#### Department of the Treasury Internal Revenue Service

### IRS e-file Signature Authorization

ERO must obtain and retain completed Form 8879. ► Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID)

Тахрау	ver's name	Social securi	Social security number 319-73-3474 Spouse's social security number					
SOW	IJANYA VASA	319-73						
Spouse	s's name	Spouse's soo						
Par	t I Tax Return Information – Tax Year Ending December 31, 2023 (Ente	r year you a	re aut	horizing.)				
Enter	whole dollars only on lines 1 through 5.							
Note	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.							
1	Adjusted gross income		1	77,314.				
2	Total tax		2	9,272.				
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	14,083.				
4	Amount you want refunded to you		4	4,811.				
5	Amount you owe		5					
Dow	Townsyer Declaration and Signature Authorization (Decurrence) act and							

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

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission. (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

#### Taxpayer's PIN: check one box only

Χ	l autnorize	GLUBAL	TAXES	ERO firm name	to enter or generate my PIN	Е
$\mathbf{v}$	l authorize		TAVEC	TTC	to optox or gonoroto my DIN	-

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my

as mv

signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature 🕨

Date 🕨

### Spouse's PIN: check one box only

I authorize

to childr of generale my r my	to enter	or generate	my	PIN
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Enter five digits, but don't enter all zeros

signature on the income tax return (original or amended) I am now authorizing.

ERO firm name

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature	Date 🕨	
Practitioner PIN Method Returns Only—continue	e below	
Part III Certification and Authentication – Practitioner PIN Method Only		
<b>ERO's EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2 2 2 4 9 6 0 8 2 7 1 Don't enter all zeros	

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ►		Date 🕨	
ERO Must Retain This F Don't Submit This Form to the I			
For Paperwork Reduction Act Notice, see your tax return instructions.	BAA	REV 01/21/24 PRO	Form 8879 (Rev. 01-2021)

