

# California Nonresident or Part-Year Resident Income Tax Return

## 2023

## 540NR

APE

ATTACH FEDERAL RETURN

445-95-3926 BAND 830-69-7457  
PRAKASHREDD BANDI  
SREEDEVI BANDI

23

716 TOULOUSE CT  
CARY NC 27519

02-22-1982 08-20-1983

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

Filing Status

- 1  Single
- 2  Married/RDP filing jointly (even if only one spouse/RDP had income). See instructions.
- 3  Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here
- 4  Head of household (with qualifying person). See instructions.
- 5  Qualifying surviving spouse/RDP. Enter year spouse/RDP died.  See instructions.

6 If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See instr. . . . .

► For line 7, line 8, line 9, and line 10: Multiply the number you enter in the box by the pre-printed dollar amount for that line.

Whole dollars only

Exemptions

- 7 **Personal:** If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2. If you checked the box on line 6, see instructions.  7  X \$144 =  \$
- 8 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2. See instructions. . . . .  8  X \$144 =  \$
- 9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2. See instructions. . . . .  9  X \$144 =  \$
- 10 **Dependents: Do not include yourself or your spouse/RDP.**

|                                 | Dependent 1          | Dependent 2          | Dependent 3          |
|---------------------------------|----------------------|----------------------|----------------------|
| First Name                      | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Last Name                       | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| SSN. See instructions.          | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Dependent's relationship to you | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Total dependent exemptions . . . . .  10  X \$446 =  \$

Your name:  Your SSN or ITIN:

**11 Exemption amount:** Add line 7 through line 10 .....  **11 \$**

|                             |  |
|-----------------------------|--|
| <b>Total Taxable Income</b> | <b>12</b> Total California wages from your federal Form(s) W-2, box 16 ..... ● <b>12</b> <input type="text" value="35307"/> <input type="text" value=".00"/>   |
|                             | <b>13</b> Enter federal AGI from federal Form 1040, 1040-SR, or 1040-NR, line 11 ..... <input checked="" type="radio"/> <b>13</b> <input type="text" value="205697"/> <input type="text" value=".00"/>   |
|                             | <b>14</b> California adjustments – subtractions. Enter the amount from Schedule CA (540NR), Part II, line 27, column B ..... ● <b>14</b> <input type="text" value=""/> <input type="text" value=".00"/>  |
|                             | <b>15</b> Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions ..... <b>15</b> <input type="text" value="205697"/> <input type="text" value=".00"/>   |
|                             | <b>16</b> California adjustments – additions. Enter the amount from Schedule CA (540NR), Part II, line 27, column C ..... ● <b>16</b> <input type="text" value=""/> <input type="text" value=".00"/>   |
|                             | <b>17</b> Adjusted gross income from all sources. Combine line 15 and line 16 ..... ● <b>17</b> <input type="text" value="205697"/> <input type="text" value=".00"/>   |
|                             | <b>18</b> Enter the <b>larger</b> of: Your California <b>itemized deductions</b> from Schedule CA (540NR), Part III, line 30; <b>OR</b> Your California <b>standard deduction</b> . See instructions ..... ● <b>18</b> <input type="text" value="37209"/> <input type="text" value=".00"/> |
|                             | <b>19</b> Subtract line 18 from line 17. This is your <b>total taxable income</b> . If less than zero, enter -0- ..... <input checked="" type="radio"/> <b>19</b> <input type="text" value="168488"/> <input type="text" value=".00"/>   |

|   |   |
|---|---|
| <b>CA Taxable Income</b>  | <b>31</b> Tax. Check the box if from: <input type="checkbox"/> Tax Table <input checked="" type="checkbox"/> Tax Rate Schedule  |
|   | ● <input type="checkbox"/> FTB 3800 ● <input type="checkbox"/> FTB 3803 ..... ● <b>31</b> <input type="text" value="8975"/> <input type="text" value=".00"/>  |
|   | <b>32</b> CA adjusted gross income from Schedule CA (540NR), Part IV, line 1. .... ● <b>32</b> <input type="text" value="35307"/> <input type="text" value=".00"/>  |
|   | <b>35</b> CA Taxable Income from Schedule CA (540NR), Part IV, line 5. .... ● <b>35</b> <input type="text" value="28922"/> <input type="text" value=".00"/>   |
|   | <b>36</b> CA Tax Rate. Divide line 31 by line 19. .... <input checked="" type="radio"/> <b>36</b> <input type="text" value="0.0533"/>   |
|   | <b>37</b> CA Tax Before Exemption Credits. Multiply line 35 by line 36 ..... <input checked="" type="radio"/> <b>37</b> <input type="text" value="1542"/> <input type="text" value=".00"/>  |
|   | <b>38</b> CA Exemption Credit Percentage. Divide line 35 by line 19. If more than 1, enter 1.0000 ..... <input checked="" type="radio"/> <b>38</b> <input type="text" value="0.1717"/>  |
|   | <b>39</b> CA Prorated Exemption Credits. Multiply line 11 by line 38. If the amount on line 13 is more than \$237,035, see instructions ..... <input checked="" type="radio"/> <b>39</b> <input type="text" value="49"/> <input type="text" value=".00"/> |
|   | <b>40</b> CA Regular Tax Before Credits. Subtract line 39 from line 37. If less than zero, enter -0- ... <input checked="" type="radio"/> <b>40</b> <input type="text" value="1493"/> <input type="text" value=".00"/>                                    |
| <b>41</b> Tax. See instructions. Check the box if from: ● <input type="checkbox"/> Schedule G-1 ● <input type="checkbox"/> FTB 5870A ● <b>41</b> <input type="text" value=""/> <input type="text" value=".00"/> |   |
| <b>42</b> Add line 40 and line 41 ..... ● <b>42</b> <input type="text" value="1493"/> <input type="text" value=".00"/>  |   |

|                        |  |
|------------------------|--|
| <b>Special Credits</b> | <b>50</b> Nonrefundable Child and Dependent Care Expenses Credit. See instructions. Attach form FTB 3506. .... ● <b>50</b> <input type="text" value=""/> <input type="text" value=".00"/>      |
|                        | <b>51</b> Credit for joint custody head of household. See instructions ..... ● <b>51</b> <input type="text" value=""/> <input type="text" value=".00"/>  |
|                        | <b>52</b> Credit for dependent parent. See instructions. .... ● <b>52</b> <input type="text" value=""/> <input type="text" value=".00"/>   |
|                        | <b>53</b> Credit for senior head of household. See instructions. .... ● <b>53</b> <input type="text" value=""/> <input type="text" value=".00"/>   |
|                        | <b>54</b> Credit percentage. Enter the amount from line 38 here. If more than 1, enter 1.0000. See instructions ..... <input checked="" type="radio"/> <b>54</b> <input type="text" value=""/> |
|                        | <b>55</b> Credit amount. See instructions ..... ● <b>55</b> <input type="text" value=""/> <input type="text" value=".00"/>   |

REV 02/02/24 PRO

Your name:  Your SSN or ITIN:

|                        |    |   |   |    |                                   |                                  |
|------------------------|----|---|---|----|-----------------------------------|----------------------------------|
| <b>Special Credits</b> | 58 | Enter credit name <input type="text"/> code <input type="text"/> and amount. . . . .  | ● | 58 | <input type="text"/>              | <input type="text" value=".00"/> |
|                        | 59 | Enter credit name <input type="text"/> code <input type="text"/> and amount. . . . .  | ● | 59 | <input type="text"/>              | <input type="text" value=".00"/> |
|                        | 60 | To claim more than two credits, see instructions. Attach Schedule P (540NR) . . . . . | ● | 60 | <input type="text"/>              | <input type="text" value=".00"/> |
|                        | 61 | Nonrefundable Renter's Credit. See instructions . . . . .                             | ● | 61 | <input type="text"/>              | <input type="text" value=".00"/> |
|                        | 62 | Add line 50 and line 55 through line 61. These are your total credits. . . . .        | ⊙ | 62 | <input type="text"/>              | <input type="text" value=".00"/> |
|                        | 63 | Subtract line 62 from line 42. If less than zero, enter -0- . . . . .                 | ⊙ | 63 | <input type="text" value="1493"/> | <input type="text" value=".00"/> |

