

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

Personal information section including name (SOMANING DESAI), social security numbers, address (3655 PRUNERIDGE AVE, SANTA CLARA, CA), and marital status.

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

Digital Assets section asking if a digital asset was received or sold during 2023 (checked No).

Standard Deduction section with options for claiming as dependent or spouse itemizer.

Age/Blindness section with checkboxes for age and blindness for both taxpayer and spouse.

Table for Dependents with columns for name, social security number, relationship, and tax credit options.

Income section table with rows 1a through 1z for various income types and adjustments.

Table for Dividends and Interest with columns 2a through 2b, 3a through 3b, 4a through 4b, 5a through 5b, and 6a through 6b.

Table for Deductions and Adjustments with rows 7 through 15, including total income, adjusted gross income, and taxable income.

|                        |           |  |           |        |
|------------------------|-----------|--|-----------|--------|
| <b>Tax and Credits</b> | <b>16</b> | <b>Tax</b> (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____ | <b>16</b> | 8,743. |
|                        | <b>17</b> | Amount from Schedule 2, line 3   | <b>17</b> |        |
|                        | <b>18</b> | Add lines 16 and 17  | <b>18</b> | 8,743. |
|                        | <b>19</b> | Child tax credit or credit for other dependents from Schedule 8812   | <b>19</b> |        |
|                        | <b>20</b> | Amount from Schedule 3, line 8   | <b>20</b> |        |
|                        | <b>21</b> | Add lines 19 and 20  | <b>21</b> |        |
|                        | <b>22</b> | Subtract line 21 from line 18. If zero or less, enter -0-  | <b>22</b> | 8,743. |
|                        | <b>23</b> | Other taxes, including self-employment tax, from Schedule 2, line 21   | <b>23</b> | 0.     |
|                        | <b>24</b> | Add lines 22 and 23. This is your <b>total tax</b>   | <b>24</b> | 8,743. |

|                 |           |   |            |         |
|-----------------|-----------|---|------------|---------|
| <b>Payments</b> | <b>25</b> | Federal income tax withheld from:   |            |         |
|                 | <b>a</b>  | Form(s) W-2   | <b>25a</b> | 19,510. |
|                 | <b>b</b>  | Form(s) 1099  | <b>25b</b> |         |
|                 | <b>c</b>  | Other forms (see instructions)  | <b>25c</b> |         |
|                 | <b>d</b>  | Add lines 25a through 25c   | <b>25d</b> | 19,510. |
|                 | <b>26</b> | 2023 estimated tax payments and amount applied from 2022 return                                 | <b>26</b>  |         |
|                 | <b>27</b> | Earned income credit (EIC)  | <b>27</b>  |         |
|                 | <b>28</b> | Additional child tax credit from Schedule 8812  | <b>28</b>  |         |
|                 | <b>29</b> | American opportunity credit from Form 8863, line 8  | <b>29</b>  |         |
|                 | <b>30</b> | Reserved for future use   | <b>30</b>  |         |
|                 | <b>31</b> | Amount from Schedule 3, line 15   | <b>31</b>  |         |
|                 | <b>32</b> | Add lines 27, 28, 29, and 31. These are your <b>total other payments and refundable credits</b> | <b>32</b>  |         |
|                 | <b>33</b> | Add lines 25d, 26, and 32. These are your <b>total payments</b>                                 | <b>33</b>  | 19,510. |

|                                      |            |   |            |         |
|--------------------------------------|------------|---|------------|---------|
| <b>Refund</b>                        | <b>34</b>  | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>                        | <b>34</b>  | 10,767. |
|                                      | <b>35a</b> | Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>             | <b>35a</b> | 10,767. |
| Direct deposit?<br>See instructions. | <b>b</b>   | Routing number 1 2 1 0 0 0 3 5 8 <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings |            |         |
|                                      | <b>d</b>   | Account number 3 2 5 1 6 3 0 8 0 7 2 3  |            |         |
|                                      | <b>36</b>  | Amount of line 34 you want <b>applied to your 2024 estimated tax</b>  | <b>36</b>  |         |

