

TAXABLE YEAR

FORM

2023

California e-file Signature Authorization for Individuals

8879

Table with 2 columns: Field Name, Value. Rows: Your name (KARTHIK NISHANT SEKHAR), Your SSN or ITIN (873-22-0454), Spouse's/RDP's name, Spouse's/RDP's SSN or ITIN.

Part I Tax Return Information (whole dollars only)

Table with 2 columns: Line Number, Amount. Rows: 1 California adjusted gross income (AGI) 10080, 2 Amount you owe, 3 Refund or no amount due 0.

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. I further declare that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider, including my name, address, and social security number (SSN) or individual tax identification number (ITIN), and the amounts shown in Part I above agree with the information and amounts shown on the corresponding lines of my electronic income tax return. If applicable, I authorize an electronic funds withdrawal of the amount on line 2 and/or the estimated tax payments as shown on my return and on form FTB 8455, California e-file Payment Record for Individuals, or a comparable form. If applicable, I declare that direct deposit refund amount on line 3 agrees with the direct deposit authorization stated on my return. If I have filed a joint return, this is an irrevocable appointment of the other spouse/registered domestic partner (RDP) as an agent to authorize an electronic funds withdrawal or direct deposit. I authorize my ERO, transmitter, or intermediate service provider to transmit my complete return to the Franchise Tax Board (FTB). If the processing of my return or refund is delayed, I authorize the FTB to disclose to my ERO, intermediate service provider, and/or transmitter the reason(s) for the delay or the date when the refund was sent. If I am filing a balance due return, I understand that if the FTB does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I acknowledge that I have read and consent to the Electronic Funds Withdrawal Consent included on the copy of my electronic income tax return. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

[X] I authorize GLOBAL TAXES LLC to enter my PIN 2 0 4 5 4 as my signature on my 2023 e-filed California individual income tax return. Do not enter all zeros

[ ] I will enter my PIN as my signature on my 2023 e-filed California individual income tax return. 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/RDP's PIN: check one box only

[ ] I authorize to enter my PIN as my signature on my 2023 e-filed California individual income tax return. Do not enter all zeros

[ ] I will enter my PIN as my signature on my 2023 e-filed California individual income tax return. 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/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.

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. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and FTB Pub. 1345, 2023 Handbook for Authorized e-file Providers.

ERO's signature Date 04/10/2024

# 2023 California Resident Income Tax Return

# 540

APE

DO NOT ATTACH FEDERAL RETURN

873-22-0454 SEKH  
KARTHIKNISH SEKHAR

23

610 E WEDDELL DR APT 242  
SUNNYVALE CA 94089

07-21-1997

Principal Residence

Enter your county at time of filing (see instructions)

SANTA CLARA

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  .00

**13** Enter federal adjusted gross income from federal Form 1040 or 1040-SR, line 11 ..... ● 13  .00

**14** California adjustments – subtractions. Enter the amount from Schedule CA (540), Part I, line 27, column B. .... ● 14  .00

**15** Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions ..... 15  .00

**16** California adjustments – additions. Enter the amount from Schedule CA (540), Part I, line 27, column C. .... ● 16  .00

**17** California adjusted gross income. Combine line 15 and line 16 ..... ● 17  .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  .00

**19** Subtract line 18 from line 17. This is your **taxable income**. If less than zero, enter -0- ..... ● 19  .00

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

●  FTB 3800 ●  FTB 3803 ..... ● 31  .00

**32** Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$237,035, see instructions. .... ● 32  .00

**33** Subtract line 32 from line 31. If less than zero, enter -0- ..... ● 33  .00

**34** Tax. See instructions. Check the box if from: ●  Schedule G-1 ●  FTB 5870A. . . ● 34  .00

**35** Add line 33 and line 34 ..... ● 35  .00

**40** Nonrefundable Child and Dependent Care Expenses Credit. See instructions. .... ● 40  .00

**43** Enter credit name  code ●  and amount. . . ● 43  .00

**44** Enter credit name  code ●  and amount. . . ● 44  .00

Your name:  Your SSN or ITIN:

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

<b>Other Taxes</b>	61	Alternative Minimum Tax. Attach Schedule P (540) . . . . .	<input type="radio"/>	61	<input type="text"/>	.00
	62	Mental Health Services Tax. See instructions . . . . .	<input type="radio"/>	62	<input type="text"/>	.00
	63	Other taxes and credit recapture. See instructions . . . . .	<input type="radio"/>	63	<input type="text"/>	.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="0"/>	.00

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

<b>Use Tax</b>	91	<b>Use Tax.</b> Do not leave blank. See instructions. . . . .	<input type="radio"/>	91	<input type="text" value="0"/>	.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.					

<b>ISR Penalty</b>	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.					
		Individual Shared Responsibility (ISR) Penalty. See instructions . . . . .	<input type="radio"/>	92	<input type="text"/>	.00

<b>Overpaid Tax/Tax Due</b>	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"/>	.00
	94	<b>Use Tax balance.</b> If line 91 is more than line 78, subtract line 78 from line 91 . . . . .	<input checked="" type="radio"/>	94	<input type="text"/>	.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"/>	.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"/>	.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"/>	.00

Your name:  Your SSN or ITIN:

