1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		turn	202	3	OMB No. 1545-	-0074	IRS Use Or	nly—Do not v	write or st	aple in this space.
For the year Jan	. 1-Dec	2. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20	See se	eparate	instructions.
Your first name	and m	iddle initial	Last r	name							ocial se	curity number
SAIDARAC)		CHI	RUMAMI	ILLA					636	99	3258
		s first name and middle initial	Last r									I security number
Home address	(numbe	er and street). If you have a P.O. box, see	instruc	ctions.				A	pt. no.	Preside	ential El	ection Campaigr
		IG TERRACE										you, or your
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete	spaces be	low.	Sta	ite	ZIP co	ode			jointly, want \$3 Ind. Checking a
FREMONT						CZ	4	945	39			not change
Foreign country	name			Foreign p	rovince/state/	coun	ty	Foreig	n postal cod	e your ta	x or refu	_
		-									Y	ou 🔄 Spouse
Filing Status		Single					Head of ho	ouseho	old (HOH)			
Check only	Ľ	Married filing jointly (even if only or	ne hao	d income)								
one box.		Married filing separately (MFS)					Qualifying					16.11
		you checked the MFS box, enter the			pouse. If you	u che	ecked the HOH	or QS	SS box, en	ter the ch	nild's na	ame if the
	qu	alifying person is a child but not you	ir deb	endent:								
Digital	At ar	ny time during 2023, did you: (a) rece	eive (a	s a reward	d, award, or	payr	ment for prope	rty or s	services); o	or (b) sell,		
Assets	exch	ange, or otherwise dispose of a dig	ital as	set (or a fi	nancial inter	est ir	n a digital asse	t)? (Se	e instructi	ons.)	Y	es 🛛 No
Standard	Som	eone can claim: 🗌 You as a de	pende	ent 🗌	Your spous	e as	a dependent					
Deduction		Spouse itemizes on a separate retur	n or yo	ou were a	dual-status	alien	۱					
Age/Blindness	You	: 🗌 Were born before January 2, 1	959	Are b	lind Spo	ouse	: 🗌 Was bor	n befc	re January	/ 2, 1959		ls blind
Dependents		· · · · ·		(2)	Social security	,	(3) Relationsh	in (4) Check the	box if qua	lifies for	(see instructions):
If more		irst name Last name		(_)	number		to you		Child tax	credit	Credit for	or other dependents
than four												
dependents,												
see instructions and check	S											
here 🗌												
Income	1a	Total amount from Form(s) W-2, b	ox 1 (s	see instruc	ctions) .					. 1	a	193,366.
Attach Form(s)	b	Household employee wages not re	eporte	d on Form	n(s) W-2.					. 11	b	
W-2 here. Also	С	Tip income not reported on line 1a	•		,			• •		. 10	C	
attach Forms W-2G and	d	Medicaid waiver payments not rep				nstru	uctions)			. 10	-	
1099-R if tax	е	Taxable dependent care benefits f			-			• •		. 10	-	
was withheld.	f	Employer-provided adoption bene						• •		. 1		
lf you did not get a Form	g	Wages from Form 8919, line 6 .						• •		. 19		0
W-2, see	h	Other earned income (see instruct	,				· · · ·	· ·		. 1	n	0.
instructions.	i _	Nontaxable combat pay election (s Add lines 1a through 1h	see ins	structions))	• •	1 i				-	193,366.
Attach Sch. B	z 2a	Ŭ	2a		· · ·	 ьт	axable interest	• •		. 1: . 21		143.
if required.	2a 3a	· ·	2a 3a		34.		Ordinary divider			. 3		48.
	<u> </u>		3a 4a				axable amount			. 4		10.
Standard	5a		5a				axable amount			. 5		
 Deduction for – Single or 	6a		6a				axable amount			. 6		
Married filing separately,	c	If you elect to use the lump-sum e		n method.	check here							
\$13,850	7	Capital gain or (loss). Attach Sche				•					·	7,374.
 Married filing jointly or 	8	Additional income from Schedule		•						. 8	;	-14,523.
Qualifying spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,								. 9		186,408.
\$27,700	10	Adjustments to income from Sche		-						. 10	0	
 Head of household, 	11	Subtract line 10 from line 9. This is			gross incor	ne				. 1	1	186,408.
\$20,800 • If you checked	12	Standard deduction or itemized	deduo	ctions (fro	m Schedule	A)				. 1:	2	13,850.
any box under	13	Qualified business income deduct	ion fro	m Form 8	995 or Form	899	95-A			. 1;	3	
Standard Deduction,	14	Add lines 12 and 13								. 14	4	13,850.
see instructions.	15	Subtract line 14 from line 11. If zer	o or le	ess, enter	-0 This is y	our	taxable incom	е.		. 1	5	172,558.

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

Form **1040** (2023)

Credits 17 Amount from Schedule 2, line 3 17 18 Add lines 16 and 17 18 34, 811. 19 Child tax credit or credit for other dependents from Schedule 8812 19 20 Amount from Schedule 3, line 8 20 7, 502. 21 Add lines 19 and 20 21 7, 502. 22 Subtract line 21 from line 18. If zero or less, enter -0. 22 27, 303. 24 Add lines 22 and 23. This is your total tax 24 27, 452. Payments 25 Federal lineome tax withheld from: 25a 32, 975. 25b Coll lines 25a through 25c. 25b 25b 26 20 Add lines 25a through 25c. No 27 26 20 Add lines 25a through 25c. No 27 26 2023 estimated tax payments and amount applied from 2022 return 26 31 3, 066. 21 Add lines 25d, 26, and 32. These are your total other payments and refundable credits 32 3, 066. 33 Add lines 25d, 26, and 32. These are your total other payments 33 36, 043. 34 Hine 35 as more than line 24, subtract line 2	Form 1040 (2023	3)								Page 2
18 Add lines 16 and 17 18 34, 811. 19 Child tax credit or oredit for other dependents from Schedule 8612 19 20 Anount from Schedule 3, line 8 20 7, 502. 21 Add lines 19 and 20 21 7, 502. 22 Subtract line 21 from line 18. If zero or less, enter -0 22 22, 7, 309. 23 Other taxes, including self-employment tax, from Schedule 2, line 21 23 1, 43. 24 Add lines 24 and 23. This is your total tax 24 27, 452. Payments 25 Federal income tax withheld from: 256 0. 25 Form(s) 109.9 256. 0. 26 32, 975. 26 2023 setimated tax payments and amount appled from 2022 return 28 29 4dditional tax redit from Schedule 812 28 29 American opportunity credit from Schedule 812 28 30 33 36, 0.43. 30 Reserved for future use 30 33 36, 0.43. 34 8, 551. 30 Reserved for future use 33 36, 0.43. 34 8, 551. 35a 8, 551. 3	Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3		16	34,811.
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Amount You Owe 37 Subtract line 33 from line 24. This is the amount you owe. For details on how to pay, go to www.irs.gov/Payments or see instructions 38 38 Estimated tax penalty (see instructions) 38 Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions Yes. Complete below. X No Designee's name Phone no. Personal identification number (PIN) Yes. Complete below. X No 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 DATA_ENGINEER If the IRS sent you an Identify Protection PIN, enter it here (see inst.) Spouse's signature. Fa joint return, both must sign. Date Spouse's occupation If the IRS sent your spouse an Identify Protection PIN, enter it here (see inst.) Phone no. (470) 519-8285 Email address SAIDARAOCHIRUMAMILLA333@CMAIL.COM Preparer's name Preparer's signature Date Pate PTIN Check if: Self-employed Firm's name GLOBAL TAXES LLC Phone no. (678) 965-9522 Finm's addres							36			
You Owe For details on how to pay, go to www.irs.gov/Payments or see instructions 37 38 Estimated tax penalty (see instructions) 38 Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions Yes. Complete below. Designee's name Do you want to allow another person to discuss this return with the IRS? See instructions Yes. Complete below. Designee's name Do you want to allow another person to discuss 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 If the IRS sent you an Identify Protection PIN, enter it here (see inst.) Spouse's signature. If a joint return, both must sign. Date Spouse's occupation If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) Phone no. (470) 519-8285 Email address SAIDARAOCHIRUMAMILLA333@GMAIL.COM Preparer's name Preparer's signature Date Pate PTIN Check if: (see inst.) YM FRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM GLOBAL TAXES LLC Phone no. (678) 965-9522 Firm's	Amount	37		•• •			1			
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Firm's address 245 ROUNEY CT E BRUNSWICK NJ 08816 Firm's EIN 84-31/1965		Fir	m's name GLOBAL TAX	XES LLC				Phone n	ю. (б	;78)965 - 9522
1010		Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816				
	Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 03/04/24 PRO			Form 1040 (2023)

SCHEDULE	1
(Form 1040)	