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

**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<br>ENGINEER       | If the IRS sent you an Identity Protection PIN, enter it here (see inst.)         |
| Spouse's signature. If a joint return, <b>both</b> must sign. | Date                               | Spouse's occupation<br>HOME MAKER | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) |
| Phone no. (669) 264-1714                                      | Email address SOMANINGSD@GMAIL.COM |                                   |   |

**Paid Preparer Use Only**

|  |   |                    |                   |   |
|--|---|--------------------|-------------------|---|
| Preparer's name<br>SYAM PRIYA RAM SAGAR GUPTA TALLAM | Preparer's signature<br>SYAM PRIYA RAM SAGAR GUPTA TALLAM | Date<br>01/21/2024 | PTIN<br>P02082703 | Check if:<br><input type="checkbox"/> Self-employed |
| Firm's name<br>GLOBAL TAXES LLC                      | Firm's address<br>245 ROONEY CT E BRUNSWICK NJ 08816      |                    |                   | Phone no. (678) 965-9522                            |
| Firm's EIN<br>84-3171965                             |   |                    |                   |   |

**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](http://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  
SOMANING DESAI & AKSHATA BALAGANUR

Your social security number  
354-75-1114

**Part I Additional Income**

|           |   |               |           |          |
|-----------|---|---------------|-----------|----------|
| <b>1</b>  | Taxable refunds, credits, or offsets of state and local income taxes . . . . .  |               | <b>1</b>  |          |
| <b>2a</b> | Alimony received . . . . .  |               | <b>2a</b> |          |
| <b>b</b>  | Date of original divorce or separation agreement (see instructions): _____  |               |           |          |
| <b>3</b>  | Business income or (loss). Attach Schedule C . . . . .  |               | <b>3</b>  |          |
| <b>4</b>  | Other gains or (losses). Attach Form 4797 . . . . .   |               | <b>4</b>  |          |
| <b>5</b>  | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .   |               | <b>5</b>  | -18,406. |
| <b>6</b>  | Farm income or (loss). Attach Schedule F . . . . .  |               | <b>6</b>  |          |
| <b>7</b>  | Unemployment compensation . . . . .   |               | <b>7</b>  |          |
| <b>8</b>  | Other income:   |               |           |          |
| <b>a</b>  | Net operating loss . . . . .  | <b>8a</b> ( ) |           |          |
| <b>b</b>  | Gambling . . . . .  | <b>8b</b>     |           |          |
| <b>c</b>  | Cancellation of debt . . . . .  | <b>8c</b>     |           |          |
| <b>d</b>  | Foreign earned income exclusion from Form 2555 . . . . .  | <b>8d</b> ( ) |           |          |
| <b>e</b>  | Income from Form 8853 . . . . .   | <b>8e</b>     |           |          |
| <b>f</b>  | Income from Form 8889 . . . . .   | <b>8f</b>     |           |          |
| <b>g</b>  | Alaska Permanent Fund dividends . . . . .   | <b>8g</b>     |           |          |
| <b>h</b>  | Jury duty pay . . . . .   | <b>8h</b>     |           |          |
| <b>i</b>  | Prizes and awards . . . . .   | <b>8i</b>     |           |          |
| <b>j</b>  | Activity not engaged in for profit income . . . . .   | <b>8j</b>     |           |          |
| <b>k</b>  | Stock options . . . . .   | <b>8k</b>     |           |          |
| <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>     |           |          |
| <b>m</b>  | Olympic and Paralympic medals and USOC prize money (see instructions) . . . . .   | <b>8m</b>     |           |          |
| <b>n</b>  | Section 951(a) inclusion (see instructions) . . . . .   | <b>8n</b>     |           |          |
| <b>o</b>  | Section 951A(a) inclusion (see instructions) . . . . .  | <b>8o</b>     |           |          |
| <b>p</b>  | Section 461(l) excess business loss adjustment . . . . .  | <b>8p</b>     |           |          |
| <b>q</b>  | Taxable distributions from an ABLÉ account (see instructions) . . . . .   | <b>8q</b>     |           |          |
| <b>r</b>  | Scholarship and fellowship grants not reported on Form W-2 . . . . .  | <b>8r</b>     |           |          |
| <b>s</b>  | Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d . . . . .  | <b>8s</b> ( ) |           |          |
| <b>t</b>  | Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan . . . . .                                   | <b>8t</b>     |           |          |
| <b>u</b>  | Wages earned while incarcerated . . . . .   | <b>8u</b>     |           |          |
| <b>z</b>  | Other income. List type and amount: _____   | <b>8z</b>     |           |          |
| <b>9</b>  | Total other income. Add lines 8a through 8z . . . . .   |               | <b>9</b>  |          |
| <b>10</b> | Combine lines 1 through 7 and 9. This is your <b>additional income</b> . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 . . . . .         |               | <b>10</b> | -18,406. |