|                    |    |   |   |    |                                   |                                  |
|--------------------|----|---|---|----|-----------------------------------|----------------------------------|
| <b>Other Taxes</b> | 71 | Alternative Minimum Tax. Attach Schedule P (540NR). . . . .                 | ● | 71 | <input type="text"/>              | <input type="text" value=".00"/> |
|                    | 72 | Mental Health Services Tax. See instructions . . . . .                      | ● | 72 | <input type="text"/>              | <input type="text" value=".00"/> |
|                    | 73 | Other taxes and credit recapture. See instructions . . . . .                | ● | 73 | <input type="text"/>              | <input type="text" value=".00"/> |
|                    | 74 | Add line 63, line 71, line 72, and line 73. This is your total tax. . . . . | ● | 74 | <input type="text" value="1493"/> | <input type="text" value=".00"/> |

|                 |    |   |   |    |                                   |                                  |
|-----------------|----|---|---|----|-----------------------------------|----------------------------------|
| <b>Payments</b> | 81 | California income tax withheld. See instructions . . . . .                            | ● | 81 | <input type="text" value="1681"/> | <input type="text" value=".00"/> |
|                 | 82 | 2023 California estimated tax and other payments. See instructions . . . . .          | ● | 82 | <input type="text"/>              | <input type="text" value=".00"/> |
|                 | 83 | Withholding (Form 592-B and/or Form 593). See instructions. . . . .                   | ● | 83 | <input type="text"/>              | <input type="text" value=".00"/> |
|                 | 84 | Excess SDI (or VPDI) withheld. See instructions . . . . .                             | ● | 84 | <input type="text"/>              | <input type="text" value=".00"/> |
|                 | 85 | Earned Income Tax Credit (EITC). See instructions . . . . .                           | ● | 85 | <input type="text"/>              | <input type="text" value=".00"/> |
|                 | 86 | Young Child Tax Credit (YCTC). See instructions . . . . .                             | ● | 86 | <input type="text"/>              | <input type="text" value=".00"/> |
|                 | 87 | Foster Youth Tax Credit (FYTC). See instructions . . . . .                            | ● | 87 | <input type="text"/>              | <input type="text" value=".00"/> |
|                 | 88 | Add line 81 through line 87. These are your total payments. See instructions. . . . . | ⊙ | 88 | <input type="text" value="1681"/> | <input type="text" value=".00"/> |

|                    |    |   |   |                          |                                |                                  |
|--------------------|----|---|---|--------------------------|--------------------------------|----------------------------------|
| <b>ISR Penalty</b> | 91 | If you and your household had full-year health care coverage, check the box.<br>See instructions. Medicare Part A or C coverage is qualifying health care coverage. . . . . | ● | <input type="checkbox"/> |                                |                                  |
|                    |    | If you did not check the box, see instructions.<br>Individual Shared Responsibility (ISR) Penalty. See instructions . . . . .   | ● | 91                       | <input type="text" value="0"/> | <input type="text" value=".00"/> |

|                             |     |   |   |     |                                   |                                  |
|-----------------------------|-----|---|---|-----|-----------------------------------|----------------------------------|
| <b>Overpaid Tax/Tax Due</b> | 92  | Payments after Individual Shared Responsibility Penalty. If line 88 is more than line 91,<br>subtract line 91 from line 88. . . . . | ⊙ | 92  | <input type="text" value="1681"/> | <input type="text" value=".00"/> |
|                             | 93  | Individual Shared Responsibility Penalty Balance. If line 91 is more than line 88,<br>subtract line 88 from line 91. . . . .        | ⊙ | 93  | <input type="text"/>              | <input type="text" value=".00"/> |
|                             | 101 | Overpaid tax. If line 92 is more than line 74, subtract line 74 from line 92. . . . .   | ⊙ | 101 | <input type="text" value="188"/>  | <input type="text" value=".00"/> |
|                             | 102 | Amount of line 101 you want applied to your 2024 estimated tax . . . . .  | ● | 102 | <input type="text" value="0"/>    | <input type="text" value=".00"/> |
|                             | 103 | Overpaid tax available this year. Subtract line 102 from line 101 . . . . .   | ● | 103 | <input type="text" value="188"/>  | <input type="text" value=".00"/> |

Your name: BANDI

Your SSN or ITIN: 445-95-3926



104 Tax due. If line 92 is less than line 74, subtract line 92 from line 74 . . . . . 104 .00

|  |  | Code  | Amount |
|--|--|-------|--------|
| <b>Contributions</b>   | California Seniors Special Fund. See instructions . . . . .                            | ● 400 | .00    |
|  | Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund . . . . .     | ● 401 | .00    |
|  | Rare and Endangered Species Preservation Voluntary Tax Contribution Program . . . . .  | ● 403 | .00    |
|  | California Breast Cancer Research Voluntary Tax Contribution Fund . . . . .            | ● 405 | .00    |
|  | California Firefighters' Memorial Voluntary Tax Contribution Fund . . . . .            | ● 406 | .00    |
|  | Emergency Food for Families Voluntary Tax Contribution Fund . . . . .                  | ● 407 | .00    |
|  | California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund . . . . . | ● 408 | .00    |
|  | California Sea Otter Voluntary Tax Contribution Fund . . . . .                         | ● 410 | .00    |
|  | California Cancer Research Voluntary Tax Contribution Fund . . . . .                   | ● 413 | .00    |
|  | School Supplies for Homeless Children Voluntary Tax Contribution Fund . . . . .        | ● 422 | .00    |
|  | State Parks Protection Fund/Parks Pass Purchase . . . . .                              | ● 423 | .00    |
|  | Protect Our Coast and Oceans Voluntary Tax Contribution Fund . . . . .                 | ● 424 | .00    |
|  | Keep Arts in Schools Voluntary Tax Contribution Fund . . . . .                         | ● 425 | .00    |
|  | California Senior Citizen Advocacy Voluntary Tax Contribution Fund . . . . .           | ● 438 | .00    |
|  | Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund . . . . .    | ● 439 | .00    |
| Rape Kit Backlog Voluntary Tax Contribution Fund . . . . .                                     | ● 440  | .00   |        |
| Suicide Prevention Voluntary Tax Contribution Fund . . . . .                                   | ● 444  | .00   |        |
| Mental Health Crisis Prevention Voluntary Tax Contribution Fund . . . . .                      | ● 445  | .00   |        |
| <b>120</b> Add amounts in code 400 through code 445. This is your total contribution . . . . . | <b>● 120</b>   | .00   |        |

REV 02/02/24 PRO

Your name:  Your SSN or ITIN:

**Amount You Owe** 121 **AMOUNT YOU OWE.** Add line 93, line 104, and line 120. See instructions. **Do not send cash.**  
Mail to: **FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001.** . . . . ● 121  .00  
Pay Online – Go to **ftb.ca.gov/pay** for more information.

**Interest and Penalties** 122 Interest, late return penalties, and late payment penalties. . . . . 122  .00  
123 Underpayment of estimated tax.  
Check the box: ●  **FTB 5805 attached** ●  **FTB 5805F attached** . . . . . ● 123  .00  
124 Total amount due. See instructions. Enclose, but **do not** staple, any payment . . . . . 124  .00

**Refund and Direct Deposit** 125 **REFUND OR NO AMOUNT DUE.** Subtract line 120 from line 103. See instructions.  
Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001.** . . . . . ● 125  .00

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 125) is authorized for direct deposit into the account shown below:

● Type  
● Routing number  Checking  Savings ● Account number  ● 126 Direct deposit amount  .00

The remaining amount of my refund (line 125) is authorized for direct deposit into the account shown below:

● Type  
● Routing number   Checking  Savings ● Account number  ● 127 Direct deposit amount  .00

**Voter Info.** For voter registration information, check the box and go to **sos.ca.gov/elections.** See instructions . . . . .

**Health Care Coverage Info.** Do you want information on no-cost or low-cost health care coverage? By checking the "Yes" box, you authorize the FTB to share limited information from your tax return with Covered California. See instructions . . . . .  Yes  No

REV 02/02/24 PRO

**Sign your tax return on Side 6**

Your name:

Your SSN or ITIN:

**IMPORTANT:** Attach a copy of your complete federal return.

Our privacy notice can be found in annual tax booklets or online. Go to [ftb.ca.gov/privacy](http://ftb.ca.gov/privacy) to learn about our privacy policy statement, or go to [ftb.ca.gov/forms](http://ftb.ca.gov/forms) and search for 1131 to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form code 948 when instructed.

Under penalties of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Your signature

Date

Spouse's/RDP's signature (if a joint tax return, both must sign)

Your email address. Enter only one email address.