Department of the Treasury

Internal Revenue Service

Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074

2023 Attachment Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR	Your social security number
Name(3) shown off off toto, toto-off, of toto-fait	•
SAIDARAO CHIRUMAMILLA	636-99-3258
Part I Additional Income	

Par	Additional Income				
1	Taxable refunds, credits, or offsets of state and local income taxes			1	
2a	Alimony received			2a	
b	Date of original divorce or separation agreement (see instructions):				
3	Business income or (loss). Attach Schedule C			3	
4	Other gains or (losses). Attach Form 4797			4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Att	ach S	Schedule E .	5	-14,524.
6	Farm income or (loss). Attach Schedule F.			6	
7	Unemployment compensation			7	
8	Other income:				
а	Net operating loss	8a	()	
b	Gambling	8b			
С	Cancellation of debt	8c	-		
d	Foreign earned income exclusion from Form 2555	8d	()	
е	Income from Form 8853	8e		_	
f	Income from Form 8889	8f		_	
g	Alaska Permanent Fund dividends	8g		_	
h	Jury duty pay	8h		_	
i	Prizes and awards	8i		_	
j	Activity not engaged in for profit income	8j		-	
	Stock options	8k		-	
I	Income from the rental of personal property if you engaged in the rental				
	for profit but were not in the business of renting such property	81		-	
m	Olympic and Paralympic medals and USOC prize money (see	0			
	instructions)	8m 8n		-	
	Section 951(a) inclusion (see instructions)	80		-	
0	Section 461(I) excess business loss adjustment	8p		-	
p	Taxable distributions from an ABLE account (see instructions)	8q		-	
q r	Scholarship and fellowship grants not reported on Form W-2	8r		-	
s i	Nontaxable amount of Medicaid waiver payments included on Form			-	
3	1040, line 1a or 1d	8s	(
t	Pension or annuity from a nonqualifed deferred compensation plan or		X	4	
•	a nongovernmental section 457 plan	8t			
u	Wages earned while incarcerated	8u			
z	Other income. List type and amount:				
_	Other Income from box 3 of 1099-Misc 1.	8z	1.		
9	Total other income. Add lines 8a through 8z			9	1.
10	Combine lines 1 through 7 and 9. This is your additional income. Enter	r here	and on Form		
	1040, 1040-SR, or 1040-NR, line 8			10	-14,523.
For Pa	perwork Reduction Act Notice, see your tax return instructions.			Schedul	e 1 (Form 1040) 2023

1	Educator expenses		 	11	
2	Certain business expenses of reservists, performing artists, and fee		nment		
-	officials. Attach Form 2106		 	12	
3	Health savings account deduction. Attach Form 8889		 	13	
4	Moving expenses for members of the Armed Forces. Attach Form 3903			14	
5	Deductible part of self-employment tax. Attach Schedule SE			15	
6	Self-employed SEP, SIMPLE, and qualified plans			16	
17	Self-employed health insurance deduction			17	
8	Penalty on early withdrawal of savings			18	
19a	Alimony paid			19a	
b	Recipient's SSN			Tou	
c	Date of original divorce or separation agreement (see instructions):	•			
20				20	
21	Student loan interest deduction			20	
22	Reserved for future use			22	
23	Archer MSA deduction			23	
24	Other adjustments:	· · ·	 • •	23	
<u>а</u>		24a			
a b	Deductible expenses related to income reported on line 81 from the	24a		-	
D		24b			
•	Nontaxable amount of the value of Olympic and Paralympic medals	240		-	
С	and USOC prize money reported on line 8m	24c			
А	Reforestation amortization and expenses	240 24d		-	
d	Repayment of supplemental unemployment benefits under the Trade	24u	 	-	
е		24e			
	Act of 1974	24e 24f		-	
f	Contributions to section 501(c)(18)(D) pension plans			-	
g	Contributions by certain chaplains to section 403(b) plans	24g		-	
h	Attorney fees and court costs for actions involving certain unlawful				
_	discrimination claims (see instructions)	24h		_	
i	Attorney fees and court costs you paid in connection with an award				
	from the IRS for information you provided that helped the IRS detect				
-	tax law violations	24i		_	
j	Housing deduction from Form 2555	24j		-	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form				
	1041)	24k			
z	Other adjustments. List type and amount:				
		24z			
25	Total other adjustments. Add lines 24a through 24z			25	
26	Add lines 11 through 23 and 25. These are your adjustments to income				
	Form 1040, 1040-SR, or 1040-NR, line 10	<u> </u>	 	26	

SCHE	DULE	2
(Form	1040)	

Department of the Treasury

Internal Revenue Service

Additional Taxes

OMB No. 1545-0074

Sequence No. 02

20

Attachment

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

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

Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number SAIDARAO CHIRUMAMILLA 636-99-3258 Part I Tax 1 Alternative minimum tax. Attach Form 6251 1 2 Excess advance premium tax credit repayment. Attach Form 8962 2 3 Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17 . . 3 Part II **Other Taxes** 4 Self-employment tax. Attach Schedule SE 4 5 Social security and Medicare tax on unreported tip income. Attach Form 4137 Б

6	Uncollected social security and Medicare tax on wages. AttachForm 89196		
7	Total additional social security and Medicare tax. Add lines 5 and 6	7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required.		
	If not required, check here \ldots	8	
9	Household employment taxes. Attach Schedule H	9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required	10	
11	Additional Medicare Tax. Attach Form 8959	11	143.
12	Net investment income tax. Attach Form 8960	12	
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12	13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares	14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000	15	
16	Recapture of low-income housing credit. Attach Form 8611	16	
	(00)	ontinu	ed on page 2)

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

Schedule 2 (Form 1040) 2023

Par	t II Other Taxes (continued)				
17	Other additional taxes:				
а	Recapture of other credits. List type, form number, and amount:				
		17a			
b	Recapture of federal mortgage subsidy, if you sold your home				
		17b	-		
	Additional tax on HSA distributions. Attach Form 8889	17c	-		
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d			
е	Additional tax on Archer MSA distributions. Attach Form 8853 .	17e			
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f			
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g			
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h			
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17i			
j	Section 72(m)(5) excess benefits tax	17j			
k	Golden parachute payments	17k			
I	Tax on accumulation distribution of trusts	171			
m	Excise tax on insider stock compensation from an expatriated corporation	17m			
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n			
0	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	170			
р	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p			
q	Any interest from Form 8621, line 24	17q			
z	Any other taxes. List type and amount:				
		17z			
18	Total additional taxes. Add lines 17a through 17z		18		
19	Reserved for future use		19		
20	Section 965 net tax liability installment from Form 965-A	20			
21	Add lines 4, 7 through 16, and 18. These are your total other taxe on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b.		21		143.
	ВАА			ule 2 (Form 10	

Additional Credits and Payments

OMB No. 1545-0074 20

3

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

	nent of the Treasury Revenue Service				Att	achment guence No. 03
		orm 1040, 1040-SR, or 1040-NR				curity number
	darao Chiru	fundable Credits		636-	99-32	58
					1	
1 2	•	credit. Attach Form 1116 if required			-	2.
-	Form 2441				2	
3	Education c	redits from Form 8863, line 19			3	
4	Retirement	savings contributions credit. Attach Form 8880			4	
5a	Residential	clean energy credit from Form 5695, line 15			5a	
b	Energy effic	ient home improvement credit from Form 5695, line 32			5b	
6	Other nonre	fundable credits:				
а	General bus	siness credit. Attach Form 3800	6a			
b	Credit for p	rior year minimum tax. Attach Form 8801	6b			
С	Adoption cr	edit. Attach Form 8839	6c			
d	Credit for th	e elderly or disabled. Attach Schedule R	6d			
е	Reserved for	or future use	6e			
f	Clean vehic	le credit. Attach Form 8936	6f	7,500.	_	
g	Mortgage in	iterest credit. Attach Form 8396	6g		_	
h	District of Co	olumbia first-time homebuyer credit. Attach Form 8859	6h		_	
i	Qualified ele	ectric vehicle credit. Attach Form 8834	6i		-	
j	Alternative f	uel vehicle refueling property credit. Attach Form 8911	6j			
k	Credit to ho	Iders of tax credit bonds. Attach Form 8912	6k		_	
I	Amount on	Form 8978, line 14. See instructions	61		_	
m	Credit for p	reviously owned clean vehicles. Attach Form 8936 .	6m		_	
z	Other nonre	fundable credits. List type and amount:				
			6z			
7		nonrefundable credits. Add lines 6a through 6z			7	7,500.
8		through 4, 5a, 5b, and 7. Enter here and on Form 10			8	
	1010 Mil, III				L	7,502. ad on page 2)

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

Schedule 3 (Form 1040) 2023

Schedule 3 (Form 1040) 2023

Par	t II Other Payments and Refundable Credits			
9	Net premium tax credit. Attach Form 8962		9	
10	Amount paid with request for extension to file (see instructions) .		10	
11	Excess social security and tier 1 RRTA tax withheld		11	3,068.
12	Credit for federal tax on fuels. Attach Form 4136		12	
13	Other payments or refundable credits:			
а	Form 2439	13a		
b	Credit for repayment of amounts included in income from earlier years	13b		
С	Elective payment election amount from Form 3800, Part III, line 6, column (i)	13c		
d	Deferred amount of net 965 tax liability (see instructions)	13d		
z	Other payments or refundable credits. List type and amount:			
		13z		
14	Total other payments or refundable credits. Add lines 13a through	13z	14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040 line 31)-SR, or 1040-NR,	15	3,068.
	BAA REV	03/04/24 PRO	Schedule	e 3 (Form 1040) 2023

SCHEDULE D (Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

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

Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10. Go to *www.irs.gov/ScheduleD* for instructions and the latest information.