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

Schedule 1 (Form 1040) 2023

**Part II Adjustments to Income**

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

**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](http://www.irs.gov/ScheduleE) for instructions and the latest information.

Name(s) shown on return

SOMANING DESAI & AKSHATA BALAGANUR

Your social security number

354-75-1114

**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** 14TH CROSS MALESH PALYA C V RAMAN NAGAR BENGALORE, KARNATAKA IN 560075

**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                 |                          |
| <b>A</b> 3                            |  | 365              |   | 0                 | <input type="checkbox"/> |
| <b>B</b>                              |  |                  |   |                   | <input type="checkbox"/> |
| <b>C</b>                              |  |                  |   |                   | <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 |
| <b>3</b> Rents received . . . . .   | <b>3</b> 2,169.       |   |   |
| <b>4</b> Royalties received . . . . .   | <b>4</b>              |   |   |
| <b>Expenses:</b>  |                       |   |   |
| <b>5</b> Advertising . . . . .  | <b>5</b>              |   |   |
| <b>6</b> Auto and travel (see instructions) . . . . .   | <b>6</b>              |   |   |
| <b>7</b> Cleaning and maintenance . . . . .   | <b>7</b>              |   |   |
| <b>8</b> Commissions . . . . .  | <b>8</b>              |   |   |
| <b>9</b> Insurance . . . . .  | <b>9</b>              |   |   |
| <b>10</b> Legal and other professional fees . . . . .   | <b>10</b>             |   |   |
| <b>11</b> Management fees . . . . .   | <b>11</b>             |   |   |
| <b>12</b> Mortgage interest paid to banks, etc. (see instructions)  | <b>12</b>             |   |   |
| <b>13</b> Other interest . . . . .  | <b>13</b> 11,807.     |   |   |
| <b>14</b> Repairs . . . . .   | <b>14</b> 2,310.      |   |   |
| <b>15</b> Supplies . . . . .  | <b>15</b> 1,420.      |   |   |
| <b>16</b> Taxes . . . . .   | <b>16</b>             |   |   |
| <b>17</b> Utilities . . . . .   | <b>17</b>             |   |   |
| <b>18</b> Depreciation expense or depletion . . . . .   | <b>18</b> 5,038.      |   |   |
| <b>19</b> Other (list) _____  | <b>19</b>             |   |   |
| <b>20</b> Total expenses. Add lines 5 through 19 . . . . .  | <b>20</b> 20,575.     |   |   |
| <b>21</b> 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 <b>Form 6198</b> . . . . .  | <b>21</b> -18,406.    |   |   |
| <b>22</b> Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions) . . . . .   | <b>22</b> ( 18,406. ) |   |   |
| <b>23a</b> Total of all amounts reported on line 3 for all rental properties . . . . .  | <b>23a</b> 2,169.     |   |   |
| <b>b</b> Total of all amounts reported on line 4 for all royalty properties . . . . .   | <b>23b</b>            |   |   |
| <b>c</b> Total of all amounts reported on line 12 for all properties . . . . .  | <b>23c</b>            |   |   |
| <b>d</b> Total of all amounts reported on line 18 for all properties . . . . .  | <b>23d</b> 5,038.     |   |   |
| <b>e</b> Total of all amounts reported on line 20 for all properties . . . . .  | <b>23e</b> 20,575.    |   |   |
| <b>24</b> <b>Income.</b> Add positive amounts shown on line 21. <b>Do not</b> include any losses . . . . .  | <b>24</b>             |   |   |
| <b>25</b> <b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here  | <b>25</b> ( 18,406. ) |   |   |
| <b>26</b> <b>Total rental real estate and royalty income or (loss).</b> 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 . . . . . | <b>26</b> -18,406.    |   |   |

For Paperwork Reduction Act Notice, see the separate instructions.