Preferred phone number

## Sign Here

It is unlawful to forge a spouse's/RDP's signature.

Joint tax return? See instructions.

Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge)

Firm's name (or yours, if self-employed)

PTIN

Firm's address

Firm's FEIN

Do you want to allow another person to discuss this tax return with us? See instructions. . . . .  Yes

No

Print Third Party Designee's Name

Telephone Number

REV 02/02/24 PRO

# California Adjustments — Nonresidents or Part-Year Residents

**2023**

**CA (540NR)**

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

|  |                          |
|--|--------------------------|
| Name(s) as shown on tax return<br>PRAKASH REDDY & SREEDEVI BANDI | SSN or ITIN<br>445953926 |
|--|--------------------------|

**Part I Residency Information. Complete all lines that apply to you and your spouse/RDP for taxable year 2023.**

**During 2023:**

- 1 My California (CA) Residency (Check one)  
 a Myself:  Nonresident  Part-Year Resident  Resident  
 b Spouse:  Nonresident  Part-Year Resident  Resident

|  | Yoursself  | Spouse/RDP  |
|--|--|---|
| 2 a I was domiciled in (enter two letter code, see instructions) . . . . .                         | <input checked="" type="radio"/> N <input type="radio"/> C | <input checked="" type="radio"/> N <input type="radio"/> C          |
| b I was in the military and stationed in (enter two letter code) . . . . .                         | <input type="radio"/> <input type="radio"/>                | <input type="radio"/> <input type="radio"/>                         |
| 3 I became a CA resident (enter state of prior residence and date (mm/dd/yyyy) of move) . . . . .  | <input checked="" type="radio"/> / /                       | <input checked="" type="radio"/> / /                                |
| 4 I became a CA nonresident (enter new state of residence and date (mm/dd/yyyy) of move) . . . . . | <input checked="" type="radio"/> / /                       | <input checked="" type="radio"/> / /                                |
| 5 I was a CA nonresident the entire year (enter state of residence) . . . . .                      | <input checked="" type="radio"/> N <input type="radio"/> C | <input type="radio"/> <input type="radio"/>                         |
| 6 The number of days I spent in CA for any purpose was: . . . . .                                  | <input type="radio"/> <input type="radio"/>                | <input type="radio"/> <input type="radio"/>                         |
| 7 I owned a home/property in CA (enter Y for Yes, N for No) . . . . .                              | <input type="radio"/> N <input type="radio"/>              | <input type="radio"/> <input type="radio"/> N <input type="radio"/> |
| 8 Before 2023: I was a CA resident for the period of . . . . .                                     | <input checked="" type="radio"/> / / -                     | <input checked="" type="radio"/> / / -                              |
|  | <input type="radio"/> / / -                                | <input type="radio"/> / / -   |

**Part II Income Adjustment Schedule**

|   | A  | B  | C   | D   | E  |
|---|--|--|---|---|--|
| Section A — Income<br>from federal Form 1040 or 1040-SR                                   | Federal Amounts<br>(taxable amounts from<br>your federal tax return) | Subtractions<br>See instructions<br>(difference between<br>CA & federal law) | Additions<br>See instructions<br>(difference between<br>CA & federal law) | Total Amounts<br>Using CA Law<br>As If You Were a<br>CA Resident<br>(subtract col. B from<br>col. A; add col. C<br>to the result) | CA Amounts<br>(income earned or<br>received as a CA<br>resident and income<br>earned or received<br>from CA sources<br>as a nonresident) |
| 1 a Total amount from federal Form(s) W-2,<br>box 1. See instructions . . . . . 1a        | <input checked="" type="radio"/> 159690                              | <input checked="" type="radio"/>   | <input type="radio"/>   | <input checked="" type="radio"/> 159690   | <input checked="" type="radio"/> 35307   |
| b Household employee wages not reported<br>on federal Form(s) W-2. . . . . 1b             | <input type="radio"/>  | <input type="radio"/>  | <input type="radio"/>   | <input type="radio"/>   | <input type="radio"/>  |
| c Tip income not reported on line 1a . . . . . 1c   | <input type="radio"/>  | <input type="radio"/>  | <input type="radio"/>   | <input type="radio"/>   | <input type="radio"/>  |
| d Medicaid waiver payments not reported<br>on federal Form(s) W-2. See instructions . 1d  | <input type="radio"/>  | <input type="radio"/>  | <input type="radio"/>   | <input type="radio"/>   | <input type="radio"/>  |
| e Taxable dependent care benefits from<br>federal Form 2441, line 26 . . . . . 1e         | <input type="radio"/>  | <input type="radio"/>  | <input type="radio"/>   | <input type="radio"/>   | <input type="radio"/>  |
| f Employer-provided adoption benefits<br>from federal Form 8839, line 29. . . . . 1f      | <input type="radio"/>  | <input type="radio"/>  | <input type="radio"/>   | <input type="radio"/>   | <input type="radio"/>  |
| g Wages from federal Form 8919, line 6 . . . 1g   | <input type="radio"/>  | <input type="radio"/>  | <input type="radio"/>   | <input type="radio"/>   | <input type="radio"/>  |
| h Other earned income. See instructions . . 1h  | <input type="radio"/> 0  | <input type="radio"/>  | <input type="radio"/>   | <input type="radio"/> 0   | <input type="radio"/>  |
| i Nontaxable combat pay election.<br>See instructions . . . . . 1i                        |  |  | <input type="radio"/>   | <input type="radio"/>   | <input type="radio"/>  |
| z Add line 1a through line 1i . . . . . 1z  | <input checked="" type="radio"/> 159690                              | <input checked="" type="radio"/>   | <input type="radio"/>   | <input checked="" type="radio"/> 159690   | <input checked="" type="radio"/> 35307   |
| 2 Taxable interest. a <input type="radio"/> . . . . . 2b                                  | <input type="radio"/>  | <input type="radio"/>  | <input type="radio"/>   | <input type="radio"/>   | <input type="radio"/>  |
| 3 Ordinary dividends. See instructions.<br>a <input type="radio"/> 15 . . . . . 3b        | <input type="radio"/> 15   | <input type="radio"/>  | <input type="radio"/>   | <input type="radio"/> 15  | <input type="radio"/> 0  |
| 4 IRA distributions. See instructions.<br>a <input type="radio"/> . . . . . 4b            | <input type="radio"/>  | <input type="radio"/>  | <input type="radio"/>   | <input type="radio"/>   | <input type="radio"/>  |
| 5 Pensions and annuities. See<br>instructions. a <input type="radio"/> 37632 . . . . . 5b | <input type="radio"/> 37632  | <input type="radio"/>  | <input type="radio"/>   | <input type="radio"/> 37632   | <input type="radio"/> 0  |
| 6 Social security benefits.<br>a <input type="radio"/> . . . . . 6b                       | <input type="radio"/>  | <input type="radio"/>  |   |   |  |
| 7 Capital gain or (loss). See instructions . . . 7  | <input type="radio"/> 8360   | <input type="radio"/>  | <input type="radio"/>   | <input type="radio"/> 8360  | <input type="radio"/> 0  |