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

		<b>Code</b>	<b>Amount</b>
<b>Contributions</b>	California Seniors Special Fund. See instructions . . . . . ●	<b>400</b>	<input type="text"/> .00
	Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund . . . . . ●	<b>401</b>	<input type="text"/> .00
	Rare and Endangered Species Preservation Voluntary Tax Contribution Program . . . . . ●	<b>403</b>	<input type="text"/> .00
	California Breast Cancer Research Voluntary Tax Contribution Fund . . . . . ●	<b>405</b>	<input type="text"/> .00
	California Firefighters' Memorial Voluntary Tax Contribution Fund . . . . . ●	<b>406</b>	<input type="text"/> .00
	Emergency Food for Families Voluntary Tax Contribution Fund . . . . . ●	<b>407</b>	<input type="text"/> .00
	California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund . . . . . ●	<b>408</b>	<input type="text"/> .00
	California Sea Otter Voluntary Tax Contribution Fund . . . . . ●	<b>410</b>	<input type="text"/> .00
	California Cancer Research Voluntary Tax Contribution Fund . . . . . ●	<b>413</b>	<input type="text"/> .00
	School Supplies for Homeless Children Voluntary Tax Contribution Fund . . . . . ●	<b>422</b>	<input type="text"/> .00
	State Parks Protection Fund/Parks Pass Purchase . . . . . ●	<b>423</b>	<input type="text"/> .00
	Protect Our Coast and Oceans Voluntary Tax Contribution Fund . . . . . ●	<b>424</b>	<input type="text"/> .00
	Keep Arts in Schools Voluntary Tax Contribution Fund . . . . . ●	<b>425</b>	<input type="text"/> .00
	California Senior Citizen Advocacy Voluntary Tax Contribution Fund . . . . . ●	<b>438</b>	<input type="text"/> .00
	Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund . . . . . ●	<b>439</b>	<input type="text"/> .00
	Rape Kit Backlog Voluntary Tax Contribution Fund . . . . . ●	<b>440</b>	<input type="text"/> .00
	Suicide Prevention Voluntary Tax Contribution Fund . . . . . ●	<b>444</b>	<input type="text"/> .00
Mental Health Crisis Prevention Voluntary Tax Contribution Fund . . . . . ●	<b>445</b>	<input type="text"/> .00	
<b>110</b> Add amounts in code 400 through code 445. This is your total contribution . . . . . ●	<b>110</b>	<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  ● Checking ● Account number  ● 116 Direct deposit amount  .00  
 Savings  
The remaining amount of my refund (line 115) is authorized for direct deposit into the account shown below:  
● Type  
● Routing number  ● Checking ● Account number  ● 117 Direct deposit amount  .00  
 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](http://ftb.ca.gov/privacy) to learn about our privacy policy statement, or go to [ftb.ca.gov/forms](http://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

KARTHIK NISHANT SEKHAR

SSN or ITIN

873220454

### Part I Income Adjustment Schedule

#### Section A – Income from federal Form 1040 or 1040-SR

**A Federal Amounts**  
(taxable amounts from your federal tax return)

**B Subtractions**  
See instructions

**C Additions**  
See instructions

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

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

<b>1</b> Taxable refunds, credits, or offsets of state and local income taxes . . . . . <b>1</b>	<input checked="" type="radio"/>	0	<input checked="" type="radio"/>	0	
<b>2 a</b> Alimony received. See instructions. . . . . <b>2a</b>	<input checked="" type="radio"/>			<input checked="" type="radio"/>	
<b>3</b> Business income or (loss). See instructions. . . . <b>3</b>	<input checked="" type="radio"/>		<input checked="" type="radio"/>		<input checked="" type="radio"/>
<b>4</b> Other gains or (losses) . . . . . <b>4</b>	<input checked="" type="radio"/>		<input checked="" type="radio"/>		<input checked="" type="radio"/>
<b>5</b> Rental real estate, royalties, partnerships, S corporations, trusts, etc. . . . . <b>5</b>	<input checked="" type="radio"/>		<input checked="" type="radio"/>		<input checked="" type="radio"/>
<b>6</b> Farm income or (loss) . . . . . <b>6</b>	<input checked="" type="radio"/>		<input checked="" type="radio"/>		<input checked="" type="radio"/>
<b>7</b> Unemployment compensation . . . . . <b>7</b>	<input checked="" type="radio"/>		<input checked="" type="radio"/>		