NPA

-18,406.

Schedule E (Form 1040) 2023

**Paid Preparer's Due Diligence Checklist**  
*Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC),  
Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and  
Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status*  
**To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.  
Go to [www.irs.gov/Form8867](http://www.irs.gov/Form8867) for instructions and the latest information.**

|  |   |
|--|---|
| Taxpayer name(s) shown on return<br>SOMANING DESAI & AKSHATA BALAGANUR | Taxpayer identification number<br>354-75-1114   |
| Preparer's name<br>SYAM PRIYA RAM SAGAR GUPTA TALLAM                   | Preparer tax identification number<br>P02082703 |

**Part I Due Diligence Requirements**

Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I-V for the benefit(s) claimed (check all that apply).  EIC  CTC/ACTC/ODC  AOTC  HOH

|   | Yes                                 | No                                  | N/A                      |
|---|-------------------------------------|-------------------------------------|--------------------------|
| <b>1</b> Did you complete the return based on information for the applicable tax year provided by the taxpayer or reasonably obtained by you? . . . . .   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                          |
| <b>2</b> If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Schedule 8812 (Form 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed? . . . . .   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>3</b> Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following.<br>• Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status.<br>• Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of any credit(s) . . . . .   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                          |
| <b>4</b> Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.) . . . . .   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                          |
| <b>a</b> Did you make reasonable inquiries to determine the correct, complete, and consistent information? . . . . .  | <input type="checkbox"/>            | <input type="checkbox"/>            |                          |
| <b>b</b> Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.) . . . . .  | <input type="checkbox"/>            | <input type="checkbox"/>            |                          |
| <b>5</b> Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in question 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure the amount(s) of the credit(s) . . . . .<br>List those documents provided by the taxpayer, if any, that you relied on:<br>_____<br>_____<br>_____ | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                          |
| <b>6</b> Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit? . . . . .   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                          |
| <b>7</b> Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? . . . . .<br><b>(If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)</b>  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>a</b> Did you complete the required recertification Form 8862? . . . . .   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>8</b> If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040)? . . . . .   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |

**Part II Due Diligence Questions for Returns Claiming EIC** (If the return does not claim EIC, go to Part III.)

|   | Yes                      | No                       | N/A                      |
|---|--------------------------|--------------------------|--------------------------|
| <b>9a</b> Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? <b>(If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)</b> . . . . . | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| <b>b</b> Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year? . . . . .   | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| <b>c</b> Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)? . . . . .  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Part III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC** (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)

|   | Yes                                 | No                       | N/A                      |
|---|-------------------------------------|--------------------------|--------------------------|
| <b>10</b> Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States? . . . . .  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                          |
| <b>11</b> Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child? . . . . . | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>12</b> Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return? . . . . .   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Part IV Due Diligence Questions for Returns Claiming AOTC** (If the return does not claim AOTC, go to Part V.)

|  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| <b>13</b> Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC? . . . . . | <input type="checkbox"/> | <input type="checkbox"/> |

**Part V Due Diligence Questions for Claiming HOH** (If the return does not claim HOH filing status, go to Part VI.)

|  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| <b>14</b> Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person? . . . . . | <input type="checkbox"/> | <input type="checkbox"/> |

**Part VI Eligibility Certification**

**You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:**

- A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s);
- B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;
- C. Submit Form 8867 in the manner required; **and**
- D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention*.
  - 1. A copy of this Form 8867.
  - 2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
  - 3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
  - 4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
  - 5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).

**If you have not complied with all due diligence requirements, you may have to pay a penalty for each failure to comply related to a claim of an applicable credit or HOH filing status (see instructions for more information).**

|   | Yes                                 | No                       |
|---|-------------------------------------|--------------------------|
| <b>15</b> Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete? . . . . . | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

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. Values include SOMANING DESAI, AKSHATA BALAGANUR, 354-75-1114, and 988-90-5304.

