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)

Taxpaver's name

| Taxpay | er's name | Social securit | y numb | ber | | | |
|--------|--|---------------------------------|-------------|---------------------------------------|--|--|--|
| HAR | SHIT BHAVESH GAJJAR | 341-53- | 341-53-8143 | | | | |
| Spouse | e's name | Spouse's social security number | | | | | |
| Par | Tax Return Information – Tax Year Ending December 31, 2023 (Ente | r year you a | re aut | thorizing.) | | | |
| 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 | 60,477. | | | |
| 2 | Total tax | | 2 | 5,565. | | | |
| 3 | Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | | 3 | 10,962. | | | |
| 4 | Amount you want refunded to you | | 4 | 5,397. | | | |
| 5 | Amount you owe | | 5 | | | | |
| Dow | Towneyser Declaration and Connetwee Authorization (Decume you not and | | | · · · · · · · · · · · · · · · · · · · | | | |

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

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to taxes 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

| X | I authorize | GLOBAL ' | TAXES | | to enter or generate my PIN | Er |
|---|-------------|----------|-------|---------------|-----------------------------|----|
| | | | | ERO firm name | | |

| 3 | 8 | 1 | 4 | 3 | as mv |
|------------|------|---|---|---|-------|
| Ent dor | asmy | | | | |

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 enter | or | generate | my | PIN |
|----------|----|----------|----|-----|

Enter five digits, but don't enter all zeros

ERO firm name 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.

| Spouse's signature > | Date | | | | | | | |
|---|-------|----|--|-----------------|------|---|-----|--|
| Practitioner PIN Method Returns Only—continu | e bel | ow | | | | | | |
| Part III Certification and Authentication – Practitioner PIN Method Only | | | | | | | | |
| ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. | 2 | 2 | | 6 nter a | I | 2 | 7 1 | |

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

| ERO's signature > | Date 🕨 | | |
|--|---|--|--------------------------|
| | ERO Must Retain This Form — Se Ibmit This Form to the IRS Unless | | |
| For Denomicarly Deduction Act Nation and | very tex veture instructions | | Farm 9970 (Day, 01 0001) |

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

REV 02/05/24 PRO

| 1040 |) | VR Department of the Treasury-Inter U.S. Nonresident Ali | nal Reven en Inc | ^{ue Service} | rn | 2023 | OMB | No. 15 | 45-0074 | or stap | ole in this | | |
|--|---|--|---|---|-------|---------------------|-----------|------------|---------------------|----------------------------|--------------------|-------------|--|
| For the year Jan | n. 1–I | Dec. 31, 2023, or other tax year beginn | ing | , 202 | 3, en | ding | | , , | 20 | See separate instructions. | | | |
| Your first name | and | middle initial | Last name Your identifying numb (see instructions) | | | | | | | | | | |
| HARSHIT E | SHA | /ESH | GAJJ | AR | | | | | 341 | 341-53-8143 | | | |
| Home address (| num | ber and street). If you have a P.O. box | , see ins | tructions. | | | | | | | Apt. | no. | |
| 1315 WEST | | | | | | | | | | | | | |
| City, town, or po | ost c | ffice. If you have a foreign address, als | so comp | ete spaces below. | | | Sta | te | | ZIP co | | | |
| SAN JOSE | | | | | | | CA | | | 9513 | 1 | | |
| Foreign country name Foreign province/state/county F | | | | | For | eign p | oostal co | ode | | | | | |
| Filing | Б | Single 🗌 Married filing sepa | arately (N | 1FS) Qualif | vina | surviving spous | e (QSS | 3) | E: | state | | Trust | |
| Status Check only one box. | If you checked the QSS box, enter the child's name if the qualifying person is a child but not your dependent | | | | | | | | endent: | | | | |
| Digital Assets | | ny time during 2023, did you: (a) recei erwise dispose of a digital asset (or a f | | | | | | | r (b) sell, | | | 🗙 No | |
| Dependents | | | | | | | | (4) Che | eck the bo | ox if qualit | ies for (| see inst.): | |
| (see instructions): | | (1) First name Last name | | (2) Dependent's identifying number | | (3) Relationship to | VOU | Chil | d tax cre | ו דור | redit fo depend | | |
| | | | | , | | | | | | | | | |
| If more than four | | | | | | | | | | | | <u>.</u> | |
| dependents, see instructions and | | | | | | | | | | | |] | |
| check here | | | | | | | | | | | |] | |
| Income | 1a | Total amount from Form(s) W-2, box | 1 (see ir | nstructions) | | | | | . 1a | ı 📃 | 65, | 575. | |
| Effectively | b | Household employee wages not rep | | | | | | | |) | | | |
| Connected | С | Tip income not reported on line 1a (s | | | | | | | | | | | |
| With U.S. | d | | | | | | | | | | | | |
| Trade or | e | Taxable dependent care benefits fro | | | | | • • | · | . <u>1</u> € | - | | | |
| Business | fg | Employer-provided adoption benefit Wages from Form 8919, line 6 | | | | | • • | · | . <u>11</u> . 10 | - | | | |
| Attach | 9 h | Other earned income (see instruction | | | | | | | | | | | |
| Form(s) W-2, 1042-S, | i | Reserved for future use | | | | | | • | . 1 | | | | |
| SSA-1042-S, | i | Reserved for future use | | | | | | | . 1j | | | | |
| RRB-1042-S, and 8288-A here. Also | k | Total income exempt by a treaty from line 1(e) | | | | | | | - | | | | |
| attach | z | Add lines 1a through 1h | | | | | | | . 1z | : | 65, | 575. | |
| Form(s) 1099-R if | 2a | Tax-exempt interest 2a | 1 | b T | axab | le interest | | | . 2t |) | | | |
| tax was | 3a | Qualified dividends 3a | | | | ary dividends . | | | |) | | | |
| withheld. | 4a | IRA distributions 4a | | | | le amount . | | | | | | | |
| lf you did not get a Form | 5a | Pensions and annuities 5a | | | | le amount | | | | | | | |
| W-2, see | 6 | Reserved for future use | | | | | | | | | | | |
| instructions. | 7 8 | Additional income from Schedule 1 (| `` | , 1 | | • | | | _ | - | _5 | 098. | |
| | 9 | Add lines 1z, 2b, 3b, 4b, 5b, 7, and 8 | | | | | | | | _ | | 477. | |
| | 10 | Adjustments to income from Sched | | | | | | | | | , | | |
| | 10 | | • | | | • | - | | | | | | |
| | 11 | Subtract line 10 from line 9. This is y | our adju | sted gross income | | | | | . 11 | | 60, | 477. | |
| | 12 | Itemized deductions (from Schedu deduction (see instructions) . | | | | | | | | | 13, | 850. | |
| | 13a | Qualified business income deduction | n from Fo | orm 8995 or Form 899 | 5-A | . 13a | | | | | | | |
| | b | Exemptions for estates and trusts or | | | | | | | | | | | |
| | c | Add lines 13a and 13b | • • | | • | | | · | | - | | | |
| | 14 | | | · · · · · · · · | | | | | | | | 850. | |
| | 15 | Subtract line 14 from line 11. If zero | | | | DIE INCOME . | | • | . 15 | | | 627. | |