2023 Attachment Sequence No. 12

Department of the Treasury Internal Revenue Service Name(s) shown on return

SAIDARAO CHIRUMAMILLA

Your social security number

636-99-3258

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?
Yes X No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses – Generally Assets Held One Year or Less (see instructions)

lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to le dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss f Form(s) 8949, P line 2, column	rom art I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.					
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked	429,205.	442,890.	24,40)2.	10,717.
2	Totals for all transactions reported on Form(s) 8949 with Box B checked	39,897.	37,905.			1,992.
3	Totals for all transactions reported on Form(s) 8949 with Box C checked	1,280.	1,261.			19.
4	Short-term gain from Form 6252 and short-term gain or (I	oss) from Forms 4	684, 6781, and 88	324	4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1			usts from	5	
6	Short-term capital loss carryover. Enter the amount, if an Worksheet in the instructions	y, from line 8 of y	our Capital Loss	Carryover	6	(5,347.)
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise	•	., .		7	7,381.

Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year (see instructions)

lines	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to	(d) Proceeds	(e) Cost	(g) Adjustmen to gain or loss		(h) Gain or (loss) Subtract column (e) from column (d) and
This who	Part II, n (g)	combine the result with column (g)				
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.					
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked	67.	74.		0.	-7.
9	Totals for all transactions reported on Form(s) 8949 with Box E checked					
10	Totals for all transactions reported on Form(s) 8949 with Box F checked.					
11	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824	. ,	11			
12	Net long-term gain or (loss) from partnerships, S corporat	. ,	12			
13	Capital gain distributions. See the instructions		13			
14	Long-term capital loss carryover. Enter the amount, if any					
	Worksheet in the instructions		14	()		
15	Net long-term capital gain or (loss). Combine lines 8a on the back		15	-7.		

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

Part	III Summary	
16	Combine lines 7 and 15 and enter the result	16 7,374.
	• If line 16 is a gain , enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.	
	• If line 16 is a loss , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.	
	• If line 16 is zero , skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.	
17	Are lines 15 and 16 both gains?	
	No. Skip lines 18 through 21, and go to line 22.	
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet	18
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet	19
20	 Are lines 18 and 19 both zero or blank and you are not filing Form 4952? Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. 	
	□ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.	
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:	
	The loss on line 16; or (\$3,000), or if married filing separately, (\$1,500)	21 ()
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.	
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?	
	Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16.	
	□ No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.	

BAA REV 03/04/24 PRO

Schedule D (Form 1040) 2023

Form **8949**

Department of the Treasury

Sales and Other Dispositions of Capital Assets

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D. Go to www.irs.gov/Form8949 for instructions and the latest information.



Internal Revenue Service Name(s) shown on return

Social security number or taxpayer identification number

SAIDARAO CHIRUMAMILLA 636-99-3258

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

X (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

C) Short-term transactions not reported to you on Form 1099-B

1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		, (h) Gain or (loss) Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.			from column (d) and combine the result with column (g).	
ACORNS SECURITIES LLC	01/01/23	12/31/23	116.	117.			-1.	
ROBINHOOD SECURITIES LLC	01/01/23	12/31/23	247,161.	249,208.	W	9,306.	7,259.	
APEX CLEARING	01/01/23	12/31/23	62,787.	60,254.			2,533.	
WEBULL FINANCIAL LLC	01/01/23	12/31/23	119,141.	133,311.	W	15,096.	926.	
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box C	al here and inc is checked), li	lude on your ne 2 (if Box B	429,205.	442,890.		24,402.	10,717.	

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

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

Social security number or taxpayer identification number 636-99-3258

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

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

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)

[] (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

(F) Long-term transactions not reported to you on Form 1099-B

1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below	V See the separate instructions.		(g), (h) Gain or (loss) - Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).	
ROBINHOOD SECURITIES LLC	01/01/23	12/31/23	67.	74.	W	0.	-7.	
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box	I here and inc is checked), lir	lude on your ne 9 (if Box E	67.	74.		0.	-7.	

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

REV 03/04/24 PRO

Form **8949**

Sales and Other Dispositions of Capital Assets

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D. Go to www.irs.gov/Form8949 for instructions and the latest information.



Department of the Treasury Internal Revenue Service Name(s) shown on return

Social security number or taxpayer identification number

	SAIDARAO CHIRUMAMILLA	636-99-3258
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Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

(A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

C) Short-term transactions not reported to you on Form 1099-B

1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below	If you enter an enter a co	f any, to gain or loss amount in column (g), ode in column (f). arate instructions.	(h) Gain or (loss) Subtract column (e)
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) (g) Code(s) from instructions Amount of adjustment		from column (d) and combine the result with column (g).
ROBINHOOD CRYPTO LLC	01/01/23	12/31/23	39,897.	37,905.			1,992.
2 Totals. Add the amounts in column negative amounts). Enter each to Schedule D, line 1b (if Box A abov above is checked), or line 3 (if Box	tal here and inc e is checked), li	lude on your ne 2 (if Box B	39,897.	37,905.			1,992.

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

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

8949

Internal Revenue Service

Sales and Other Dispositions of Capital Assets

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.



Department of the Treasury Go to www.irs.gov/Form8949 for instructions and the latest information.

Name(s) snown on return	Social security number or taxpayer identification number
SAIDARAO CHIRUMAMILLA	636-99-3258

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see Part I instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A. B. or C below. Check only one box. If more than one box applies for your short-term transactions. complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

(A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

X (C) Short-term transactions not reported to you on Form 1099-B

1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below	See the separate instructions.		(h) Gain or (loss) Subtract column (e)
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see <i>Column (e)</i> in the separate instructions.			from column (d) and combine the result with column (g).
BYTEDANCE LTD	09/05/23	10/30/23	1,280.	1,261.			19.
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box C	al here and inc is checked), lir	lude on your ne 2 (if Box B	1,280.	1,261.			19.

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

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

	CHEDULE E Supplemental Income and Loss							OMB No	o. 1545-0074			
(Form	Form 1040) (From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.								Cs, etc.)	20	23	
Department of the Treasury Attach to Form 1040, 1040-SR, 1040-NR, or 1041. Internal Revenue Service Go to www.irs.gov/ScheduleE for instructions and the latest information.										Attachm	nent 10	
	Revenue Service			to to www.irs.gov/ScheduleE to	r Instru	uctions an	d the la	itest li	itormation.	Marine and		ce No. 13
	ame(s) shown on return SAIDARAO CHIRUMAMILLA 636-9											number
				rem Dentel Deal Estate an		voltino				030-9	9-3258	
Part	Note: If yo	ou are in [.]	the b	rom Rental Real Estate an usiness of renting personal proper	rty, use	e Schedule	c . See	e instru	ctions. If you	are an indi	vidual, rep	ort farm
•				om Form 4835 on page 2, line 40.	to filo	Earm(a) 1	0002 0	loo in	structions			
	 A Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions B If "Yes," did you or will you file required Form(s) 1099?											
1a				property (street, city, state, ZII								
A	ADIGOPPUL	A, DUH	RGI	MANDAL GUNTUR DISTR	ICT A	ANDHRA	PRAD	ESH	IN 52261	2		
<u> </u>												
<u> </u>										_		
1b	Type of Prope (from list below			or each rental real estate prope pove, report the number of fair				Fa	air Rental Days		nal Use iys	QJV
A	3	~)		ersonal use days. Check the Q			Α		365		0	
B	5		if	you meet the requirements to	file as	a	B		305		0	
			qu	alified joint venture. See instru	uctions	s	C					
	of Property:						•					
	Single Family R	esidenc	е	3 Vacation/Short-Term Ren	Ital	5 Land		7	Self-Rental			
	Multi-Family Re			4 Commercial		6 Roya	alties	8	Other (desc	ribe)		
	,					,						
Incon							Α		Propert B	ies.		С
3		4			3			01.	D			0
4					4			01.				
Exper												
5					5							
6	•			ctions)	6							
7		-)	7		1,4	75.				
8	-				8							
9	Insurance				9							
10	Legal and othe	er profes	sior	nal fees	10							
11					11		2,0	10.				
12	Mortgage inter	rest paic	l to l	oanks, etc. (see instructions)	12							
13	Other interest				13							
14					14			21.				
15	Supplies				15		2,4	57.				
16					16		2 0	0.1				
17					17			01.				
18 19		•		epletion	18 19		2,9	61.				
20	Other (list)	e Add li	 noc	5 through 19	20		15,1	25				
21	•			3 (rents) and/or 4 (royalties). If	20		,	23.				
21				ictions to find out if you must								
					21	-	- 14,5	24.				
22				te loss after limitation, if any,								
00		n 8582 (see instructions)							(
23a												
b				ed on line 4 for all royalty prop ed on line 12 for all properties				23b 23c				
c d				ed on line 18 for all properties				230 23d		2,961.		
e				ed on line 20 for all properties				23e		5,125.		
24			-	ounts shown on line 21. Do no t					 	. 24		
25				from line 21 and rental real estat		-			tal losses he		(14,524.
26				nd royalty income or (loss).								· ·