Part I Tax Return Information (whole dollars only)

Table with 2 columns: Line number and Amount. Line 1: 104233, Line 2: (blank), Line 3: 2520.

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

[X] I authorize GLOBAL TAXES LLC to enter my PIN 5 1 1 1 4 as my signature on my 2023 e-filed California individual income tax return.

[ ] I will enter my PIN as my signature on my 2023 e-filed California individual income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method.

Your signature Date

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

[X] I authorize GLOBAL TAXES LLC to enter my PIN 0 5 3 0 4 as my signature on my 2023 e-filed California individual income tax return.

[ ] I will enter my PIN as my signature on my 2023 e-filed California individual income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method.

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.

ERO's signature Date 01/21/2024



# 2023 California Resident Income Tax Return

# 540

APE

ATTACH FEDERAL RETURN

354-75-1114 DESA 988-90-5304  
SOMANING DESAI  
AKSHATA BALAGANUR

23

3655 PRUNERIDGE AVE APT 49  
SANTA CLARA CA 95051

01-06-1989 07-23-1994

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

Filing Status

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

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. . . . . ● 6

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 = ● \$  288

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 \$

|           |  |                                     |                                 |
|-----------|--|-------------------------------------|---------------------------------|
| <b>12</b> | State wages from your federal Form(s) W-2, box 16 ..... ● 12   | <input type="text" value="122639"/> | <input type="text" value="00"/> |
| <b>13</b> | Enter federal adjusted gross income from federal Form 1040 or 1040-SR, line 11 ..... ● 13  | <input type="text" value="104233"/> | <input type="text" value="00"/> |
| <b>14</b> | 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"/> |
| <b>15</b> | Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions ..... 15   | <input type="text" value="104233"/> | <input type="text" value="00"/> |
| <b>16</b> | California adjustments – additions. Enter the amount from Schedule CA (540), Part I, line 27, column C. .... ● 16  | <input type="text"/>                | <input type="text" value="00"/> |
| <b>17</b> | California adjusted gross income. Combine line 15 and line 16 ..... ● 17   | <input type="text" value="104233"/> | <input type="text" value="00"/> |
| <b>18</b> | Enter the larger of {<br>Your California <b>itemized deductions</b> from Schedule CA (540), Part II, line 30; <b>OR</b><br>Your California <b>standard deduction</b> shown below for your filing status:<br>• Single or Married/RDP filing separately. .... \$5,363<br>• Married/RDP filing jointly, Head of household, or Qualifying surviving spouse/RDP. \$10,726<br>If Married/RDP filing separately or the box on line 6 is checked, <b>STOP</b> . See instructions. . . ● 18 | <input type="text" value="10726"/>  | <input type="text" value="00"/> |
| <b>19</b> | Subtract line 18 from line 17. This is your <b>taxable income</b> . If less than zero, enter -0- ..... ● 19  | <input type="text" value="93507"/>  | <input type="text" value="00"/> |

|           |  |                                   |                                 |
|-----------|--|-----------------------------------|---------------------------------|
| <b>31</b> | Tax. Check the box if from: <input checked="" type="checkbox"/> Tax Table <input type="checkbox"/> Tax Rate Schedule<br>● <input type="checkbox"/> FTB 3800 ● <input type="checkbox"/> FTB 3803 ..... ● 31 | <input type="text" value="2856"/> | <input type="text" value="00"/> |
| <b>32</b> | Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$237,035, see instructions. .... ● 32  | <input type="text" value="288"/>  | <input type="text" value="00"/> |
| <b>33</b> | Subtract line 32 from line 31. If less than zero, enter -0- ..... ● 33   | <input type="text" value="2568"/> | <input type="text" value="00"/> |
| <b>34</b> | 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"/> |
| <b>35</b> | Add line 33 and line 34. .... ● 35   | <input type="text" value="2568"/> | <input type="text" value="00"/> |

|           |   |                      |                                 |
|-----------|---|----------------------|---------------------------------|
| <b>40</b> | Nonrefundable Child and Dependent Care Expenses Credit. See instructions. .... ● 40     | <input type="text"/> | <input type="text" value="00"/> |
| <b>43</b> | Enter credit name <input type="text"/> code ● <input type="text"/> and amount. . . ● 43 | <input type="text"/> | <input type="text" value="00"/> |
| <b>44</b> | 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) . . . . . ● 45  .00