REV 02/02/24 PRO

|  | A   | B   | C  | D   | E   |
|--|---|---|--|---|---|
| <b>Section B — Additional Income</b><br>from federal Schedule 1 (Form 1040)  | <b>Federal Amounts</b><br>(taxable amounts from<br>your federal tax return) | <b>Subtractions</b><br>See instructions<br>(difference between<br>CA & federal law) | <b>Additions</b><br>See instructions<br>(difference between<br>CA & federal law) | <b>Total Amounts<br/>Using CA Law<br/>As If You Were a<br/>CA Resident</b><br>(subtract col. B from<br>col. A; add col. C<br>to the result) | <b>CA Amounts</b><br>(income earned or<br>received as a CA<br>resident and income<br>earned or received<br>from CA sources<br>as a nonresident) |
| <b>1</b> Taxable refunds, credits, or offsets of state and local income taxes. . . . . <b>1</b>  | <input type="radio"/>   | <input type="radio"/>   |  |   |   |
| <b>2 a</b> Alimony received. See instructions. . . . . <b>2a</b>   | <input type="radio"/>   |   | <input type="radio"/>  | <input type="radio"/>   | <input type="radio"/>   |
| <b>3</b> Business income or (loss). See instructions. . . . . <b>3</b>   | <input type="radio"/>   | <input type="radio"/>   | <input type="radio"/>  | <input type="radio"/>   | <input type="radio"/>   |
| <b>4</b> Other gains or (losses) . . . . . <b>4</b>  | <input type="radio"/>   | <input type="radio"/>   | <input type="radio"/>  | <input type="radio"/>   | <input type="radio"/>   |
| <b>5</b> Rental real estate, royalties, partnerships, S corporations, trusts, etc . . . . . <b>5</b>   | <input type="radio"/> 0   | <input type="radio"/>   | <input type="radio"/>  | <input type="radio"/> 0   | <input type="radio"/>   |
| <b>6</b> Farm income or (loss) . . . . . <b>6</b>  | <input type="radio"/>   | <input type="radio"/>   | <input type="radio"/>  | <input type="radio"/>   | <input type="radio"/>   |
| <b>7</b> Unemployment compensation . . . . . <b>7</b>  | <input type="radio"/>   | <input type="radio"/>   |  |   |   |
| <b>8</b> Other income:   |   |   |  |   |   |
| <b>a</b> Federal net operating loss. . . . . <b>8a</b>   | <input type="radio"/> ( )   |   | <input type="radio"/>  |   |   |
| <b>b</b> Gambling . . . . . <b>8b</b>  | <input type="radio"/>   | <input type="radio"/>   |  | <input type="radio"/>   | <input type="radio"/>   |
| <b>c</b> Cancellation of debt . . . . . <b>8c</b>  | <input type="radio"/>   | <input type="radio"/>   | <input type="radio"/>  | <input type="radio"/>   | <input type="radio"/>   |
| <b>d</b> Foreign earned income exclusion from federal Form 2555 . . . . . <b>8d</b>  | <input type="radio"/> ( )   |   | <input type="radio"/>  |   |   |
| <b>e</b> Income from federal Form 8853 . . . . . <b>8e</b>   | <input type="radio"/>   |   | <input type="radio"/>  | <input type="radio"/>   | <input type="radio"/>   |
| <b>f</b> Income from federal Form 8889 . . . . . <b>8f</b>   | <input type="radio"/>   | <input type="radio"/>   |  |   |   |
| <b>g</b> Alaska Permanent Fund dividends . . . . . <b>8g</b>   | <input type="radio"/>   |   |  | <input type="radio"/>   | <input type="radio"/>   |
| <b>h</b> Jury duty pay . . . . . <b>8h</b>   | <input type="radio"/>   |   |  | <input type="radio"/>   | <input type="radio"/>   |
| <b>i</b> Prizes and awards. . . . . <b>8i</b>  | <input type="radio"/>   |   |  | <input type="radio"/>   | <input type="radio"/>   |
| <b>j</b> Activity not engaged in for profit income . . . . . <b>8j</b>   | <input type="radio"/>   |   |  | <input type="radio"/>   | <input type="radio"/>   |
| <b>k</b> Stock options . . . . . <b>8k</b>   | <input type="radio"/>   |   | <input type="radio"/>  | <input type="radio"/>   | <input type="radio"/>   |
| <b>l</b> Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property . . . . . <b>8l</b> | <input type="radio"/>   |   |  | <input type="radio"/>   | <input type="radio"/>   |
| <b>m</b> Olympic and Paralympic medals and USOC prize money . . . . . <b>8m</b>  | <input type="radio"/>   |   |  | <input type="radio"/>   | <input type="radio"/>   |
| <b>n</b> IRC Section 951(a) inclusion . . . . . <b>8n</b>  | <input type="radio"/>   | <input type="radio"/>   |  |   |   |
| <b>o</b> IRC Section 951A(a) inclusion . . . . . <b>8o</b>   | <input type="radio"/>   | <input type="radio"/>   |  |   |   |
| <b>p</b> IRC Section 461(l) excess business loss adjustment . . . . . <b>8p</b>  | <input type="radio"/>   | <input type="radio"/>   | <input type="radio"/>  | <input type="radio"/>   | <input type="radio"/>   |
| <b>q</b> Taxable distributions from an ABLE account. . . . . <b>8q</b>   | <input type="radio"/>   |   |  | <input type="radio"/>   | <input type="radio"/>   |
| <b>r</b> Scholarship and fellowship grants not reported on federal Form(s) W-2. . . . . <b>8r</b>  | <input type="radio"/>   |   |  | <input type="radio"/>   | <input type="radio"/>   |
| <b>s</b> Nontaxable amount of Medicaid waiver payments included on federal Form 1040, line 1a or line 1d . . . . . <b>8s</b>   | <input type="radio"/> ( )   |   |  | <input type="radio"/> ( )   | <input type="radio"/> ( )   |
| <b>t</b> Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental IRC Section 457 plan. . . . . <b>8t</b>                                | <input type="radio"/>   |   |  | <input type="radio"/>   | <input type="radio"/>   |
| <b>u</b> Wages earned while incarcerated . . . . . <b>8u</b>   | <input type="radio"/>   |   |  | <input type="radio"/>   | <input type="radio"/>   |
| <b>z</b> Other income. List type and amount.<br><input type="radio"/> _____ <b>8z</b>  | <input type="radio"/>   | <input type="radio"/>   | <input type="radio"/>  | <input type="radio"/>   | <input type="radio"/>   |
| <b>9 a</b> Total other income. Add line 8a through line 8z . . . . . <b>9a</b>   | <input type="radio"/>   | <input type="radio"/>   | <input type="radio"/>  | <input type="radio"/>   | <input type="radio"/>   |



|  | A   | B   | C  | D   | E   |
|--|---|---|--|---|---|
| <b>Section B — Additional Income</b><br>Continued  | <b>Federal Amounts</b><br>(taxable amounts from<br>your federal tax return) | <b>Subtractions</b><br>See instructions<br>(difference between<br>CA & federal law) | <b>Additions</b><br>See instructions<br>(difference between<br>CA & federal law) | <b>Total Amounts<br/>Using CA Law<br/>As If You Were a<br/>CA Resident</b><br>(subtract col. B from<br>col. A; add col. C<br>to the result) | <b>CA Amounts</b><br>(income earned or<br>received as a CA<br>resident and income<br>earned or received<br>from CA sources<br>as a nonresident) |
| <b>b1</b> Disaster loss deduction from form<br>FTB 3805V ..... <b>9b1</b>  |   | <input type="radio"/>   |  | <input type="radio"/>   | <input type="radio"/>   |
| <b>b2</b> NOL deduction from form<br>FTB 3805V ..... <b>9b2</b>  |   | <input type="radio"/>   |  | <input type="radio"/>   | <input type="radio"/>   |
| <b>b3</b> NOL deduction from form<br>FTB 3805Z, FTB 3807, or FTB 3809 .. <b>9b3</b>  |   | <input type="radio"/>   |  | <input type="radio"/>   | <input type="radio"/>   |
| <b>10 Total.</b> Combine Section A, line 1z through<br>line 7, and Section B, line 1 through<br>line 7, line 9a and line 9b1 through line 9b3<br>(as applicable) in each column.<br>See instructions. .... <b>10</b> | <input type="radio"/> 205697  | <input type="radio"/>   | <input type="radio"/>  | <input type="radio"/> 205697  | <input type="radio"/> 35307   |