If more than four dependents, see instructions and check here <ul> <li>Income</li> <li>Income</li> <li>Total amount from Form(s) W-2, box 1 (see instructions)</li> <li>Income</li> <li>Incom</li> <li>Incom</li></ul>	<b>104</b>		artment of the Treasury-Internal Revenue Servi S. Individual Income Tax		turn 20	)2	3	OMB No. 1545-	-0074	IRS Use C	Dnly_D	)o not wr	ite or staple	in this space	e.
SOMDANYA         VASA         319         73         3474           Fjölf mutter, spouse's first name and midde initial         Last name         Spouse's sould security number           19524 ALESET AVENUE         Apt. no.         Presidential Election Gampairs           19524 ALESET AVENUE         Cat.         Spouse instructions.         Apt. no.           Frieign could reserving name         Foreign could reserving name         Presidential Election Gampairs           Frieign could reserving name         Foreign province/statle/county         Frieng province/statle/county         Apt. no.           Filing Status         Single         Foreign could reserving name         Foreign could reserving province/statle/county         Foreign could reserving proving spouse (OSS)           Flycu checked the MSE box, enter the name of your dependent	For the year Jar	. 1-Dec	2. 31, 2023, or other tax year beginning		, 202	23, end	ling		,	20	S	ee sep	arate ins	tructions.	
If joint return, spouse's first name and middle initial       Last name       Spouse's social security number         Home address (number and street); Hyoo have a P.O. box, see instructions.       Apt. no.       Presidential Electric Campaign Check street in the instructions in the instructions in the instructions.       Presidential Electric Campaign Check street instructions in the instructions in	Your first name	and mi	iddle initial	Last r	name									•	r
Home addiress (number and street). If you have a P.O. box, see instructions.       Apt. no.       Presidential Election Campaign Othek here if you ary our sport of the it. You have a foreign address, also complete spaces below.       State       2// Presidential Election Campaign Othek here if you ary our sport of the it. You have a foreign address, also complete spaces below.       State       2// Presidential Election Campaign Othek here if you ary our sport of the it. You have a foreign address, also complete spaces below.       State       2// Presidential Election Campaign Othek here if you ary our sport of the it. You have a foreign address, also complete spaces below.         Filing Status on box.       Single       Presign powincelettate/caumy       Presign powincelettate/caumy       You it is or refund.         Upper dents       Warris of thing separately (MFS) on box.       Married filing jointly, went 32 wor refund.       You it is or refund.       You it is or refund.         Digital Assets       At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell.       Yes Xin No         Standard       Standard       Standard       Standard       Standard       Standard         Dependents (see instructions):       Yes Xin No       Yes Xin No       Yes Xin No       Yes Xin No         Attack Formioly Wards there instructions):       In Total amount from Form(3) W-2, tox 1 (see instructions).       In Standard       In Standard       In Standard         Dependents	SOWJANYA	ł		VAS	SA							319	73 3	3474	
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City, town, or post office. If you have a foreign address, also complete spaces below.       State       21P code       go cole if filing jointly, want S3         Cerrent TOS       Foreign control yname       Foreign province/state/county       Poreign province/state/county       Borout of the statu Checking a power filing jointly, want S3       boot below will not change your tak or refand.         Filing Status       Single       Head of household (HOH)       Wou check et M MFS box, enter the name of your spouse. If you checket the MFS box, enter the name of your spouse. If you checket the MFS box, enter the child's name if the qualifying person is a child but not your dependent:         Digital       At any time during 2023, di you (a) receive (as a reward, award, or payment for property or services); or (b) sell, easted as a dependent         Statadard       Someone can claim:       \out oa a dependent       \out you device the MFS box, enter the name of your spouse a dependent         Dependentis:       Gits is a child but not your dependent:       \out you spouse filling jointly, ware a dual-status alien         Age/Bindness You:       Ware born before January 2, 1959       A bind       Spouse:       Yes       No         Personand there       (a) First name       Last name       (a) Social socurity       (b) First name       Last name       (b) Social socurity       (b) First name       Last name       (c) Social socurity       (b) First name       La dast name       (c) Social socurity	Home address	(numbe	er and street). If you have a P.O. box, see	instruc	ctions.				Ap	ot. no.	P	resider	ntial Elect	ion Campa	aign
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CERRITOS       CA       90763       box below will not change         Foreign country mare       Foreign province/state/country       Foreign postal code       box certains         Filing Status       Single       Image: Construction of the conste construction of the conseconstruction of t	City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete	e spaces below.		Stat	te	ZIP co	de			0,		
Filing Status       Single       Head of household (HOH)         Check only       Married filing separately (MFS)       Qualifying sourwing spouse (QSS)         If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QS box, enter the child's name if the qualifying geography of the control of the during separately (MFS)       Qualifying separately (MFS)         Digital       At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset) (or a financial interest in a digital asset)? (See instructions.)       Yes       Yes       No         Standard       Someone can calleding interest in a digital asset)? (See instructions.)       Yes       No         Standard       Someone can calleding interest in a digital asset)? (See instructions.)       Yes       No         Age/Bindness       You:       Ware born before January 2, 1959       Are blind       Spouse:       Was born before January 2, 1959       Is blind         Dependents       Gee instructions;       (a) Social security       (a) Bedutorsting       (c) Child tax credit       Child					1		-			-	b	ox belc	w will no	t change	
Check only one box.       Married filing jointly (even if only one had income) []       Qualifying surviving spouse (QSS)         If you checked the MFS box, enter the name of your spouse. If you checked the MFOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:	Foreign country	/ name			Foreign province	/state/o	count	у	Foreign	postal co	de yo	our tax	_	_	use
Checkoning one box.       Married filing separately (MFS)       Qualifying surviving spouse (QSS)         If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent.         Digital Assets       At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)       Yes       Yes       No         Standard Deduction       Someone can claim:       You as a dependent       Your spouse as a dependent       Yes       No         Age/Blindness       You:       Were born before January 2, 1959       Are blind       Spouse iterizes on a separate return or you were a dual-status alien         Age/Blindness       You:       (I) First name       Last name       number       (I) First name       (I) First name <td< td=""><td>Filing Status</td><td>; X</td><td>] Single</td><td></td><td>1</td><td></td><td></td><td>Head of ho</td><td>ouseho</td><td>ld (HOH)</td><td>)</td><td></td><td></td><td></td><td></td></td<>	Filing Status	; X	] Single		1			Head of ho	ouseho	ld (HOH)	)				
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Digital Assets       At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services; or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)       Yes       No         Standard Deduction       Someone can claim: Spouse itemizes on a separate return or you were a dual-status allen       Age/Bindness You: Generative Spouse itemizes on a separate return or you were a dual-status allen       Age/Bindness You: Generative Spouse itemizes on a separate return or you were a dual-status allen         Age/Bindness You:       Were bom before January 2, 1959       Are blind Gependents; see instructions;       (g) Social security number       (g) Relationship to you       (d) Check the box if qualifies for (see instructions); Child tax credit       Credit for other dependents to you         Income W-2a and get a form get a for		lf y	ou checked the MFS box, enter the	name	e of your spouse.	. If you	u che	cked the HOH	l or QS	S box, e	nter tl	he chil	d's name	e if the	
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Assets       exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions).       ↓ Yes       X No         Standard Deduction       Someone can claim:       ↓ You as a dependent       ↓ You so a dependent       ↓ Yes       X No         Age/Bindness You:       Were bom before January 2, 1959       ↓ Are blind       Spouse:       ↓ Was bom before January 2, 1959       ↓ Is blind         Dependents       Gee instructions):       (1) First name       ↓ Are blind       Spouse:       ↓ Was bom before January 2, 1959       ↓ Is blind         Dependents       (a) First name       ⊥ Last name       ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓	Digital	Atar	ny time during 2023, did you: (a) rec	eive (a	is a reward, awa	rd. or	pavn	nent for proper	rtv or s	ervices):	or (b)	) sell.			
Deduction       Spouse itemizes on a separate return or you were a dual-status alien         Age/Blindness       You:       Were bom before January 2, 1959       Are blind       Spouse:       Was bom before January 2, 1959       Is blind         Dependents       (see instructions):       (i) First name       Last name       (ii) First name       Credit for other dependents         eie instructions       in our dependents, see instructions       in our dependents, see instructions):       (ii) Credit for other dependents         eie instructions       in our dependents, see instructions):         here       in total amount from Form(s) W-2, box 1 (see instructions).       in a 85, 369.       in our dependent care benefits for Form(s) W-2.       in a 85, 369.         Attach Form(s)       b       Household employee wages not reported on Form(s) W-2.       in dependent care benefits form Form 839.       in de									•		• • •		Ves	🗙 No	
Age/Blindness       You:       Were born before January 2, 1959       Are blind       Spouse:       Was born before January 2, 1959       Is blind         Dependents       (see instructions):       (1) First name       Last name       (2) Social security       (3) Pelationship       (4) Check the box if qualifies for (see instructions);         If more than four dependents, see instructions and check here				•		-		a dependent							
Dependents       (see instructions):       (2) Social security number       (3) Relationship to you       (4) Check the box if qualifies for (see instructions): Child tax credit         If more than four dependents, see instructions and check       (1) First name       Last name       (2) Social security number       (3) Relationship to you       (4) Check the box if qualifies for (see instructions); Child tax credit       Credit for other dependents         see instructions and check       (1) First name       Last name       (1) First name       (2) Social security number       (2) Social security number       (3) Relationship to you         Intermediation       (1) First name       Last name       (1) First name       (1) First name       (2) Social security number       (2) Social security number <td>Deduction</td> <td></td> <td>Spouse itemizes on a separate retur</td> <td>n or ye</td> <td>ou were a dual-s</td> <td>tatus</td> <td>alien</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	Deduction		Spouse itemizes on a separate retur	n or ye	ou were a dual-s	tatus	alien								
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If more       the data four	Dependent						,	.,	ip (4)			· · ·			
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Income       1a       Total amount from Form(s) W-2, box 1 (see instructions)       1a       85, 369.         Attach Form(s)       b       Household employee wages not reported on Form(s) W-2.       1b       1b         V-2 here. Also attach Forms       d       Medicaid waiver payments not reported on Form(s) W-2.       1c       1c         was withheld.       f       Employer-provided adoption benefits from Form 2441, line 26       1d       1d         W-2, see       f       Employer-provided adoption benefits from Form 8839, line 29       1f       1g         get a Form was withheld.       g       Wages from Form 8919, line 6       1e       1g         get a Form was witheld.       a       Qualified dividends       1a       85, 369.         instructions.       i       Nontaxable combat pay election (see instructions)       1t       0.         zea       Add lines 1a through 1h       1z       85, 369.       2b         attach Sch. B       if required.       3a       b       D       2b       1b         attach Sch. B       if required.       3a       a       b       Dordinary dividends       3b       2b         attach Sch. B       if required.       a       Qualified dividends       3a       a       b       Draxab		ı ——													
Attach Form(s)       b       Household employee wages not reported on Form(s) W-2.       1b         Attach Forms       c       Tip income not reported on line 1a (see instructions)       1c         w-23 and       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d         W-23 in tax       e       Taxable dependent care benefits from Form 2441, line 26       1e         was withheld.       f       Employer-provided adoption benefits from Form 8839, line 29       1f         If you did not       g       Wages from Form 8919, line 6       1g         w2.see       instructions.       in Nontaxable combat pay election (see instructions)       1l         w2.see       instructions       in Nontaxable combat pay election (see instructions)       1l         w2.see       instruction for-       3a       b       Tax-exempt interest       2b         a       Qualified dividends       3a       b       Taxable amount       4b         Standard       Social security benefits       5a       b       Taxable amount       5b         Social security benefits       6a       b       Taxable amount       5b         Standard       F       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7         Maried filing se	-	10	Total amount from Form(s) W-2 b	ov 1 (a								10		<u>L</u> 85 360	2
Attach Form(s)       Tip income not reported on line 1a (see instructions)       1c         w2 Pare . Also       c       Tip income not reported on line 1a (see instructions)       1d         w2 Bre . Also       d       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d         w2 Stand       e       Taxable dependent care benefits from Form 8241, line 26       1e         if pould not       g       Wages from Form 8919, line 6       1e         get a Form       h       Other earned income (see instructions)       1h       0.         W-2, see       instructions.       Ii       1h       0.         w4, see       a       Outlified dividends       3a       b       b         Attach Sch. B       a       Qualified dividends       3a       b       Taxable amount       4b         Standard       Bensions and annuities       5a       b       Taxable amount       6b         Standard       Pensions and annuities       5a       b       Taxable amount       6b         Standard       Scial security benefits       6a       Scial security benefits       6a       5b         Gualified dividends       fa       Additional income from Schedule 1, line 10       7       Sa       6b <tr< td=""><td>Income</td><td></td><td></td><td>`</td><td>,</td><td></td><td>• •</td><td></td><td>• •</td><td></td><td>·</td><td></td><td></td><td>05,505</td><td>•</td></tr<>	Income			`	,		• •		• •		·			05,505	•