46 Nonrefundable Renter's Credit. See instructions . . . . . ● 46  .00

47 Add line 40 through line 46. These are your total credits . . . . . ● 47  .00

48 Subtract line 47 from line 35. If less than zero, enter -0- . . . . . ● 48  .00

**Other Taxes**

61 Alternative Minimum Tax. Attach Schedule P (540) . . . . . ● 61  .00

62 Mental Health Services Tax. See instructions . . . . . ● 62  .00

63 Other taxes and credit recapture. See instructions . . . . . ● 63  .00

64 Add line 48, line 61, line 62, and line 63. This is your total tax. . . . . ● 64  .00

**Payments**

71 California income tax withheld. See instructions . . . . . ● 71  .00

72 2023 California estimated tax and other payments. See instructions . . . . . ● 72  .00

73 Withholding (Form 592-B and/or Form 593). See instructions . . . . . ● 73  .00

74 Excess SDI (or VPD) withheld. See instructions . . . . . ● 74  .00

75 Earned Income Tax Credit (EITC). See instructions . . . . . ● 75  .00

76 Young Child Tax Credit (YCTC). See instructions . . . . . ● 76  .00

77 Foster Youth Tax Credit (FYTC). See instructions . . . . . ● 77  .00

78 Add line 71 through line 77. These are your total payments.  
See instructions . . . . . ● 78  .00

**Use Tax**

91 **Use Tax.** Do not leave blank. See instructions. . . . . ● 91  .00

If line 91 is zero, check if:   No use tax is owed.   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. . . . . ●

If you did not check the box, see instructions.

Individual Shared Responsibility (ISR) Penalty. See instructions . . . . . ● 92  .00

**Overpaid Tax/Tax Due**

93 Payments balance. If line 78 is more than line 91, subtract line 91 from line 78 . . . . . ● 93  .00

94 **Use Tax balance.** If line 91 is more than line 78, subtract line 78 from line 91 . . . . . ● 94  .00

95 Payments after Individual Shared Responsibility Penalty. If line 93 is more than line 92,  
subtract line 92 from line 93. . . . . ● 95  .00

96 Individual Shared Responsibility Penalty Balance. If line 92 is more than line 93,  
subtract line 93 from line 92. . . . . ● 96  .00

97 Overpaid tax. If line 95 is more than line 64, subtract line 64 from line 95. . . . . ● 97  .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" value="0"/> .00 |
|                             | <b>99</b> Overpaid tax available this year. Subtract line 98 from line 97 . . . . . ● <b>99</b> <input type="text" value="2520"/> .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"/> .00      |

| <b>Contributions</b> |   | <b>Code</b> | <b>Amount</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<br><b>SOMANING DESAI &amp; AKSHATA BALAGANUR</b> | SSN or ITIN<br><b>354751114</b> |
|---|---------------------------------|

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

| <b>Section A – Income</b> from federal Form 1040 or 1040-SR   |        |  |  |
|---|--------|--|--|
| <b>1 a</b> Total amount from federal Form(s) W-2, box 1. See instructions . . . . . <b>1a</b>             | 122639 |  |  |
| <b>b</b> Household employee wages not reported on federal Form(s) W-2 . . . . . <b>1b</b>                 |        |  |  |
| <b>c</b> Tip income not reported on line 1a . . . . . <b>1c</b>   |        |  |  |
| <b>d</b> Medicaid waiver payments not reported on federal Form(s) W-2. See instructions . . . . <b>1d</b> |        |  |  |
| <b>e</b> Taxable dependent care benefits from federal Form 2441, line 26 . . . . . <b>1e</b>              |        |  |  |
| <b>f</b> Employer-provided adoption benefits from federal Form 8839, line 29 . . . . . <b>1f</b>          |        |  |  |
| <b>g</b> Wages from federal Form 8919, line 6. . . . . <b>1g</b>  |        |  |  |
| <b>h</b> Other earned income. See instructions . . . . <b>1h</b>  | 0      |  |  |
| <b>i</b> Nontaxable combat pay election. See instructions. . . . . <b>1i</b>                              |        |  |  |
| <b>z</b> Add line 1a through line 1i. . . . . <b>1z</b>   | 122639 |  |  |
| <b>2</b> Taxable interest. <b>a</b>   |        |  |  |
| <b>3</b> Ordinary dividends. See instructions. <b>a</b>   |        |  |  |
| <b>4</b> IRA distributions. See instructions. <b>a</b>  |        |  |  |
| <b>5</b> Pensions and annuities. See instructions. <b>a</b>   |        |  |  |
| <b>6</b> Social security benefits. <b>a</b>   |        |  |  |
| <b>7</b> Capital gain or (loss). See instructions . . . . . <b>7</b>                                      |        |  |  |