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Section B – Additional Income Continued	<b>A</b> Federal Amounts (taxable amounts from your federal tax return)	<b>B</b> Subtractions See instructions	<b>C</b> Additions See instructions
<b>8</b> Other income:			
<b>a</b> Federal net operating loss . . . . . <b>8a</b>	<input checked="" type="radio"/> ( )		<input checked="" type="radio"/>
<b>b</b> Gambling . . . . . <b>8b</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	
<b>c</b> Cancellation of debt . . . . . <b>8c</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>d</b> Foreign earned income exclusion from federal Form 2555 . . . . . <b>8d</b>	<input checked="" type="radio"/> ( )		<input checked="" type="radio"/>
<b>e</b> Income from federal Form 8853 . . . . . <b>8e</b>	<input checked="" type="radio"/>		<input checked="" type="radio"/>
<b>f</b> Income from federal Form 8889 . . . . . <b>8f</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	
<b>g</b> Alaska Permanent Fund dividends . . . . . <b>8g</b>	<input checked="" type="radio"/>		
<b>h</b> Jury duty pay . . . . . <b>8h</b>	<input checked="" type="radio"/>		
<b>i</b> Prizes and awards . . . . . <b>8i</b>	<input checked="" type="radio"/>		
<b>j</b> Activity not engaged in for profit income . . . . . <b>8j</b>	<input checked="" type="radio"/>		
<b>k</b> Stock options . . . . . <b>8k</b>	<input checked="" type="radio"/>		<input checked="" type="radio"/>
<b>l</b> 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 . . <b>8l</b>	<input checked="" type="radio"/>		
<b>m</b> Olympic and Paralympic medals and USOC prize money . . . . . <b>8m</b>	<input checked="" type="radio"/>		
<b>n</b> IRC Section 951(a) inclusion . . . . . <b>8n</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	
<b>o</b> IRC Section 951A(a) inclusion . . . . . <b>8o</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	
<b>p</b> IRC Section 461(l) excess business loss adjustment <b>8p</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>q</b> Taxable distributions from an ABLE account . . <b>8q</b>	<input checked="" type="radio"/>		
<b>r</b> Scholarship and fellowship grants not reported on federal Form(s) W-2 . . . . . <b>8r</b>	<input checked="" type="radio"/>		
<b>s</b> Nontaxable amount of Medicaid waiver payments included on federal Form 1040, line 1a or line 1d. . <b>8s</b>	<input checked="" type="radio"/> ( )		
<b>t</b> Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental IRC Section 457 plan . . . . . <b>8t</b>	<input checked="" type="radio"/>		
<b>u</b> Wages earned while incarcerated. . . . . <b>8u</b>	<input checked="" type="radio"/>		
<b>z</b> Other income. List type and amount.			
<input checked="" type="radio"/> NONEMPLOYEE COMPENSATION FROM 1099-NEC <b>8z</b>	<input checked="" type="radio"/> 10080	<input checked="" type="radio"/>	<input checked="" type="radio"/>

REV 03/05/24 PRO

Section B – Additional Income Continued	<b>A</b> Federal Amounts (taxable amounts from your federal tax return)	<b>B</b> Subtractions See instructions	<b>C</b> Additions See instructions
<b>9 a</b> Total other income. Add lines 8a through 8z. <b>9a</b>	10080		
<b>b1</b> Disaster loss deduction from form FTB 3805V. <b>9b1</b>			
<b>b2</b> NOL deduction from form FTB 3805V. <b>9b2</b>			
<b>b3</b> NOL deduction from form FTB 3805Z, 3807, or 3809. <b>9b3</b>			
<b>10 Total.</b> 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. <b>10</b>	10080	0	

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

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

REV 03/05/24 PRO

<b>Section C – Adjustments to Income</b> Continued		<b>A Federal Amounts</b> (taxable amounts from your federal tax return)	<b>B Subtractions</b> See instructions	<b>C Additions</b> See instructions
<b>24</b>	Other adjustments:			
<b>a</b>	Jury duty pay . . . . . <b>24a</b>	<input type="radio"/>		
<b>b</b>	Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit. . . . . <b>24b</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>c</b>	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m . . . . . <b>24c</b>	<input type="radio"/>	<input type="radio"/>	
<b>d</b>	Reforestation amortization and expenses. . . . . <b>24d</b>	<input type="radio"/>	<input type="radio"/>	
<b>e</b>	Repayment of supplemental unemployment benefits under the federal Trade Act of 1974 . . . . <b>24e</b>	<input type="radio"/>		
<b>f</b>	Contributions to IRC Section 501(c)(18)(D) pension plans . . . . . <b>24f</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>g</b>	Contributions by certain chaplains to IRC Section 403(b) plans . . . . . <b>24g</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>h</b>	Attorney fees and court costs for actions involving certain unlawful discrimination claims . . . . . <b>24h</b>	<input type="radio"/>		
<b>i</b>	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. . . . . <b>24i</b>	<input type="radio"/>	<input type="radio"/>	
<b>j</b>	Housing deduction from federal Form 2555 . . . . . <b>24j</b>	<input type="radio"/>	<input type="radio"/>	
<b>k</b>	Excess deductions of IRC Section 67(e) expenses from federal Schedule K-1 (Form 1041) . . . . . <b>24k</b>	<input type="radio"/>		
<b>z</b>	Other adjustments. List type and amount.  <input type="radio"/> _____ <b>24z</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>25</b>	Total other adjustments. Add line 24a through line 24z . . . . . <b>25</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>26</b>	Add line 11 through line 23 and line 25 in columns A, B, and C. See instructions . . . . . <b>26</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>27</b>	<b>Total.</b> Subtract line 26 from line 10 in columns A, B, and C. See instructions . . . . . <b>27</b>	<input type="radio"/> 10080	<input type="radio"/> 0	<input type="radio"/>