attach Forms W-2G and 1099-R if tax       d       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d         W-2G and 1099-R if tax       e       Taxable dependent care benefits from Form 2441, line 26       1e         was withheld.       f       Employer-provided adoption benefits from Form 8839, line 29       1f         get a Form W-2, see       g       Wages from Form 8919, line 6       1g         was withheld.       f       Employer-provided adoption benefits from Form 8839, line 29       1f         W-2, see       h       Other earned income (see instructions)       1g         was withheld.       f       Employer-provided adoption benefits from Form 8839, line 29       1t         W-2, see       h       Other earned income (see instructions)       1t       0.         was withheld.       f       Employer-provided adoption (see instructions)       1t       1z       85, 369.         ztandard       Deduction for-       Sa       Qualified dividends       3a       b       Draxable amount       4b         Standard       Deduction for-       Sa       Social security benefits       6a       b       Taxable amount       6b         Married filing separately, or Qualifying Soute, St380       r       F       Capital gain or (loss). Attach Schedule D if required. If							• •		• •		·				
W-2G and 1099-R it tax       e       Taxable dependent care benefits from Form 2441, line 26       1e         was withheld.       f       Employer-provided adoption benefits from Form 8839, line 29       1f         If you did not get a Form W-2, see instructions.       g       Wages from Form 8919, line 6       1g         Z       Add lines 1a through 1h       1       0.         Z       Add lines 1a through 1h       1       1         Z       Add lines 1a through 1h       1       2b         Attach Sch. B       2a       Tax-exempt interest       2a         get a form W-2, see       a       Qualified dividends       3a         get a form       Wages from form 8919, line 6       1       2b         Attach Sch. B       2a       Tax-exempt interest       2a         Add lines 1a through 1h       1       2       85, 369.         Zandard       Qualified dividends       3a       b       0         Standard       a       IRA distributions       4a       b       Taxable amount       4b         Standard       5a       Pensions and annuities       5a       b       Taxable amount       6b         Married filing jointly or Qualify groues, Standard       c       If you elect to use the lump-su											·		-		
Incommutative       f       Employer-provided adoption benefits from Form 8839, line 29       1f         If you did not get a Form       g       Wages from Form 8919, line 6       1g         get a Form       h       Other earned income (see instructions)       1h       0.         w2-2, see       in Nontaxable combat pay election (see instructions)       1i       1k       0.         w2-2, see       in Nontaxable combat pay election (see instructions)       1i       1z       85, 369.         z       Add lines 1a through 1h       2a       b       Tax-exempt interest       2b         Attach Sch. B       2a       Tax-exempt interest       2a       b       Ordinary dividends       3b         Attach Sch. B       2a       Tax-exempt interest       2a       b       Ordinary dividends       3b         Attach Sch. B       2a       Tax-exempt interest       3a       b       Deductionds       3b         Standard       3a       B       Taxable amount       4b       Standard       Sb         Deduction for-       6a       Social security benefits       6a       b       Taxable amount       5b         Standard       C       If you elect to use the lump-sum election method, check here       7       7 <td< td=""><td>W-2G and</td><td></td><td></td><td></td><td></td><td></td><td>ISUU</td><td></td><td>• •</td><td></td><td>•</td><td></td><td>+</td><td></td><td></td></td<>	W-2G and						ISUU		• •		•		+		
If you did not get a Form get a Form Werk and the participation of the earned income (see instructions)       11       11         W-2, see instructions.       i       Nontaxable combat pay election (see instructions)       1i       1h       0.         W-2, see instructions.       i       Nontaxable combat pay election (see instructions)       1i       1h       0.         Add lines 1a through 1h       .       .       1i       2b       2b         Attach Sch. B       2a       Tax-exempt interest       .       2b       2b         Attach Sch. B       2a       Qualified dividends       .       3a       b       Dratable interest       .       2b         Standard Deduction for-       5a       Qualified dividends       .							• •		• •		•				
get a Form W-2, see       h       Other earned income (see instructions)       11         W-2, see       is Nontaxable combat pay election (see instructions)       1i         Attach Sch. B       2a       Add lines 1a through 1h       1z       85, 369.         Attach Sch. B       2a       Datable interest       2b         If required.       3a       Dottinary dividends       3b         Qualified dividends       3a       b       Ordinary dividends       3b         Standard       4a       IRA distributions       4a       b       Taxable amount       4b         Standard       5a       Pensions and annuities       5a       b       Taxable amount       5b         Single or       6a       Social security benefits       6a       b       Taxable amount       6b         Married filing separately, \$13,850       7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       7         Narried filing spouse, \$27,700       9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       77, 314.         10       Head of Incousehold, \$20,800       11       77, 314.       12       13, 850.         11       77, 314.       12       13, 850.       13									• •		•				-
W-2, see instructions.       i       Nontaxable combat pay election (see instructions)       1i         Attach Sch. B if required.       2a       Add lines 1a through 1h       1z       85, 369.         Attach Sch. B if required.       2a       Tax-exempt interest       2a       2b         Attach Sch. B if required.       3a       Ja       b       Taxable interest       2b         Standard Deduction for- Single or Married fling separately, \$13,850       4a       IRA distributions       4a       b       5a         Standard Deduction for- Ga       Social security benefits       6a       b       Taxable amount       5b         Ga Social security benefits       6a       b       Taxable amount       6b       7         Married fling jointy or Qualifying surviving spouse, \$27,700       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       7         Head of household, \$20,800       4d lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       77, 314.         12       13,850.       13       Standard deduction or itemized deductions (from Schedule A)       12       13,850.         9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your adjusted gross income       11       77,314.         12       Standard deduction or itemized deduc	get a Form	, i	-						• •		•			C	).
z       Add lines 1a through 1h       12       85,369.         Attach Sch. B       frequired.       Tax-exempt interest       2a       b       Taxable interest       2b         if required.       3a       Qualified dividends       3a       b       Ordinary dividends       3b         Standard       4a       IRA distributions       4a       b       Taxable amount       3b         Standard       5a       5a       b       Taxable amount       5b       5b         Single or       Married filing separately, \$13,850       c       If you elect to use the lump-sum election method, check here (see instructions)       5b       6b         Married filing jointly or Qualifying surviving spouse, \$27,700       Additional income from Schedule 1, line 10       7       7         Nadd lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       77, 314.       9         Yebexhold, \$20,800       12       Standard deduction or itemized deductions (from Schedule A)       12       13, 850.         12       Standard deduction or itemized deduction from Form 8995 or Form 8995-A       13       14       13, 850.								1	· ·		•				-
Attach Sch. B 2a Tax-exempt interest 2a 2a b Taxable interest 2b   if required. 3a Qualified dividends 3a b Ordinary dividends 3b   Standard 4a b Taxable amount 4b   Calified dividends 5a b Taxable amount 4b   Standard 5a b Taxable amount 5b   Standard 5a 5a b Taxable amount 5b   Single or 6a Social security benefits 6a b Taxable amount 6b   Social security benefits 6a b Taxable amount 6b   C If you elect to use the lump-sum election method, check here (see instructions) 6c 6b   Married filing sporter 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7   Married filing surving spouse, \$27,700 8 Additional income from Schedule 1, line 10 6   Standard Adjustments to income from Schedule 1, line 26 9 77, 314.   Standard deduction or itemized deductions (from Schedule A) 11 77, 314.   Standard beduction, n 13 Qualified business income deduction from Form 8995 or Form 8995-A 13   Iduation 14 Add lines 12 and 13 14 13, 850.												1z	1	85,369	).
if required.       3a       b       Ordinary dividends       3b         Standard Deduction for-       4a       b       Taxable amount       4b         Standard Deduction for-       5a       Pensions and annuities       5a       b       Taxable amount       4b         Standard Deduction for-       5a       Pensions and annuities       5a       b       Taxable amount       5b         Single or       Married filing separately, \$13,850       F       Capital gain or (loss). Attach Schedule D if required. If not required, check here       5a       -         Narried filing jointly or       8       Additional income from Schedule 1, line 10       -       -         9       77, 314.       9       77, 314.       9       77, 314.         820,800       11       Subtract line 10 from line 9. This is your adjusted gross income       11       77, 314.         19 ou checked any box under box under deduction or itemized deductions (from Schedule A)       12       13, 850.         14       Add lines 12 and 13       14       13, 850.	Attach Sch. B		-	2a			<b>b</b> Та	axable interest	t.						
4a       IRA distributions       4a       b       Taxable amount       4b         Standard       5a       5a       b       Taxable amount       5b         Signe or       6a       Social security benefits       6a       b       Taxable amount       5b         Married filing       c       If you elect to use the lump-sum election method, check here (see instructions)       1       6b         7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7         8       Additional income from Schedule 1, line 10       7         9       77,314.       9         9       77,314.       10         10       Adjustments to income from Schedule 1, line 26       11         11       77,314.       12         12       Standard deduction or itemized deductions (from Schedule A)       12       13,850.         13       Qualified business income deduction from Form 8995 or Form 8995-A       13       14       13,850.						_									
Standard Deduction for-       5a       Pensions and annuities			-			1		•							
6a       Social security benefits       6a       b       Taxable amount       6b         Married filing separately, \$13,850       c       If you elect to use the lump-sum election method, check here (see instructions)       .       .       6b         Married filing jointly or Qualifying surviving spouse, \$27,700       7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       .       .       7         9       Additional income from Schedule 1, line 10       .       .       .       8       -8,055.         9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       .       .       9       77,314.         10       Adjustments to income from Schedule 1, line 26       .       .       .       .       .         11       Subtract line 10 from line 9. This is your adjusted gross income       .       .       .       .       .       .         12       13,850.       13       Qualified business income deduction from Form 8995 or Form 8995-A       .	Standard					7	b Ta	axable amount	t						
Married filing separately, \$13,850       c       If you elect to use the lump-sum election method, check here (see instructions)       .	<ul> <li>Single or</li> </ul>		-			1	b Ta	axable amount	t			6b			
7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7         9       Additional income from Schedule 1, line 10       8       -8,055.         9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       77, 314.         9       77, 314.       10       10         9       11       77, 314.       10         9       11       77, 314.       10         9       11       77, 314.       10         9       12       Standard deduction or itemized deductions (from Schedule A)       11       77, 314.         12       13, 850.       13       Qualified business income deduction from Form 8995 or Form 8995-A       13       13         14       Add lines 12 and 13       14       13, 850.       14	Married filing	с		lectior	n method, check	here	(see i	instructions)							
Married filing jointly or Qualifying surviving spouse, \$27,7008Additional income from Schedule 1, line 108-8,055.9Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income977,314.10Adjustments to income from Schedule 1, line 2610Head of household, \$20,80011Subtract line 10 from line 9. This is your adjusted gross income1177,314.1213,850.13Qualified business income deduction from Form 8995 or Form 8995-A13141413,850.1413,850.	\$13,850	7										7			
Qualifying surviving spouse, \$27,7009Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income977, 314.10Adjustments to income from Schedule 1, line 261010Head of household, \$20,80011Subtract line 10 from line 9. This is your adjusted gross income1177, 314.12Standard deduction or itemized deductions (from Schedule A)1213, 850.13Qualified business income deduction from Form 8995 or Form 8995-A1314Add lines 12 and 1314		8			-	-						8		-8,055	5.
Standard deduction or itemized deductions (from Schedule A)       10         Head of household, \$20,800       11         Standard deduction or itemized deductions (from Schedule A)       11         Standard deduction or itemized deductions (from Schedule A)       12         Outlified business income deduction from Form 8995 or Form 8995-A       13         Outlified business income deduction from Form 8995 or Form 8995-A       14	Qualifying	9										9		77,314	1.
Head of household, \$20,80011Subtract line 10 from line 9. This is your adjusted gross income1177,314.\$20,80012Standard deduction or itemized deductions (from Schedule A)1213,850.If you checked any box under Standard Deduction,13Qualified business income deduction from Form 8995 or Form 8995-A13IdAdd lines 12 and 131314	\$27,700	10	0 Adjustments to income from Schedule 1, line 26								10				
\$20,80012Standard deduction or itemized deductions (from Schedule A)1213,850.If you checked any box under Standard Deduction,13Qualified business income deduction from Form 8995 or Form 8995-A1314Add lines 12 and 131413,850.	<ul> <li>Head of household,</li> </ul>	11										11		77,314	1.
In you checked any box under Standard Deduction,13Qualified business income deduction from Form 8995 or Form 8995-A131413,850.	\$20,800	12		-								12			
Deduction,         14         Add lines 12 and 13         13,850.	any box under	13	Qualified business income deduct	ion fro	m Form 8995 or	Form	899	5-A				13			
		14	Add lines 12 and 13									14		13,850	).
	see instructions.	15	Subtract line 14 from line 11. If zer	o or le	ess, enter -0 Th	is is y	our <b>t</b>	axable incom	ie .	<u> </u>		15		63,464	ł.