**Section C — Adjustments to Income**

from federal Schedule 1 (Form 1040)

|   |                       |                       |                       |                       |                       |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <b>11</b> Educator expenses ..... <b>11</b>   | <input type="radio"/> | <input type="radio"/> |                       |                       |                       |
| <b>12</b> Certain business expenses of reservists,<br>performing artists, and fee-basis<br>government officials ..... <b>12</b>                         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <b>13</b> Health savings account deduction. .... <b>13</b>  | <input type="radio"/> | <input type="radio"/> |                       |                       |                       |
| <b>14</b> Moving expenses. Attach form FTB 3913.<br>See instructions ..... <b>14</b>  | <input type="radio"/> |                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <b>15</b> Deductible part of self-employment tax.<br>See instructions. .... <b>15</b>   | <input type="radio"/> | <input type="radio"/> |                       | <input type="radio"/> | <input type="radio"/> |
| <b>16</b> Self-employed SEP, SIMPLE, and<br>qualified plans. .... <b>16</b>   | <input type="radio"/> |                       |                       | <input type="radio"/> | <input type="radio"/> |
| <b>17</b> Self-employed health insurance deduction.<br>See instructions. .... <b>17</b>   | <input type="radio"/> | <input type="radio"/> |                       | <input type="radio"/> | <input type="radio"/> |
| <b>18</b> Penalty on early withdrawal of savings. .... <b>18</b>  | <input type="radio"/> |                       |                       | <input type="radio"/> | <input type="radio"/> |
| <b>19 a</b> Alimony paid. <b>b</b> Enter recipient's:<br>SSN <input type="radio"/> _____ - _____<br>Last name <input type="radio"/> _____ <b>19a</b>    | <input type="radio"/> |                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <b>20</b> IRA deduction. .... <b>20</b>   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <b>21</b> Student loan interest deduction ..... <b>21</b>   | <input type="radio"/> |                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <b>22</b> Reserved for future use ..... <b>22</b>   |                       |                       |                       |                       |                       |
| <b>23</b> Archer MSA deduction ..... <b>23</b>  | <input type="radio"/> |                       |                       | <input type="radio"/> | <input type="radio"/> |
| <b>24</b> Other adjustments:  |                       |                       |                       |                       |                       |
| <b>a</b> Jury duty pay ..... <b>24a</b>   | <input type="radio"/> |                       |                       | <input type="radio"/> | <input type="radio"/> |
| <b>b</b> Deductible expenses related to income<br>reported on line 8l from the rental of<br>personal property engaged in for<br>profit. .... <b>24b</b> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <b>c</b> Nontaxable amount of the value of<br>Olympic and Paralympic medals and<br>USOC prize money reported on line 8m <b>24c</b>                      | <input type="radio"/> | <input type="radio"/> |                       |                       |                       |
| <b>d</b> Reforestation amortization and<br>expenses. .... <b>24d</b>  | <input type="radio"/> | <input type="radio"/> |                       | <input type="radio"/> | <input type="radio"/> |
| <b>e</b> Repayment of supplemental<br>unemployment benefits under the<br>federal Trade Act of 1974 ..... <b>24e</b>                                     | <input type="radio"/> |                       |                       | <input type="radio"/> | <input type="radio"/> |
| <b>f</b> Contributions to IRC<br>Section 501(c)(18)(D) pension plans .. <b>24f</b>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <b>g</b> Contributions by certain chaplains to<br>IRC Section 403(b) plans ..... <b>24g</b>   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <b>h</b> Attorney fees and court costs for<br>actions involving certain unlawful<br>discrimination claims ..... <b>24h</b>                              | <input type="radio"/> |                       |                       | <input type="radio"/> | <input type="radio"/> |

REV 02/02/24 PRO

|   | A   | B   | C  | D   | E   |
|---|---|---|--|---|---|
| <b>Section C — Adjustments to Income</b><br>Continued   | <b>Federal Amounts</b><br>(taxable amounts from<br>your federal tax return) | <b>Subtractions</b><br>See instructions<br>(difference between<br>CA & federal law) | <b>Additions</b><br>See instructions<br>(difference between<br>CA & federal law) | <b>Total Amounts<br/>Using CA Law<br/>As If You Were a<br/>CA Resident</b><br>(subtract col. B from<br>col. A; add col. C<br>to the result) | <b>CA Amounts</b><br>(income earned or<br>received as a CA<br>resident and income<br>earned or received<br>from CA sources<br>as a nonresident) |
| 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 . . . . . <b>24i</b> | <input checked="" type="radio"/>  | <input checked="" type="radio"/>  |  |   |   |
| j Housing deduction from federal Form 2555 . . . . . <b>24j</b>   | <input checked="" type="radio"/>  | <input checked="" type="radio"/>  |  |   |   |
| k Excess deductions of IRC Section 67(e) expenses from federal Schedule K-1 (Form 1041) . . . . . <b>24k</b>  | <input checked="" type="radio"/>  |   |  | <input checked="" type="radio"/>  | <input checked="" type="radio"/>  |
| z Other adjustments. List type and amount.<br><input checked="" type="radio"/> _____ <b>24z</b>   | <input checked="" type="radio"/>  | <input checked="" type="radio"/>  | <input checked="" type="radio"/>   | <input checked="" type="radio"/>  | <input checked="" type="radio"/>  |
| <b>25</b> Total other adjustments. Add line 24a through line 24z. . . . . <b>25</b>   | <input checked="" type="radio"/>  | <input checked="" type="radio"/>  | <input checked="" type="radio"/>   | <input checked="" type="radio"/>  | <input checked="" type="radio"/>  |
| <b>26</b> Add line 11 through line 23 and line 25 in each column, A through E. . . . . <b>26</b>  | <input checked="" type="radio"/>  | <input checked="" type="radio"/>  | <input checked="" type="radio"/>   | <input checked="" type="radio"/>  | <input checked="" type="radio"/>  |
| <b>27 Total.</b> Subtract line 26 from line 10 in each column, A through E. See instructions. . . . . <b>27</b>   | <input checked="" type="radio"/> 205697                                     | <input checked="" type="radio"/>  | <input checked="" type="radio"/>   | <input checked="" type="radio"/> 205697   | <input checked="" type="radio"/> 35307  |

**Part III Adjustments to Federal Itemized Deductions**  
Check the box if you did NOT itemize for federal but will itemize for California . . . . .

|  | <b>A</b> Federal Amounts<br>(from federal<br>Schedule A (Form 1040)) | <b>B</b> Subtractions<br>See instructions | <b>C</b> Additions<br>See instructions |
|--|--|---|--|
|--|--|---|--|

**Medical and Dental Expenses** See instructions.

|   |        |          |                                  |   |
|---|--------|----------|----------------------------------|---|
| <b>1</b> Medical and dental expenses . . . . . <input checked="" type="radio"/>   | 3432   | <b>1</b> |                                  |   |
| <b>2</b> Enter amount from federal Form 1040 or 1040-SR, line 11 . . . . . <input checked="" type="radio"/>             | 205697 | <b>2</b> |                                  |   |
| <b>3</b> Multiply line 2 by 7.5% (0.075) . . . . . <input checked="" type="radio"/>                                     | 15427  | <b>3</b> |                                  |   |
| <b>4</b> Subtract line 3 from line 1. If line 3 is more than line 1, enter 0 . . . . . <input checked="" type="radio"/> | 0      | <b>4</b> | <input checked="" type="radio"/> | 0 |

**Taxes You Paid**

|  |  |                                  |      |                                      |
|--|--|----------------------------------|------|--------------------------------------|
| <b>5a</b> State and local income tax or general sales taxes. . . . . <b>5a</b>   | <input checked="" type="radio"/> 8538  | <input checked="" type="radio"/> | 8538 |                                      |
| <b>5b</b> State and local real estate taxes . . . . . <b>5b</b>  | <input checked="" type="radio"/> 2272  | <input checked="" type="radio"/> |      |                                      |
| <b>5c</b> State and local personal property taxes . . . . . <b>5c</b>  | <input checked="" type="radio"/>       | <input checked="" type="radio"/> |      |                                      |
| <b>5d</b> Add line 5a through line 5c. . . . . <b>5d</b>   | <input checked="" type="radio"/> 10810 | <input checked="" type="radio"/> |      |                                      |
| <b>5e</b> Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) in column A.<br>Enter the amount from line 5a, column B in line 5e, column B.<br>Enter the difference from line 5d and line 5e, column A in line 5e, column C. . . . . <b>5e</b> | <input checked="" type="radio"/> 10000 | <input checked="" type="radio"/> | 8538 | <input checked="" type="radio"/> 810 |
| <b>6</b> Other taxes. List type <input checked="" type="radio"/> _____ <b>6</b>  | <input checked="" type="radio"/>       | <input checked="" type="radio"/> |      | <input checked="" type="radio"/>     |
| <b>7</b> Add line 5e and line 6 . . . . . <b>7</b>   | <input checked="" type="radio"/> 10000 | <input checked="" type="radio"/> | 8538 | <input checked="" type="radio"/> 810 |

