1188"/> .00 |
| | 100 Tax due. If line 95 is less than line 64, subtract line 95 from line 64 ● 100 <input type="text"/> .00 |

| | | Code | Amount |
|--|--|--------------------------|--------------------------|
| Contributions | California Seniors Special Fund. See instructions ● | 400 | <input type="text"/> .00 |
| | Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund ● | 401 | <input type="text"/> .00 |
| | Rare and Endangered Species Preservation Voluntary Tax Contribution Program ● | 403 | <input type="text"/> .00 |
| | California Breast Cancer Research Voluntary Tax Contribution Fund ● | 405 | <input type="text"/> .00 |
| | California Firefighters' Memorial Voluntary Tax Contribution Fund ● | 406 | <input type="text"/> .00 |
| | Emergency Food for Families Voluntary Tax Contribution Fund ● | 407 | <input type="text"/> .00 |
| | California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund ● | 408 | <input type="text"/> .00 |
| | California Sea Otter Voluntary Tax Contribution Fund ● | 410 | <input type="text"/> .00 |
| | California Cancer Research Voluntary Tax Contribution Fund ● | 413 | <input type="text"/> .00 |
| | School Supplies for Homeless Children Voluntary Tax Contribution Fund ● | 422 | <input type="text"/> .00 |
| | State Parks Protection Fund/Parks Pass Purchase ● | 423 | <input type="text"/> .00 |
| | Protect Our Coast and Oceans Voluntary Tax Contribution Fund ● | 424 | <input type="text"/> .00 |
| | Keep Arts in Schools Voluntary Tax Contribution Fund ● | 425 | <input type="text"/> .00 |
| | California Senior Citizen Advocacy Voluntary Tax Contribution Fund ● | 438 | <input type="text"/> .00 |
| | Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund ● | 439 | <input type="text"/> .00 |
| | Rape Kit Backlog Voluntary Tax Contribution Fund ● | 440 | <input type="text"/> .00 |
| | Suicide Prevention Voluntary Tax Contribution Fund ● | 444 | <input type="text"/> .00 |
| Mental Health Crisis Prevention Voluntary Tax Contribution Fund ● | 445 | <input type="text"/> .00 | |
| 110 Add amounts in code 400 through code 445. This is your total contribution ● | 110 | <input type="text"/> .00 | |

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Your name: Your SSN or ITIN:

Amount You Owe 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 .00
Pay Online – Go to **ftb.ca.gov/pay** for more information.

Interest and Penalties 112 Interest, late return penalties, and late payment penalties 112 .00
113 Underpayment of estimated tax.
Check the box: ● **FTB 5805 attached** ● **FTB 5805F attached** ● 113 .00
114 Total amount due. See instructions. Enclose, but **do not** staple, any payment 114 .00

115 **REFUND OR NO AMOUNT DUE.** Subtract the sum of line 110, line 112, and line 113 from line 99. See instructions.
Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001** ● 115 .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 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
● Routing number ● Account number ● 116 Direct deposit amount .00
 Checking Savings
The remaining amount of my refund (line 115) is authorized for direct deposit into the account shown below:
● Type
● Routing number ● Account number ● 117 Direct deposit amount .00
 Checking Savings

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

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

Sign your tax return on Side 6

Your name: Your SSN or ITIN:

IMPORTANT: See the instructions to find out if you should attach a copy of your complete federal tax return.

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

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

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

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

Sign Here

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

Joint tax return? See instructions.

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

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

Firm's address Firm's FEIN

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

Print Third Party Designee's Name Telephone Number

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2023 California Adjustments — Residents

CA (540)

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

| | |
|---|---------------------------------|
| Name(s) as shown on tax return HARSHITHA SADULA | SSN or ITIN 887642669 |
|---|---------------------------------|

| Part I Income Adjustment Schedule | A Federal Amounts (taxable amounts from your federal tax return) | B Subtractions See instructions | C Additions See instructions |
|--|--|---|--|
|--|--|---|--|