| <b>Section B – Additional Income</b> from federal Schedule 1 (Form 1040) |  |  |  |
|--|--|--|--|
|--|--|--|--|

|   |        |  |  |
|---|--------|--|--|
| <b>1</b> Taxable refunds, credits, or offsets of state and local income taxes . . . . . <b>1</b>    |        |  |  |
| <b>2 a</b> Alimony received. See instructions. . . . . <b>2a</b>                                    |        |  |  |
| <b>3</b> Business income or (loss). See instructions. . . . <b>3</b>                                |        |  |  |
| <b>4</b> Other gains or (losses) . . . . . <b>4</b>   |        |  |  |
| <b>5</b> Rental real estate, royalties, partnerships, S corporations, trusts, etc. . . . . <b>5</b> | -18406 |  |  |
| <b>6</b> Farm income or (loss) . . . . . <b>6</b>   |        |  |  |
| <b>7</b> Unemployment compensation . . . . . <b>7</b>   |        |  |  |

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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

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

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| Section B – Additional Income<br>Continued  | A Federal Amounts<br>(taxable amounts from your<br>federal tax return) | B Subtractions<br>See instructions | C Additions<br>See instructions |
|---|--|------------------------------------|---------------------------------|
| 9 a Total other income. Add lines 8a through 8z. . 9a   | <input type="radio"/>  | <input type="radio"/>              | <input type="radio"/>           |
| b1 Disaster loss deduction from form FTB 3805V. . 9b1   | <input type="radio"/>  | <input type="radio"/>              | <input type="radio"/>           |
| b2 NOL deduction from form FTB 3805V . . . . . 9b2  | <input type="radio"/>  | <input type="radio"/>              | <input type="radio"/>           |
| b3 NOL deduction from form FTB 3805Z,<br>3807, or 3809 . . . . . 9b3  | <input type="radio"/>  | <input type="radio"/>              | <input type="radio"/>           |
| 10 Total. Combine Section A, line 1z through line 7,<br>and Section B, line 1 through line 7, and line 9a<br>in column A and column C. Add Section A, line 1z<br>through line 7, and Section B, line 1 through line 7,<br>line 9a, and line 9b1 through line 9b3 in column B<br>(as applicable). See instructions. . . . . 10 | <input type="radio"/> 104233   | <input type="radio"/>              | <input type="radio"/>           |

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

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

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**Section C – Adjustments to Income**  
Continued

|   | <b>A Federal Amounts</b><br>(taxable amounts from your federal tax return) | <b>B Subtractions</b><br>See instructions | <b>C Additions</b><br>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. . . . . <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 Total.</b> Subtract line 26 from line 10 in columns A, B, and C. See instructions . . . . . <b>27</b>   | <input type="radio"/>  | 104233 <input type="radio"/>              | <input type="radio"/>                  |