For Pa	perwork Reduction Act Notice, see the separate instructions.	NPA	-14,524.
	Schedule 1 (Form 1040), line 5. Otherwise, include this amo	ount in the total on line	41 on page 2
	here. If Parts II, III, and IV, and line 40 on page 2 do not	apply to you, also enter	r this amount on
	Total Total Total Total Total Total		

26

-14,524.

Form 860)6
Department of the	e Treasurv

Nondeductible IRAs

OMB No. 1545-0074 2023

Attach to 2023 Form 1040, 1040-SR, or 1040-NR.

	Revenue Service	Go to www.irs.gov/Form8606 for in	structions and the latest information.		Sequence No. 48	
Name. If married, file a separate form for each spouse required to file 2023 Form 8606. See instructions.				Your soc	ial security number	
SAID	ARAO CHIRU	MAMILLA		636-9	9-3258	
	Your Address	Home address (number and street, or P.O. box if mail is	not delivered to your home)		Apt. no.	
Filing	f You Are This Form by	City, town or post office, state, and ZIP code. If you have	e a foreign address, also complete the spaces belo	w (see instr	ructions).	
	and Not With Fax Return	Foreign country name	Foreign province/state/county	Foreign p	ostal code	
Part		luctible Contributions to Traditional IR ditional SIMPLE IRAs	As and Distributions From Traditi	onal, Tr	aditional SEP,	
	Complete	e this part only if one or more of the following	apply.			
	 You too contribution (other the one-time) You contribution 	ade nondeductible contributions to a tradition ok distributions from a traditional, traditional s utions to a traditional IRA in 2023 or an earlie han certain qualified disaster distribution repa ne distribution to fund an HSA, conversion, re nverted part, but not all, of your traditional, tr	SEP, or traditional SIMPLE IRA in 2023 a r year. For this purpose, a distribution d ayments from 2023 Form(s) 8915-F), qua characterization, or return of certain cor aditional SEP, and traditional SIMPLE IF	oes not in alified ch ntribution RAs to Re	nclude a rollover aritable distribution, is. oth, Roth SEP, or	
	Roth SI	MPLE IRAs in 2023 and you made nondeduc	ctible contributions to a traditional IRA in	n 2023 or	r an earlier year.	
1		ndeductible contributions to traditional IRAs				
	•	I, 2024, through April 15, 2024. See instruction				
2	,	al basis in traditional IRAs. See instructions .		. 2		
3	Add lines 1 and			. 3	500.	
	traditional, tr	aditional SEP, or traditional	 Enter the amount from line 3 on line Do not complete the rest of Part I. Go to line 4. 	14.		
4	Enter those co	ntributions included on line 1 that were made	from January 1, 2024, through April 15, 2	024 4		
5		ract line 4 from line 3				
6	2023, plus any	e of all your traditional, traditional SEP, and the outstanding rollovers. Subtract certain reparts Form(s) 8915-F (see instructions)	yments of qualified disaster distribution			
7	include rollove 8915-F (see in conversions t	tributions from traditional, traditional SEP, ar ers (other than repayments of qualified disas istructions)); qualified charitable distributions o a Roth, Roth SEP, or Roth SIMPLE tions of traditional IRA contributions (see inst	ter distributions, if any, from 2023 For s; a one-time distribution to fund an H IRA; certain returned contributions;	m(s) SA; or		
8		amount you converted from traditional, tradi P, or Roth SIMPLE IRAs in 2023. Also, enter				
9		and 8				
10		by line 9. Enter the result as a decimal rouses a second rouse in the second seco				
11	converted to F	by line 10. This is the nontaxable portion Roth, Roth SEP, or Roth SIMPLE IRAs. Also	, enter this amount			
12		by line 10. This is the nontaxable portion on the option of the option o				
13	Add lines 11 a	nd 12. This is the nontaxable portion of all yo	ur distributions	. 1:	3	
14	Subtract line 1	3 from line 3. This is your total basis in trad	itional IRAs for 2023 and earlier years	i. 14	4 500.	
15a	Subtract line 1	2 from line 7 15	a	
b	8915-F (see in	unt on line 15a attributable to qualified disas structions). Also, enter this amount on 2023	Form(s) 8915-F, line 18, as applicable (b	
С		unt. Subtract line 15b from line 15a. If more t 40-SR, or 1040-NR, line 4b			c	
		y be subject to an additional 10% tax on the e of the distribution. See instructions.	amount on line 15c if you were under	age		

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

Form 8	606 (2023)						Page 2
Part		023 Co Ioth Sl	onversions From Tradi MPLE IRAs	tional, Traditional SEP, o	r Traditional SIMPLE IRA	s to Roth,	Roth SEP, or
			e this part if you converted P, or Roth SIMPLE IRA in 2		, traditional SEP, and tradition	al SIMPLE I	RAs to a Roth,
16	from ti	raditiona	al, traditional SEP, and tr	aditional SIMPLE IRAs to Re	er the net amount you conver oth, Roth SEP, or Roth SIMF	PLE	
17					nter your basis in the amount		
18					lso include this amount on 20		
Part	III D)istribu	tions From Roth, Rot	n SEP, or Roth SIMPLE IF	RAs		
	d 8	istributio 915-F (s	on does not include a rollo	over (other than a repayment of local loca	oth SEP, or Roth SIMPLE IRA of a qualified disaster distribut ime distribution to fund an HS	ion from 20	23 Form(s)
19	includi	ng any o	qualified first-time homeb	uyer distributions, and any qu	nd Roth SIMPLE IRAs in 20 alified disaster distributions fr	rom	
20							
21	Subtra	ct line 2	0 from line 19. If zero or le	ess, enter -0		. 21	
22					ons (see instructions). If line 2		
23					24 and 25. If more than zero,		
24					nd traditional SIMPLE IRAs a SIMPLE IRA. See instructions		
25a	Subtra	ct line 2	4 from line 23. If zero or le	ess, enter -0- and skip lines 2	5b and 25c	. 25 a	
b	8915-F	⁼ (see in	structions). Also, enter th	s amount on 2023 Form(s) 8	utions, if any, from 2023 Forr 915-F, line 19, as applicable (see	
		-					
С					also include this amount on 20		
Sign Here Only if You Are Filing This Form by Itself and Not With Your							
Tax R	leturn		Your signature		Date		
Paid		Print/Ty	pe preparer's name	Preparer's signature		heck if elf-employed	PTIN
Prep		Firm's n	ame		F	irm's EIN	
Use Only				hana na			

BAA

Firm's address

REV 03/04/24 PRO

Form **8606** (2023)

Phone no.

Clean	Vehicle	Credits

Form 8936

OMB No. 1545-2137

Attach to your tax return.

