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.
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SCHEDU	LE 1
(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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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

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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

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Sign your tax return on Side 6

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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				

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CA (540)

2023 California Adjustments – Residents

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

Na	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					

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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

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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							

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Section C – Adjustments to Income Continued	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions		
24 Other adjustments: a Jury duty 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		

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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	

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Pa	rt II Adjustments to Federal Itemized Deductions Continued	A Federal Amounts (from federal Schedule A (Form 1040))	B Subtractions See instructions	C Additions See instructions
Gif	ts to Charity			
	Gifts by cash or check	۲	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		