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

Form **1040-NR** (2023)

| Tax and Credits 6 Tax see instructions. One kit any from Tomis; 1 B814 2 97 3 16 5,555. Second tom Schedule 2 (form 1040), line 3 17 0. 18 5,555. 19 Child tax credit or credit for other degendents from Schedule 8812 (Form 1040) 18 5,555. 20 Anount tom Schedule 3 (form 1040), line 8 2 12 24 22 5,555. 23 Tax on income not effectively connected with a U.S. trade or busines from Schedule 81C (form 1040-N), line 15 23 24 23 24 24 Add lines 23 antrough 230 230 230 230 230 25 Federal income tax withhold form: 25 25 256 256 25 Federal income tax withhold form: 25 250 256 256 26 Formigh 1099 25 256 256 256 256 256 27 Reserved for future use 27 286 29 29 29 29 29 29 29 29 | Form 1040-NR (| 2023) | | | | | | | | Page 2 |
|---|-------------------|-------|---|-----------------------|----------------|--------------|----------------|------------|-----------|---------------|
| 18 Add lines 16 and 17. 18 5, 565. 19 Child tax credit or other dependents from Schedule 8812 (Form 1040) 20 21 Add lines 19 and 20. 21 22 Subtract line 21 from line 18. If zero or less, eriter -0. 23 23 Tax on income not effectively connected with a U.S. trade or business from schedule 8812 (Form 1040), line 15. 23 24 Transportation tax (see instructions) 23a 25 Schedule NEC (Form 1040-R), line 15. 23a 26 Transportation tax (see instructions) 23a 27 Federal income tax withheld from 25a 26 Federal income tax withheld from 25a 27 Federal income tax withheld from 32a 25a 28 223 scitatiatiat az payments and amount applied from 3222 return 26a 27 Reserved for future use. 26a 28 223 scitatiatiat az payments and amount applied from 3222 return 28a 29 Charl insex (see, 32, 33, 32, 34, 34, 31, 11 mes are your total at the same transport of 31 and scitation applied from 32a in 31 and 32 an | Tax and | 16 | Tax (see instructions). Check if any from Fo | orm(s): 1 🗌 88 | 814 2 🗌 | 4972 | 3 🗌 | | 16 | 5,565. |
| 19 Child tax credit for other degendents from Schedule 8812 (Form 1040) 19 20 Add lines 11 and 20 21 21 Add lines 11 and 20 21 22 Subtract line 21 from line 18. (Eace or less, enter -0 23 23 Tax on income on effectively connected with a US. trade or business from Schedule NEC (Form 1040-MR), line 15 23a 24 Add lines 22 and 22d. This is your total tax. 24 24 Add lines 22 and 22d. This is your total tax. 24 24 Add lines 22a and 22d. This is your total tax. 24 25 Federal income tax withheid from. 25c 26 Coher forms (see instructions) 25c 27 Add lines 22a through 22c 25c 28 10, 962. 25c 28 28d 10, 962. 28 <t< th=""><th>Credits</th><th>17</th><th>Amount from Schedule 2 (Form 1040), lin</th><th>e3</th><th></th><th></th><th></th><th></th><th>17</th><th>0.</th></t<> | Credits | 17 | Amount from Schedule 2 (Form 1040), lin | e3 | | | | | 17 | 0. |
| 20 Amount from Schedula (form 1040), line 6 20 21 Add lines 19 and 20 21 22 Subtract line 21 from line 18. If zero or less, enter -0 23 23 Tax on income not effectively connected with a U.S. trade or business from schedule 32 (Form 10404), line 15 23 23 Tax on income not effectively connected with a U.S. trade or business from schedule 32 (Form 10404), line 15 23 24 Add lines 20 attrice 20 attrice 10 (Form 10404), line 15 23 24 Add lines 20 attrice 20 attrice 10 (Form 10404), line 15 23 24 Add lines 20 attrice 20 attrice 10 (Form 10404), line 15 23 25 Form(s) 1099 25 26 26 Conter forms (see instructions) 25 25 26 Conter forms (see instructions) 25 25 26 Conter forms (see instructions) 25 25 27 Reserved for future use 27 28 28 Condit form schule 12 (Form 1040) 28 28 29 Condit form schule 12 (Form 1040), line 15 31 31 10, 962. 31 Add lines 20, Zee, 20, and 31. Theses are your total apyments 31 | | 18 | Add lines 16 and 17 | | | | | | 18 | 5,565. |
| 21 Add lines 19 and 20 21 22 Subtract line 21 from line 18. If zero or less, enter -0 23 35 Tax on income not effectively connected with a US, trade or business from Schedule NEC (From 1040, Hg, line 15 23 4 Add lines 23a through 23c 23a 4 Add lines 23a through 23c 23a 24 Add lines 23a through 23c 23a 24 Add lines 23a through 23c 23a 25 Federal income taw withheid from: 25a 26 Other taxe, income 3c 25a 26 Other taxe, income 3c 25b 27 Federal income 3c 25c 28 10, 962. 25b 29 Form(s) 828-A 25d 29 25b 25c 20 The form (s) 828-A 25d 20 Setting 24, 25, 25, 25, 26, 26, 26, 26, 27, 27, 26, 27, 27, 26, 27, 27, 26, 27, 27, 26, 27, 27, 26, 27, 27, 26, 27, 27, 26, 27, 27, 26, 27, 27, 26, 27, 27, 26, 27, 27, 26, 27, 27, 26, 27, 27, 26, 27, 27, 26, 27, 27, 26, 27 | | 19 | Child tax credit or credit for other depend | lents from Sched | ule 8812 (For | rm 1040) | | | 19 | |
| 22 Subtract line 21 from ine 18. If zero or less, enter -0. 22 5, 563. 23a Tax on income not effectively connected with a U.S. trade or business from U.S. trade trade or business from U.S. trade or business from | | 20 | Amount from Schedule 3 (Form 1040), lin | e8 | | | | | 20 | |
| 23a Tax on income not effectively connected with a U.S. trade or business from Schedule NEC (Form 1040-NR), line 15 23a b Other taxes, including set-employment tax, from Schedule 2 (Form 1040), line 21. 23a c Transportation tax (see instructions) 23a d Add lines 23a through 23c 23d 24 Add lines 23a through 23c 24 a Form(s) (W-2 25a b Form(s) (W-2 25a c This is your total tax 25c 24 Add lines 25a through 25c 25a c Other taxes, information tax, see instructions) 25c c Other forms (see instructions) 25c c Other forms (see instructions) 25c 26 223 estimated tax payments and amount applied from 2022 return 27 28 Add lines 26, 25, 25, 25, 26, 26, 26, 26, 26, 26, 26, 26, 26, 26 | | 21 | | | | | | | 21 | |
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| Payments 25 Federal income tax withheld from: 25a 10,962. a Form(s) W-2 | | | - | | | | | | | E_E_E |
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| (Form 104 | 0) |

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 HARSHIT BHAVESH GAJJAR 341-53-8143