Department of the Treasury Attachment Go to www.irs.gov/Form8936 for instructions and the latest information. equence No. 69 Internal Revenue Service Name(s) shown on return Identifying number SAIDARAO CHIRUMAMILLA 636-99-3258 Notes: • Complete a separate Schedule A (Form 8936) for each clean vehicle placed in service during the tax year. • Individuals completing Parts II, III, or IV, must also complete Part I. See "Note" text below. **Modified Adjusted Gross Income Amount** Part I 1a Enter the amount from line 11 of your 2023 Form 1040, 1040-SR, or 1040-NR 1a 186,408. Enter any income from Puerto Rico you excluded 1b b С Enter any amount from Form 2555, line 45 1c d 1d Enter any amount from Form 4563, line 15 1e е 2 2 Add lines 1a through 1e 186,408. 125,654. 3a Enter the amount from line 11 of your 2022 Form 1040, 1040-SR, or 1040-NR 3a Enter any income from Puerto Rico you excluded b 3b Enter any amount from Form 2555, line 45 С 3c . Enter any amount from Form 2555, line 50 . . . 3d d Enter any amount from Form 4563, line 15 3e е 4 4 125,654. . 5 Enter the **smaller** of line 2 or line 4 5 125,654. Credit for Business/Investment Use Part of New Clean Vehicles Part II Note: Individuals can't claim a credit on line 6 if Part I, line 5, is more than \$150,000 (\$300,000 if married filing jointly or a qualifying surviving spouse; \$225,000 if head of household). Enter the total credit amount figured in Part II of Schedule(s) A (Form 8936) . . 6 6 Ο. 7 New clean vehicle credit from partnerships and S corporations (see instructions) 7 8 Business/investment use part of credit. Add lines 6 and 7. Partnerships and S corporations, stop here and report this amount on Schedule K. All others, report this amount on Form 3800, Part III, line 1y . . . 8 Ο. Part III **Credit for Personal Use Part of New Clean Vehicles** Note: You can't claim the Part III credit if Part I, line 5, is more than \$150,000 (\$300,000 if married filing jointly or a qualifying surviving spouse; \$225,000 if head of household). 9 Enter the total credit amount figured in Part III of Schedule(s) A (Form 8936) . 9 7,500. 10 Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 18 . . . 10 <u>34,8</u>11. Personal credits from Form 1040, 1040-SR, or 1040-NR (see instructions) 11 11 2. 12 Subtract line 11 from line 10. If zero or less, enter -0- and stop here. You can't claim the personal use part of the credit 12 34,809. 13 Personal use part of credit. Enter the smaller of line 9 or line 12 here and on Schedule 3 (Form 13 7,500. Part IV Credit for Previously Owned Clean Vehicles Note: You can't claim the Part IV credit if Part I, line 5, is more than \$75,000 (\$150,000 if married filing jointly or a qualifying surviving spouse; \$112,500 if head of household). Enter the total credit amount figured in Part IV of Schedule(s) A (Form 8936) 14 14 15 Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 18 . . . 15 16 Personal credits from Form 1040, 1040-SR, or 1040-NR (see instructions) 16 Subtract line 16 from line 15. If zero or less, enter -0- and stop here. You can't claim the Part IV credit 17 17 Enter the smaller of line 14 or line 17 here and on Schedule 3 (Form 1040), line 6m. If line 17 is 18 18 Credit for Qualified Commercial Clean Vehicles Part V 19 19 20 Qualified commercial clean vehicle credit from partnerships and S corporations (see instructions) . 20 21 Add lines 19 and 20. Partnerships and S corporations, stop here and report this amount on Schedule 21

For Paperwork Reduction Act Notice, see separate instructions. RΔΔ REV 03/04/24 PRO

Form 8936 (2023)

SCHEDULE A (Form 8936)

Clean Vehicle Credit Amount

OMB No. 1545-2137

(Forr	n 8936)			ののつて
		Attach to your tax return.		ZULU
	nent of the Treasury Revenue Service	Go to www.irs.gov/Form8936 for instructions and the latest informat	ion.	Attachment Sequence No. 69A
) shown on return		Identif	ying number
SAI	DARAO CHIRU	JMAMILLA	636	-99-3258
Par	Vehicle	Details		
1a	Year			2023
b	Make		TES	LA
с	Model		MOD	EL Y
2	Vehicle identif	cation number (VIN) (see instructions) 7 S A Y G D E E 4	ł P	F772266
3	Enter date veh	icle was placed in service (MM/DD/YYYY)	05/	22/2023
4		e used primarily outside the United States? Answer "No" if it was but an excepti here. You can't claim a credit amount for a vehicle used primarily outside the Ur		
5	Does the VIN e definitions. X Yes. Go to No. Go to		year? S	See instructions for
6			?2 and	placed in service during
7		entered on line 2 belong to a qualified commercial clean vehicle acquired after year? See instructions for definitions. Part V.	2022 a	and placed in service
		nere. You can't use this schedule to figure a credit amount for a vehicle not desc	ribed c	n line 5, 6, or 7.
Part	Credit A	Mount for Business/Investment Use Part of New Clean Vehicle		
8	another person	re the vehicle for use or to lease to others, and not for resale? Answer "No" if you n. here. You can't claim a credit amount for a vehicle you didn't acquire for use or to		
9	Tentative cred	it amount (see instructions)	9	7,500.
10	Business/inve	stment use percentage (see instructions)	10	%
11	entered 100%	by line 10. Include this credit amount on line 6 in Part II of Form 8936. If you on line 10, stop here. Otherwise, go to Part III below	11	0.
Part	Credit A	Amount for Personal Use Part of New Clean Vehicle		
12	Subtract line 1 Part III of Form	1 from line 9 in Part II. Stop here and include this credit amount on line 9 in	12	7,500.
For Pa		ion Act Notice, see the Form 8936 instructions. BAA REV 03/04/24		Schedule A (Form 8936) 2023

For Paperwork Reduction Act Notice, see the Form 8936 instructions. BAA REV 03/04/24 PRO

Schedu	e A (Form 8936) 2023	Page 2				
Part	V Credit Amount for Previously Owned Clean Vehicle					
13a	Is the sales price of the vehicle more than \$25,000?					
	Yes. Stop here. The vehicle doesn't qualify for the Part IV credit.					
	□ No.					
b	Did you acquire the vehicle for use and not for resale? Answer "No" if you are leasing the vehicle	e from another person.				
	☐ Yes.					
	No. Stop here. You can't claim a credit amount for a vehicle you didn't acquire for use or a	cquired for resale.				
•	Can you be alaimed as a dependent on another person's tay return, such as your persont's return					
С	Can you be claimed as a dependent on another person's tax return, such as your parent's return Yes. Stop here. You can't claim a credit amount if you can be claimed as a dependent.	112				
	□ No.					
	—					
d	Is the vehicle a qualified fuel cell motor vehicle? See instructions.					
	 ☐ Yes. ☐ No. 					
14	Enter the sales price of the vehicle	14				
15	Multiply line 14 by 30% (0.30)	15				
16	Maximum vahiala avadit amaunt	4 000				
16	Maximum vehicle credit amount	16 4,000.				
17	Enter the smaller of line 15 or line 16. Stop here and include this credit amount on line					
17	14 in Part IV of Form 8936	17				
Part						
18a	Is the vehicle of a character subject to the allowance for depreciation? Answer "Yes" if the exce	ption for certain tax-exempt				
	entities discussed in the instructions applies.					
	Yes.					
	No. Stop here. The vehicle is not a qualified commercial clean vehicle unless the exception	applies.				
b	Did you acquire the vehicle for use or to lease to others, and not for resale? Answer "No" if you	are leasing the vehicle from				
	another person.	5				
	No. Stop here. You can't claim a credit amount for a vehicle you didn't acquire for use or to	b lease to others, or acquired for				
	resale.					
с	Is the vehicle also powered by gas or diesel? See instructions.					
	☐ Yes.					
	□ No.					
19	Enter the cost or other basis of the vehicle. See instructions	19				
20	Section 179 expense deduction (see instructions)	20				
21	Subtract line 20 from line 19	21				
22	Multiply line 21 by 15% (0.15) [30% (0.30) if the answer on line 18c above is "No"]	22				
00						
23	Enter the incremental cost of the vehicle. See instructions	23				
24	Enter the smaller of line 22 or line 23	24				
24						
25	Maximum credit. Enter \$7,500 (\$40,000 if the vehicle's gross vehicle weight rating (GVWR) is					
	14,000 pounds or more)	25				
26	Enter the smaller of line 24 or line 25. Include this credit amount on line 19 in Part V					
	of Form 8936	26				

Schedule A (Form 8936) 2023

Form **8959** Department of the Treasury

Internal Revenue Service

Name(s) shown on return

Additional Medicare Tax

If any line does not apply to you, leave it blank. See separate instructions. Attach to Form 1040, 1040-SR, 1040-NR, or 1040-SS.

Go to www.irs.gov/Form8959 for instructions and the latest information.