| Section A – Income from federal Form 1040 or 1040-SR | | | |
|---|---|----------------------------------|--------------------------------------|
| 1 a Total amount from federal Form(s) W-2, box 1. See instructions 1a | <input checked="" type="radio"/> 113763 | <input checked="" type="radio"/> | <input checked="" type="radio"/> 750 |
| b Household employee wages not reported on federal Form(s) W-2 1b | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| c Tip income not reported on line 1a 1c | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| d Medicaid waiver payments not reported on federal Form(s) W-2. See instructions 1d | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| e Taxable dependent care benefits from federal Form 2441, line 26 1e | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| f Employer-provided adoption benefits from federal Form 8839, line 29 1f | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| g Wages from federal Form 8919, line 6. 1g | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| h Other earned income. See instructions 1h | <input checked="" type="radio"/> 0 | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| i Nontaxable combat pay election. See instructions. 1i | | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| z Add line 1a through line 1i. 1z | <input checked="" type="radio"/> 113763 | <input checked="" type="radio"/> | <input checked="" type="radio"/> 750 |
| 2 Taxable interest. a <input checked="" type="radio"/> 2b <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 3 Ordinary dividends. See instructions. a <input checked="" type="radio"/> 3b <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 4 IRA distributions. See instructions. a <input checked="" type="radio"/> 4b <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 5 Pensions and annuities. See instructions. a <input checked="" type="radio"/> 5b <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 6 Social security benefits. a <input checked="" type="radio"/> 6b <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 7 Capital gain or (loss). See instructions 7 | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |

| Section B – Additional Income from federal Schedule 1 (Form 1040) | | | |
|--|--|--|--|
|--|--|--|--|

| | | | |
|---|--|----------------------------------|----------------------------------|
| 1 Taxable refunds, credits, or offsets of state and local income taxes 1 | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 2 a Alimony received. See instructions. 2a | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 3 Business income or (loss). See instructions. . . . 3 | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 4 Other gains or (losses) 4 | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. 5 | <input checked="" type="radio"/> -6972 | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 6 Farm income or (loss) 6 | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 7 Unemployment compensation 7 | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |

| Section B – Additional Income Continued | A Federal Amounts (taxable amounts from your federal tax return) | B Subtractions See instructions | C Additions See instructions |
|--|---|---|--|
| 8 Other income: | | | |
| a Federal net operating loss 8a | <input checked="" type="radio"/> () | | <input checked="" type="radio"/> |
| b Gambling 8b | <input checked="" type="radio"/> | <input checked="" type="radio"/> | |
| c Cancellation of debt 8c | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| d Foreign earned income exclusion from federal Form 2555 8d | <input checked="" type="radio"/> () | | <input checked="" type="radio"/> |
| e Income from federal Form 8853 8e | <input checked="" type="radio"/> | | <input checked="" type="radio"/> |
| f Income from federal Form 8889 8f | <input checked="" type="radio"/> | <input checked="" type="radio"/> | |
| g Alaska Permanent Fund dividends 8g | <input checked="" type="radio"/> | | |
| h Jury duty pay 8h | <input checked="" type="radio"/> | | |
| i Prizes and awards 8i | <input checked="" type="radio"/> | | |
| j Activity not engaged in for profit income 8j | <input checked="" type="radio"/> | | |
| k Stock options 8k | <input checked="" type="radio"/> | | <input checked="" type="radio"/> |
| l Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property . . 8l | <input checked="" type="radio"/> | | |
| m Olympic and Paralympic medals and USOC prize money 8m | <input checked="" type="radio"/> | | |
| n IRC Section 951(a) inclusion 8n | <input checked="" type="radio"/> | <input checked="" type="radio"/> | |
| o IRC Section 951A(a) inclusion 8o | <input checked="" type="radio"/> | <input checked="" type="radio"/> | |
| p IRC Section 461(l) excess business loss adjustment 8p | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| q Taxable distributions from an ABLÉ account . . 8q | <input checked="" type="radio"/> | | |
| r Scholarship and fellowship grants not reported on federal Form(s) W-2 8r | <input checked="" type="radio"/> | | |
| s Nontaxable amount of Medicaid waiver payments included on federal Form 1040, line 1a or line 1d . 8s | <input checked="" type="radio"/> () | | |
| t Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental IRC Section 457 plan 8t | <input checked="" type="radio"/> | | |
| u Wages earned while incarcerated 8u | <input checked="" type="radio"/> | | |
| z Other income. List type and amount. | | | |
| <input checked="" type="radio"/> OTHER INCOME FROM BOX 3 OF 1099-MISC 8z | <input checked="" type="radio"/> 13000 | <input checked="" type="radio"/> | <input checked="" type="radio"/> |

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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 |
|---|---|---|--|
| 9 a Total other income. Add lines 8a through 8z. 9a | 13 000 | | |
| 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 9b3 | | | |
| 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 | 11 97 91 | | 750 |