| 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 3 Business income or (loss). Attach Schedule C 3 4 Other gains or (losses). Attach Schedule C 3 5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 5 6 Farm income or (loss). Attach Schedule F 6 7 0 Other income: 8a (a Net operating loss 8a () b Gambling 8b 6 c Cancellation of debt 8c 8d (e Income from Form 8853 8e 8i f Income from Form 8889 8f 8i g Alaska Permanent Fund dividends 8g 8k 8i i Prizes and awards 8i 8i 8k 8i i Income from the rental of personal property if you engaged in the rental for profit income 8i 8i 8i j Activity not engaged in for profit inc |
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| c Cancellation of debt 8c d Foreign earned income exclusion from Form 2555 8d (e 8e f Income from Form 8853 g Alaska Permanent Fund dividends g Alaska Permanent Fund dividends h Jury duty pay i Prizes and awards j Activity not engaged in for profit income j Activity not engaged in for profit income k Stock options l Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property m Olympic and Paralympic medals and USOC prize money (see instructions) m Section 951(a) inclusion (see instructions) o Section 951(a) inclusion (see instructions) p Section 461(l) excess business loss adjustment q Taxable distributions from an ABLE account (see instructions) r Scholarship and fellowship grants not reported on Form W-2 |
| d Foreign earned income exclusion from Form 2555 8d (e Income from Form 8853 8e f Income from Form 8889 8f g Alaska Permanent Fund dividends 8g h Jury duty pay 8a i Prizes and awards 8i j Activity not engaged in for profit income 8i j Activity not engaged in for profit income 8i j Activity not engaged in for profit income 8k l Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property 8l m Olympic and Paralympic medals and USOC prize money (see instructions) 8m n Section 951(a) inclusion (see instructions) 8n o Section 951A(a) inclusion (see instructions) 8n p Section 461(l) excess business loss adjustment 8p q Taxable distributions from an ABLE account (see instructions) 8q r Scholarship and fellowship grants not reported on Form W-2 8r |
| e Income from Form 8853 86 f Income from Form 8889 86 g Alaska Permanent Fund dividends 8g h Jury duty pay 8h i Prizes and awards 8i j Activity not engaged in for profit income 8j k Stock options 8k l Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property 8l m Olympic and Paralympic medals and USOC prize money (see instructions) 8m n Section 951(a) inclusion (see instructions) 8n o Section 951A(a) inclusion (see instructions) 8o p Section 461(l) excess business loss adjustment 8p q Taxable distributions from an ABLE account (see instructions) 8q r Scholarship and fellowship grants not reported on Form W-2 8r |
| f Income from Form 8889 889 86 g Alaska Permanent Fund dividends 8g h Jury duty pay 8h i Prizes and awards 8i j Activity not engaged in for profit income 8i j Activity not engaged in for profit income 8i j Activity not engaged in for profit income 8i k Stock options 8k l Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property 8l m Olympic and Paralympic medals and USOC prize money (see instructions) 8m o Section 951(a) inclusion (see instructions) 8n o Section 951A(a) inclusion (see instructions) 8o p Section 461(l) excess business loss adjustment 8p q Taxable distributions from an ABLE account (see instructions) 8q r Scholarship and fellowship grants not reported on Form W-2 8r |
| 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 j Activity not engaged in for profit income 8j k Stock options 8k l Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property 8l m Olympic and Paralympic medals and USOC prize money (see instructions) 8m n Section 951(a) inclusion (see instructions) 8n o Section 951A(a) inclusion (see instructions) 8o p Section 461(l) excess business loss adjustment 8p q Taxable distributions from an ABLE account (see instructions) 8q r Scholarship and fellowship grants not reported on Form W-2 8r |
| h Jury duty pay h 8h i Prizes and awards h 8i j Activity not engaged in for profit income 8j 8j j Activity not engaged in for profit income 8j 8j k Stock options 8k 8i l Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property 8l 8l m Olympic and Paralympic medals and USOC prize money (see instructions) 8m 8n n Section 951(a) inclusion (see instructions) 8n 8o p Section 951A(a) inclusion (see instructions) 8o 8g q Taxable distributions from an ABLE account (see instructions) 8q 8g r Scholarship and fellowship grants not reported on Form W-2 8r 8r |
| i Prizes and awards |
| j Activity not engaged in for profit income k Stock options l Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property m Olympic and Paralympic medals and USOC prize money (see instructions) n Section 951(a) inclusion (see instructions) o Section 951A(a) inclusion (see instructions) p Section 461(l) excess business loss adjustment q Taxable distributions from an ABLE account (see instructions) r Scholarship and fellowship grants not reported on Form W-2 |
| k 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 8k m Olympic and Paralympic medals and USOC prize money (see instructions) 8l n Section 951(a) inclusion (see instructions) 8n o Section 951A(a) inclusion (see instructions) 8o p Section 461(l) excess business loss adjustment 8p q Taxable distributions from an ABLE account (see instructions) 8q r Scholarship and fellowship grants not reported on Form W-2 8r |
| 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) |
| for profit but were not in the business of renting such property 81 m Olympic and Paralympic medals and USOC prize money (see instructions) 81 n Section 951(a) inclusion (see instructions) 8n o Section 951A(a) inclusion (see instructions) 8n p Section 461(l) excess business loss adjustment 8p q Taxable distributions from an ABLE account (see instructions) 8q r Scholarship and fellowship grants not reported on Form W-2 8r |
| m Olympic and Paralympic medals and USOC prize money (see instructions) 8m n Section 951(a) inclusion (see instructions) 8n o Section 951A(a) inclusion (see instructions) 8o p Section 461(l) excess business loss adjustment 8p q Taxable distributions from an ABLE account (see instructions) 8q r Scholarship and fellowship grants not reported on Form W-2 8r |
| instructions)8mnSection 951(a) inclusion (see instructions)8noSection 951A(a) inclusion (see instructions)8opSection 461(l) excess business loss adjustment8pqTaxable distributions from an ABLE account (see instructions)8qrScholarship and fellowship grants not reported on Form W-28r |
| nSection 951(a) inclusion (see instructions)8noSection 951A(a) inclusion (see instructions)8opSection 461(l) excess business loss adjustment8pqTaxable distributions from an ABLE account (see instructions)8qrScholarship and fellowship grants not reported on Form W-28r |
| oSection 951A(a) inclusion (see instructions)80pSection 461(l) excess business loss adjustment8pqTaxable distributions from an ABLE account (see instructions)8qrScholarship and fellowship grants not reported on Form W-28r |
| pSection 461(l) excess business loss adjustment8pqTaxable distributions from an ABLE account (see instructions)8qrScholarship and fellowship grants not reported on Form W-28r |
| qTaxable distributions from an ABLE account (see instructions)8qrScholarship and fellowship grants not reported on Form W-28r |
| 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: |
| 2 Tatal athen in some Add lines On through On |
| 9 Total other income. Add lines 8a through 8z |
| 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 |
| 1040, 1040-SR, or 1040-NR, line 8 10 -5,098. For Paperwork Reduction Act Notice, see your tax return instructions. Schedule 1 (Form 1040) 2023 |

| Par | t II Adjustments to Income | | | |
|----------|--|-------|----------|--------------------|
| 11 | Educator expenses | | 11 | |
| 12 | Certain business expenses of reservists, performing artists, and fee-basis govern | 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 24g | | - | |
| h | | | | |
| _ | discrimination claims (see instructions) | | - | |
| 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 | | | |
| | | | - | |
| J | Housing deduction from Form 2555 | | - | |
| K | Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) | | | |
| - | | | - | |
| 2 | Other adjustments. List type and amount: | | | |
| 25 | Total other adjustments. Add lines 24a through 24z | | 25 | |
| 25 26 | Add lines 11 through 23 and 25. These are your adjustments to income . Enter here a | nd on | 20 | |
| 20 | Form 1040, 1040-SR, or 1040-NR, line 10 | | 26 | |
| | | | | 1 (Form 1040) 2023 |
| | BAA REV 02/05/24 PRO | | Soncuuie | |

SCHEDULE NEC (Form 1040-NR)

Department of the Treasury

Internal Revenue Service

Tax on Income Not Effectively Connected With a U.S. Trade or Business

OMB No. 1545-0074

23

20

Attach to Form 1040-NR.

Go to www.irs.gov/Form1040NR for instructions and the latest information.