REV 03/05/24 PRO

**Part II Adjustments to Federal Itemized Deductions**

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

	<b>A Federal Amounts</b> (from federal Schedule A (Form 1040))	<b>B Subtractions</b> See instructions	<b>C Additions</b> See instructions
<b>Medical and Dental Expenses</b> See instructions.			
<b>1</b> Medical and dental expenses . . . . <input checked="" type="radio"/> _____ <b>1</b>			
<b>2</b> Enter amount from federal Form 1040 or 1040-SR, line 11.. <input checked="" type="radio"/> <u>10080</u> <b>2</b>			
<b>3</b> Multiply line 2 by 7.5% (0.075) . . . . <input checked="" type="radio"/> <u>756</u> <b>3</b>			
<b>4</b> Subtract line 3 from line 1. If line 3 is more than line 1, enter 0 . . . . . <b>4</b> <input checked="" type="radio"/>			<input checked="" type="radio"/>
<b>Taxes You Paid</b>			
<b>5 a</b> State and local income tax or general sales taxes. <b>.5a</b> <input checked="" type="radio"/> <u>490</u> <input checked="" type="radio"/> <u>490</u>	<u>490</u>	<u>490</u>	
<b>b</b> State and local real estate taxes . . . . . <b>.5b</b> <input checked="" type="radio"/>			
<b>c</b> State and local personal property taxes . . . . . <b>.5c</b> <input checked="" type="radio"/>			
<b>d</b> Add line 5a through line 5c. . . . . <b>.5d</b> <input checked="" type="radio"/> <u>490</u>	<u>490</u>		
<b>e</b> 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 . . . . . <b>.5e</b> <input checked="" type="radio"/> <u>490</u> <input checked="" type="radio"/> <u>490</u> <input checked="" type="radio"/> <u>0</u>	<u>490</u>	<u>490</u>	<u>0</u>
<b>6</b> Other taxes. List type <input checked="" type="radio"/> _____ <b>6</b> <input checked="" type="radio"/>			<input checked="" type="radio"/>
<b>7</b> Add line 5e and line 6. . . . . <b>7</b> <input checked="" type="radio"/> <u>490</u> <input checked="" type="radio"/> <u>490</u> <input checked="" type="radio"/> <u>0</u>	<u>490</u>	<u>490</u>	<u>0</u>
<b>Interest You Paid</b>			
<b>8 a</b> Home mortgage interest and points reported to you on federal Form 1098 . . . . . <b>.8a</b> <input checked="" type="radio"/>			<input checked="" type="radio"/>
<b>b</b> Home mortgage interest not reported to you on federal Form 1098 . . . . . <b>.8b</b> <input checked="" type="radio"/>			<input checked="" type="radio"/>
<b>c</b> Points not reported to you on federal Form 1098. <b>.8c</b> <input checked="" type="radio"/>			<input checked="" type="radio"/>
<b>d</b> Reserved for future use . . . . . <b>.8d</b>			
<b>e</b> Add line 8a through line 8c. . . . . <b>.8e</b> <input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>9</b> Investment interest. . . . . <b>9</b> <input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>10</b> Add line 8e and line 9. . . . . <b>10</b> <input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>

REV 03/05/24 PRO

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
<b>Gifts to Charity</b>			
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"/>
<b>Casualty and Theft Losses</b>			
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"/>
<b>Other Itemized Deductions</b>			
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"/> 490	<input checked="" type="radio"/> 490	<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
<b>Job Expenses and Certain Miscellaneous Deductions</b>			
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"/> 10080	<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"/> 24 202
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

MAKE CHECK PAYABLE TO: PA DEPARTMENT OF REVENUE  
MAIL TO:  
PA DEPARTMENT OF REVENUE  
BUREAU OF IMAGING AND DOCUMENT MANAGEMENT  
PO BOX 280403  
HARRISBURG, PA 17128-0403

2024 DECLARATION OF ESTIMATED INCOME TAX FOR INDIVIDUAL, FIDUCIARY OR PARTNERSHIP

DUE DATE 04-15-24  
FISCAL FILER ONLY

873-22-0454 SE

DECLARATION OF EST TAX PAYMENT AMOUNT

SEKHAR  
KARTHIK NISH

\$ 312.00 \$ 78.00

APT 242  
610 E WEDDELL DR  
SUNNYVALE  
CA  
94089 602-756-8656

DEPARTMENT USE ONLY

Make check or money order  
payable to the Pennsylvania  
Department of Revenue

2402518563

2024 ESTIMATED 2024 ESTIMATED 2024 ESTIMATED  
PA ESTIMATED PAYMENT VOUCHER

MAKE CHECK PAYABLE TO: PA DEPARTMENT OF REVENUE  
MAIL TO:  
PA DEPARTMENT OF REVENUE  
BUREAU OF IMAGING AND DOCUMENT MANAGEMENT  
PO BOX 280403  
HARRISBURG, PA 17128-0403

2024 DECLARATION OF ESTIMATED INCOME TAX FOR INDIVIDUAL, FIDUCIARY OR PARTNERSHIP

DUE DATE 06-17-24  
FISCAL FILER ONLY

873-22-0454 SE

DECLARATION OF EST TAX PAYMENT AMOUNT

SEKHAR  
KARTHIK NISH

\$ 312.00 \$ 78.00

APT 242  
610 E WEDDELL DR  
SUNNYVALE  
CA  
94089 602-756-8656

DEPARTMENT USE ONLY

Make check or money order  
payable to the Pennsylvania  
Department of Revenue

2402518563

2024 ESTIMATED 2024 ESTIMATED 2024 ESTIMATED  
PA ESTIMATED PAYMENT VOUCHER

MAKE CHECK PAYABLE TO: PA DEPARTMENT OF REVENUE  
MAIL TO:  
PA DEPARTMENT OF REVENUE  
BUREAU OF IMAGING AND DOCUMENT MANAGEMENT  
PO BOX 280403  
HARRISBURG, PA 17128-0403

2024 DECLARATION OF ESTIMATED INCOME TAX FOR INDIVIDUAL, FIDUCIARY OR PARTNERSHIP

DUE DATE 09-16-24  
FISCAL FILER ONLY

873-22-0454 SE

DECLARATION OF EST TAX PAYMENT AMOUNT

SEKHAR  
KARTHIK NISH

\$ 312.00 \$ 78.00

APT 242  
610 E WEDDELL DR  
SUNNYVALE  
CA  
94089 602-756-8656

DEPARTMENT USE ONLY

Make check or money order  
payable to the Pennsylvania  
Department of Revenue

2402518563

2024 ESTIMATED 2024 ESTIMATED 2024 ESTIMATED  
PA ESTIMATED PAYMENT VOUCHER



MAKE CHECK PAYABLE TO: PA DEPARTMENT OF REVENUE  
MAIL TO:  
PA DEPARTMENT OF REVENUE  
BUREAU OF IMAGING AND DOCUMENT MANAGEMENT  
PO BOX 280403  
HARRISBURG, PA 17128-0403