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

| | | | |
|---|--|--|--|
| 11 Educator expenses 11 | | | |
| 12 Certain business expenses of reservists, performing artists, and fee-basis government officials. 12 | | | |
| 13 Health savings account deduction 13 | | | |
| 14 Moving expenses. Attach form FTB 3913. See instructions 14 | | | |
| 15 Deductible part of self-employment tax. See instructions. 15 | | | |
| 16 Self-employed SEP, SIMPLE, and qualified plans. 16 | | | |
| 17 Self-employed health insurance deduction. See instructions. 17 | | | |
| 18 Penalty on early withdrawal of savings 18 | | | |
| 19 a Alimony paid. 19a | | | |
| b Recipient's: SSN <input type="radio"/> _____ Last Name <input type="radio"/> _____ | | | |
| 20 IRA deduction 20 | | | |
| 21 Student loan interest deduction 21 | | | |
| 22 Reserved for future use. 22 | | | |
| 23 Archer MSA deduction. 23 | | | |

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| Section C – Adjustments to Income Continued | | A Federal Amounts (taxable amounts from your federal tax return) | B Subtractions See instructions | C Additions See instructions |
|---|--|--|---|--|
| 24 | Other adjustments: | | | |
| a | Jury duty pay 24a | <input checked="" type="radio"/> | | |
| b | Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit. 24b | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| c | Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m 24c | <input checked="" type="radio"/> | <input checked="" type="radio"/> | |
| d | Reforestation amortization and expenses. 24d | <input checked="" type="radio"/> | <input checked="" type="radio"/> | |
| e | Repayment of supplemental unemployment benefits under the federal Trade Act of 1974 24e | <input checked="" type="radio"/> | | |
| f | Contributions to IRC Section 501(c)(18)(D) pension plans 24f | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| g | Contributions by certain chaplains to IRC Section 403(b) plans 24g | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| h | Attorney fees and court costs for actions involving certain unlawful discrimination claims 24h | <input checked="" type="radio"/> | | |
| i | Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations. 24i | <input checked="" type="radio"/> | <input checked="" type="radio"/> | |
| j | Housing deduction from federal Form 2555 24j | <input checked="" type="radio"/> | <input checked="" type="radio"/> | |
| k | Excess deductions of IRC Section 67(e) expenses from federal Schedule K-1 (Form 1041) 24k | <input checked="" type="radio"/> | | |
| z | Other adjustments. List type and amount. <input checked="" type="radio"/> _____ 24z | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 25 | Total other adjustments. Add line 24a through line 24z 25 | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 26 | Add line 11 through line 23 and line 25 in columns A, B, and C. See instructions 26 | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 27 | Total. Subtract line 26 from line 10 in columns A, B, and C. See instructions 27 | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| | | 119791 | | 750 |

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Part II Adjustments to Federal Itemized Deductions

Check the box if you did NOT itemize for federal but will itemize for California

| | A Federal Amounts (from federal Schedule A (Form 1040)) | B Subtractions See instructions | C Additions See instructions |
|--|--|---|--|
| Medical and Dental Expenses See instructions. | | | |
| 1 Medical and dental expenses <input checked="" type="radio"/> _____ 1 | | | |
| 2 Enter amount from federal Form 1040 or 1040-SR, line 11.. <input checked="" type="radio"/> 119791 2 | | | |
| 3 Multiply line 2 by 7.5% (0.075) <input checked="" type="radio"/> 8984 3 | | | |
| 4 Subtract line 3 from line 1. If line 3 is more than line 1, enter 0 4 <input checked="" type="radio"/> | | | <input checked="" type="radio"/> |
| Taxes You Paid | | | |
| 5 a State and local income tax or general sales taxes. .5a <input checked="" type="radio"/> 8513 <input checked="" type="radio"/> 8513 | 8513 | 8513 | |
| b State and local real estate taxes5b <input checked="" type="radio"/> | | | |
| c State and local personal property taxes5c <input checked="" type="radio"/> | | | |
| d Add line 5a through line 5c.5d <input checked="" type="radio"/> 8513 | 8513 | | |
| 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 C5e <input checked="" type="radio"/> 8513 <input checked="" type="radio"/> 8513 <input checked="" type="radio"/> 0 | 8513 | 8513 | 0 |
| 6 Other taxes. List type <input checked="" type="radio"/> _____ 6 <input checked="" type="radio"/> | | | <input checked="" type="radio"/> |
| 7 Add line 5e and line 6. 7 <input checked="" type="radio"/> 8513 <input checked="" type="radio"/> 8513 <input checked="" type="radio"/> 0 | 8513 | 8513 | 0 |
| Interest You Paid | | | |
| 8 a Home mortgage interest and points reported to you on federal Form 10988a <input checked="" type="radio"/> | | | <input checked="" type="radio"/> |
| b Home mortgage interest not reported to you on federal Form 10988b <input checked="" type="radio"/> | | | <input checked="" type="radio"/> |
| c Points not reported to you on federal Form 1098. .8c <input checked="" type="radio"/> | | | <input checked="" type="radio"/> |
| d Reserved for future use8d | | | |
| e Add line 8a through line 8c.8e <input checked="" type="radio"/> | | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 9 Investment interest. 9 <input checked="" type="radio"/> | | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 10 Add line 8e and line 9. 10 <input checked="" type="radio"/> | | <input checked="" type="radio"/> | <input checked="" type="radio"/> |