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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

|   | <b>A Federal Amounts</b><br>(from federal Schedule A<br>(Form 1040)) | <b>B Subtractions</b><br>See instructions | <b>C Additions</b><br>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"/> 104233 <b>2</b>   |  |   |  |
| <b>3</b> Multiply line 2 by 7.5% (0.075) . . . . <input checked="" type="radio"/> 7817 <b>3</b>   |  |   |  |
| <b>4</b> Subtract line 3 from line 1. If line 3 is more than line 1, enter 0 . . . . <input checked="" type="radio"/> <b>4</b>  |  |   | <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"/> 6192 <input checked="" type="radio"/> 6192   | 6192   | 6192                                      |  |
| <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"/> 6192   | 6192   |   |  |
| <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 . . . . <input checked="" type="radio"/> <b>5e</b> | 6192   | 6192                                      | <input checked="" type="radio"/> 0     |
| <b>6</b> Other taxes. List type <input checked="" type="radio"/> _____ <b>6</b>   |  |   | <input checked="" type="radio"/>       |
| <b>7</b> Add line 5e and line 6. . . . <b>7</b> <input checked="" type="radio"/> 6192 <input checked="" type="radio"/> 6192 <input checked="" type="radio"/> 0  | 6192   | 6192                                      | <input checked="" type="radio"/>       |
| <b>Interest You Paid</b>  |  |   |  |
| <b>8 a</b> Home mortgage interest and points reported to you on federal Form 1098 . . . . <input checked="" type="radio"/> <b>8a</b>  |  |   | <input checked="" type="radio"/>       |
| <b>b</b> Home mortgage interest not reported to you on federal Form 1098 . . . . <input checked="" type="radio"/> <b>8b</b>   |  |   | <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. . . . <input checked="" type="radio"/> <b>8e</b>  |  |   | <input checked="" type="radio"/>       |
| <b>9</b> Investment interest. . . . <input checked="" type="radio"/> <b>9</b>   |  |   | <input checked="" type="radio"/>       |
| <b>10</b> Add line 8e and line 9. . . . <input checked="" type="radio"/> <b>10</b>  |  |   | <input checked="" type="radio"/>       |

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| <b>Part II</b> Adjustments to Federal Itemized Deductions<br>Continued  | <b>A</b> Federal Amounts<br>(from federal Schedule A<br>(Form 1040)) | <b>B</b> Subtractions<br>See instructions | <b>C</b> Additions<br>See instructions |
|---|--|---|--|
| <b>Gifts to Charity</b>   |  |   |  |
| <b>11</b> Gifts by cash or check..... <b>11</b>   | <input type="radio"/>  | <input type="radio"/>                     | <input type="radio"/>                  |
| <b>12</b> Other than by cash or check..... <b>12</b>  | <input type="radio"/>  | <input type="radio"/>                     | <input type="radio"/>                  |
| <b>13</b> Carryover from prior year..... <b>13</b>  | <input type="radio"/>  | <input type="radio"/>                     | <input type="radio"/>                  |
| <b>14</b> Add line 11 through line 13..... <b>14</b>  | <input type="radio"/>  | <input type="radio"/>                     | <input type="radio"/>                  |
| <b>Casualty and Theft Losses</b>  |  |   |  |
| <b>15</b> Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions . . <b>15</b> | <input type="radio"/>  | <input type="radio"/>                     | <input type="radio"/>                  |
| <b>Other Itemized Deductions</b>  |  |   |  |
| <b>16</b> Other—from list in federal instructions..... <b>16</b>  | <input type="radio"/>  | <input type="radio"/>                     | <input type="radio"/>                  |
| <b>17</b> Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C..... <b>17</b>  | <input type="radio"/> 6192   | <input type="radio"/> 6192                | <input type="radio"/> 0                |

**18 Total.** Combine line 17 column A less column B plus column C .....  **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 .....  **19** \_\_\_\_\_
- 20** Tax preparation fees .....  **20** \_\_\_\_\_
- 21** Other expenses: investment, safe deposit box, etc. List type. ....  **21** 0
- 22** Add line 19 through line 21 .....  **22** 0
- 23** Enter amount from federal Form 1040 or 1040-SR, line 11 .....  104233
- 24** Multiply line 23 by 2% (0.02). If less than zero, enter 0. ....  **24** 2085
- 25** Subtract line 24 from line 22. If line 24 is more than line 22, enter 0. ....  **25** 0
- 26 Total Itemized Deductions.** Add line 18 and line 25 .....  **26** 0
- 27** Other adjustments. See instructions. Specify.  .....  **27** \_\_\_\_\_
- 28** Combine line 26 and line 27. ....  **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 .....  **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. ....  **30** 10726