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

Form **1040** (2023)

Form 1040 (2023	)						Page <b>2</b>
Tax and	16	Tax (see instructions). Check if any from Form	n(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3	16	9,272.
Credits	17	Amount from Schedule 2, line 3				17	
	18	Add lines 16 and 17				18	9,272.
	19	Child tax credit or credit for other depender	nts from Sched	ule 8812		19	
	20	Amount from Schedule 3, line 8				20	
	21	Add lines 19 and 20				21	
	22	Subtract line 21 from line 18. If zero or less,	enter -0			22	9,272.
	23	Other taxes, including self-employment tax,	, from Schedule	e 2, line 21 .		23	0.
	24	Add lines 22 and 23. This is your total tax				24	9,272.
Payments	25	Federal income tax withheld from:					
2	а	Form(s) W-2			<b>25a</b> 14,	083.	
	b	Form(s) 1099			25b		
	с	Other forms (see instructions)			25c		
	d	Add lines 25a through 25c				<b>25</b> d	14,083.
If you have a	26	2023 estimated tax payments and amount a	applied from 20	)22 return		26	
qualifying child,	27	Earned income credit (EIC)			27		
attach Sch. EIC.	28	Additional child tax credit from Schedule 881			28		
	29	American opportunity credit from Form 886			29		
	30	Reserved for future use			30		
	31	Amount from Schedule 3, line 15					
	32	Add lines 27, 28, 29, and 31. These are you	32				
	33	Add lines 25d, 26, and 32. These are your t				33	14,083.
Refund	34	If line 33 is more than line 24, subtract line 2				34	4,811.
	35a	Amount of line 34 you want refunded to yo	u. If Form 8888	3 is attached, che	ck here	. 🗌 35a	4,811.
Direct deposit?	b	Routing number 0 8 1 0 0 0 0	3 2	c Type: 🛛 🗙	Checking 🗌 S	avings	
See instructions.	d	Account number 3 5 5 0 0 4 3	8 6 0	4 8			
	36	Amount of line 34 you want applied to your	2024 estimate	ed tax	36		
Amount	37	Subtract line 33 from line 24. This is the am	ount vou owe		• •		
You Owe		For details on how to pay, go to www.irs.go				37	
	38	Estimated tax penalty (see instructions) .			38		
Third Party	Do	you want to allow another person to dis	cuss this retu	rn with the IRS?	See		
Designee	ins	tructions			🗌 <b>Yes.</b> Cor	mplete below.	X No
_		signee's	Phone			nal identification	
<u></u>	nar		no.			er (PIN)	
Sign		der penalties of perjury, I declare that I have examine ief, they are true, correct, and complete. Declaration					
Here			Date	1		ent you an Identity	
	10	ur signature	Dale	Your occupation			PIN, enter it here
Joint return?				EMPLOYEE		(see inst.)	
See instructions.	Sp	ouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupat		ent your spouse an	
Keep a copy for your records.						Identity Pro (see inst.)	tection PIN, enter it here
,						, ,	
. <u> </u>		one no. (660) 238-1497	Email address	SOWJANYA.VAS	A1710@GMAIL.CON		Chaoly if
Paid		parer's name Preparer's signa				PTIN	Check if:
Preparer		PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA	KAM SAGAR	GUPTA TALLAM	01/27/2024	202082703	Self-employed
Use Only	Fir	m's name GLOBAL TAXES LLC					(678) 965-9522
		m's address 245 ROONEY CT E BRU	JNSWICK N	J 08816		Firm's EIN	84-3171965
Go to www.irs.go	v/Forn	1040 for instructions and the latest information.		BAA	REV 01/21/24 PRO		Form <b>1040</b> (2023)

SCHEDULE	1
(Form 1040)	

Department of the Treasury

## **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** Internal Revenue Service Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number SOWJANYA VASA 319-73-3474

Part I Additional Income		
1 Taxable refunds, credits, or offsets of state and local income taxes	1	
<b>2a</b> Alimony received	2a	
<b>b</b> Date of original divorce or separation agreement (see instructions):		
3 Business income or (loss). Attach Schedule C	3	
4 Other gains or (losses). Attach Form 4797	4	
5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	-8,055.
6 Farm income or (loss). Attach Schedule F.	6	
7 Unemployment compensation	7	
8 Other income:		
<b>a</b> Net operating loss		
<b>b</b> Gambling		
<b>c</b> Cancellation of debt		
d Foreign earned income exclusion from Form 2555		
e Income from Form 8853		
f Income from Form 8889		
g Alaska Permanent Fund dividends		
h Jury duty pay		
i Prizes and awards		
j Activity not engaged in for profit income		
k Stock options		
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		
instructions)		
<b>n</b> Section 951(a) inclusion (see instructions)		
o Section 951A(a) inclusion (see instructions)		
p Section 461(I) excess business loss adjustment		
q Taxable distributions from an ABLE account (see instructions) 8q		
r Scholarship and fellowship grants not reported on Form W-2 8r		
s Nontaxable amount of Medicaid waiver payments included on Form		
1040, line 1a or 1d		
t Pension or annuity from a nonqualifed deferred compensation plan or		
a nongovernmental section 457 plan		
u Wages earned while incarcerated		
z Other income. List type and amount:		
0 Tatal ather income Add lines to through 97	0	
9 Total other income. Add lines 8a through 8z	9	
10 Combine lines 1 through 7 and 9. This is your additional income. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	10	-8,055.
	10	e 1 (Form 1040) 2023

Par	Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis gover	nment		
	officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903		14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN			
С	Date of original divorce or separation agreement (see instructions):			
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			
а	Jury duty pay (see instructions)			
b	Deductible expenses related to income reported on line 8I from the			
	rental of personal property engaged in for profit		-	
С	Nontaxable amount of the value of Olympic and Paralympic medals			
	and USOC prize money reported on line 8m		-	
d	Reforestation amortization and expenses		-	
е	Repayment of supplemental unemployment benefits under the Trade			
	Act of 1974		-	
f	Contributions to section 501(c)(18)(D) pension plans		-	
g	Contributions by certain chaplains to section 403(b) plans		-	
h	Attorney fees and court costs for actions involving certain unlawful			
	discrimination claims (see instructions)		-	
İ	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			
;	Housing deduction from Form 2555		-	
ן א	Excess deductions of section 67(e) expenses from Schedule K-1 (Form		-	
n	1041)			
7	Other adjustments. List type and amount:		-	
2	24z			
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . Enter here a	and on		
	Form 1040, 1040-SR, or 1040-NR, line 10		26	
	BAA REV 01/21/24 PRC			1 (Form 1040) 2023

(Form	rm 1040) (From rental real estate, royalties, partnersh								6 corpora	tions, e	୭୦	- - - - - - - - - - - - - -					
	nent of the Treasury Revenue Service			Go t			Form 1040, he <i>duleE</i> for			Attachi Sequer	Attachment Sequence No. 13						
Name(s	) shown on return													Your soc	cial security		
SOWJ	ANYA VASA													319-7	73-3474	ł	
Part							Estate an										
	rental inco	me or	los	s from	Form 483	35 on page	e 2, line 40.						ctions. If you a				
	Did you make ar																
B	f "Yes," did you	or wi	ll yc	ou file	required	Form(s)	1099? .	• •			•	•			. L Y	es 🗌 N	0
<b>1</b> a	Physical addr			-					•								
Α	RAJENDRAN	AGAR	G	UNTUI	R ANDH	IRA PRA	DESH IN	1 522	2006								
В																	
<b>C</b>																1	
1b	Type of Prope		2				tate prope						ir Rental		nal Use	QJV	
	(from list below	N)					ber of fair eck the Q				_		Days	U	ays		
 	3						ments to f			A B	_		350		0		
С							See instru			C							
	of Property:									U							
	Single Family R	esider	nce	<u>م</u>	R Vacati	on/Short-	Term Ren	tal	5 Lan	d		7	Self-Rental				
	Multi-Family Re				Comm				6 Roy				Other (descri	ibe)			
										•			Propertie	es:		•	
Incom		J						0		Α	650	<u>,  </u>	В			C	
3 4	Rents received Royalties rece							3			000	·•					
Exper		iveu .						4									
5								5									
6	Auto and trave							6									
7	Cleaning and r							7		1.	125	5					
8	Commissions							8		-7							
9	Insurance .							9									
10	Legal and othe							10									
11	Management f	•						11		1,	265	; <b>.</b>					
12	Mortgage inter	est pa	aid	to bar	ıks, etc.	(see instr	uctions)	12									
13	Other interest							13									
14	Repairs							14		2,	145	; <b>.</b>					
15	Supplies .							15		2,	265	; <b>.</b>					
16	Taxes							16									
17	Utilities							17		1,	905	; <b>.</b>					
18	Depreciation e	xpens	se c	or depl	etion .			18									
19	Other (list)							19									
20	Total expense				0			20		8,	705	••					
21	Subtract line 2 result is a (loss file <b>Form 6198</b>	s), see	e ins	structi	ons to fi	nd out if	you must	21		-8,	0.5.5						
22	Deductible rer on Form 8582	ital rea	al e	estate	oss afte	er limitatio	on, if any,	22	(		)55				)(		
23a	Total of all am	•			,							3a		650.			
b	Total of all am		-									3b					
С	Total of all am										2	3c					
d	Total of all am										2	3d					
е	Total of all am	ounts	rep	oorted	on line 2	20 for all p	properties				2	3e	8	,705.			
24	Income. Add	oositiv	ve a	amoun	ts showi	n on line 2	21. <b>Do no</b> t	t inclu	de any lo	osses				. 24			
25	Losses. Add ro	yalty l	loss	ses fror	n line 21	and renta	l real estat	e losse	es from li	ne 22.	Ente	r tot	al losses here	e <b>25</b>	(	8,055	•
26	Total rental re																
	here. If Parts I Schedule 1 (Fo													n   · <b>26</b>		-8,05	5.