2024 DECLARATION OF ESTIMATED INCOME TAX FOR INDIVIDUAL, FIDUCIARY OR PARTNERSHIP

DUE DATE 01-15-25  
FISCAL FILER ONLY

873-22-0454 SE

DECLARATION OF EST TAX PAYMENT AMOUNT

SEKHAR  
KARTHIK NISH

\$ 312.00 \$ 78.00

APT 242  
610 E WEDDELL DR  
SUNNYVALE  
CA  
94089 602-756-8656

DEPARTMENT USE ONLY

Make check or money order  
payable to the Pennsylvania  
Department of Revenue

2402518563

2024 ESTIMATED 2024 ESTIMATED 2024 ESTIMATED  
PA ESTIMATED PAYMENT VOUCHER

1555 REV 02/24/24 PRO

MAKE CHECK PAYABLE TO:  
PENNSYLVANIA DEPARTMENT OF REVENUE  
MAIL TO:

PENNSYLVANIA DEPARTMENT OF REVENUE  
PAYMENT ENCLOSED  
1 REVENUE PLACE  
HARRISBURG, PA 17129-0001

NOTE:  
WRITE THE LAST FOUR DIGITS OF YOUR SSN (AND SPOUSE'S SSN IF FILING JOINT),  
'2023 PA-40 V' AND DAYTIME PHONE NUMBER ON YOUR CHECK.

2023 PA-40 V PA PAYMENT VOUCHER

1555  
REV 02/24/24 PRO

873-22-0454 SE

2300917792

PAYMENT AMOUNT

SEKHAR  
KARTHIK NISH

602-756-8656

₹ 323.00

APT 242  
610 E WEDDELL DR  
SUNNYVALE  
CA  
94089

DEPARTMENT USE ONLY

Make check or money order  
payable to the Pennsylvania  
Department of Revenue

PA-40 - 2023
Pennsylvania Income Tax Return
ENTER ONE LETTER OR NUMBER IN EACH BOX (04-23)

873220454

SEKHAR

KARTHIK NISHANT

Occupation STUDENT

Occupation

APT 242

610 E WEDDELL DR

SUNNYVALE

CA 94089

602-756-8656

99999

N Extension. N Amended Return.

N Residency Status.
PA Resident/Nonresident/Part-Year Resident
from to

S Single, Married/Filing Jointly,
Married/Filing Separately, Final Return

N Deceased

N Taxpayer Date of Death

N Spouse Date of Death

N Farmers.

School District Name NOT IN PA

- 1a Gross Compensation. Do not include exempt income, such as combat zone pay and qualifying retirement benefits. See the instructions.
1b Unreimbursed Employee Business Expenses.
1c Net Compensation. Subtract Line 1b from Line 1a.
2 Interest Income. Complete PA Schedule A if required.
3 Dividend and Capital Gains Distributions Income. Complete PA Schedule B if required.
4 Net Income or Loss from the Operation of a Business, Profession or Farm.
5 Net Gain or Loss from the Sale, Exchange or Disposition of Property.
6 Net Income or Loss from Rents, Royalties, Patents or Copyrights.
7 Estate or Trust Income. Complete and submit PA Schedule J.
8 Gambling and Lottery Winnings. Complete and submit PA Schedule T.
9 Total PA Taxable Income. Add only the positive income amounts from Lines 1c, 2, 3, 4, 5, 6, 7 and 8. DO NOT ADD any losses reported on Lines 4, 5 or 6.
10 Other Deductions. Enter the appropriate code for the type of deduction. See the instructions for additional information.
11 Adjusted PA Taxable Income. Subtract Line 10 from Line 9.

1a 10080

1b 0

1c 10080

2 0

3 0

4 0

5 0

6 0

7 0

8 0

9 10080

10 0

11 10080



EC OFFICIAL USE ONLY FC
[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

PA-40 - 2023

Social Security Number

873220454 Name(s) KARTHIK NISHANT SEKHAR

- 12 PA Tax Liability. Multiply Line 11 by 3.07 percent (0.0307).
- 13 Total PA Tax Withheld. See the instructions.
- 14 Credit from your 2022 PA Income Tax return.
- 15 2023 Estimated Installment Payments. REV-459B included. N
- 16 2023 Extension Payment.
- 17 Nonresident Tax Withheld from your PA Schedule(s) NRK-1. (Nonresidents only)
- 18 Total Estimated Payments and Credits. Add Lines 14, 15, 16 and 17.

Tax Forgiveness Credit. Submit PA Schedule SP.

- 19a Filing Status: 01 Unmarried or Separated 02 Married 03 Deceased
- 19b Dependents, Section II, Line 2, PA Schedule SP
- 20 Total Eligibility Income from Section III, Line 11, PA Schedule SP.
- 21 Tax Forgiveness Credit from Section IV, Line 16, PA Schedule SP.