**Interest You Paid**

|   |  |                                  |  |                                  |
|---|--|----------------------------------|--|----------------------------------|
| <b>8a</b> Home mortgage interest and points reported to you on federal Form 1098. . . . . <b>8a</b> | <input checked="" type="radio"/> 34937 | <input checked="" type="radio"/> |  | <input checked="" type="radio"/> |
| <b>8b</b> Home mortgage interest not reported to you on federal Form 1098. . . . . <b>8b</b>        | <input checked="" type="radio"/>       | <input checked="" type="radio"/> |  | <input checked="" type="radio"/> |
| <b>8c</b> Points not reported to you on federal Form 1098. . . . . <b>8c</b>                        | <input checked="" type="radio"/>       | <input checked="" type="radio"/> |  | <input checked="" type="radio"/> |
| <b>8d</b> Reserved for future use . . . . . <b>8d</b>   |  | <input checked="" type="radio"/> |  |                                  |
| <b>8e</b> Add line 8a through line 8c. . . . . <b>8e</b>  | <input checked="" type="radio"/> 34937 | <input checked="" type="radio"/> |  | <input checked="" type="radio"/> |
| <b>9</b> Investment interest. . . . . <b>9</b>  | <input checked="" type="radio"/>       | <input checked="" type="radio"/> |  | <input checked="" type="radio"/> |
| <b>10</b> Add line 8e and line 9 . . . . . <b>10</b>  | <input checked="" type="radio"/> 34937 | <input checked="" type="radio"/> |  | <input checked="" type="radio"/> |

**Gifts to Charity**

|   |                                  |                                  |  |                                  |
|---|----------------------------------|----------------------------------|--|----------------------------------|
| <b>11</b> Gifts by cash or check . . . . . <b>11</b>      | <input checked="" type="radio"/> | <input checked="" type="radio"/> |  | <input checked="" type="radio"/> |
| <b>12</b> Other than by cash or check. . . . . <b>12</b>  | <input checked="" type="radio"/> | <input checked="" type="radio"/> |  | <input checked="" type="radio"/> |
| <b>13</b> Carryover from prior year . . . . . <b>13</b>   | <input checked="" type="radio"/> | <input checked="" type="radio"/> |  | <input checked="" type="radio"/> |
| <b>14</b> Add line 11 through line 13 . . . . . <b>14</b> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |  | <input checked="" type="radio"/> |

**Part III Adjustments to Federal Itemized Deductions**

Continued

**A** Federal Amounts  
(from federal Schedule A  
(Form 1040))

**B** Subtractions  
See instructions

**C** Additions  
See instructions

**Casualty and Theft Losses**

**15** Casualty or theft loss(es) (other than net qualified disaster losses).  
Attach federal Form 4684. See instructions. **15**

**Other Itemized Deductions**

**16** Other—from list in federal instructions. **16**

**17** Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C. **17**  44937  8538  810

**18 Total.** Combine line 17 column A less column B plus column C.  **18**

**Job Expenses and Certain Miscellaneous Deductions**

**19** Unreimbursed employee expenses: job travel, union dues, job education, etc.  
Attach federal Form 2106 if required. See instructions.  **19**

**20** Tax preparation fees.  **20**

**21** Other expenses: investment, safe deposit box, etc. List type   **21**

**22** Add line 19 through line 21.  **22**

**23** Enter amount from federal Form 1040 or 1040-SR, line 11  205697

**24** Multiply line 23 by 2% (0.02). If less than zero, enter 0.  **24**

**25** Subtract line 24 from line 22. If line 24 is more than line 22, enter 0.  **25**

**26 Total Itemized Deductions.** Add line 18 and line 25.  **26**

**27** Other adjustments. See instructions. Specify.  **27**

**28** Combine line 26 and line 27.  **28**

**29 Is your federal AGI (Form 540NR, line 13) more than the amount shown below for your filing status?**

Single or married/RDP filing separately ..... **\$237,035**

Head of household ..... **\$355,558**

Married/RDP filing jointly or qualifying surviving spouse/RDP ..... **\$474,075**

**No.** Transfer the amount on line 28 to line 29.

**Yes.** Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540NR), line 29.  **29**

**30 Enter the larger of the amount on line 29 or your standard deduction shown below:**

Single or married/RDP filing separately. See instructions. .... **\$5,363**

Married/RDP filing jointly, head of household, or qualifying surviving spouse/RDP ..... **\$10,726**  **30**

**Part IV California Taxable Income**

**1 California AGI.** Enter your California AGI from Part II, line 27, column E.  **1**

**2** Enter your deductions from line 30.  **2**

**3 Deduction Percentage.** Divide Part II, line 27, column E by Part II, line 27, column D. Carry the decimal to four places. If the result is greater than 1.0000, enter 1.0000. If less than zero, enter -0-.  **3**

**4 California Itemized/Standard Deductions.** Multiply line 2 by the percentage on line 3.  **4**

**5 California Taxable Income.** Subtract line 4 from line 1. Transfer this amount to Form 540NR, line 35. If less than zero, enter -0-.  **5**

REV 02/02/24 PRO

# 2023 Passive Activity Loss Limitations

# 3801

Attach to Form 540, Form 540NR, Form 541, or Form 100S.

|  |   |
|--|---|
| Name(s) as shown on tax return<br>PRAKASH REDDY & SREEDEVI BANDI | SSN, ITIN, FEIN, or CA corporation no.<br>445953926 |
|--|---|

### Part I 2023 Passive Activity Loss

See the instructions for Part IV and Part VI for federal Form 8582, Passive Activity Loss Limitations, before completing Part I.  
Be sure to use California amounts.

#### Rental Real Estate Activities with Active Participation

|  |    |   |    |    |    |
|--|----|---|----|----|----|
| <input checked="" type="radio"/> 1a Activities with net income from Part IV, column (a) . . . . .  | 1a |   | 00 |    |    |
| <input checked="" type="radio"/> 1b Activities with net loss from Part IV, column (b) . . . . .    | 1b | ( | )  | 00 |    |
| <input checked="" type="radio"/> 1c Prior year unallowed losses from Part IV, column (c) . . . . . | 1c | ( | )  | 00 |    |
| <input checked="" type="radio"/> 1d Combine line 1a, line 1b, and line 1c . . . . .                | 1d |   |    |    | 00 |

#### All Other Passive Activities

|   |    |   |         |        |    |
|---|----|---|---------|--------|----|
| <input checked="" type="radio"/> 2a Activities with net income from Part V, column (a) . . . . .  | 2a |   | 0       | 00     |    |
| <input checked="" type="radio"/> 2b Activities with net loss from Part V, column (b) . . . . .  | 2b | ( | -19847) | 00     |    |
| <input checked="" type="radio"/> 2c Prior year unallowed losses from Part V, column (c) . . . . .   | 2c | ( | )       | 00     |    |
| <input checked="" type="radio"/> 2d Combine line 2a, line 2b, and line 2c . . . . .   | 2d |   |         | -19847 | 00 |
| <input checked="" type="radio"/> 3 Combine line 1d and line 2d. If the result is net income or zero, see the instructions for line 3. If line 3 and line 1d are losses, go to line 4. Otherwise, enter -0- on line 9 and go to line 10. See instructions. . . . . | 3  |   |         | -19847 | 00 |

### Part II Special Allowance for Rental Real Estate Activities with Active Participation

Enter all numbers in Part II as positive amounts. See instructions.

|   |   |  |  |    |    |
|---|---|--|--|----|----|
| <input checked="" type="radio"/> 4 Enter the smaller of losses from line 1d or line 3 . . . . .   | 4 |  |  |    | 00 |
| <input checked="" type="radio"/> 5 Enter \$150,000. If married/RDP filing a separate tax return, see instructions.  | 5 |  |  | 00 |    |
| <input checked="" type="radio"/> 6 Enter federal modified adjusted gross income, but not less than zero. See instructions. If line 6 is greater than or equal to line 5, skip line 7 and line 8, enter -0- on line 9, and then go to line 10. Otherwise, go to line 7 . . . . . | 6 |  |  | 00 |    |
| <input checked="" type="radio"/> 7 Subtract line 6 from line 5 . . . . .  | 7 |  |  | 00 |    |
| <input checked="" type="radio"/> 8 Multiply line 7 by 50% (.50). Do not enter more than \$25,000 . . . . .  | 8 |  |  |    | 00 |
| <input checked="" type="radio"/> 9 Enter the smaller of line 4 or line 8 . . . . .  | 9 |  |  | 0  | 00 |

### Part III Total Losses Allowed

|   |    |  |  |   |    |
|---|----|--|--|---|----|
| <input checked="" type="radio"/> 10 Add the income, if any, from line 1a and line 2a and enter the total . . . . .  | 10 |  |  | 0 | 00 |
| <input checked="" type="radio"/> 11 Total losses allowed from all passive activities for 2023. Add line 9 and line 10 . . . . . See the instructions on Page 2 to find out how to report the losses on your tax return. | 11 |  |  | 0 | 00 |