Supplemental Income and Loss

SCHEDULE E

Schedule E (Form 1040) 2023

-8,055.

OMB No. 1545-0074

Your name         Your SBN or ITN           SCMJANYA VASA         319-73-3474           SpouseVRDP* name         SpouseVRDP* name           Part 1         Tax Return Information (whole dollars only)         1           Part 1         Tax Return Information (whole dollars only)         1           1         California adjusted grass income (AGI). See instructions         2           3         Return do no amount due. See instructions         2           3         Return or no amount due. See instructions         2           3         Return or no amount due. See instructions         2           3         Return for no amount due. See instructions         2           3         Return information and Signature Authorization (Be sure you obtain and keep a copy of your return).         1           10         Return information and Signature Authorization (Be sure you obtain and keep a copy of your return).         1           11         Ration or no amount due. See instructions         2         2           11         Ration or no amount due. See instructions         2         1           12         Return information adjusted (FG). Similar Mither Method adjusted (FG).         1         1           12         Return information adjusted (FG).         1         1         1         1         1 </th <th>Your name SOWJANYA VASA Spoules/RDP's name Your SSN or ITIN SoWJANYA VASA Spoules/RDP's name Part I Tax Return Information (whole dollars only) California adjusted gross income (AGI). See instructions A mount you owe. See instructions California adjusted gross income (AGI). See instruction in California adjusted gross in the information in the contegross adjusted gross in the information in the contegross adjusted gross in the information in the contegross adjusted gross in the information individual</th> <th>FORM</th> <th>AXABLE YEAR</th>	Your name SOWJANYA VASA Spoules/RDP's name Your SSN or ITIN SoWJANYA VASA Spoules/RDP's name Part I Tax Return Information (whole dollars only) California adjusted gross income (AGI). See instructions A mount you owe. See instructions California adjusted gross income (AGI). See instruction in California adjusted gross in the information in the contegross adjusted gross in the information in the contegross adjusted gross in the information in the contegross adjusted gross in the information individual	FORM	AXABLE YEAR
SOUJANYA VASA       319-73-34.74         Spouse#RDP's name       Spouse#RDP's SSN or TIN         Part I       Tax Return Information (whole dollars only)       1         1       California adjusted gross income (AGI). See instructions       1       773.1         2       Anount you ove. See instructions       2       3       142         Part II       Tax Return Information (whole dollars only)       2       3       142         Part II       Taxper Declaration and Signature Authorization (Be sure you obtain and keep a copy of your return.)       3       142         Part III       Taxper Declaration and Signature Authorization (Be sure you obtain and keep a copy of your return.)       3       142         Part III       Taxper Declaration and Signature Authorization (Be sure you obtain and keep a copy of your return.)       3       142         Chind December 2, 19203, and to the bed of my knowledge and beld; II, its incore and amounts Shown in Part J above agree with the information and amounts Shown in Part Bave agree with the information and amounts Shown in Part Bave agree with the information and amounts Shown in Part Bave agree with the information and amounts Shown in Part Bave agree with the information and amounts Shown in Part Bave agree with the processing of my return or refund is delayed, a landonization Shown in Part Bave agree with the information and amounts on the apprecision advocation and anot on the spose-precision information advocation bave and the spose-precision informe advocating the Exciton informatia andvocation bave	SOWJANYA VASA       319-73-3474         Spouses/RDP's name       Spouses/RDP's SSN or TTN         Part I Tax Return Information (whole dollars only)       1         1 California adjusted gross income (AGI). See instructions       2         3 Refund or no amount due. See instructions       2         3 Refund or no amount due. See instructions       2         3 Refund or no amount due. See instructions       3         Part II Taxpayer Declaration and Signature Authorization (Be sure you obtain and keep a copy of your return.)       Importance of periory. I doclare that I have examined a copy of my individual income tax return and accompanying schedules and statements for the ending December 31, 2023, and to the best of my knowledge and belief, it is true, correct, and complete. I further doclare that the information in providee identification return originator (ERO), transmitter, or intermediate service provider, including my name, address, and accuragenation in provide identification number (TIN), and the amount shown in Part 1 above agree with the information and anounts shown on the corresponding interest deposit return and intermediates and on form TB 4845, California return and the amount shown in Part 1 above agree with the direct deposit return any memory of my kindivals, or a companying schedules and statements for the information and payment of my kindivals or advort the estimated tax payments as shown on my return, if a bits is an irrevocable appointment of the other spouse/regist domastic partner (NDP) as an agent to authorize my feed to inscribe a distructions individuals, or a companying including individual income tax return, individual income tax return and its paplicable, itauthorize my ERO target is advore the state	or Individuals 8879	2023 California e-file Signature Auth
SpouseVRDP's name         SpouseVRDP's SSN or TTN           Part I         Tax Return Information (whole dollars only)         1         7731           2         Amount you ove. See instructions         2         3         142           Part II         Taxy Peteration a Signature Authorization (Be sure you obtain and keep a copy of your return.)         1         2           Under penalties of perium; I teads and Signature Authorization (Be sure you obtain and keep a copy of your return.)         1         2           Under penalties of perium; I teads and Signature Authorization (Be sure you obtain and keep a copy of your return.)         1         2           Under penalties of operium; I teads and that I have samined a copy of ny individual income tax return. and accompanying schedules and statements for the try oreide of an electronic return originator (FRD), transmitter, or intermediate service provider, including ny name, address, and social security nuroved to reidentification number (TRN) and the amounts shown in Period reidentification authoriza an electronic funds withdraval of the amount on line 2 and/or the estimated tax payments (SN) or individual and or more that and increat deposit authorization stated on my return. If the processing of my return or return is delayed, a landnorz tak he effort individual and comparable form. If and individuat and commot the anount on line 2 and/or the estimated tax payment effort the schedule service.           In antificial service provide in tax return. If applicable, I delayed in antibics the FTB to disdesed and tax return. If applicable, indelayed and applicable interest andit andividuat enteret anteres in advites and intervic	Spouse's/RDP's name       Spouse's/RDP's SSN or ITIN         Part I Tax Return Information (whole dollars only)       1         1       California adjusted gross income (AGI). See instructions       1         2       Amount you owe. See instructions       2         3       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 ending December 31, 2023, and to the best of my knowledge and belief, it true, correct, address, and social security number (SN) or individent on originator (EAD), transmitter, or intermediate service provider, including my name, address, and social security number (SN) or individent on originator (EAD), transmitter, or intermediate service provider, including my name, address, and social security number (SN) or individent dictation number (TIN), and the amounts shown in Part I above agree with the information and amounts shown on the corresponding lines of my express the address and shown on the corresponding lines of my express the address and shown on the torresponding lines of my express the address and shown on the torresponding lines of my express in part to authorize an electronic tunds withdraval or direct deposit authorization stated on my return. If have field a joint frame, the site and the statement of the corresponding lines of my epideronic tunds withdraval or direct deposit authorize my EAD transmitter or my electronic tunds withdraval or direct deposit authorize the ETB to do to my effect field the expressing of my return or effund securice provider, and/or transmitter the reson(s) for the delay or the date when the reladvas and. If am filing	Your SSN or ITIN	our name
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Under penalties of perjury. I declare that have examined a copy of my individual income tax return and accompanying schedules and statements for the tax y ending December 31, 2023, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the information I provided to my individual income tax return. Tapplicable, incoment tax return. Tapplicable, inductions and the amounts shown in Part Jabove agree with the information and amounts shown on the corresponding lines of my electronic funds withdrawal of the amounts on line 2 and/or the estimated tax payments as shown on my return. The varies line of the method schedules, induced and the end to the estimated tax payments as a constrained tax payments as shown on my return. The varies line of the other spouse/provider to transmitter, or intermediate service provider, and/or transmitter or intermediate service provider, and/or transmitter the reason(s) for the data y of the data when the refund was sent. If I and filing a balance due turn, understand that if the TFB do isolate to my REM. This is an intervent of the franchise Tax Board (TFB). If the processing of my return was appendition of the data spouse the tax liability and all applicable income tax return. This is an interval and all applicable income tax return. I understand that if the TFB do isolate service provider, and/or transmitter for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent included on the capy of my electronic Funds Withdrawal Consent included on the capy of my electronic Funds Withdrawal Consent included on the capy of my electronic Funds Withdrawal Consent tax return. Check this box only if you are entering your own PIN and y signature on my 2023 e-filed California individual income tax return. Check this box only if you are entering your own and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.         You	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 ending December 31, 2023, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the information I provided electronic return originator (ERO), transmitter, or intermediate service provider, including my name, address, and social security number (SSN) or individual income tax return. If applicable, I authorize an electronic tunds withdrawal of the amount on line 2 and/or the estimated tax payments as shown on my r and on form FTB 4455, California e-file Payment Record for Individuals, or a comparable form. If applicable, I declare that the information and obmestic patruer (RDP) as an agent to authorize an electronic funds withdrawal of the denor tapositile, I declare that the infermediate servic provider including the return, this is an irrevocable appointment of the other spouse/regis domestic patruer (RDP) as an agent to authorize an electronic funds withdrawal of three deposit. I authorize my ERO, transmitter, or intermediate servic provider, I take the return and the return and the return the FTB does not receive full and timely payment of my tax liability. I remain liabile for the tax liability and all applicable interest and the inter FTB does not receive full and timely payment of my tax liability. I remain liability and all applicable interest penalties. I acknowledge that have read and consent to the Electronic Funds Withdrawal Consent included on the copy of my electronic income tax return. Taypiershifter, or intermediate servic provider, and/or transmitter or intermediate service provider, and/or trecevies that the FTB to so for the cells or the dela		Refund or no amount due. See instructions
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and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.  Spouse's/RDP's signature  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.  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 confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and FTB Pub. 1345, 2023 Handbook for Author e-file Providers.	and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.		as my signature on my 2023 e-filed California individual income tax return.
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. 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 confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and FTB Pub. 1345, 2023 Handbook for Author e-file Providers.	Spouse's/RDP's signature	eck this box <b>only</b> if you are entering your own P	
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 confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and FTB Pub. 1345, 2023 Handbook for Author e-file Providers.		_ Date  🕨	pouse's/RDP's signature 🕨
ERO's Electronic Filer Identification Number (EFIN)/PIN.         Enter your six-digit EFIN followed by your five-digit self-selected PIN.       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 abor confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and FTB Pub. 1345, 2023 Handbook for Author e-file Providers.		1	
Enter your six-digit EFIN followed by your five-digit self-selected PIN. 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 abore confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and FTB Pub. 1345, 2023 Handbook for Authore e-file Providers.			
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 confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and FTB Pub. 1345, 2023 Handbook for Author e-file Providers.	Enter your six-digit EFIN followed by your five-digit self-selected PIN. $             \begin{bmatrix}             2 & 2 & 4 & 9         \\             6 & 0 & 8 & 2 & 7 & 1             \end{bmatrix}         $		
ERO's signature Date Date 01/27/2024	confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and FTB Pub. 1345, 2023 Handbook for A		onfirm that I am submitting this return in accordance with the requirements of the P
	ERO's signature  Date  01/27/2024	01/27/2024	RO's signature 🕨