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| Part II Adjustments to Federal Itemized Deductions Continued | A Federal Amounts (from federal Schedule A (Form 1040)) | B Subtractions See instructions | C Additions See instructions |
|---|---|---------------------------------------|--|
| Gifts to Charity | | | |
| 11 Gifts by cash or check. 11 | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 12 Other than by cash or check. 12 | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 13 Carryover from prior year. 13 | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 14 Add line 11 through line 13 14 | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| Casualty and Theft Losses | | | |
| 15 Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions . . 15 | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| Other Itemized Deductions | | | |
| 16 Other—from list in federal instructions. 16 | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 17 Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C. 17 | <input checked="" type="radio"/> 8513 | <input checked="" type="radio"/> 8513 | <input checked="" type="radio"/> 0 |
| 18 Total. Combine line 17 column A less column B plus column C | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> 18 0 |
| Job Expenses and Certain Miscellaneous Deductions | | | |
| 19 Unreimbursed employee expenses: job travel, union dues, job education, etc. Attach federal Form 2106 if required. See instructions | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> 19 |
| 20 Tax preparation fees | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> 20 |
| 21 Other expenses: investment, safe deposit box, etc. List type. | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> 21 0 |
| 22 Add line 19 through line 21 | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> 22 0 |
| 23 Enter amount from federal Form 1040 or 1040-SR, line 11 | <input checked="" type="radio"/> 119791 | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 24 Multiply line 23 by 2% (0.02). If less than zero, enter 0. | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> 24 2396 |
| 25 Subtract line 24 from line 22. If line 24 is more than line 22, enter 0. | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> 25 0 |
| 26 Total Itemized Deductions. Add line 18 and line 25 | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> 26 0 |
| 27 Other adjustments. See instructions. Specify. | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> 27 |
| 28 Combine line 26 and line 27. | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> 28 0 |
| 29 Is your federal AGI (Form 540, line 13) more than the amount shown below for your filing status? | | | |
| Single or married/RDP filing separately | | | \$237,035 |
| Head of household | | | \$355,558 |
| Married/RDP filing jointly or qualifying surviving spouse/RDP. | | | \$474,075 |
| No. Transfer the amount on line 28 to line 29. | | | |
| Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540), line 29 | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> 29 0 |
| 30 Enter the larger of the amount on line 29 or your standard deduction shown below: | | | |
| Single or married/RDP filing separately. See instructions | | | \$5,363 |
| Married/RDP filing jointly, head of household, or qualifying surviving spouse/RDP | | | \$10,726 |
| Transfer the amount on line 30 to Form 540, line 18. | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> 30 5363 |

2023 Other State Tax Credit

S

Attach to Form 540, Form 540NR, or Form 541.

| | |
|--|---------------------------------|
| Name(s) as shown on your California tax return HARSHITHA SADULA | SSN, ITIN, or FEIN 887642669 |
|--|---------------------------------|

Part I Double-Taxed Income (Read specific line instructions for Part I before completing.)

| (a) Income item(s) description | (b) Double-taxed income taxable by California | (c) Double-taxed income taxable by other state |
|--|---|--|
| <input checked="" type="radio"/> AR INCOME | <input checked="" type="radio"/> 1300 | <input checked="" type="radio"/> 1300 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 1 Total double-taxed income | <input checked="" type="radio"/> 1300 | <input checked="" type="radio"/> 1300 |

Part II Figure Your Other State Tax Credit (Read specific line instructions for Part II before completing.)