Attachment Sequence No. **7B** Your identifying number

341-53-8143

Name shown on Form 1040-NR HARSHIT BHAVESH GAJJAR

| Enter a | amount of income und | er the appropriate rate of tax. See instruction | s. | | | | | | |
|--------------------------------|--|--|---------------------------------|---------|-----------------------------|---------------------|--------------------------------|--|--|
| | | Nature of Income | | | (a) 10% | (b) 15% | (c) 30% | (d) Other | (specify) |
| | | | | | (a) 1070 | (6) 1370 | (0) 30 70 | % | % |
| 1 | Dividends and divide | end equivalents: | | | | | | | |
| а | Dividends paid by U | S. corporations | | 1a | | | | | |
| b | Dividends paid by fo | reign corporations | | 1b | | | | | |
| С | Dividend equivalent p | ayments received with respect to section 87 | 1(m) transactions | 1c | | | | | |
| 2 | Interest: | | | | | | | | |
| а | Mortgage | | | 2a | | | | | |
| b | Paid by foreign corp | orations | | 2b | | | | | |
| С | Other | | | 2c | | | | | |
| 3 | Industrial royalties (p | atents, trademarks, etc.) | | 3 | | | | | |
| 4 | Motion picture or TV | copyright royalties | | 4 | | | | | |
| 5 | Other royalties (copy | rights, recording, publishing, etc.) | | 5 | | | | | |
| 6 | Real property incom | e and natural resources royalties | | 6 | | | | | |
| 7 | Pensions and annuit | ies | | 7 | | | | | |
| 8 | Social security bene | fits | | 8 | | | | | |
| 9 | | e 18 below | | 9 | | | | | |
| 10 | If zero or less, ente | | ımn (c). | | | | | | |
| а | Winnings | | | | | | | | |
| b | Losses | | | 10c | | | | | |
| 11 | | ts of countries other than Canada. s only. Losses aren't allowed | | 11 | | | | | |
| 12 | Other (specify): | | | | | | | | |
| | | | | 12 | | | | | |
| 13 | Add lines 1a through | 12 in columns (a) through (d) | | 13 | | | | | |
| 14 | | ate of tax at top of each column | | 14 | | | | | |
| 15 | Tax on income not e | ffectively connected with a U.S. trade or bu | | | | | |)-NR, line 23a 15 | |
| | | Capital Gain | is and Losses I | From | Sales or Excha | anges of Proper | ty | | 1 |
| losses f exchan within t | nly the capital gains and from property sales or ges that are from sources he United States and not | 16 (a) Kind of property and description (if necessary, attach statement of descriptive details not shown below) | (b) Date acq mm/dd/yy | | (c) Date sold mm/dd/yyyy | (d) Sales price | (e) Cost or other basis | (f) LOSS If (e) is more than (d), subtract (d) from (e). | (g) GAIN If (d) is more than (e), subtract (e) from (d). |
| | ely connected with a U.S. s. Do not include a gain | | | | | | | | |
| or loss | on disposing of a U.S. real y interest; report these | | | | | | | | |
| gains a | nd losses on Schedule D | | | | | | | | |
| (Form 1 | | | | | | | | | |
| exchan | property sales or ges that are effectively | | | | | | | | |
| connec | ted with a U.S. business edule D (Form 1040), | 17 Add columns (f) and (g) of line 16 | | | | | | | |
| | 797, or both. | 18 Capital gain. Combine columns (f) |) and (g) of line 17 | 7. Ente | r the net gain her | re and on line 9 ab | ove. If a loss, ente | er -0 18 | |

SCHEDULE OI (Form 1040-NR)

Other Information

Attach to Form 1040-NR.

40NR for instructions and the latest information ire aov/Eo

OMB No. 1545-0074 2023

| | Control the Treasury and the Integration and t | | | | | | | . 7C |
|---------|--|------------------|---|-----------------------------|---------------------------|----------------|-----------------|------------|
| Name sh | 10wn on Form 1040- | NR | | • | | Your identifyi | | |
| HARS | HIT BHAVES | H GAJJAR | | | | 341-53- | 8143 | |
| A | | | vere you a citizen or nation | al during the tax year? | ' TNDTA | | | |
| В | | | residence for tax purpose | | | | | |
| C | Have you ever a | applied to be a | green card holder (lawful p | ermanent resident) of | the United States? | | Yes | X No |
| D | Were you ever: | | | | | | | |
| _ | A U.S. citizen? | | | | | | Yes | 🛛 No |
| | | | rmanent resident) of the Ur | | | | | X No |
| | • | · · |), see Pub. 519, chapter 4, | | | | | |
| Е | - | | day of the tax year, enter | - | | ter vour U.S | | |
| | | | day of the tax year. $_{\rm F1}$ | | · | - | | |
| F | Have you ever o | changed your v | visa type (nonimmigrant sta | tus) or U.S. immigratio | on status? | | Yes | 🛛 No |
| | | | e the date and nature of the | | | | | |
| G | List all dates yo | u entered and | left the United States durin | | | | | |
| | | | anada or Mexico AND cor | | | ent intervals | , | |
| | check the box | for Canada or | Mexico and skip to item I | <u> </u> | 🗌 Canada | Mexico | 1 | |
| | Date entered l | Jnited States | Date departed United Stat | es Da | ate entered United State | s Date de | parted United | d States |
| | mm/c | ld/yy | mm/dd/yy | | mm/dd/yy | | mm/dd/yy | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Н | | • • • | vacation, nonworkdays, and | ••• | - | - | : | |
| | 2021 | | , 2022 | , and 20 | 23 365 | ·· | ∇ | — |
| I | | | return for any prior year? . | | | | | No |
| | Are you filing out | e latest year ar | nd form number you filed: st?............. | 102 | IUNR | | Yes | X No |
| J | | | J.S. or foreign owner unde | | | | | |
| | | | ribution from a U.S. person | | | | | No |
| к | - | | ation of \$250,000 or more | | | | | X No |
| | • | | ative method to determine | • • | | | | |
| L | • | | you are claiming exempt | | • | | | |
| | | | . See Pub. 901 for more in | | | , | 0 | , |
| 1. | Enter the name | of the country, | the applicable tax treaty art | icle, the number of mo | onths in prior years you | claimed the | treaty benefit | t, and the |
| | amount of exem | pt income in th | e columns below. Attach Fo | orm 8833 if required. S | ee instructions. | | | |
| | | (a) Cou | ntry | (b) Tax treaty article | (c) Number of month | | mount of exe | |
| | | | | | claimed in prior tax ye | ars incom | e in current ta | ix year |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | (a) Total Entor | this amount o | n Form 1040-NR, line 1k. D | l In not enter it anywho | re else on line 1 | | | |
| 2 | | | preign country on any of the | | | | Yes | No |
| | • • | | is pursuant to a Competent | | | | | X No |
| 0. | • | | Competent Authority deterr | • | | | | |
| м | Check the appli | | | | | | | |
| | | | aking an election to treat ir | come from real prope | erty located in the Unite | ed States as | effectively co | onnected |
| | | | under section 871(d). See ir | | | | | |
| 2. | You have made | e an election in | n a previous year that has | not been revoked, to | treat income from re | al property | ocated in th | e United |
| | | | d with a U.S. trade or busir | | | | | |

For Paperwork Reduction Act Notice, see the Instructions for Form 1040-NR.

BAA

REV 02/05/24 PRO Schedule OI (Form 1040-NR) 2023

| SCHE | DULE | Ε |
|-------|-------|---|
| (Form | 1040) | |

Supplemental Income and Loss

OMB No. 1545-0074

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

Department of the Treasury Internal Revenue Service

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

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

|) | 2023 |
|---|--------------------------------------|
| | Attachment Sequence No. 13 |
| | al a a a unitur numbar |