540

# 2023 California Resident Income Tax Return

				AI	Έ	ATTACH	FEDERAL	RETURN		
		73-3474 Anya	VASA VASA			23				
		ALBERT ITOS	AVENUE CA	90703						
12	-26	5-1991								
		Enter your county	at time of filing (see in	structions)						
ence	۲	LOS ANGE		s your principal/physi	 cal residence addi	ress at the time of filin	g, check this box	•×		
Reside		lf not, enter belo	ow your principal/ph	nysical residence addr	ess at the time of					
Principal Residence	۲	Street address (nu	imber and street) (If for	reign address, see instru	ctions.)		Apt. no/ste.	. no.		
Prine	۲	City					State	ZIP code		
		lf your Califorr	nia filing status is dif	fferent from your fede	ral filing status, cl	neck the box here				
tus	1	× Single		4	Head of household	d (with qualifying pers	on). See instruct	ions.		
Filing Status	2		/RDP filing jointly (e		Qualifying survivir	ng spouse/RDP. Enter	year spouse/RDP	died.		
Filin			e spouse/RDP had ir ructions.	,	See instructions.					
	3	Married	/RDP filing separate	ly. Enter spouse's/RD	P's SSN or ITIN at	oove and full name her	re.			
	6	If someone car	n claim you (or your	r spouse/RDP) as a de	pendent, check th	e box here. See instr.	• 6			
•	Fo	r line 7, line 8, lir	ne 9, and line 10: Mu	Iltiply the number you	enter in the box by	the pre-printed dollar	amount for that l	ine. Whole dollars only		
tions	7	box 2 or 5, ente	er 2 in the box. If yo	u checked the box on	r 4 above, enter 1 in the box. If you checked checked the box on line 6, see instructions. $\bigcirc 7$ 1 X \$144 = $\bigcirc$ \$					
<ul> <li>7 Personal: If you checked box 1, 3, or 4 above, enter 1 in the box. If you c box 2 or 5, enter 2 in the box. If you checked the box on line 6, see instru</li> <li>8 Blind: If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2. See instructions</li> <li>9 Senior: If you (or your spouse/RDP) are 65 or older enter 1;</li> </ul>						• 8 X \$	144 = • \$			
ш	9			P) are 65 or older, enternation ente		• 9 X \$1	144 = • \$			
_		REV 01/21/	/24 PRO	_						
				175	3101234		Form	n 540 2023 <b>Side 1</b>		

Υοι	ır na	me:	VAS	A			Your	SSN or	ITIN:	319-	73-34	74				
	10	Depen	dents:		ot include y Dependent 1		r your spou	ise/RDP.		ident 2				Dependent 3		
		First	t Name	igodoldoldoldoldoldoldoldoldoldoldoldoldol		1										
SI		Last	Name	۲												
Exemptions			. See ructions.	•									•			
Exen		Dep	endent's tionship													
		to yo	u	0								 				
	Tota				otions								\$446 = (			1.4.4
	11	Exen	nption a	amou	Int: Add line	7 throug	h line 10. T	ransfer t	his amo	unt to lir	ie 32		• 1	1\$		144
	12	State Form	wages n(s) W-	s from 2. bo	n your feder x 16	al		• 12			85	369	. 00			
	13		. ,												7731	4.00
	14	Califo	California adjustments – subtractions. Enter the amount from Schedule CA (540).													
	15	Subt	ract line	e 14 1	from line 13	. If less tl	han zero, er	nter the r	esult in	parenthe	ses.		• 14		7721	.00
Taxable Income	16					ts – additions. Enter the amount from Schedule CA (540),										
ole Inc					olumn C								• 16			
Taxab	17	Califo	ornia ad		ed gross inc								)		7731	4 .00
•	18	Enter <b>large</b>			r California i r California :					` '			R			
		Single or Married/RDP filing separately								•						
		If Married/RDP filing separately or the box on line 6 is checked, <b>STOP</b> . See instructions. • <b>18</b> Subtract line 18 from line 17. This is your <b>taxable income</b> .								536	3 .00					
	19				from line 17 enter -0-								• 19		7195	1.00
	31	Tax.	Check t	the bo	ox if from:	<b>X</b> .	Tax Table		Tax	Rate Scł	nedule					
	32	Evor	ntion	aradit	s. Enter the		FTB 3800	• _					• 31		334	9 .00
Тах	32				structions.			5					<b>④ 32</b>		14	4 .00
F	33	Subt	ract line	e 32 1	from line 31	. If less tl	han zero, er	nter -0					• 33		320	5 .00
	34	Tax.	See ins	truct	ions. Check	the box i	f from: ●	Sch	edule G-	1	FTB 5	5870A	• 34			. 00
	35	Add	line 33	and I	ine 34								• 35		320	5 .00
edits	40	Nonr	efunda	ble C	hild and Dep	pendent C	Care Expens	es Credi	t. See in	structior	IS		• 40			00
Special Credits	43	Enter	· credit	name	e			(	code ●		and am	nount	• 43			.00
Speci	44	Enter	<sup>r</sup> credit	name	e				code ●		and am	nount	• 44			. 00
								-			-			REV 01/21/24	PRO	
		Side 2	Porm	ı 540	2023		175	I	310	2234						