| | | | |
|---|--|--------|----|
| 2 California tax liability. See instructions | <input checked="" type="radio"/> 2 | 7220 | 00 |
| 3 Double-taxed income taxable by California. Enter the amount from Part I, line 1, column (b) | <input checked="" type="radio"/> 3 | 1300 | 00 |
| 4 California adjusted gross income. See instructions | <input checked="" type="radio"/> 4 | 120541 | 00 |
| 5 Divide line 3 by line 4. Do not enter more than 1.0000. | <input checked="" type="radio"/> 5 | 0.0108 | |
| 6 Multiply line 2 by line 5. | <input checked="" type="radio"/> 6 | 78 | 00 |
| 7 Income tax liability paid to other state (use state's abbreviation) <input checked="" type="radio"/> AR See instructions | <input checked="" type="radio"/> 7 | 58 | 00 |
| 8 Double-taxed income taxable by other state. Enter the amount from Part I, line 1, column (c) | <input checked="" type="radio"/> 8 | 1300 | 00 |
| 9 Adjusted gross income taxable by other state. See instructions. | <input checked="" type="radio"/> 9 | 1300 | 00 |
| 10 Divide line 8 by line 9. Do not enter more than 1.0000. | <input checked="" type="radio"/> 10 | 1.0000 | |
| 11 Multiply line 7 by line 10. | <input checked="" type="radio"/> 11 | 58 | 00 |
| 12 Other state tax credit. Enter the smaller of line 6 or line 11. Use credit code 187 . See instructions | <input checked="" type="radio"/> 12 | 58 | 00 |

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| | |
|---|------------------------------------|
| Name as Shown on Return HARSHITHA SADULA | Social Security No. 887-64-2669 |
|---|------------------------------------|

Line 1a – Wages, Salaries, Tips, Etc.

| | (B) Subtractions | (C) Additions |
|--|---------------------|------------------|
| 1 Excess reimbursements from Form 2106 included in wage income | | |
| 2 Active duty military pay | | |
| 3 HSA employer contributions | | 750 |
| 4 Paid Family Leave Insurance (PFL) benefits I confirm that the PFL amount above is accurate <input type="checkbox"/> | | |
| 5 Excess moving reimbursements | | |
| Total adjustments to wages, salaries, tips, etc. Enter here and on Schedule CA (540/540NR), line 1a | | 750 |

Line 1h – Wages, Salaries, Tips, Etc.

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

Line 4 – IRA, Pensions, and Annuities

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

2023 AR1000NR



P1

ARKANSAS INDIVIDUAL INCOME TAX RETURN Nonresident and Part Year Resident

CHECK BOX IF AMENDED RETURN

Software ID

Jan. 1 - Dec. 31, 2023 or fiscal year ending _____, 20____

PROSERIES

| | | | | |
|---|---------------------------|-----------------------|---|---|
| Primary's legal first name ● HARSHITHA | MI ● | Last name ● SADULA | Check if Deceased ● <input type="checkbox"/> | Primary's social security number ● 887-64-2669 |
| Spouse's legal first name ● | MI ● | Last name ● | Check if Deceased ● <input type="checkbox"/> | Spouse's social security number ● |
| Mailing address (number and street, P.O. box or rural route) ● 15220 NE 16TH PL, APT. 27 | | | | <input type="checkbox"/> Check if address is outside U.S. |
| City ● BELLEVUE | State or province ● WA | ZIP ● 98007 | Foreign country name | |
| Primary email | | Secondary email | | |

ATTACH PAGE 1 AND 2 OF YOUR FEDERAL RETURN

| | | | |
|--|--|---|--|
| Primary - Remote Worker <input type="checkbox"/> | Primary - Military Spouse <input type="checkbox"/> | <input checked="" type="checkbox"/> NONRESIDENT: | <input type="checkbox"/> PART YEAR RESIDENT: Dates lived in AR: |
| Spouse - Remote Worker <input type="checkbox"/> | Spouse - Military Spouse <input type="checkbox"/> | List state of residence: CALIFORNIA | From: _____ To: _____ |
| <input type="checkbox"/> We no longer automatically mail 1099-G forms. Instead, we ask that you get this information from our website (www.atap.arkansas.gov). Check the box if you still want us to mail you a paper Form 1099-G next year. | | | |
| <input type="checkbox"/> Check here if you want a tax booklet mailed to you next year. | | <input type="checkbox"/> Check this box if you have filed a state extension or an automatic federal extension | |
| DL# / State ID WDL69S80703B | Your state WA | Issue date (mm/dd/yyyy) 01/19/2024 | Expiration date (mm/dd/yyyy) 11/16/2028 |
| DL# / State ID _____ | Spouse state _____ | Issue date (mm/dd/yyyy) _____ | Expiration date (mm/dd/yyyy) _____ |

| | |
|---|--|
| 1. <input checked="" type="checkbox"/> Single (Or widowed before 2023 or divorced at end of 2023) | 4. <input type="checkbox"/> Married filing separately on the same return |
| 2. <input type="checkbox"/> Married filing joint (Even if only one had income) | 5. <input type="checkbox"/> Married filing separately on different returns Enter spouse's name here and SSN above _____ |
| 3. <input type="checkbox"/> Head of household (See instructions) If the qualifying person was your child, but not your dependent, enter child's name here: _____ | 6. <input type="checkbox"/> Surviving spouse with dependent child Year spouse died: (See instructions) _____ |