| |) shown on return | | | | | | | ocial secu | - | ber |
|------------|--|-------------------|------------------|----------------|----------|----------------------------|---------------|-----------------|-----------|-----------|
| | SHIT BHAVESH GAJJAR | | | | | | 341- | -53-81 | 43 | |
| Part | Income or Loss From Rental Real Estate an Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40. | | | C . See | instruc | tions. If you | are an in | idividual, | report fa | arm |
| | Did you make any payments in 2023 that would require you | | | | | | | | | |
| B | f "Yes," did you or will you file required Form(s) 1099? . | | | | • • | | | 🗆 | Yes | _ No |
| 1 a | Physical address of each property (street, city, state, ZIF | ^o code | e) | | | | | | | |
| Α | GHOD DOD ROAD SURAT GUJARAT IN 395001 | | | | | | | | | |
| В | | | | | | | | | | |
| С | | | | | | | | | | |
| 1b | Type of Property (from list below) 2 For each rental real estate prope above, report the number of fair | | | | | r Rental Days | | onal Us Days | e | QJV |
| Α | 3 personal use days. Check the Q. | | | Α | | 365 | | 0 | | |
| В | if you meet the requirements to f | | | В | | | | | | \square |
| С | qualified joint venture. See instru | ctions | 5. | С | | | | | | |
| | of Property: | | | | | | | | | |
| 1 | Single Family Residence3 Vacation/Short-Term RenMulti-Family Residence4 Commercial | tal | 5 Land 6 Roya | | | Self-Rental Other (desc | ribe) | | | |
| | | | | | | Propert | ies: | | | |
| Incon | ne: | | | Α | | В | | | С | |
| 3 | Rents received | 3 | | 4 | 50. | | | | | |
| 4 | Royalties received | 4 | | | | | | | | |
| Exper | | | | | | | | | | |
| 5 | Advertising | 5 | | | | | | | | |
| 6 | Auto and travel (see instructions) | 6 | | | | | | | | |
| 7 | Cleaning and maintenance | 7 | | 8 | 25. | | | | | |
| 8 | Commissions | 8 | | | | | | | | |
| 9 | Insurance | 9 | | | | | | | | |
| 10 | Legal and other professional fees | 10 | | | | | | | | |
| 11 | Management fees | 11 | | 9 | 88. | | | | | |
| 12 | Mortgage interest paid to banks, etc. (see instructions) | 12 | | | | | | | | |
| 13 | Other interest | 13 | | | | | | | | |
| 14 | Repairs | 14 | | 1,2 | 45. | | | | | |
| 15 | Supplies | 15 | | 1,1 | 25. | | | | | |
| 16 | Taxes | 16 | | | | | | | | |
| 17 | Utilities | 17 | | 1,3 | 65. | | | | | |
| 18 | Depreciation expense or depletion | 18 | | | | | | | | |
| 19 | Other (list) | 19 | | | | | | | | |
| 20 | Total expenses. Add lines 5 through 19 | 20 | | 5,5 | 48. | | | | | |
| 21 | Subtract line 20 from line 3 (rents) and/or 4 (royalties). If | | | | | | | | | |
| | result is a (loss), see instructions to find out if you must file Form 6198 | 21 | | -5,0 | 98. | | | | | |
| 22 | Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) | 22 | (| -5,09 | 8.)(| | |)(| |) |
| 23a | Total of all amounts reported on line 3 for all rental prope | rties | | | 23a | | 450 | • | | |
| b | Total of all amounts reported on line 4 for all royalty prop | erties | | | 23b | | | | | |
| с | Total of all amounts reported on line 12 for all properties | | | | 23c | | | | | |
| d | Total of all amounts reported on line 18 for all properties | | | | 23d | | | | | |
| е | Total of all amounts reported on line 20 for all properties | | | | 23e | 1 | 5,548 | • | | |
| 24 | Income. Add positive amounts shown on line 21. Do not | | | | | | . 24 | 1 | | |
| 25 | Losses. Add royalty losses from line 21 and rental real estate | e losse | es from lin | e 22. Er | nter tot | al losses he | re 2 5 | 5 (| 5, | 098.) |
| 26 | Total rental real estate and royalty income or (loss). | | | | | | | | | |
| | here. If Parts II, III, and IV, and line 40 on page 2 do no | t appl | y to you, | also e | nter th | is amount (| on | | | |

26 -5,098.

Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2

| TAXABLE YEAR | | | FORM |
|---|--|---|--|
| 2023 | California e-file Signature Aut | thorization for Individuals | 8879 |
| Your name | | Your SSN or ITIN | |
| HARSHIT BHA | AVESH GAJJAR | 341-53-8143 | 3 |
| Spouse's/RDP's name | e | Spouse's/RDP's SS | N or ITIN |
| Part I Tax Retur | rn Information (whole dollars only) | | |
| | ted gross income (AGI). See instructions | | |
| 2 Amount you ow | e. See instructions | | 0.617 |
| 3 Refund or no an | nount due. See instructions | | 2617 |
| | r Declaration and Signature Authorization (Be sure you obtain perjury, I declare that I have examined a copy of my individual ir | | |
| income tax return. I and on form FTB 84 agrees with the dire domestic partner (R provider to transmit to my ERO, interme return, I understand penalties. I acknowl | er (ITIN), and the amounts shown in Part I above agree with the If applicable, I authorize an electronic funds withdrawal of the ar IS5, California e-file Payment Record for Individuals, or a compa- ect deposit authorization stated on my return. If I have filed a join RDP) as an agent to authorize an electronic funds withdrawal or t my complete return to the Franchise Tax Board (FTB). If the pr ediate service provider, and/or transmitter the reason(s) for th d that if the FTB does not receive full and timely payment of my ledge that I have read and consent to the Electronic Funds Withdra identification number (PIN) as my signature for my electronic in | mount on line 2 and/or the estimated tax payments as shown arable form. If applicable, I declare that direct deposit refund nt return, this is an irrevocable appointment of the other spo direct deposit. I authorize my ERO, transmitter, or intermedi cocessing of my return or refund is delayed, I authorize the he delay or the date when the refund was sent. If I am filing tax liability, I remain liable for the tax liability and all applicab drawal Consent included on the copy of my electronic incom | on my return amount on line 3 use/registered ate service FTB to disclose a balance due le interest and e tax return. I have |
| Taxpayer's PIN: che | | | |
| 🗴 I authorize GI | LOBAL TAXES LLC | to enter my PIN 3 | 8 1 4 3 |
| | ERO firm name | | enter all zeros |
| as my signatu | re on my 2023 e-filed California individual income tax return. | | |
| • | PIN as my signature on my 2023 e-filed California individual indusing the Practitioner PIN method. The ERO must complete Par | | own PIN and you |
| Your signature | | Date | |
| Spouse's/RDP's PI | N: check one box only | | |
| - Lauthorize | | to enter my PIN | |
| | ERO firm name | to enter my rink Do not | enter all zeros |
| | re on my 2023 e-filed California individual income tax return. | | |
| | y PIN as my signature on my 2023 e-filed California individu n is filed using the Practitioner PIN method. The ERO must com | | ing your own PIN |
| Spouse's/RDP's sig | nature | Date | |
| Part III Cartific | Practitioner PIN Method Retur ation and Authentication — Practitioner PIN Method Only | rns Only continue below | |
| | ler Identification Number (EFIN)/PIN. | | |
| | EFIN followed by your five-digit self-selected PIN. | 2 2 2 4 9 6 0 8 2 7 Do not enter all zeros | 1 |
| | ove numeric entry is my PIN, which is my signature for the 202 ubmitting this return in accordance with the requirements of th | | |
| ERO's signature | | Date) 02/09/2024 | |
| | | | |

DO NOT MAIL THIS FORM TO THE FTB

2023 California Resident Income Tax Return

| | | | APE | ATTACH FEDERAL RETURN |
|---------------------|--------|---|---|---|
| | | 53-8143 GAJJ HITBHAV GAJJAR | | 23 |
| | | WESTBURY DR JOSE CA 95 | 5131 | |
| 07 | -24 | 4-1998 | | |
| Principal Residence | • | Enter your county at time of filing (see instruct SANTA CLARA If your address above is the same as you If not, enter below your principal/physica Street address (number and street) (If foreign a City | ur principal/physical residence addres al residence address at the time of fili | ss at the time of filing, check this box • × ng. Apt. no/ste. no. |
| Filing Status | 1 2 | If your California filing status is differer If your California filing status is differer X Single Married/RDP filing jointly (even i only one spouse/RDP had incom See instructions. Married/RDP filing separately. Er | 4 Head of household (f 5 Qualifying surviving | ck the box here |
| Exemptions | | If someone can claim you (or your spo r line 7, line 8, line 9, and line 10: Multiply Personal: If you checked box 1, 3, or 4 box 2 or 5, enter 2 in the box. If you che Blind: If you (or your spouse/RDP) are if both are visually impaired, enter 2. Se | use/RDP) as a dependent, check the l the number you enter in the box by th above, enter 1 in the box. If you chec ecked the box on line 6, see instruction visually impaired, enter 1; ee instructions | box here. See instr • 6 he pre-printed dollar amount for that line. Sked $ons. \odot 7 \ 1 \ X \ \$144 = \odot \$ \ 144$ $\dots \odot 8 \ X \ \$144 = \odot \$$ |
| | | REV 02/02/24 PRO | 175 3101234 | Form 540 2023 Side 1 |