You	r nar	ne: VASA Your SSN or ITIN: 319-73-3474				
s	45	To claim more than two credits, see instructions. Attach Schedule P (540)	45			. 00
Special Credits	46	Nonrefundable Renter's Credit. See instructions	46			. 00
scial (	47	Add line 40 through line 46. These are your total credits	47			. 00
Spe	48	Subtract line 47 from line 35. If less than zero, enter -0	48		3205	. 00
			Γ			
sex	61	Alternative Minimum Tax. Attach Schedule P (540)	Г			. 00
Other Taxes	62	Mental Health Services Tax. See instructions	<b>62</b>			<b>.</b> 00
Oth	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		3205	. 00
	71	California income tax withheld. See instructions	71		4628	. 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
ents	74	Excess SDI (or VPDI) withheld. See instructions	74			. 00
Payments	75	Earned Income Tax Credit (EITC). See instructions	75			. 00
	76	Young Child Tax Credit (YCTC). See instructions	Г			. 00
	77	Foster Youth Tax Credit (FYTC). See instructions	Г			. 00
	78	Add line 71 through line 77. These are your total payments.	Г		4628	. 00
ax	91	Use Tax. Do not leave blank. See instructions		0.00		
Use Tax		If line 91 is zero, check if:   X No use tax is owed.   You paid your use tax of the second s	bligatior			
	92	If you and your household had full-year health care coverage, check the box.				
ISR Penaltv		See instructions. Medicare Part A or C coverage is qualifying health care coverage	×			
_е_		Individual Shared Responsibility (ISR) Penalty. See instructions • 92		- 00		
¢)	93	Payments balance. If line 78 is more than line 91, subtract line 91 from line 78	93		4628	. 00
Overpaid Tax/Tax Due	94	<b>Use Tax balance.</b> If line 91 is more than line 78, subtract line 78 from line 91	Г			. 00
Гах/Та	95	Payments after Individual Shared Responsibility Penalty. If line 93 is more than line 92, subtract line 92 from line 93.	Г		4628	. 00
paid 7	96	Individual Shared Responsibility Penalty Balance. If line 92 is more than line 93,	96			. 00
Over	97		90		1423	. 00
	31	REV 01/21/24 PRO	<b>J</b> I			.00
		175 3103234		Form 540 2023	Side 3	

our nar	ne:	VASA	Your SSN or ITIN:	319-73-3474		I	
98 e	Amo	unt of line 97 you want applied to you	ur <b>2024</b> estimated tax .	•••••••••••••••••••	98	0	. 00
199 99	Over	unt of line 97 you want applied to you paid tax available this year. Subtract lue. If line 95 is less than line 64, sub prnia Seniors Special Fund. See instru	line 98 from line 97	•••••••	99	1423	. 00
100 TaX	Tax c	lue. If line 95 is less than line 64, sub	tract line 95 from line 6	64	) 100		. 00
					<u>Code</u>	Amount	
	Califo	ornia Seniors Special Fund. See instru	uctions	•••••••••••••••••••••••••••••••••••••••	400		<b>.</b> 00
		imer's Disease and Related Dementia					- 00
	Rare	and Endangered Species Preservatio	n Voluntary Tax Contrib	ution Program •	403		. 00
	Califo	ornia Breast Cancer Research Volunta	ry Tax Contribution Fun	d •	405		. 00
	Califo	ornia Firefighters' Memorial Voluntary	/ Tax Contribution Fund		406		. 00
	Emer	gency Food for Families Voluntary Ta	x Contribution Fund		407		. 00
	Califo	ornia Peace Officer Memorial Foundat	ion Voluntary Tax Contr	ibution Fund •	408		. 00
	Califo	ornia Sea Otter Voluntary Tax Contrib	ution Fund		410		. 00
	Califo	ornia Cancer Research Voluntary Tax	Contribution Fund		413		. 00
Contributions	Scho	ol Supplies for Homeless Children Vo	oluntary Tax Contribution	n Fund 🗨	422		. 00
5	State	Parks Protection Fund/Parks Pass P	urchase		423		. 00
	Prote	ct Our Coast and Oceans Voluntary T	ax Contribution Fund	•••••••••••••••••••••••••••••••	424		. 00
	Кеер	Arts in Schools Voluntary Tax Contri	bution Fund	•••••••••••••••••••••••••••••••	425		. 00
	Califo	ornia Senior Citizen Advocacy Volunta	ary Tax Contribution Fun	ıd •	438		. 00
	Nativ	e California Wildlife Rehabilitation Vo	luntary Tax Contributior	n Fund 🗨	439		. 00
	Rape	Kit Backlog Voluntary Tax Contributi	on Fund		440		. 00
	Suici	de Prevention Voluntary Tax Contribu	ition Fund		444		. 00
	Ment	al Health Crisis Prevention Voluntary	Tax Contribution Fund.		445		. 00
110	Add	amounts in code 400 through code 4	45. This is your total co	ntribution	110		. 00

REV 01/21/24 PRO

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Your	r nan	ne: VASA	Your SSN or ITIN: 319-73-347	74
Amount You Owe	111	-	) BOX 942867, SACRAMENTO CA 94267-00	100, and line 110. See instructions. <b>Do not send cash.</b> D1 ● 11100
Interest and Penalties		Interest, late return penalties, and late Underpayment of estimated tax. Check the box:	payment penalties	
	114	Total amount due. See instructions. En	close, but <b>do not</b> staple, any payment	114 .00
	115	REFUND OR NO AMOUNT DUE. Subtra	act the sum of line 110, line 112, and line 113	3 from line 99. See instructions.
		Mail to: FRANCHISE TAX BOARD, PO I	30X 942840, SACRAMENTO CA 94240-0001	● 115 1423 .00
Refund and Direct Deposit		Fill in the information to authorize direct See instructions. <b>Have you verified the</b> All or the following amount of my refur • Type	-	
id Di		Routing number      Checking	Account number	• <b>116</b> Direct deposit amount
nd ar		081000032 Savings	355004386048	1423 .00
Refu		The remaining amount of my refund (li • Type	ne 115) is authorized for direct deposit into t	he account shown below:
		Routing number     Checking	Account number	• 117 Direct deposit amount
		Savings		00
Voter Info.		For voter registration information, cheo	ck the box and go to <b>sos.ca.gov/elections</b> . S	ee instructions
Health Care Coverage Info.		-	r low-cost health care coverage? By checking om your tax return with Covered California. S	

REV 01/21/24 PRO

Sign your tax return on Side 6

Γ

Vour	name <sup>.</sup>	VASA

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Your SSN or ITIN: 319-73-3474



IMPORTANT: S	See the instructions to find out if you should a	ttach a copy of your comple	ete federal tax return.		
Our privacy notice to locate FTB 113	e can be found in annual tax booklets or online. Go to 1 EN-SP, Franchise Tax Board Privacy Notice on Collec	<b>ftb.ca.gov/privacy</b> to learn abou ction. To request this notice by n	It our privacy policy statement, or go nail, call 800.338.0505 and enter form	to <b>ftb.ca.go</b> 1 code <b>948</b> v	<b>v/forms</b> and search for <b>1131</b> vhen instructed.
Under penalties o is true, correct, a	of perjury, I declare that I have examined this tax re nd complete.	turn, including accompanying	schedules and statements, and to the	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 add	ress.			erred phone number
Sign				6602	2381497
Here	Paid preparer's signature (declaration of prepar	er is based on all information	n of which preparer has any knowl	edge)	
It is unlawful	SYAM PRIYA RAM SAGAR	GUPTA TALLAM			
to forge a	Firm's name (or yours, if self-employed)				PTIN
spouse's/ RDP's	GLOBAL TAXES LLC		P02082703		
signature.	Firm's address				Firm's FEIN
Joint tax return?	245 ROONEY CT E BRUNS	WICK NJ 08816			843171965
See instructions.	Do you want to allow another person to dis	Yes	× No		
	Print Third Party Designee's Name			Telephor	ne Number

REV 01/21/24 PRO

CA (540)

## **2023 California Adjustments – Residents**

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

Na	Name(s) as shown on tax return SSN or ITIN									
SOWJANYA VASA 319733474										
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	• 85369		•						
	b Household employee wages not reported on federal Form(s) W-2 1b	$\odot$	۲	$\textcircled{\bullet}$						
	<b>c</b> Tip income not reported on line 1a <b>1c</b>	$\odot$	۲	۲						
	<b>d</b> Medicaid waiver payments not reported on federal Form(s) W-2. See instructions <b>1d</b>		۲	$\odot$						
	e Taxable dependent care benefits from federal Form 2441, line 26 1e	۲	۲	۲						
	f Employer-provided adoption benefits from federal Form 8839, line 29 1f	۲	۲	۲						
	<b>g</b> Wages from federal Form 8919, line 6 <b>1g</b>	۲	۲	۲						
	${\bf h}~$ Other earned income. See instructions $\ldots\ldots$ . 1h	• 0	$\textcircled{\bullet}$	۲						
	i Nontaxable combat pay election. See instructions1i			۲						
	$z \;$ Add line 1a through line 1i 1z	• 85369	۲	۲						
2	Taxable interest. a 🕘2b	۲	$\overline{oldsymbol{0}}$	$\odot$						
3	Ordinary dividends. See instructions. a	•	$\overline{\bullet}$	۲						
4	IRA distributions. See instructions. a • 4b			• F						
5	Pensions and annuities. See									
6	instructions. a Social security									
U	benefits. a • 6b	۲	۲							
7	Capital gain or (loss). See instructions	۲	$\odot$							
		(Form 1040)								
1	Taxable refunds, credits, or offsets of state and local income taxes	۲	۲							
2	a Alimony received. See instructions 2a	۲		۲						
3	Business income or (loss). See instructions <b>3</b>	۲	۲	۲						
4	Other gains or (losses)	۲	۲	۲						
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc	• -8055	۲	۲						
6	Farm income or (loss)									
7	Unemployment compensation	•								
		_		REV 01/21/24 PRO						