- 22 Resident Credit. Submit your PA Schedule(s) G-L and/or RK-1.
- 23 Total Other Credits. Submit your PA Schedule OC and/or PA Schedule DC.
- 24 TOTAL PAYMENTS and CREDITS. Add Lines 13, 18, 21, 22 and 23.
- 25 USE TAX. Due on internet, mail order or out-of-state purchases. See instructions.
- 26 TAX DUE. If the total of Line 12 and Line 25 is more than line 24, enter the difference here.
- 27 Penalties and Interest. See the instructions. Enter Code: E Y  
If including form REV-1630/REV-1630A, mark the box.

- 28 TOTAL PAYMENT DUE. See the instructions.
- 29 OVERPAYMENT. If Line 24 is more than the total of Line 12, Line 25 and Line 27, enter the difference here.  
The total of Lines 30 through 36 must equal Line 29.
- 30 Refund - Amount of Line 29 you want as a check mailed to you. REFUND
- 31 Credit - Amount of Line 29 you want as a credit to your 2024 estimated account.

- 32 Refund donation line. Enter the organization code and donation amount. See instructions.
- 33 Refund donation line. Enter the organization code and donation amount. See instructions.
- 34 Refund donation line. Enter the organization code and donation amount. See instructions.
- 35 Refund donation line. Enter the organization code and donation amount. See instructions.
- 36 Refund donation line. Enter the organization code and donation amount. See instructions.

12		309
13		0
14		0
15		0
16		0
17		0
18		0
19a	00	
19b	00	
20		0
21		0
22		0
23		0
24		0
25		0
26		309
27		14
28		323
29		0
30		0
31		0
32		
33		
34		
35		
36		

Signature(s). Under penalties of perjury, I (we) declare that I (we) have examined this return, including all accompanying schedules and statements, and to the best of my (our) belief, they are true, correct, and complete.

Your Signature	Spouse's Signature, if filing jointly
Preparer's Name and Telephone Number SYAM PRIYA RAM SAGAR GUPTA 6789659522	Date 04/024

E-File Opt Out N

Firm FEIN 843171965

Preparer's PTIN P02082703



REV-1630 - 2023
Underpayment of Estimated Tax
By Individuals (11-23)
PA Department of Revenue

KARTHIK NISHANT SEKHAR

873220454

BEFORE YOU BEGIN: Did you qualify for 100 percent tax forgiveness in 2022? If yes, stop here. You do not owe an estimated underpayment penalty and are not required to complete this form or include it with your return. If no, continue to see if you qualify for any of the exceptions.

SECTION I - CALCULATING THE UNDERPAYMENT

Table with 2 columns: Description and Amount. Rows include 1a. 2023 Tax Liability from Line 12 of Form PA-40 (309), 1b. Multiply the amount on Line 1a by 0.90 (278), 2. Add the amounts reported on Lines 13, 17, 21, 22 and 23 of Form PA-40 (0), 3. Subtract Line 2 from Line 1a. If result is less than \$246, stop here. (309), 4. Subtract Line 2 from Line 1b. (278)

ESTIMATED PAYMENT DUE DATES - Fiscal filers see instructions.

Table with 5 columns: Description, a April 17, 2023, b June 15, 2023, c Sept. 15, 2023, d Jan. 16, 2024. Rows include 5. Divide Line 4 by the number of payments required for the year (usually four). Enter the result in the appropriate columns. (69, 69, 70, 70), 6. Estimated tax paid including carryover credit from previous tax year. See instructions. (0, 0, 0, 0), 7. Overpayment (from Line 10) from a previous period. See instructions (0, 0, 0, 0), 8. Add Lines 6 and 7. (0, 0, 0, 0), 9. Underpayment. Subtract Line 8 from Line 5. If Columns a through d are all zero, stop here. No penalty is due. (69, 69, 70, 70), 10. Overpayment. Subtract Line 5 from Line 8. If Columns a through d all show an overpayment, stop here. No penalty is due. (0, 0, 0, 0)

SECTION II - EXCEPTIONS TO INTEREST

You will not have to pay interest on the underpayment if the tax payments you made as shown in Section II, Line 11 were paid on time and the amount shown on Section II, Line 11 is equal to or more than the amount in Section II, Line 12 or Line 13, for the same payment period. This exception does not apply if you did not file a return for the prior year or if the prior year's return was filed as a part-year resident.

EXCEPTION 1 WORKSHEET - Section II, Line 11 Calculation

Table with 5 columns: Description, a April 17, 2023, b June 15, 2023, c Sept. 15, 2023, d Jan. 16, 2024. Rows include A. Divide the amount reported in Section I, Line 2 by 4. Enter the amount in each of the four columns. (0, 0, 0, 0), B. Enter the estimated payments reported in Section I, Line 6. Enter the payments under the installment period in which they were paid. (0, 0, 0, 0), C. Add Lines A and B under each column. (0, 0, 0, 0), 11. Enter the amounts listed on Exception 1 Worksheet, Line C. For Column a this is the amount from Line C above. For Column b add the amounts of Columns a and b from Line C; for Column c add the amounts from Columns a, b and c; and for Column d add the amounts from Columns a, b, c and d. (0, 0, 0, 0), 12. Exception 1 - Tax on 2022 income using 2023 tax rate. See instructions. (0, 0, 0, 0)

If the amount on Line 11 is equal to or greater than Line 12, you do not owe penalty for that quarter and you should place an X in the applicable box on Line 14a or 14b for that quarter.



REV-1630 - 2023
Underpayment of Estimated Tax
By Individuals (11-23)
PA Department of Revenue

SECTION II - EXCEPTIONS TO INTEREST cont.

EXCEPTION 2 WORKSHEET - Use this worksheet if your income was earned unevenly throughout 2023 and your 2023 estimated tax payments, tax withholdings and credits equal at least 90 percent of the tax on your taxable income for the periods.