OMB No. 1545-0074

Your social	security number
636-00	-3258

SAI	DARAO CHIRUMAMILLA		636-9	99-32	258
Par	t I Additional Medicare Tax on Medicare Wages				
1	Medicare wages and tips from Form W-2, box 5. If you have more than one				
	Form W-2, enter the total of the amounts from box 5	1	215,866.		
2	Unreported tips from Form 4137, line 6	2			
3	Wages from Form 8919, line 6	3			
4	Add lines 1 through 3	4	215,866.		
5	Enter the following amount for your filing status:				
	Married filing jointly				
	Married filing separately				
	Single, Head of household, or Qualifying surviving spouse \$200,000	5	200,000.		
6	Subtract line 5 from line 4. If zero or less, enter -0	· · ·		6	15,866.
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009).				
•				7	143.
Part	Additional Medicare Tax on Self-Employment Income				
8	Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you				
Ŭ	had a loss, enter -0-	8			
9	Enter the following amount for your filing status:	-			
-	Married filing jointly.				
	Married filing separately				
	Single, Head of household, or Qualifying surviving spouse \$200,000	9			
10	Enter the amount from line 4	10		-	
11	Subtract line 10 from line 9. If zero or less, enter -0	11		-	
12	Subtract line 11 from line 8. If zero or less, enter -0			12	
13	Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (12	
13	go to Part III			13	
Part				10	
14	Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14				
14		14			
15	Enter the following amount for your filing status:			-	
10	Married filing jointly				
	Married filing separately				
	Single, Head of household, or Qualifying surviving spouse \$200,000	15			
16	Subtract line 15 from line 14. If zero or less, enter -0			16	
-	Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply lir			10	
17				17	
Part	Enter here and go to Part IV	•		17	
	Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), I	ino 11	(Earm 1040 88		
18	filers, see instructions), and go to Part V			18	1 4 0
Part		•		10	143.
	Medicare tax withheld from Form W-2, box 6. If you have more than one Form				
19	W-2, enter the total of the amounts from box 6	19	2 1 2 0		
20	Enter the amount from line 1	20	3,130.		
		20	215,866.	-	
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages	21	3,130.		
22	Subtract line 21 from line 19. If zero or less, enter -0 This is your Add withholding on Medicare wages			22	0.
23	Additional Medicare Tax withholding on railroad retirement (RRTA) compensation 14 (see instructions)			23	
24	Total Additional Medicare Tax withholding. Add lines 22 and 23. Also incl				
-7	federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c				
	see instructions)	•		24	0.
For Pa	aperwork Reduction Act Notice, see your tax return instructions. BAA		REV 03/04/24 PRO		Form 8959 (2023)

TAXABLE YEAR	BONOT			FORM
2023	California e-file Signature Authorization for Indiv	viduals	-	8879
Your name	_	Your SSN	or ITIN	
SAIDARAO C	HIRUMAMILLA	636-99	-3258	
Spouse's/RDP's nam	ne	Spouse's/R	DP's SSN or	· ITIN
Part I Tax Retu	rn Information (whole dollars only)			
	sted gross income (AGI). See instructions			
	ve. See instructions			
			ა	
	er Declaration and Signature Authorization (Be sure you obtain and keep a copy of your return.) perjury, I declare that I have examined a copy of my individual income tax return and accompanying sc			
income tax return. and on form FTB 84 agrees with the dire domestic partner (F provider to transmi to my ERO , interm return, I understand penalties. I acknow	ber (ITIN), and the amounts shown in Part I above agree with the information and amounts shown on the If applicable, I authorize an electronic funds withdrawal of the amount on line 2 and/or the estimated ta 455, California e-file Payment Record for Individuals, or a comparable form. If applicable, I declare that ect deposit authorization stated on my return. If I have filed a joint return, this is an irrevocable appoint RDP) as an agent to authorize an electronic funds withdrawal or direct deposit. I authorize my ERO, tra it my complete return to the Franchise Tax Board (FTB). If the processing of my return or refund is del rediate service provider, and/or transmitter the reason(s) for the delay or the date when the refund is d that if the FTB does not receive full and timely payment of my tax liability, I remain liable for the tax liable related to that I have read and consent to the Electronic Funds Withdrawal Consent included on the copy on I identification number (PIN) as my signature for my electronic income tax return and, if applicable, my	ax payments a t direct deposi ment of the ot nsmitter, or in layed, I autho was sent. If I ability and all f my electroni	s shown on t refund am her spouse/ termediate s rize the FTE am filing a b applicable ir c income tax	my return ount on line 3 /registered service 3 to disclose balance due hterest and x return. I have
Taxpayer's PIN: ch		Liouionio ru		iwar oonsont.
I authorize G	LOBAL TAXES LLC to e	nter my PIN	9 3	2 5 8
	ERO firm name			ter all zeros
as my signatu	ure on my 2023 e-filed California individual income tax return.			
	y PIN as my signature on my 2023 e-filed California individual income tax return. Check this box only if using the Practitioner PIN method. The ERO must complete Part III below.	you are enteri	ng your ow	n PIN and your
Your signature	Date			
Spouse's/RDP's PI	IN: check one box only			
I authorize	to er	nter mv PIN		
	ERO firm name		Do not ent	ter all zeros
as my signatu	re on my 2023 e-filed California individual income tax return.			
	ny PIN as my signature on my 2023 e-filed California individual income tax return. Check this box rn is filed using the Practitioner PIN method. The ERO must complete Part III below.	only if you a	re entering	your own PIN
Spouse's/RDP's sig	gnature 🕨 Date 🕨			
	Practitioner PIN Method Returns Only continue below			
Part III Certific	cation and Authentication — Practitioner PIN Method Only			
	iller Identification Number (EFIN)/PIN. i EFIN followed by your five-digit self-selected PIN. Do not enter a		2 7 2	1
	nove numeric entry is my PIN, which is my signature for the 2023 California individual income tax retu submitting this return in accordance with the requirements of the Practitioner PIN method and FTB Pu			
ERO's signature	Date 03/11,	/2024		

540

2023 California Resident Income Tax Return

		APE ATTA	CH FEDERAL RETURN
		-99-3258 CHIR 23 DARAO CHIRUMAMILLA 23	
		SWEET FIG TERRACE MONT CA 94539	
04	-13	13-1997	
		Enter your county at time of filing (see instructions)	
dence	۲	If your address above is the same as your principal/physical residence address at the time of	filing, check this box $oldsymbol{igodol}$ X
Principal Residence		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.
Princip	۲	City	State ZIP code
	۲	•	
		If your California filing status is different from your federal filing status, check the box here	
Status	1		
Filing Status	2	2 Married/RDP filing jointly (even if only one spouse/RDP had income). See instructions. See instructions. See instructions.	iter year spouse/RDP died.
	3	3 Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name	here.
	6	6 If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See in	str • 6
Exemptions		 8 Blind: If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2. See instructions	billar amount for that line. Whole dollars only (\$144 = •)\$ (\$144 = •)\$ (\$144 = •)\$ (\$144 = •)\$
		REV 02/02/24 PRO	Form 540 2023 Side 1

Υοι	ır na	me: CHI	RUI	MAMILLA	Your SSN o	r ITIN:	636-9	9-3258	_			
	10	Dependents:	Do n	ot include yourself or yo Dependent 1	ur spouse/RDF		ndent 2			Dependent 3		
		First Name	۲		(•			۲			
suc		Last Name	۲			•						
Exemptions		SSN. See instructions.	•			•						
Exel		Dependent's relationship to you	۲		(•						
	Tota		xem	ptions				10	X \$446 = (• \$		
	11	Exemption	amoı	unt: Add line 7 through lin	ne 10. Transfer	this amo	unt to line	932	🖲 1	11 \$	14	14
	12	State wages Form(s) W-	s fron 2. bo	n your federal x 16		,		193360	5 .00			
	13			usted gross income from				ina 11	. 12		186408	. 00
	13 14	California ad	djusti	ments – subtractions. En	er the amount	from Sch	nedule CA	(540),				. 00
	15	,		blumn B					● 14		186408	
some	16			ments – additions. Enter					15		100400	. 00
le Inc		6 California adjustments – additions. Enter the amount from Schedule CA (540), Part I, line 27, column C • 16									. 00	
Taxable Income	17	California adjusted gross income. Combine line 15 and line 16										
-	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										
		(lf Ma	arried/RDP filing separately o	or the box on line	6 is check			,	′	5363	. 00
	19	 9 Subtract line 18 from line 17. This is your taxable income. If less than zero, enter -0							181045	. 00		
	31	Tax. Check 1	the b	ox if from:	Table		Rate Sch				12400	
	32	Exemption of	credit	● FTB ts. Enter the amount from	3800 ● L ⊨line 11. If you			re than	• 31		13490	. 00
Тах									• 32		144	. 00
•	33	Subtract line	e 32	from line 31. If less than	zero, enter -0-				🖲 33		13346	. 00
	34	Tax. See ins	truct	ions. Check the box if fro	m: • Scl	hedule G-	1	FTB 5870A	● 34			. 00
	35	Add line 33	and I	line 34					• 35		13346	. 00
dits	40	Nonrefunda	ble C	hild and Dependent Care	Expenses Crec	lit. See in:	structions	5	● 40			. 00
I Cret	43	Enter credit	nam	е		code ●		and amount.	● 43			. 00
Special Credits	44	Enter credit			_	code		and amount				. 00
										REV 02/02/24 PRC)	
	I	Side 2 Form	1540) 2023	175	3102	2234					