REV 02/02/24 PRO

# Health Coverage Exemptions and Individual Shared Responsibility Penalty

## 2023

## 3853

Attach to your California Form 540, Form 540NR, or Form 540 2EZ.

|  |                            |
|--|----------------------------|
| Name(s) as shown on your California tax return<br>PRAKASH REDDY & SREEDEVI BANDI | SSN or ITIN<br>445-95-3926 |
|--|----------------------------|

**Part I Applicable Household Members.** List all members of your applicable household whether or not they have an exemption or an Exemption Certificate Number (ECN) granted by the Marketplace. See instructions.

| #  | First Name<br><input type="radio"/> PRAKASH REDDY | Initial<br><input type="radio"/> | SSN<br><input type="radio"/> 445-95-3926 | Date of Birth (mm/dd/yyyy)<br><input type="radio"/> 02/22/1982 | Modified AGI<br><input type="radio"/> 205,697. |
|----|---|----------------------------------|--|--|--|
| 1  | Last Name<br><input type="radio"/> BANDI          |                                  | ECN 1<br><input type="radio"/>           | ECN 2<br><input type="radio"/>                                 | ECN 3<br><input type="radio"/>                 |
| 2  | First Name<br><input type="radio"/> SREEDEVI      | Initial<br><input type="radio"/> | SSN<br><input type="radio"/> 830-69-7457 | Date of Birth (mm/dd/yyyy)<br><input type="radio"/> 08/20/1983 | Modified AGI<br><input type="radio"/> 0.       |
|    | Last Name<br><input type="radio"/> BANDI          |                                  | ECN 1<br><input type="radio"/>           | ECN 2<br><input type="radio"/>                                 | ECN 3<br><input type="radio"/>                 |
| 3  | First Name<br><input type="radio"/>               | Initial<br><input type="radio"/> | SSN<br><input type="radio"/>             | Date of Birth (mm/dd/yyyy)<br><input type="radio"/>            | Modified AGI<br><input type="radio"/>          |
|    | Last Name<br><input type="radio"/>                |                                  | ECN 1<br><input type="radio"/>           | ECN 2<br><input type="radio"/>                                 | ECN 3<br><input type="radio"/>                 |
| 4  | First Name<br><input type="radio"/>               | Initial<br><input type="radio"/> | SSN<br><input type="radio"/>             | Date of Birth (mm/dd/yyyy)<br><input type="radio"/>            | Modified AGI<br><input type="radio"/>          |
|    | Last Name<br><input type="radio"/>                |                                  | ECN 1<br><input type="radio"/>           | ECN 2<br><input type="radio"/>                                 | ECN 3<br><input type="radio"/>                 |
| 5  | First Name<br><input type="radio"/>               | Initial<br><input type="radio"/> | SSN<br><input type="radio"/>             | Date of Birth (mm/dd/yyyy)<br><input type="radio"/>            | Modified AGI<br><input type="radio"/>          |
|    | Last Name<br><input type="radio"/>                |                                  | ECN 1<br><input type="radio"/>           | ECN 2<br><input type="radio"/>                                 | ECN 3<br><input type="radio"/>                 |
| 6  | First Name<br><input type="radio"/>               | Initial<br><input type="radio"/> | SSN<br><input type="radio"/>             | Date of Birth (mm/dd/yyyy)<br><input type="radio"/>            | Modified AGI<br><input type="radio"/>          |
|    | Last Name<br><input type="radio"/>                |                                  | ECN 1<br><input type="radio"/>           | ECN 2<br><input type="radio"/>                                 | ECN 3<br><input type="radio"/>                 |
| 7  | First Name<br><input type="radio"/>               | Initial<br><input type="radio"/> | SSN<br><input type="radio"/>             | Date of Birth (mm/dd/yyyy)<br><input type="radio"/>            | Modified AGI<br><input type="radio"/>          |
|    | Last Name<br><input type="radio"/>                |                                  | ECN 1<br><input type="radio"/>           | ECN 2<br><input type="radio"/>                                 | ECN 3<br><input type="radio"/>                 |
| 8  | First Name<br><input type="radio"/>               | Initial<br><input type="radio"/> | SSN<br><input type="radio"/>             | Date of Birth (mm/dd/yyyy)<br><input type="radio"/>            | Modified AGI<br><input type="radio"/>          |
|    | Last Name<br><input type="radio"/>                |                                  | ECN 1<br><input type="radio"/>           | ECN 2<br><input type="radio"/>                                 | ECN 3<br><input type="radio"/>                 |
| 9  | First Name<br><input type="radio"/>               | Initial<br><input type="radio"/> | SSN<br><input type="radio"/>             | Date of Birth (mm/dd/yyyy)<br><input type="radio"/>            | Modified AGI<br><input type="radio"/>          |
|    | Last Name<br><input type="radio"/>                |                                  | ECN 1<br><input type="radio"/>           | ECN 2<br><input type="radio"/>                                 | ECN 3<br><input type="radio"/>                 |
| 10 | First Name<br><input type="radio"/>               | Initial<br><input type="radio"/> | SSN<br><input type="radio"/>             | Date of Birth (mm/dd/yyyy)<br><input type="radio"/>            | Modified AGI<br><input type="radio"/>          |
|    | Last Name<br><input type="radio"/>                |                                  | ECN 1<br><input type="radio"/>           | ECN 2<br><input type="radio"/>                                 | ECN 3<br><input type="radio"/>                 |
| 11 | First Name<br><input type="radio"/>               | Initial<br><input type="radio"/> | SSN<br><input type="radio"/>             | Date of Birth (mm/dd/yyyy)<br><input type="radio"/>            | Modified AGI<br><input type="radio"/>          |
|    | Last Name<br><input type="radio"/>                |                                  | ECN 1<br><input type="radio"/>           | ECN 2<br><input type="radio"/>                                 | ECN 3<br><input type="radio"/>                 |
| 12 | First Name<br><input type="radio"/>               | Initial<br><input type="radio"/> | SSN<br><input type="radio"/>             | Date of Birth (mm/dd/yyyy)<br><input type="radio"/>            | Modified AGI<br><input type="radio"/>          |
|    | Last Name<br><input type="radio"/>                |                                  | ECN 1<br><input type="radio"/>           | ECN 2<br><input type="radio"/>                                 | ECN 3<br><input type="radio"/>                 |

**Part II Coverage Exemption Claimed on Your Tax Return for Your Household**

REV 02/02/24 PRO

1 If you are claiming a coverage exemption because your applicable household income or gross income is below the filing threshold, check the box here. See instructions.

**Part III Coverage and Exemptions Claimed on Your Tax Return for Individuals.** If you and/or a member of your applicable household are reporting any coverage or are claiming exemptions for the tax year, complete Part III. See instructions.

**Coverage and Exemption Codes**

|    |  |   | (a)<br>Full-year                   | (b)<br>Jan                       | (c)<br>Feb                       | (d)<br>Mar                       | (e)<br>Apr                       | (f)<br>May                       | (g)<br>June                      | (h)<br>July                      | (i)<br>Aug                       | (j)<br>Sept                      | (k)<br>Oct                       | (l)<br>Nov                       | (m)<br>Dec                       |
|----|--|---|------------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|
| 1  | First Name<br><input checked="" type="radio"/> PRAKASH REDDY | Initial<br><input checked="" type="radio"/> | <input checked="" type="radio"/> E | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
|    | Last Name<br><input checked="" type="radio"/> BANDI          |   |                                    | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 2  | First Name<br><input checked="" type="radio"/> SREEDEVI      | Initial<br><input checked="" type="radio"/> | <input checked="" type="radio"/> E | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
|    | Last Name<br><input checked="" type="radio"/> BANDI          |   |                                    | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 3  | First Name<br><input type="radio"/>                          | Initial<br><input type="radio"/>            | <input type="radio"/>              | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            |
|    | Last Name<br><input type="radio"/>                           |   |                                    | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            |
| 4  | First Name<br><input type="radio"/>                          | Initial<br><input type="radio"/>            | <input type="radio"/>              | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            |
|    | Last Name<br><input type="radio"/>                           |   |                                    | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            |
| 5  | First Name<br><input type="radio"/>                          | Initial<br><input type="radio"/>            | <input type="radio"/>              | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            |
|    | Last Name<br><input type="radio"/>                           |   |                                    | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            |
| 6  | First Name<br><input type="radio"/>                          | Initial<br><input type="radio"/>            | <input type="radio"/>              | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            |
|    | Last Name<br><input type="radio"/>                           |   |                                    | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            |
| 7  | First Name<br><input type="radio"/>                          | Initial<br><input type="radio"/>            | <input type="radio"/>              | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            |
|    | Last Name<br><input type="radio"/>                           |   |                                    | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            |
| 8  | First Name<br><input type="radio"/>                          | Initial<br><input type="radio"/>            | <input type="radio"/>              | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            |
|    | Last Name<br><input type="radio"/>                           |   |                                    | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            |
| 9  | First Name<br><input type="radio"/>                          | Initial<br><input type="radio"/>            | <input type="radio"/>              | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            |
|    | Last Name<br><input type="radio"/>                           |   |                                    | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            |
| 10 | First Name<br><input type="radio"/>                          | Initial<br><input type="radio"/>            | <input type="radio"/>              | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            |
|    | Last Name<br><input type="radio"/>                           |   |                                    | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            |
| 11 | First Name<br><input type="radio"/>                          | Initial<br><input type="radio"/>            | <input type="radio"/>              | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            |
|    | Last Name<br><input type="radio"/>                           |   |                                    | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            |
| 12 | First Name<br><input type="radio"/>                          | Initial<br><input type="radio"/>            | <input type="radio"/>              | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            |
|    | Last Name<br><input type="radio"/>                           |   |                                    | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            |