| You | r na | me: | GAJ | JAF | R | | Your | SSN o | r ITIN: | 341- | 53-81 | 43 | | | | | |
|-----------------|----------|----------------|-----------------------|----------------|---------------------------------|--------------|------------------------------------|------------------|------------|--------------|---------------------|----------|-------------|---------|-----------|-------|------|
| | 10 | Depen | dents: | | ot include y Dependent 1 | | r your spoi | use/RDI | | endent 2 | | | | Donond | ant 2 | | |
| | | First | t Name | ۲ | | | | | | | | | | Depend | eni o | | |
| S | | Last | Name | | | | | | • | | | | | | | | |
| Exemptions | | SSN | . See | | | | | | | | | | | | | | |
| Exem | | Dep | ructions. endent's | • | | | | | | | | | | | | | |
| | | relat to yo | tionship Iu | $oldsymbol{O}$ | | | | | • | | | | | | | | |
| | Tota | l depe | ndent e | xemp | otions | | | | | 0 | 10 | X \$ | 446 = 🤇 | \$ | | | |
| | 11 | Exen | nption a | amou | Int: Add line | 7 throug | h line 10. T | ransfer | this am | ount to li | ne 32 | | • 1 | 1\$ | | 14 | 44 |
| | 12 | State | e wages | from | n your feder | al | | | | | 6 F | 5575 | | | | | |
| | | | | | x 16 | | | | | | | | .00 | | | | |
| | 13 14 | | | | usted gross ments – sub | | | | | | | | • 13 | | | 60477 | .00 |
| | | Part | I, line 2 | , 7, co | lumn B | | | | | | | | • 14 | | | | .00 |
| ne | 15 | See i | nstruct | ions | from line 13 | | | | | | | | 15 | | | 60477 | . 00 |
| Incol | 16 | | | | nents – add Iumn C | | | | | | | | • 16 | | | | . 00 |
| Taxable Income | 17 | Calif | ornia ac | liuste | ed gross inc | ome. Corr | nbine line 1 | 15 and li | ine 16 | | | | • 17 | | | 60477 | . 00 |
| Тах | 18 | Enter | (| | r California i | | | | | | | |) | | | | |
| | | large | | | r California s | | | | | - | - | | . 000 | ÷ | | | |
| | | | | | ngle or Marr arried/RDP fili | | • | • | | | | | | | | | |
| | 10 | Suht | ract line | | arried/RDP fili from line 17 | • | • | | | | P . See inst | ructions | • 18 | | | 5363 | .00 |
| | 19 | | | | enter -0 | | | | | | | | • 19 | | | 55114 | . 00 |
| | | | | | | X | | Γ | | D 0 | | | | | | | |
| | 31 | Tax. | Check t | he bo | ox if from: | | ax Table | L | | < Rate Sc | | | | | | 1040 | |
| | 32 | Exem | notion o | redit | s. Enter the | | TB 3800 rom line 1 ⁻ | ● _ 1. If vou | | | | | • 31 | | | 1949 | |
| Тах | | | | | structions. | | | | | | | | • 32 | | | 144 | .00 |
| | 33 | Subt | ract line | e 32 f | from line 31 | . If less th | ian zero, ei | nter -0- | | | | | • 33 | | | 1805 | . 00 |
| | 34 | Tax. | See ins | tructi | ions. Check | the box if | from: | Scl | hedule G | i-1 • | FTB | 5870A | • 34 | | | | . 00 |
| | 35 | Add | line 33 | and li | ine 34 | | | | | | | | • 35 | | | 1805 | . 00 |
| | | | | | | | | | | | | | - | | | | |
| edits | 40 | Nonr | efunda | ble Cl | hild and Dep | pendent C | are Expens | ses Crec | lit. See i | nstructio | ns | | • 40 | | | | . 00 |
| al Cr | 43 | Enter | · credit | name | e | | | | code 🗨 | | and an | nount | • 43 | | | | . 00 |
| Special Credits | 44 | Enter | ^r credit | name | e | | | | code 🗨 | | and an | nount | • 44 | | | | . 00 |
| | | | | | | | | | | | - | | | REV 02/ | 02/24 PRO | | |
| | | Side 2 | . Form | 540 | 2023 | | 175 | 1 | 310 | 2234 | Γ | | | | | | |

| You | r nar | me: GAJJAR Your SSN or ITIN: 341-53-814 | 3 | | | |
|----------------------|----------|---|---------------------|-----------------------|--------|--------------|
| s | 45 | To claim more than two credits, see instructions. Attach Schedule P (540) | ● 45 | | | . 00 |
| Credit | 46 | Nonrefundable Renter's Credit. See instructions | ● 46 | | | . 00 |
| Special Credits | 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 | | 1805 | . 00 |
| | 61 | Alternative Minimum Tax. Attach Schedule P (540) | 6 1 | | | . 00 |
| axes | 62 | Mental Health Services Tax. See instructions | | | | . 00 |
| Other Taxes | 63 | Other taxes and credit recapture. See instructions | | | | . 00 |
| 0 | 64 | Add line 48, line 61, line 62, and line 63. This is your total tax. | | | 1805 | . 00 |
| | | | | | | |
| | 71 | California income tax withheld. See instructions | • 71 | | 4422 | . 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 |
| Payments | 74 | Excess SDI (or VPDI) withheld. See instructions | • 74 | | | . 00 |
| Payl | 75 | Earned Income Tax Credit (EITC). See instructions | ● 75 | | | . 00 |
| | 76 | Young Child Tax Credit (YCTC). See instructions | ● 76 | | | . 00 |
| | 77 78 | Foster Youth Tax Credit (FYTC). See instructions | . 70 | | 4422 | • 00 • 00 |
| Tax | 91 | Use Tax. Do not leave blank. See instructions | | 0_00 | | |
| Use | | If line 91 is zero, check if: No use tax is owed. You paid you | r use tax obligatio | on directly to CDTFA. | | |
| ISR Penaltv | 92 | If you and your household had full-year health care coverage, check the box. See instructions. Medicare Part A or C coverage is qualifying health care coverage If you did not check the box, see instructions. | • X |] | | |
| | | Individual Shared Responsibility (ISR) Penalty. See instructions • 92 | | .00 | | |
| an | 93 | Payments balance. If line 78 is more than line 91, subtract line 91 from line 78 | • 93 | | 4422 | . 00 |
| Overpaid Tax/Tax Due | 94 95 | Use Tax balance. If line 91 is more than line 78, subtract line 78 from line 91 Payments after Individual Shared Responsibility Penalty. If line 93 is more than line 9 subtract line 92 from line 93 | 2, | | 4422 | • 00 |
| erpaid Ta | 96 | Individual Shared Responsibility Penalty Balance. If line 92 is more than line 93, subtract line 93 from line 92. | - | | | . 00 |
| ŏ | 97 | Overpaid tax. If line 95 is more than line 64, subtract line 64 from line 95 | • 97 | | 2617 | . 00 |
| | | 175 3103234 | | Form 540 2023 | Side 3 | |

| our nar | ne: | GAJJAR | Your SSN or ITIN: | 341-53-8143 | | | |
|---------------|--------|--|--------------------------------|----------------|-------------|--------|------|
| , <u>9</u> 98 | Amo | unt of line 97 you want applied to yo | ur 2024 estimated tax . | | 98 | 0 | . 00 |
| | Over | unt of line 97 you want applied to yo paid tax available this year. Subtract due. If line 95 is less than line 64, sub prnia Seniors Special Fund. See instru | ine 98 from line 97 | | 99 | 2617 | . 00 |
| , 100 ⊐ | Tax o | due. If line 95 is less than line 64, sub | otract line 95 from line 6 | 54 | 100 | | . 00 |
| | | | | | <u>Code</u> | Amount | |
| | Califo | ornia Seniors Special Fund. See instru | uctions | | 400 | | . 00 |
| | | eimer's Disease and Related Dementia | | | | | . 00 |
| | Rare | and Endangered Species Preservatio | n Voluntary Tax Contrib | oution Program | 403 | | . 00 |
| | Califo | ornia Breast Cancer Research Volunta | ry Tax Contribution Fun | nd | 4 05 | | . 00 |
| | Califo | ornia Firefighters' Memorial Voluntary | v Tax Contribution Fund | | 406 | | . 00 |
| | Emer | gency Food for Families Voluntary Ta | x Contribution Fund | | 407 | | . 00 |
| | Califo | ornia Peace Officer Memorial Founda | ion Voluntary Tax Contr | ribution Fund | 408 | | . 00 |
| | Califo | ornia Sea Otter Voluntary Tax Contrib | ution Fund | | 410 | | . 00 |
| rions | Califo | ornia Cancer Research Voluntary Tax | Contribution Fund | | 413 | | . 00 |
| Contributions | Scho | ol Supplies for Homeless Children Vo | oluntary Tax Contributio | n Fund | • 422 | | . 00 |
| 3 | State | Parks Protection Fund/Parks Pass P | urchase | | 423 | | . 00 |
| | Prote | ect Our Coast and Oceans Voluntary 1 | ax Contribution Fund | | • 424 | | . 00 |
| | Кеер | Arts in Schools Voluntary Tax Contri | bution Fund | | 425 | | . 00 |
| | Califo | ornia Senior Citizen Advocacy Volunt | ary Tax Contribution Fur | nd | 438 | | . 00 |
| | Nativ | e California Wildlife Rehabilitation Vo | luntary Tax Contribution | 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 | ontribution | 110 | | . 00 |