You	r nar	ne:	CHIRUMAMILLA	Your SSN or ITIN:	636-99-3258	_		
Ś	45	To cl	aim more than two credits, see instr	uctions. Attach Schedu	le P (540)	• 45		. 00
Special Credits	46	Nonr	refundable Renter's Credit. See instru	• 46		. 00		
scial C	47	Add	line 40 through line 46. These are yo	our total credits		• 47		. 00
Spe	48	Subt	ract line 47 from line 35. If less than	zero, enter -0		• 48	13346	. 00
	61	Altor	native Minimum Tax. Attach Schedul	lo P (540)		61		. 00
axes	62		tal Health Services Tax. See instruction]		. 00
Other Taxes	63		r taxes and credit recapture. See inst			[. 00
Ò]	13346	. 00
	64	Add	line 48, line 61, line 62, and line 63.	This is your total tax		● 64	10010	. 00
	71	Calif	ornia income tax withheld. See instru	uctions		• 71	13962	- 00
	72	2023	California estimated tax and other p	• 72		. 00		
	73	With	holding (Form 592-B and/or Form 59	● 73		. 00		
Payments	74	Exce	ss SDI (or VPDI) withheld. See instru	uctions		• 74	370	. 00
Payr	75	Earned Income Tax Credit (EITC). See instructions						. 00
	76	Youn	ıg Child Tax Credit (YCTC). See instru	uctions		• 76		. 00
	77 78	Add	er Youth Tax Credit (FYTC). See instr line 71 through line 77. These are yo nstructions	our total payments.]	14332	• 00 • 00
Тах	91	Use	Tax. Do not leave blank. See instruct	tions	• 91		0.00	
UseTax		lf line	e 91 is zero, check if:	use tax is owed. (•)	You paid your	use tax obligatio	n directly to CDTFA.	
ISR Penaltv	92	See	u and your household had full-year h instructions. Medicare Part A or C cc u did not check the box, see instruct	overage is qualifying he		• ×		
		Indiv	idual Shared Responsibility (ISR) Pe	enalty. See instructions			_ 00	
an	93	Payn	nents balance. If line 78 is more than	• 93	14332	. 00		
D אאר/אנ	94 95	Payn	Tax balance. If line 91 is more than nents after Individual Shared Respon	, _ [14332	• 00 • 00		
Overpaid Tax/Tax Due	96	Indiv	ract line 92 from line 93 idual Shared Responsibility Penalty ract line 93 from line 92	Balance. If line 92 is mo	ore than line 93,	[11002	. 00
Ove	97	Over	paid tax. If line 95 is more than line (64, subtract line 64 fror	n line 95		986	. 00
		REV	/ 02/02/24 PRO	175 310	3234		Form 540 2023 Side 3	

Your na	ne: CHIRUMAMILLA Your SSN or ITIN: 636-99-3258		
98 و م	Amount of line 97 you want applied to your 2024 estimated tax	98	0.00
Overpaid Tax/Tax Due 66 86 001 001	Overpaid tax available this year. Subtract line 98 from line 97	99	986 .00
ð ₩ 100	Tax due. If line 95 is less than line 64, subtract line 95 from line 64) 100	. 00
		<u>Code</u>	Amount
	California Seniors Special Fund. See instructions	400	.00
	Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund	401	.00
	Rare and Endangered Species Preservation Voluntary Tax Contribution Program	403	.00
	California Breast Cancer Research Voluntary Tax Contribution Fund	405	.00
	California Firefighters' Memorial Voluntary Tax Contribution Fund	406	.00
	Emergency Food for Families Voluntary Tax Contribution Fund	407	.00
	California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund	408	.00
	California Sea Otter Voluntary Tax Contribution Fund	410	.00
tions	California Cancer Research Voluntary Tax Contribution Fund	413	.00
Contributions	School Supplies for Homeless Children Voluntary Tax Contribution Fund	422	.00
ပိ	State Parks Protection Fund/Parks Pass Purchase	423	.00
	Protect Our Coast and Oceans Voluntary Tax Contribution Fund.	424	.00
	Keep Arts in Schools Voluntary Tax Contribution Fund	425	.00
	California Senior Citizen Advocacy Voluntary Tax Contribution Fund	438	.00
	Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund	439	.00
	Rape Kit Backlog Voluntary Tax Contribution Fund	440	.00
	Suicide Prevention Voluntary Tax Contribution Fund	444	.00
	Mental Health Crisis Prevention Voluntary Tax Contribution Fund	445	.00
110	Add amounts in code 400 through code 445. This is your total contribution	110	.00

REV 02/02/24 PRO

			99-3258										
owe	111	I1 AMOUNT YOU OWE. If you do not have an amount on line 99, add line 94, line Mail to: FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 9 Pay Online – Go to ftb.ca.gov/pay for more information.	e 96, line 100, and line 110. See instructions. Do not send cash.	٦									
Amo You (Mail to: FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 9 Pay Online – Go to ftb.ca.gov/pay for more information.	94267-0001 • 111)									
		Pay Onnie – Go to hu.ca.gov/pay for more mornation.		— ¬									
σ	112	12 Interest, late return penalties, and late payment penalties	112)									
it an Ities	113	13 Underpayment of estimated tax.		-									
Interest and Penalties		Check the box: FTB 5805 attached FTB 5805F attached											
<u> </u>	114	14 Total amount due. See instructions. Enclose, but do not staple, any payme	ent)									
	115	15 REFUND OR NO AMOUNT DUE. Subtract the sum of line 110, line 112, an	nd line 113 from line 99. See instructions.	-									
		Mail to: FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94	1240-0001● 115 986 .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.											
CT D		All or the following amount of my refund (line 115) is authorized for direct	t deposit into the account shown below:										
Dire		Type Routing number Checking Account number	• 116 Direct deposit amount										
and		031101334 411001637418	986 .00	כ									
lund		Savings											
Rei		The remaining amount of my refund (line 115) is authorized for direct dep Type	osit into the account shown below:										
		Routing number Checking Account number	• 117 Direct deposit amount										
)									
		Savings											
Voter Info.		For voter registration information, check the box and go to sos.ca.gov/ele	ections. See instructions										
Health Care Coverage Info.		Do you want information on no-cost or low-cost health care coverage? By the FTB to share limited information from your tax return with Covered Cal		0									

REV 02/02/24 PRO

Sign your tax return on Side 6

Г

Your	name:	CH

Γ

HIRUMAMILLA	A
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Your SSN or ITIN:

636-99-3258



IMPORTANT:	See the instructions to find out if you should at	tach a copy of your com	plete fec	leral tax return.				
	e can be found in annual tax booklets or online. Go to f 1 EN-SP, Franchise Tax Board Privacy Notice on Collec							
Under penalties is true, correct, a	of perjury, I declare that I have examined this tax ret nd complete.	turn, including accompany	ing sched	ules and statements, and to tl	ne best of m	ny knowledge and belief, it		
Your signature		Date		Spouse's/RDP's signature (if a	a joint tax re	turn, both must sign)		
	• Your email address. Enter only one email addr	ress.			Pref	erred phone number		
Sign	4705198285							
Here	Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge)							
	SYAM PRIYA RAM SAGAR							
It is unlawful to forge a	Firm's name (or yours, if self-employed)		PTIN					
spouse's/ RDP's signature.	GLOBAL TAXES LLC		P02082703					
0	Firm's address					● Firm's FEIN		
Joint tax return?	245 ROONEY CT E BRUNS		843171965					
See instructions.	Do you want to allow another person to disc	cuss this tax return with	us? See	e instructions	Yes	× No		
	Print Third Party Designee's Name				Telephor	ne Number		

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CA (540)