7A. Yourself 65 or over 65 Special Blind Deaf Head of household/surviving spouse (Filing status 3 only) (Filing status 6 only)

Spouse 65 or over 65 Special Blind Deaf

Multiply number of boxes checked 7A X \$29 =

Dependents (Do not list yourself or spouse)

| First name | Last name | Dependent's social security number | Dependent's relationship to you |
|------------|-----------|------------------------------------|---------------------------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. | | | |

7B. Multiply number of **DEPENDENTS** from above.....7B X \$29 =

7C. **TOTAL PERSONAL TAX CREDITS:** (Add lines 7A and 7B. Enter total here and on line 34)7C

Individuals with Developmental Disabilities Credit (AR1000-DD - formerly AR1000RC5) now on Form AR1000TC



Primary SSN 887-64-2669

| | | (A) Primary/Joint Income | (B) Spouse's Income Status 4 Only | (C) Arkansas Income Only | |
|--|---|---|-----------------------------------|--------------------------|------------|
| ROUND ALL AMOUNTS TO WHOLE DOLLARS | | | | | |
| INCOME | 8. Wages, salaries, tips, etc: (Attach W-2s) | ● 113,763.00 | ● | ● 0.00 | |
| | 9. Military pay: Primary ● [] 00 Spouse ● [] 00 | | | | |
| | 10. Interest income: (If over \$1,500, attach AR4) | ● | ● | ● | |
| | 11. Dividend income: (If over \$1,500, attach AR4) | ● | ● | ● | |
| | 12. Alimony and separate maintenance received: | ● | ● | ● | |
| | 13. Business or professional income: (Attach federal Sch. C) | ● | ● | ● | |
| | 14. Capital gains/(losses) from stocks, bonds, etc: (Attach federal Sch. D) .. | ● | ● | ● | |
| | 15. Other gains or (losses): (See instructions) | ● | ● | ● | |
| | 16. Non-qualified IRA distributions and taxable annuities: (Attach all 1099Rs) ... | ● | ● | ● | |
| | 17. Military retirement Primary ● [] 00 Spouse ● [] 00 | | | | |
| | 18A. Primary employer pension plan(s)/qualified IRA(s): (Attach 1099Rs) Gross ● [] 00 Taxable ● [] 00 Less \$6,000 | ● | | ● | |
| | 18B. Spouse employer pension plan(s)/qualified IRA(s): (Attach 1099Rs) Gross ● [] 00 Taxable ● [] 00 Less \$6,000 | ● | ● | ● | |
| | 19. Rents, royalties, partnerships, estates, trusts, etc.: (Attach federal Sch. E) | ● -6,972.00 | ● | ● 0.00 | |
| | 20. Farm income: (Attach federal Sch. F) | ● | ● | ● | |
| | 21. Unemployment: | ● | ● | ● | |
| | 22. Other income/depreciation differences: (Attach Form AR-109 Stmt) | ● 13,000.00 | ● | ● 1,300.00 | |
| | 23. TOTAL INCOME: (Add lines 8 through 22) | ● 119,791.00 | ● | ● 1,300.00 | |
| | 24. TOTAL ADJUSTMENTS: (Attach Form AR1000ADJ) | ● | ● | ● | |
| | 25. ADJUSTED GROSS INCOME: (Subtract line 24 from line 23) | ● 119,791.00 | ● | ● 1,300.00 | |
| | TAX COMPUTATION | 26. Select tax table: (Select only one) | | | |
| | | 27. ● <input type="checkbox"/> Low income table (\$0), See line 26 instructions ● <input checked="" type="checkbox"/> Standard deduction (See instructions) ● <input type="checkbox"/> Itemized deductions (Attach AR3) | ● 2,340.00 | ● | ● |
| | | 28. NET TAXABLE INCOME: (Subtract line 27 from line 25) | ● 117,451.00 | ● | ● |
| | | 29. TAX: (Enter tax from tax table) | ● 5,364.00 | ● | ● |
| | | 30. Combined tax: (Add amounts from line 29, columns A and B) | | | ● 5,364.00 |
| | | 31. Enter tax from Lump Sum Distribution Averaging Schedule: (Attach AR1000TD) | | | ● |
| 32. Additional tax on IRA and qualified plan withdrawal and overpayment: (See Instructions) | | | | ● | |
| 33. TOTAL TAX: (Add lines 30 through 32) | | | ● 5,364.00 | | |
| TAX CREDITS | 34. Personal tax credit(s): (Enter total from line 7C) | | | ● 29.00 | |
| | 35. Child care credit: (Attach AR2441) | | | ● | |
| | 36. Other credits: (Attach AR1000TC) | | | ● | |
| | 37. TOTAL CREDITS: (Add lines 34 through 36) | | | ● 29.00 | |
| 38. NET TAX: (Subtract line 37 from line 33. If line 37 is greater than line 33, enter 0) | | | ● 5,335.00 | | |
| APPORTIONMENT | 38A. Enter the amount from line 25, Column C: | | | ● 1,300.00 | |
| | 38B. Enter the total amount from line 25, Columns A and B: | | | ● 119,791.00 | |
| | 38C. Divide line 38A by 38B: (See instructions) | 38C | 0.010852 | | |
| | 38D. APPORTIONED TAX LIABILITY: (Multiply line 38 by line 38C) | 38D | | ● 58.00 | |