EXCEPTION 2 WORKSHEET - Section II, Line 13 Calculation

Table with 5 columns: Description, 01/01/23 - 03/31/23, 01/01/23 - 05/31/23, 01/01/23 - 08/31/23, 01/01/23 - 12/31/23. Rows include A. Enter your actual taxable income for the period, B. Multiply Line A by 3.07 percent (0.0307), and 13. Exception 2 - Tax on 2023 income over three, five, eight and 12 month periods.

If the amount on Line 11 is equal to or greater than Line 13, you do not owe penalty for that payment period and you should place an X in the applicable box on Line 14a or 14b for that quarter.

SECTION III - CALCULATING INTEREST

COMPLETE LINES 15 THROUGH 16 IF NONE OF THE EXCEPTIONS APPLY. DO NOT USE FEDERAL CALCULATIONS.

Table with 5 columns: Description, 01/01/23 - 03/31/23, 01/01/23 - 05/31/23, 01/01/23 - 08/31/23, 01/01/23 - 12/31/23. Rows include 9. Enter the amounts from Section I, Line 9, 14a. Number of days after due date of estimated payment to and including date of annual payment or Dec. 31, 2023, 14b. Number of days after due date of estimated payment to and including date of annual payment or April 15, 2024, 14c. Number of days after Dec. 31, 2023 to and including date of annual payment or April 15, 2024, 15a. Number of days on Line 14a times 0.000192 times underpayment on Line 9, 15b. Number of days on Line 14b times 0.000219 times underpayment on Line 9, 15c. Number of days on Line 14c times 0.000219 times underpayment on Line 9, and 16. Interest. Add amounts on Lines 15a, b and c. Include on Line 27 of Form PA-40.

SPECIAL EXCEPTION INFORMATION

Please enter the following information to verify the correct application of the special exceptions rule:

- A. Enter the amount of your 2022 PA Tax Liability (Line 12 from your 2022 PA-40 tax return), less the amounts from Lines 13, 17, 22 and 23 from your 2022 PA-40 tax return.
B. Did you make estimated payments beginning in the period in which it became known that your income not subject to tax exceeded \$8,000?

If the amount for Line A is \$246 or greater, or if you answer "No" to Line B, you do not qualify for the special exception. To be eligible for the special exception, you must also make estimated payments beginning in the period in which it becomes known that income not subject to withholding will exceed \$8,000. See the instructions for "DETERMINING THE UNDERPAYMENT AMOUNT ON WHICH THE ADDITION OF INTEREST MAY BE ASSESSED" on Page 4 for additional information.

Filing Tips

The department calculates the following using two decimal places:

- Line 1b and Lines 4 through 10 of Section I;
Lines A, B, C and 11 of Exception 1 of Section II;
Line 13 of Exception 2 of Section II; and
Lines 14a through 16 of Section III

Rounding to whole dollars is utilized only on the following:

- Lines 1a, 2 and 3 of Section I;
Line 12 of Exception 1 of Section II; and
Lines A and B of Exception 2 of Section III.

FOR ADDITIONAL INFORMATION, PLEASE SEE THE "EXAMPLE OF INTEREST CALCULATION" ON THE LAST PAGE OF THE INSTRUCTIONS





PENNSYLVANIA E-FILE SIGNATURE AUTHORIZATION

PA-8879 (EX) 03-23 (I)

2023

Declaration Control Number/Submission ID

Table with 2 columns: Taxpayer Name and Social Security Number. Includes Primary and Secondary Taxpayer information.

SECTION I TAX RETURN INFORMATION – TAX YEAR ENDING DEC. 31, 2023 (whole dollars only)

Table with 2 columns: Line Item and Amount. Includes Adjusted PA taxable income, PA tax liability, Total PA tax withheld, Amount to be refunded, and Total payment.

SECTION II DECLARATION AND SIGNATURE AUTHORIZATION OF TAXPAYER

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements of my 2023 PA Tax Return (Form PA-40), and to the best of my knowledge and belief, it is true, correct and complete.

PRIMARY TAXPAYER'S PERSONAL IDENTIFICATION NUMBER (PIN) Mark one oval only.

- I authorize GLOBAL TAXES LLC to enter my PIN 20454 as my signature on my tax year 2023 electronically filed income tax return.
I will enter my PIN as my signature on my tax year 2023 electronically filed income tax return.

Signature and Date fields for Primary Taxpayer.

SECONDARY TAXPAYER'S PIN Mark one oval only.

- I authorize to enter my PIN as my signature on my tax year 2023 electronically filed income tax return.
I will enter my PIN as my signature on my tax year 2023 electronically filed income tax return.

Signature and Date fields for Secondary Taxpayer.

SECTION III CERTIFICATION AND AUTHENTICATION – PRACTITIONER PIN PROGRAM PARTICIPANTS ONLY

ERO'S EFIN/PIN Enter your six-digit EFIN followed by your five-digit self-selected PIN 222496 / 08271

As a participant in the Practitioner PIN Program, I certify the above numeric entry is my PIN, which is my signature on the tax year 2023 electronically filed income tax return for the taxpayer(s) indicated above.

ERO's Signature and Date fields.

The ERO must retain this form and supporting documents for three years. DO NOT SUBMIT THIS FORM TO THE PA DEPARTMENT OF REVENUE UNLESS REQUESTED TO DO SO.