2023 California Adjustments — Residents

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

Na	me(s) as shown on tax return		SSN or ITIN	
_	AIDARAO CHIRUMAMILLA			636993258
Se	art I Income Adjustment Schedule ction A – Income from federal Form 1040 or 1040-SR	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
1	a Total amount from federal Form(s) W-2, box 1. See instructions 1a	• 193366	\odot	\bullet
	b Household employee wages not reported on federal Form(s) W-2	۲	۲	۲
	c Tip income not reported on line 1a 1c	۲	۲	\odot
	d Medicaid waiver payments not reported on federal Form(s) W-2. See instructions 1d	\odot	\odot	\odot
	e Taxable dependent care benefits from federal Form 2441, line 26 1e	۲	۲	٠
	f Employer-provided adoption benefits from federal Form 8839, line 29 1f	۲	۲	۲
	g Wages from federal Form 8919, line 6 1g	۲	•	•
	${\bf h}$ Other earned income. See instructions $\ldots\ldots$. 1 ${\bf h}$	• 0	۲	۲
	i Nontaxable combat pay election. See instructions			۲
	z Add line 1a through line 1i1z	• 193366	۲	•
2	Taxable interest. a • 2b	• 143	\odot	$\textcircled{\bullet}$
3	Ordinary dividends. See instructions. a • 34 3b	• 48	۲	۲
4	IRA distributions. See instructions. a • 4b	۲	۲	۲
5	Pensions and annuities. See instructions. a • 5 b		\odot	
6	Social security benefits. a • 6 b	۲	۲	
		• 7374	۲	\bullet
	ction B – Additional Income from federal Schedule 1	(Form 1040)		
1	Taxable refunds, credits, or offsets of state and local income taxes	۲	۲	
2	a Alimony received. See instructions 2a	۲		•
3	Business income or (loss). See instructions 3	۲	۲	۲
	Other gains or (losses)4	۲	۲	•
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc	• -14524	۲	۲
6	Farm income or (loss)6	۲	۲	۲
7	Unemployment compensation7	۲	۲	

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Section B – Additional Income Continued	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
8 Other income: a Federal net operating loss	• ()		۲
b Gambling8b	۲	۲	
c Cancellation of debt 8c	\odot	۲	۲
d Foreign earned income exclusion from federal Form 2555	• ()		۲
e Income from federal Form 8853 8e	۲		۲
f Income from federal Form 8889	۲	۲	
g Alaska Permanent Fund dividends	۲		
h Jury duty pay8 h	۲		
i Prizes and awards8i	۲		
j Activity not engaged in for profit income8j	۲		
k Stock options8k	۲		۲
I Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property 81	۲		
m Olympic and Paralympic medals and USOC prize money	\odot		
n IRC Section 951(a) inclusion 8 n	۲	۲	
o IRC Section 951A(a) inclusion	۲	۲	
p IRC Section 461(I) excess business loss adjustment 8p	۲	۲	۲
q Taxable distributions from an ABLE account 8q	۲		
r Scholarship and fellowship grants not reported on federal Form(s) W-2 8r	۲		
s Nontaxable amount of Medicaid waiver payments included on federal Form 1040, line 1a or line 1d8s	• ()		
t Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental IRC Section 457 plan 8 t	۲		
u Wages earned while incarcerated 8 u	۲		
z Other income. List type and amount.			
• OTHER INCOME FROM BOX 3 OF 1099-MISC 8z	• 1	\odot	\odot

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Se	ction B – Additional Income Continued	A	Federal Amounts (taxable amounts from your federal tax return)		B Subtractions See instructions	C Additions See instructions
9	a Total other income. Add lines 8a through 8z 9a		1	۲		۲
	b1 Disaster loss deduction from form FTB 3805V 9b1			$oldsymbol{O}$		
	b2 NOL deduction from form FTB 3805V 9b2			ullet		
	b3 NOL deduction from form FTB 3805Z, 3807, or 3809			$oldsymbol{O}$		
10	Total. Combine Section A, line 1z through line 7, and Section B, line 1 through line 7, and line 9a in column A and column C. Add Section A, line 1z through line 7, and Section B, line 1 through line 7, line 9a, and line 9b1 through line 9b3 in column B (as applicable). See instructions	۲	186408	۲		۲
	ction C – Adjustments to Income m federal Schedule 1 (Form 1040)					
11	Educator expenses					
12	Certain business expenses of reservists, performing artists, and fee-basis government officials 12			۲		۲
13	Health savings account deduction			$ \mathbf{O} $		
		$ \mathbf{O} $				\odot
15	Deductible part of self-employment tax. See instructions			۲		
16	Self-employed SEP, SIMPLE, and qualified plans16	ullet				
17	Self-employed health insurance deduction. See instructions			۲		
18	Penalty on early withdrawal of savings					
19	a Alimony paid 19a					۲
	b Recipient's: SSN •					
	Last Name 🖲					
20	IRA deduction			۲		٢
21	Student loan interest deduction	$oldsymbol{O}$				۲
22	Reserved for future use					
23	Archer MSA deduction	$oldsymbol{O}$				

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Section C – Adjustments to Income Continued	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions	
24 Other adjustments: a Jury duty pay24a				
 b Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit	۲	۲	۲	
 c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m 	۲	۲		
d Reforestation amortization and expenses24d				
e Repayment of supplemental unemployment benefits under the federal Trade Act of 1974 24e	•			
f Contributions to IRC Section 501(c)(18)(D) pension plans24f	۲	۲		
g Contributions by certain chaplains to IRC Section 403(b) plans	۲	۲	۲	
h Attorney fees and court costs for actions involving certain unlawful discrimination claims	۲			
i Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations 24 i	۲	۲		
j Housing deduction from federal Form 2555 24 j				
k Excess deductions of IRC Section 67(e) expenses from federal Schedule K-1 (Form 1041)24k	•			
z Other adjustments. List type and amount.				
<u>و</u> 24z	\odot	\odot	\odot	
i Total other adjustments. Add line 24a through line 24z	۲	۲	۲	
6 Add line 11 through line 23 and line 25 in columns A, B, and C. See instructions	۲	۲	۲	
7 Total. Subtract line 26 from line 10 in columns A, B, and C. See instructions	• 186408	۲	۲	

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Part II Adjustments to Federal Itemized Deduction

0			California]		
Une	ck the box if you did NOT itemize for federal but will itemiz	A	Federal Amounts (from federal Schedule A (Form 1040))		B Subtractions See instructions		C Additions See instructions
Me	dical and Dental Expenses See instructions.						
1	Medical and dental expenses • 1						
2	Enter amount from federal Form 1040 or 1040-SR, line 11						
3	Multiply line 2 by 7.5% (0.075) • 13981 3						
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter 04						
	a State and local income tax or general sales taxes5	a 💽	15116	۲	15116		
	b State and local real estate taxes 5	b 💽					
	c State and local personal property taxes5	C 💽					
	d Add line 5a through line 5c	d 💽	15116				
	 e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) in column A. Enter the amount from line 5a, column B in line 5e, column B. Enter the difference from line 5d and line 5e, 		10000		15110		511.0
	column A in line 5e, column C	e 💽	10000		15116	۲	5116
6	Other taxes. List type • 6	$ \mathbf{O} $		۲		۲	
7	Add line 5e and line 6		10000		15116		5116
	erest You Paid						
ð	5	a 💽				۲	
	b Home mortgage interest not reported to you on federal Form 1098	b				۲	
	c Points not reported to you on federal Form 10988	c 💽				۲	
	d Reserved for future use	d					
	e Add line 8a through line 8c	e 💽		۲		•	
9	Investment interest	$ \mathbf{O} $		۲		۲	
10	Add line 8e and line 9	۲		۲		۲	

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Pa	rt II Adjustments to Federal Itemized Deductions Continued	A	Federal Amounts (from federal Schedule A (Form 1040))		B Subtractions See instructions		C Additions See instructions
Gif	ts to Charity						
	Gifts by cash or check					۲	
12	Other than by cash or check			۲		۲	
13	Carryover from prior year			۲		۲	
14	Add line 11 through line 1314			۲		۲	
	casualty and Theft Losses Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions15					۲	
Oth	er Itemized Deductions						
	Other—from list in federal instructions16	$ \mathbf{O} $		۲		۲	
17	Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C17		10000		15116	۲	5116
	Total. Combine line 17 column A less column B plus co	lumn	C			18	0
Jol	Expenses and Certain Miscellaneous Deductions						
19	Unreimbursed employee expenses: job travel, union due Attach federal Form 2106 if required. See instructions .	es, jo	b education, etc.	9 19			
20	Tax preparation fees			20			
	Other expenses: investment, safe deposit box, etc. List type) 21	0		
	Add line 19 through line 21 Enter amount from federal Form 1040 or 1040-SR, line 11			22	0		
24	Multiply line 23 by 2% (0.02). If less than zero, enter 0.			24	3728		
25	Subtract line 24 from line 22. If line 24 is more than line	22,	enter O			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 Single or married/RDP filing separately Head of household Married/RDP filing jointly or qualifying surviving s No. Transfer the amount on line 28 to line 29.			. \$237	,035		
	Yes. Complete the Itemized Deductions Worksheet in th	e ins	tructions for Schedule CA	(540),	line 29	29	0
30	Enter the larger of the amount on line 29 or your stand Single or married/RDP filing separately. See instru Married/RDP filing jointly, head of household, or qu	ictior ialifyi	ng surviving spouse/RDP	\$10,	,726		
	Transfer the amount on line 30 to Form 540, line 18 \ldots					30	5363
		1		1	REV 02/02/24 PRO		
	Side 6 Schedule CA (540) 2023 175	I	7736234	I			