Primary SSN 887-64-2669

Table with 3 columns: Description, Amount, and Tax/Refund. Rows include Arkansas income tax withheld, estimated tax paid, and total payments.

Table with 3 columns: Description, Amount, and Tax/Refund. Rows include amount of overpayment/refund, amount to be applied to 2024 estimated tax, and total due.

Direct Deposit section with fields for routing numbers, account numbers, and deposit amounts for two separate deposits.

PLEASE SIGN HERE: Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct and complete.

Signature section with fields for Primary's signature, Spouse's signature, Date, and Telephone.

Paid Preparer section with fields for Paid preparer's signature, Preparer's name, Address, City, State, ZIP, and E-mail.

PAY ONLINE: Please visit our secure website ATAP (Arkansas Taxpayer Access Point) at www.atap.arkansas.gov. Includes QR code and Mail Return & Payment to: Refund and Tax Due/No Tax information.



**ARKANSAS INDIVIDUAL INCOME TAX
OTHER INCOME/LOSS AND DEPRECIATION DIFFERENCES**

| | |
|--|---|
| Primary's legal name HARSHITHA SADULA | Primary's social security number 887-64-2669 |
|--|---|

Full Year Resident Filers - Complete columns **(A)** and **(B)** if using filing status 4 (married filing separately on the same return). All other filing statuses must complete column **(A) only**.

Nonresident or Part Year Resident Filers - Complete columns **(A), (B), and (C)** if using filing status 4 (married filing separately on the same return). All other filing statuses must complete columns **(A)** and **(C) only**.

Additions to Income

| | (A) Primary/Joint | (B) Spouse (Status 4) | (C) Arkansas Only |
|---|----------------------|--------------------------|----------------------|
| 1. Federal depreciation: (Attach Schedule) 1 | 00 | 00 | 00 |
| 2. HSA and/or MSA taxable distributions 2 | 00 | 00 | 00 |
| 3. Long-term care insurance contracts 3 | 00 | 00 | 00 |
| 4. Gambling winnings: (Attach W2-G) 4 | 00 | 00 | 00 |
| 5. Lottery / contest winnings: 5 | 00 | 00 | 0.00 |
| 6. Scholarships / fellowships / stipends: 6 | 00 | 00 | 00 |
| 7. Pass-Through Entity adjustment: (Attach Schedule) 7 | 00 | 00 | 00 |
| 8. Other: (See Instructions) 8 | 13,000.00 | 00 | 1,300.00 |
| 9. INCOME TOTAL: (Add lines 1-8 and enter total): 9 | 13,000.00 | 00 | 1,300.00 |

Subtractions from Income

| | (A) Primary/Joint | (B) Spouse (Status 4) | (C) Arkansas Only |
|--|----------------------|--------------------------|----------------------|
| 10. State depreciation: (Attach Schedule) 10 | 00 | 00 | 00 |
| 11. Net operating loss: (Attach Form AR1000NOL) 11 | 00 | 00 | 00 |
| 12. Foreign earned income exclusion: 12 | 00 | 00 | 00 |
| 13. Loss on excess deferral distribution 13 | 00 | 00 | 00 |
| 14. Pass-Through Entity adjustment: (Attach Schedule) 14 | 00 | 00 | 00 |
| 15. Other: (See Instructions) 15 | 00 | 00 | 00 |
| 16. LOSSES TOTAL: (Add lines 10-15 and enter total) 16 | 00 | 00 | 00 |
| 17. NET TOTAL: (Subtract line 16 from line 9 and enter total of each column on line 22 of Form AR1000F / AR1000NR) 17 | 13,000.00 | 00 | 1,300.00 |