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Section B – Additional Income Continued			Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	<b>C</b> Additions See instructions
8	Other income: <b>a</b> Federal net operating loss	۲	( )		۲
	b Gambling	•	<b>NT</b>		
	c Cancellation of debt	$ \bigcirc $			$\odot$
	d Foreign earned income exclusion from federal Form 2555	۲	( )		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 pay8h	۲			
	i Prizes and awards8i	۲			
	j Activity not engaged in for profit income 8j	۲			
	k Stock options	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	۲	E (		
	n IRC Section 951(a) inclusion				F
	o IRC Section 951A(a) inclusion	۲		۲	
	p IRC Section 461 (I) excess business loss adjustment 8p	۲		۲	۲
	<b>q</b> Taxable distributions from an ABLE account <b>8q</b> <b>r</b> Scholarship and fellowship grants	۲			
	not reported on federal Form(s) W-2 8r				
	s Nontaxable amount of Medicaid waiver payments included on federal Form 1040, line 1a or line 1d8s	۲	( )		
	t Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental IRC Section 457 plan 8t	۲			
	<b>u</b> Wages earned while incarcerated	$\odot$			
	z Other income. List type and amount.	_			
				$\textcircled{\bullet}$	$\odot$
	DON		ΟΤ	MA	REV 01/21/24 PRO
	<b>Side 2</b> Schedule CA (540) 2023 17	5	7732234	<u> </u>	



Se	ction B – Additional Income Continued	A	Federal Amounts (taxable amounts from your federal tax return)	В	Subtractions See instructions	<b>C</b> Additions See instructions
9	<ul> <li>a Total other income. Add lines 8a through 8z 9a</li> <li>b1 Disaster loss deduction from form FTB 3805V 9b1</li> </ul>	۲	<b>NT</b>	•	ЛА	۲
	<b>b2</b> NOL deduction from form FTB 3805V 9b2			•		
	<b>b3</b> NOL deduction from form FTB 3805Z, 3807, or 3809			۲		
10	<b>Total.</b> Combine Section A, line 1z through line 7, and Section B, line 1 through line 7, and line 9a in column A and column C. Add Section A, line 1z through line 7, and Section B, line 1 through line 7, line 9a, and line 9b1 through line 9b3 in column B (as applicable). See instructions	۲	77314	۲		۲
	<b>ction C – Adjustments to Income</b> m federal Schedule 1 (Form 1040)					
11	Educator expenses	۲		۲		
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. $\ldots\ldots.12$	۲		۲		۲
13	Health savings account deduction			۲		
14	Moving expenses. Attach form FTB 3913. See instructions					$\odot$
	Deductible part of self-employment tax. See instructions	•	F (	0		
17	Self-employed health insurance deduction. See instructions	$   \mathbf{O} $				F
18	Penalty on early withdrawal of savings	۲				
19	a Alimony paid19a	۲				۲
	<b>b</b> Recipient's: SSN •					
	Last Name 🖲					
20	IRA deduction			۲		•
21	Student loan interest deduction	$   \mathbf{O} $				•
22	Reserved for future use					
23	Archer MSA deduction	۲				
		_		_		REV 01/21/24 PRO

DO NOT MAIL

Section C – Adjustments to Income Continued		A	Federal Amounts (taxable amounts from your federal tax return)	<b>B</b> Subtractions See instructions	<b>C</b> Additions See instructions		
24	Other adjustments: a Jury duty pay24a						
	<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>	•	ΟΤ		$\odot$		
	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 expenses 24d	$oldsymbol{igstar}$					
	e Repayment of supplemental unemployment benefits under the federal Trade Act of 197424e						
	f Contributions to IRC Section 501(c)(18)(D) pension plans24f			۲	$\odot$		
	g Contributions by certain chaplains to IRC Section 403(b) plans			$\odot$	۲		
	h Attorney fees and court costs for actions involving certain unlawful discrimination claims						
	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	۲		۲			
	j Housing deduction from federal Form 2555 <b>24</b> j	$oldsymbol{igstar}$					
	<b>k</b> Excess deductions of IRC Section 67(e) expenses from federal Schedule K-1 (Form 1041) <b>24k</b>						
	z Other adjustments. List type and amount.	۲	EC		•		
25	Total other adjustments. Add line 24a through line 24z			$\odot$			
26	Add line 11 through line 23 and line 25 in columns A, B, and C. See instructions	•		•	•		
27	Total. Subtract line 26 from line 10 incolumns A, B, and C. See instructions	$   \mathbf{O} $	77314	۲	۲		

REV 01/21/24 PRO



7734234

Pa	rt II Adjustments to Federal Itemized Deductions				٦	
Che	eck the box if you did NOT itemize for federal but will itemize	for C	alifornia •			
		A	Federal Amounts (from federal Schedule A (Form 1040))		<b>B</b> Subtractions See instructions	<b>C</b> Additions See instructions
	dical and Dental Expenses See instructions.				VIAI	
	Medical and dental expenses • 1					
	Enter amount from federal Form 1040 or 1040-SR, line 11 • 77314 2					
3	Multiply line 2 by 7.5% (0.075) • 5799 <b>3</b>					
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter 0					$\textcircled{\bullet}$
	<b>a</b> State and local income tax or general sales taxes <b>5a</b>	۲	5396	$oldsymbol{O}$	5396	
	<b>b</b> State and local real estate taxes	$   \mathbf{O} $				
	c State and local personal property taxes5c	۲				
	<b>d</b> Add line 5a through line 5c		5396			
	e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) in column A. Enter the amount from line 5a, column B in line 5e, column B. Enter the difference from line 5d and line 5e, column A in line 5e, column C		5396	$   \bullet $	5396	• F 0
6	Other taxes. List type • 6	$   \mathbf{O} $		ullet		۲
7	Add line 5e and line 67		5396	ullet	5396	• 0
	<ul> <li>a Home mortgage interest and points reported to you on federal Form 1098</li> </ul>					۲
	b Home mortgage interest not reported to you on federal Form 1098					۲
	c Points not reported to you on federal Form 10988c					۲
	d Reserved for future use8d					
	e Add line 8a through line 8c	۲		ullet		$\odot$
9	Investment interest			ullet		۲
10	Add line 8e and line 9	۲		ullet		$\odot$
	DON		ΟΤ			REV 01/21/24 PRO
	175	1	7735234		Schedule CA	(540) 2023 <b>Side 5</b>



Pa	rt II Adjustments to Federal Itemized Deductions Continued	A	Federal Amounts (from federal Schedule A (Form 1040))	E	Subtractions See instructions	C	Additions See instructions
Gif	ts to Charity		, ,,				
	Gifts by cash or check11	$   \mathbf{O} $		$\odot$		$\odot$	
12	Other than by cash or check	$\overline{\mathbf{O}}$	NT	$\odot$			
13	Carryover from prior year13	$\odot$		•		•	I
14	Add line 11 through line 1314	۲		۲		۲	
	sualty and Theft Losses Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions <b>15</b>	۲		۲		۲	
Oth	er Itemized Deductions						
16	Other—from list in federal instructions16						
17	Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C	•	5396	•	5396	•	0
_				I		\	0
18	Total. Combine line 17 column A less column B plus col	lumn	С			/18	0
Job	Expenses and Certain Miscellaneous Deductions						
19	Unreimbursed employee expenses: job travel, union due Attach federal Form 2106 if required. See instructions .			19			
	Tax preparation fees			20			
21	Other expenses: investment, safe deposit box, etc. List type			21	0		
	Add line 19 through line 21			22	0	Y _	
23	Enter amount from federal Form 1040 or 1040-SR, line 11		77314				
24	Multiply line 23 by 2% (0.02). If less than zero, enter 0 .			24	1546		
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 a 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.		- 	. \$237,0 . \$355,5	35 58		
	Yes. Complete the Itemized Deductions Worksheet in th	e ins	tructions for Schedule CA	(540), li	ne 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 Transfer the amount on line 30 to Form 540, line 18	ictior ialifyi	ng surviving spouse/RDP	\$10,7	26	) <b>30</b>	5363
					REV 01/21/24 PRO		
	<b>Side 6</b> Schedule CA (540) 2023 175	1	7736234				