Name  
KARTHIK NISHANT SEKHAR

Social Security Number  
873-22-0454

**Federal Forms W-2**

# of W2	* N T / T X B L	TS	N R H	Employer Name  Employer identification number from box B	Federal wages from box 1  Medicare wages from box 5	Pennsylvania (state) compensation from box 16 (See Tax Help) Pennsylvania (state) income tax withheld from box 17	ST ID

	Taxpayer	Spouse
Pennsylvania W-2 . . . . .	0.	0.
Pennsylvania W-2 to Schedule NRH, line 9 . . . . .	_____	_____
Federal Form 4137, Unreported Tips, line 6 . . . . .	_____	_____
Noncash tips . . . . .	_____	_____
Non-Pennsylvania W-2 to Schedule SP, line 6 . . . . .	_____	_____
Withholding . . . . .	_____	_____

**Federal Forms W-2: Local Tax**

# of W2	* N T / T X B L	TS	Employer identification number from box B	Locality name	Local wages, tips, etc. (local) from box 18	Local income tax (local) from box 19	ST ID

	Taxpayer	Spouse
Pennsylvania Local W-2 . . . . .	_____	_____
Federal Form 4137, Unreported Tips, line 6 . . . . .	_____	_____
Noncash tips . . . . .	_____	_____
Withholding . . . . .	_____	_____

**Excess Reimbursements**

*	Description	Employer's EIN	T/S	Amount

	Taxpayer	Spouse
Excess Reimbursements . . . . .	_____	_____



**Miscellaneous Compensation from Federal Forms 1099MISC, 1099K, 1099NEC, and other statements**

*	Payer Name	Payer EIN	T/S	Code	PA Taxable Comp.	PA Tax Withheld	Fed. Income
<input type="checkbox"/>	Banyan Tree LLC	47-3596903	T	H	10,080.		10,080.
<input type="checkbox"/>							
<input type="checkbox"/>							

**Pennsylvania Payment type:**

- |   |  |
|---|--|
| <b>A</b> Executor fee   | <b>H</b> Other nonemployee compensation.<br>Describe: <u>OTHER INCOME</u>    |
| <b>B</b> Jury duty pay  | <b>I</b> Employer sponsored retirement/pension/deferred compensation plan    |
| <b>C</b> Director's fee   | <b>J</b> Distribution from IRA (Traditional or Roth)                         |
| <b>D</b> Expert witness fee   | <b>K</b> Distribution from Life Insurance, Annuity or Endowment Contracts    |
| <b>E</b> Honorarium   | <b>L</b> Distribution from Charitable Gift Annuities                         |
| <b>F</b> Covenant not to compete  | <b>M</b> Distribution from Employee Stock Ownership Plan.<br>Describe: _____ |
| <b>G</b> Damages or settlement for lost wages, other than personal injury | <b>N</b> Fiduciary fees from a trust   |
|   | <b>O</b> Other income not listed above<br>Describe: _____                    |

	<b>Taxpayer</b>	<b>Spouse</b>
Miscellaneous Compensation from Form 1099MISC/1099K/1099NEC.	10,080.	
Withholding . . . . .		

**Compensation from Federal Forms 1099R**

*	Payer's EIN Payer's Name	T S	Fed #	PA Type	Gross Distribution	Basis	PA Taxable	PA Tax Withheld
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

\* Enter an 'X' if this income is **Not** subject to Pennsylvania tax - PA Part-Year and Nonresidents Only.

**Pennsylvania Distribution type:**

- |   |   |
|---|---|
| <b>N</b> No entry   | <b>I22</b> I'm not eligible yet; plan is eligible in PA |
| <b>I31</b> PA school, state, or municipal employee plan                                       | <b>J1</b> Traditional or Roth IRA; I'm over 59.5        |
| <b>I11</b> United Mine Workers pension  | <b>J2</b> Traditional or Roth IRA; I'm under 59.5       |
| <b>I32</b> Military pension   | <b>K2</b> Non-qualified deferred compensation plan      |
| <b>I33</b> U.S. Civil service retirement/disability/annuity                                   | <b>K3</b> Life insurance or endowment                   |
| <b>K1</b> Annuity or Non-civil service disability (including Qual Joint Survivorship Annuity) | <b>L</b> Distribution from Charitable Gift Annuities    |
| <b>I21</b> Early distribution from a retirement plan  | <b>M1</b> ESOP: Allocated ESOP Stock Dividend           |
| <b>I12</b> Rollover   | <b>M2</b> ESOP: Non-Allocated ESOP Stock Dividend       |
| <b>I13</b> I'm eligible; plan is eligible (no PA tax)   | <b>M3</b> KSOP: Taxable ESOP within a 401(k)            |
|   | <b>M4</b> KSOP: Nontaxable ESOP within a 401(k)         |

	<b>Taxpayer</b>	<b>Spouse</b>
Distribution from Life Insurance, Annuity, Endowment Contracts or . . . . . ineligible retirement plans (see Tax Help FAQ's for more info) . . . . .		
Distribution from Charitable Gift Annuities . . . . .		
Compensation from Form 1099R (eligible retirement plans) . . . . .		
Withholding . . . . .		

**Total Gross Compensation**

	<b>Taxpayer</b>	<b>Spouse</b>
Total gross compensation to Form PA-40 line 1a . . . . .	10,080.	0.
Total Schedule NRH gross compensation to PA-40, line 12 . . . . .		
Withholding to Form PA-40 line 13 . . . . .		

Total gross compensation to Form PA-40 line 1a . . . . . 10,080.

\* Enter an 'X' if this income is **Not** subject to Pennsylvania tax.