ARKANSAS INDIVIDUAL INCOME TAX DECLARATION FOR ELECTRONIC FILING

Primary's Legal First Name and Middle Initial: HARSHITHA, Last Name: SADULA, Primary's Social Security Number: 887-64-2669, Spouse's Legal First Name and Middle Initial, Spouse's Social Security Number, Mailing Address: 15220 NE 16TH PL, APT. 27, Telephone: (602) 813-7259, City: BELLEVUE, State or Province: WA, ZIP: 98007, Check if address is outside U.S. Foreign Country.

Table with 3 columns: Line number, Description, Amount. Row 1: Total Income (Form AR1000F or AR1000NR, Line 23) 119,791.00. Row 2: Net Tax (Form AR1000F or AR1000NR, Line 38) 00. Row 3: State Income Tax Withheld (Form AR1000F or AR1000NR, Line 39) 00. Row 4: Refund (Form AR1000F or AR1000NR, Line 47) 00. Row 5: Tax Due (Form AR1000F or AR1000NR, Line 51) 58.00.

PART II - DECLARATION OF TAXPAYER

6a. [] I consent that my refund be direct deposited as designated in the electronic portion of my 2023 Arkansas income tax return. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund. The refund will be direct deposited to the bank account(s) shown on page P3 of the Form AR1000F/AR1000NR. 6b. [X] I do not want direct deposit of my refund or I am not receiving a refund. 6c. [] I authorize the State of Arkansas Income Tax Section to initiate debit entries to my account as indicated on the Arkansas Income Tax Payment form (AR TAX PMT). 6d. [] I authorize the State of Arkansas Income Tax Section to initiate debit entries to my account as indicated on the Arkansas Estimated Tax Payment form (AR EST PMT) or Arkansas Extension Payment form (AR EXT PMT).

If I have filed a balance due return, I understand that if the State of Arkansas does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable interest and penalties. If I have filed a joint federal and state return and my federal return is rejected, I understand my state return will be rejected also.

Under penalties of perjury, I declare that the information I have given my ERO and the amounts in Part I above agree with the amounts on the corresponding lines of the electronic portion of my 2023 Arkansas income tax return. To the best of my knowledge and belief, my return is true, correct, and complete. I consent to my ERO sending my return, this declaration, and accompanying schedules and statements to the State of Arkansas. I also consent to the State of Arkansas sending my ERO and/or transmitter an acknowledgement of receipt of transmission and an indication of whether or not my return is accepted, and if rejected, the reason(s) for the rejection. If the processing of my return or refund is delayed, I authorize the State of Arkansas to disclose to my ERO and/or transmitter the reason(s) for the delay, or when the refund was sent. In addition, by using a computer system and software to prepare and transmit my return electronically, I consent to the disclosure to the State of Arkansas of all information pertaining to my use of the system and software and to the transmission of my tax return electronically.

Sign Here Primary's Signature Date Spouse's Signature Date

PART III - DECLARATION OF ELECTRONIC RETURN ORIGINATOR (ERO) AND PAID PREPARER

I declare that I have reviewed the above taxpayer's return and that the entries on Form AR8453 are complete and correct to the best of my knowledge. If I am only a collector, I understand that I am not responsible for reviewing the taxpayer's return; I declare that Form AR8453 accurately reflects the data on the return. I have obtained the taxpayer's signature on Form AR8453 before submitting this return to the State of Arkansas, and have provided the taxpayer with a copy of all forms and information to be filed with the State of Arkansas. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This declaration of Paid Preparer is based on all information of which the preparer has knowledge.

ERO'S Use Only ERO'S Signature: GLOBAL TAXES LLC, Date: 04/01/2024, Firm's name and address: 245 ROONEY CT, E BRUNSWICK NJ 08816, Your SSN or PTIN: 84-3171965, FEIN.

Under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This declaration is based on all information of which I have any knowledge.

Paid Preparer's Use Only Preparer's Signature: SYAM PRIYA RAM SAGAR GUPTA, Date: 04/01/2024, Firm's name and address: 245 ROONEY CT, E BRUNSWICK NJ 08816, Preparer's SSN or PTIN: P02082703, FEIN.

Additional Information From 2023 Arkansas Tax Return

Form AR1000NR: NR/PY Individual Income Tax Return

Other Income Details

Continuation Statement

| Description | Amount |
|--------------|--------|
| OTHER INCOME | 1,300. |