REV 02/02/24 PRO

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| | r nan | e: GAJJAR Your SSN or ITIN: 341-53-8143 |
|-------------------------------|-------|---|
| owe | 111 | MOUNT YOU OWE. If you do not have an amount on line 99, add line 94, line 96, line 100, and line 110. See instructions. Do not send cash. |
| Amount You Owe | | Mail to: FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001 ● 111 Pay Online – Go to ftb.ca.gov/pay for more information. |
| ص م | 112 | nterest, late return penalties, and late payment penalties |
| it an | 113 | Inderpayment of estimated tax. |
| Interest and Penalties | | Check the box: |
| | | Total amount due. See instructions. Enclose, but do not staple, any payment |
| | 115 | REFUND OR NO AMOUNT DUE. Subtract the sum of line 110, line 112, and line 113 from line 99. See instructions. |
| | | Mail to: FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001 • 115 |
| Refund and Direct Deposit | | Fill in the information to authorize direct deposit of your refund into one or two accounts. Do not attach a voided check or a deposit slip. See instructions. Have you verified the routing and account numbers? Use whole dollars only. All or the following amount of my refund (line 115) is authorized for direct deposit into the account shown below: |
| Direc | | Type Organization Of the constraint of the constraintof the constraint of the constraint of the constraint of t |
|] pu | | |
| ind a | | 322271627 3920723302 2617 .00 |
| Refu | | The remaining amount of my refund (line 115) is authorized for direct deposit into the account shown below: Type |
| | | Routing number Checking Account number I17 Direct deposit amount |
| | | Savings |
| | | |
| Voter Info. | | For voter registration information, check the box and go to sos.ca.gov/elections . See instructions |
| Health Care Coverage Info. |) | Do you want information on no-cost or low-cost health care coverage? By checking the "Yes" box, you authorize he FTB to share limited information from your tax return with Covered California. See instructions |
| | | |

REV 02/02/24 PRO

Sign your tax return on Side 6

Γ

| Vour | name. | G |
|------|-------|---|
| | | |

| GAJJAR |
|-----------|
| 0110 0111 |

| | 001 | | | 3 |
|------|-----|----|------|---|
| Your | SSN | or | N: | 5 |

341-53-8143



| MPORTANT: S | See the instructions to find out if you should attach a copy of your complete federal tax retu | rn. | | | | | |
|---|---|--|---|--|--|--|--|
| Dur privacy notice o locate FTB 113 | e can be found in annual tax booklets or online. Go to ftb.ca.gov/privacy to learn about our privacy policy s 1 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.050 | tatement, or go to ftb.ca.g 5 and enter form code 948 | Jov/forms and search for 1131 8 when instructed. | | | | |
| Jnder penalties o s true, correct, a | of perjury, I declare that I have examined this tax return, including accompanying schedules and state ind complete. | ments, and to the best of | my knowledge and belief, it | | | | |
| Your signature | Date Spouse's/RDF | D's signature (if a joint tax | return, both must sign) | | | | |
| | Your email address. Enter only one email address. | Pre | eferred phone number | | | | |
| Sign | | | | | | | |
| Here | Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge) | | | | | | |
| | SYAM PRIYA RAM SAGAR GUPTA TALLAM | | | | | | |
| t is unlawful to forge a | Firm's name (or yours, if self-employed) | | PTIN | | | | |
| spouse's/ RDP's signature. | GLOBAL TAXES LLC | | P02082703 | | | | |
| 5 | Firm's address | | Firm's FEIN | | | | |
| Joint tax return? See | 245 ROONEY CT E BRUNSWICK NJ 08816 | 843171965 | | | | | |
| nstructions. | Do you want to allow another person to discuss this tax return with us? See instructions | Yes | × No | | | | |
| | Print Third Party Designee's Name | Teleph | one Number | | | | |
| | | | | | | | |

REV 02/02/24 PRO

L

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 | | | | | | | |
|------------------|---|--|------------------------------------|--|--|--|--|--|
| _ | ARSHIT BHAVESH GAJJAR | | | 341538143 | | | | |
| P a 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 | 0 | ۲ | ۲ | | | | |
| | b Household employee wages not reported on federal Form(s) W-2 | \odot | ۲ | ۲ | | | | |
| | c Tip income not reported on line 1a 1c | ullet | ۲ | ۲ | | | | |
| | d Medicaid waiver payments not reported on federal Form(s) W-2. See instructions 1d | ۲ | ۲ | ۲ | | | | |
| | 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 | ۲ | ۲ | ۲ | | | | |
| | g Wages from federal Form 8919, line 6 1g | ۲ | ۲ | ۲ | | | | |
| | ${\bf h}~$ Other earned income. See instructions $\ldots\ldots$. 1h | \odot | ۲ | ۲ | | | | |
| | i Nontaxable combat pay election. See instructions1i | | | ۲ | | | | |
| | z Add line 1a through line 1i1z | • 65575 | ۲ | ۲ | | | | |
| 2 | Taxable interest. a • 2b | \odot | ۲ | ۲ | | | | |
| 3 | Ordinary dividends. See instructions. a • 3b | \odot | ۲ | ۲ | | | | |
| 4 | IRA distributions. See instructions. a • 4b | \odot | ۲ | ۲ | | | | |
| 5 | Pensions and annuities. See instructions. a • 5 b | ۲ | ۲ | ۲ | | | | |
| 6 | Social security benefits. a • 6b | ۲ | ۲ | | | | | |
| _ | ····· 9· · · (····) | (Forme 10.40) | ۲ | ۲ | | | | |
| - | ction B – Additional Income from federal Schedule 1 Taxable refunds, credits, or offsets of state | (FUIII 1040) | | | | | | |
| | | ۲ | ۲ | | | | | |
| 2 | a Alimony received. See instructions 2a | ۲ | | • | | | | |
| 3 | Business income or (loss). See instructions 3 | ۲ | ۲ | • | | | | |
| | | ۲ | ۲ | ۲ | | | | |
| 9 | Rental real estate, royalties, partnerships, S corporations, trusts, etc | • -5098 | ۲ | ۲ | | | | |
| 6 | Farm income or (loss)6 | ۲ | ۲ | ۲ | | | | |
| 7 | Unemployment compensation7 | ۲ | ۲ | | | | | |

REV 02/02/24 PRO

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| ction B – Additional Income Continued | A Federal Amounts (taxable amounts fro federal tax return) | | |
|---|--|---------|----------------------|
| Other income: a Federal net operating loss | , |) | $\overline{\bullet}$ |
| b Gambling 8 | b | ۲ | |
| c Cancellation of debt | | ۲ | ۲ |
| d Foreign earned income exclusion from federal Form 2555 | d 🔍 (|) | ۲ |
| e Income from federal Form 8853 8 | e 🔍 | | ۲ |
| f Income from federal Form 88898 | f | ۲ | |
| g Alaska Permanent Fund dividends8 | g 🖲 | | |
| h Jury duty pay | h | | |
| i Prizes and awards8 | i 🖲 | | |
| j Activity not engaged in for profit income 8 | j 🖲 | | |
| k Stock options | k 💽 | | 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 8 | | | |
| m Olympic and Paralympic medals and USOC prize money | | | |
| n IRC Section 951(a) inclusion 8 | n | ۲ | |
| o IRC Section 951A(a) inclusion | 0 | ۲ | |
| p IRC Section 461(I) excess business loss adjustment 8 | p 🖲 | ۲ | • |
| ${f q}$ Taxable distributions from an ABLE account 8 | q 💽 | | |
| r Scholarship and fellowship grants not reported on federal Form(s) W-2 | r 💿 | | |
| s Nontaxable amount of Medicaid waiver payments included on federal Form 1040, line 1a or line 1d8 | s 🔍 (|) | |
| t Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental IRC Section 457 plan 8 | t 💿 | | |
| u Wages earned while incarcerated | u 💿 | | |
| z Other income. List type and amount. | | | |
| . 8 | z 💿 | \odot | ۲ |

REV 02/02/24 PRO



| Section B – Additional Income Continued | | | Federal Amounts (taxable amounts from your federal tax return) | | B | See instructions | | C Additions See instructions |
|--|---|------------------|--|-------|---|------------------|------------------|--|
| 9 | a Total other income. Add lines 8a through 8z 9 a | ۲ | | ۲ | | | • | |
| | b1 Disaster loss deduction from form FTB 3805V 9b1 | | | ۲ | | | | |
| | b2 NOL deduction from form FTB 3805V 9b2 | | | | | | | |
| | b3 NOL deduction from form FTB 3805Z, 3807, or 3809 | | | ۲ | | | | |
| 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 | 60477 | ۲ | | | ۲ | |
| | stion C – Adjustments to Income m federal Schedule 1 (Form 1040) | | | | | | | |
| 11 | Educator expenses | $ \mathbf{O} $ | | | | | | |
| 12 | Certain business expenses of reservists, performing artists, and fee-basis government officials. $\ldots \ldots 12$ | ullet | | ۲ | | | | |
| | • | ullet | | | | | | |
| 14 | Moving expenses. Attach form FTB 3913. See instructions | | | | | | ۲ | |
| 15 | Deductible part of self-employment tax. See instructions | ullet | | ۲ | _ | | | |
| 16 | Self-employed SEP, SIMPLE, and qualified plans16 | ۲ | | | | | | |
| 17 | Self-employed health insurance deduction. See instructions | ۲ | | ۲ | | | | |
| 18 | Penalty on early withdrawal of savings | ullet | | | | | | |
| 19 | a Alimony paid19a | ullet | | | | | $ \mathbf{O} $ | |
| | b Recipient's: SSN • | | | | | | | |
| | Last Name 🖲 | | | | | | | |
| 20 | IRA deduction | ullet | | ullet | | | $ \mathbf{O} $ | |
| 21 | Student loan interest deduction | $oldsymbol{O}$ | | | | | $ \mathbf{O} $ | |
| 22 | Reserved for future use | | | | | | | |
| 23 | Archer MSA deduction | | | | | | | |

REV 02/02/24 PRO



| Section C – Adjustments to Income Continued | A Federal Amounts (taxable amounts from your federal tax return) | B Subtractions See instructions | C Additions See instructions | | |
|--|--|---|--|--|--|
| 24 Other adjustments: a Jury duty pay | | | | | |
| b Deductible expenses related to income reported on line 8I from the rental of personal property engaged in for profit | | • | • | | |
| c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m24c | ۲ | ۲ | | | |
| d Reforestation amortization and expenses 24d | \odot | | | | |
| 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 | | |
| g Contributions by certain chaplains to IRC Section 403(b) plans24g | • | • | • | | |
| 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 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>۵</u> 24z | \odot | ۲ | ۲ | | |
| | ۲ | ۲ | ۲ | | |
| | ۲ | ۲ | ۲ | | |
| 27 Total. Subtract line 26 from line 10 in columns A, B, and C. See instructions27 | • 60477 | ۲ | ۲ | | |

REV 02/02/24 PRO

Part II Adjustments to Federal Itemized Deductions

| Che | eck the box if you did NOT itemize for federal but will itemiz | | California (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 • | | | | | | |
| 2 | Enter amount from federal Form 1040 or 1040-SR, line 11 (•) 60477 | 2 | | | | | |
| 3 | Multiply line 2 by 7.5% (0.075) • 4536 | | | | | | |
| 4 | Subtract line 3 from line 1. If line 3 is more than line 1, enter 0 | | | | | ۲ | |
| | a State and local income tax or general sales taxes. . | ia 💽 | 5012 | • | 5012 | | |
| | b State and local real estate taxes | ib 🖲 | 1 | | | | |
| | c State and local personal property taxes | ic 💽 | | | | | |
| | d Add line 5a through line 5c | id 🖲 | 5012 | | | | |
| | 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 0 | | 5012 | | 5012 | | 0 |
| | column A in line 5e, column C | _ | | | 0011 | | |
| 6 | Other taxes. List type • | | | | | • | |
| 7 | Add line 5e and line 6 | /) | 5012 | $ \mathbf{O} $ | 5012 | | 0 |
| | arest You Paid a Home mortgage interest and points reported to you on federal Form 1098 | la 🖲 | 1 | | | | |
| | b Home mortgage interest not reported to you on federal Form 1098 | lb 🖲 |) | | | ۲ | |
| | c Points not reported to you on federal Form 1098 | ic 💽 | 1 | | | ۲ | |
| | d Reserved for future use | d | | | | | |
| | e Add line 8a through line 8c | le 💽 | | ۲ | | ۲ | |
| 9 | Investment interest | | 1 | • | | ۲ | |
| 10 | Add line 8e and line 910 | |) | ۲ | | ۲ | |

REV 02/02/24 PRO



| 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 | ۲ | ۲ |
| 12 | Other than by cash or check | ۲ | • | ۲ |
| 13 | Carryover from prior year13 | ۲ | ۲ | ۲ |
| 14 | Add line 11 through line 1314 | ۲ | \odot | ۲ |
| | tualty and Theft Losses Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions 15 | ۲ | • | \odot |
| Oth | er Itemized Deductions | | | |
| | Other—from list in federal instructions 16 | ۲ | ۲ | \odot |
| 17 | Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C | 5012 | • 5012 | . 0 |
| 18 | Total. Combine line 17 column A less column B plus co | lumn C | | 0 18 0 |
| Job | Expenses and Certain Miscellaneous Deductions | | | |
| 19 | Unreimbursed employee expenses: job travel, union due Attach federal Form 2106 if required. See instructions . | es, job education, etc. |) 19 | - |
| 20 | Tax preparation fees | | 20 | _ |
| 21 | Other expenses: investment, safe deposit box, etc. List type • | | 0 | - |
| | Add line 19 through line 21 | | 0 | - |
| 23 | Enter amount from federal Form 1040 or 1040-SR, line 11 | 60477 | | |
| 24 | Multiply line 23 by 2% (0.02). If less than zero, enter 0 . | | 1210 | - |
| 25 | Subtract line 24 from line 22. If line 24 is more than line | 22, enter 0 | | 25 <u> </u> |
| 26 | Total Itemized Deductions. Add line 18 and line 25 | | | 26 <u> </u> |
| 27 | Other adjustments. See instructions. Specify. | | | 27 |
| 28 | Combine line 26 and line 27 | | | 0 280 |
| 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 . \$355,558 | |
| | Yes. Complete the Itemized Deductions Worksheet in th | e instructions for Schedule CA | (540), line 29 | 0 29 |
| 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 | ictions | | |
| | Transfer the amount on line 30 to Form 540, line 18. | | | 30 5363 |
| | | | REV 02/02/24 PRC |) |
| | Side 6 Schedule CA (540) 2023 175 | 7736234 | | |