**Part IV Individual Shared Responsibility Penalty**

1 Your Individual Shared Responsibility Penalty. Enter on Form 540, line 92; Form 540NR, line 91; or Form 540 2EZ, line 27. See instructions ..... **1** 0.

**California Passive Activity Worksheet (See General Instructions for Step 1.)**

Use this worksheet to figure California income (loss) from passive activities **before** application of passive activity loss (PAL) rules.

| (a)<br>Passive Activity<br>Enter a description of the activity | (b)<br>Federal Schedule<br>Enter the name of the federal form or schedule on which you reported the activity | (c)<br>California Schedule<br>Enter the name of the California form or schedule, if any, used to calculate the California adjustment | (d)<br>Federal Amount<br>Enter your current year federal net income (loss) before application of the PAL rules | (e)<br>California Adjustment<br>Enter any adjustment resulting from differences in federal and California law | (f)<br>California Amount<br>Combine column (d) and column (e) |
|--|--|--|--|---|---|
| TEJASWINI NAGAR DODDAKAMMA                                     | SCH E  | N/A  | -19847   | 0   | -19847  |
|  |  |  |  |   |   |
|  |  |  |  |   |   |
|  |  |  |  |   |   |
|  |  |  |  |   |   |

**California Adjustment Worksheets (See General Instructions for Step 4.)**

Use these worksheets to figure your California adjustments **after** application of the PAL rules.

| (a)<br>Activities<br>Enter a description of the activity. Group activities by the federal schedules on which they were reported | (b)<br>Passive or Nonpassive<br>Enter the character of the activity as passive or nonpassive for California purposes | (c)<br>California Amount<br>Enter the California net income (loss) from the activity after application of the PAL rules | (d)<br>Federal Amount<br>Enter the federal net income (loss) from the activity after application of the PAL rules | (e)<br>California Adjustment<br>Subtract the Total amount of column (d) from the Total amount of column (c) and enter the difference in column (e) below. Individuals should transfer this amount to Schedule CA (540 or 540NR) as follows: |
|---|--|---|---|---|
|---|--|---|---|---|

| (a)<br>Schedule C Activities | (b)<br>Passive or Nonpassive | (c)<br>California Amount | (d)<br>Federal Amount | (e)<br>California Adjustment   |
|------------------------------|------------------------------|--------------------------|-----------------------|--|
|                              |                              |                          |                       | If the amount below is <b>positive</b> , transfer the amount to Sch. CA (540), Part I or Sch. CA (540NR), Part II, Section B, line 3, column C.                        |
|                              |                              |                          |                       |  |
|                              |                              |                          |                       |  |
|                              |                              |                          |                       | If the amount below is <b>negative</b> , transfer the amount to Sch. CA (540), Part I or Sch. CA (540NR), Part II, Section B, (as a positive amount) line 3, column B. |
|                              |                              |                          |                       |  |
| Total . . . . .              |                              | 1(c)                     | 1(d)*                 | 1(e)   |

| (a)<br>Schedule E Activities | (b)<br>Passive or Nonpassive | (c)<br>California Amount | (d)<br>Federal Amount | (e)<br>California Adjustment   |
|------------------------------|------------------------------|--------------------------|-----------------------|--|
|                              |                              |                          |                       | If the amount below is <b>positive</b> , transfer the amount to Sch. CA (540), Part I or Sch. CA (540NR), Part II, Section B, line 5, column C.                        |
|                              |                              |                          |                       |  |
|                              |                              |                          |                       |  |
|                              |                              |                          |                       | If the amount below is <b>negative</b> , transfer the amount to Sch. CA (540), Part I or Sch. CA (540NR), Part II, Section B, (as a positive amount) line 5, column B. |
|                              |                              |                          |                       |  |
| Total . . . . .              |                              | 2(c)                     | 2(d)**                | 2(e)   |

| (a)<br>Schedule F Activities | (b)<br>Passive or Nonpassive | (c)<br>California Amount | (d)<br>Federal Amount | (e)<br>California Adjustment   |
|------------------------------|------------------------------|--------------------------|-----------------------|--|
|                              |                              |                          |                       | If the amount below is <b>positive</b> , transfer the amount to Sch. CA (540), Part I or Sch. CA (540NR), Part II, Section B, line 6, column C.                        |
|                              |                              |                          |                       |  |
|                              |                              |                          |                       |  |
|                              |                              |                          |                       | If the amount below is <b>negative</b> , transfer the amount to Sch. CA (540), Part I or Sch. CA (540NR), Part II, Section B, (as a positive amount) line 6, column B. |
|                              |                              |                          |                       |  |
| Total . . . . .              |                              | 3(c)                     | 3(d)***               | 3(e)   |

\* This amount should be the same as the amount reported on Sch. CA (540), Part I or Sch. CA (540NR), Part II, Section B, line 3, column A.  
 \*\* This amount should be the same as the amount reported on Sch. CA (540), Part I or Sch. CA (540NR), Part II, Section B, line 5, column A.  
 \*\*\* This amount should be the same as the amount reported on Sch. CA (540), Part I or Sch. CA (540NR), Part II, Section B, line 6, column A.

**D-400V (50)**

10-18-22

**Instructions for Form D-400V, Payment Voucher**

**What Is Form D-400V and Why Should You Use It?**

It is a statement you send with your payment of a balance due on Form D-400. Using Form D-400V allows the Department to process your payment more accurately and efficiently. We strongly encourage you to use Form D-400V.

**Making an Online Payment**

To pay your tax via our online payment portal please visit [www.ncdor.gov](http://www.ncdor.gov) and select file and pay or use your mobile device to scan the QR code below.



**Benefits of Paying Taxes Online**

- Secure and convenient
- Schedule payments in advance
- Bank drafts (free), MasterCard or Visa (\$2 convenience fee for every \$100 paid)
- Your payment will be processed efficiently and you will receive receipt of payment.

**Preparing and Sending Your Payment**

1. Make your check or money order payable in U.S. dollars to the **NC Department of Revenue. Note:** The Department will not accept a check, money order, or cashier's check unless it is drawn on a U.S. (domestic) bank and the funds are payable in U.S. dollars.
2. Make sure the courtesy box and legal line on your check match.
3. Enter the last four digits of your SSN, Tax Year, and "D-400" on the memo line of your check or money order. If you are filing a joint return, enter the last four digits of the first SSN on your return.
4. Make sure your check or money order is signed.
5. Make sure your name, address, and daytime phone number appear on your check or money order.
6. Cut across the dotted line and send the completed voucher and your check or money order to the "Mail to" address on the voucher.

**What if You File Electronically?**

If you choose to file electronically and have a balance due, follow your transmitter's or preparer's instructions for making your payment.

**Important Reminders**

- **Do not** submit this voucher if you submitted an electronic payment.
- **Do not** staple, tape, paper clip or otherwise attach your check or money order to the voucher.
- **Do not** fold this voucher or check.
- **Do not** use a photocopy of this voucher.
- **Do not** use another person's voucher.
- **Do not** send cash.
- **Do not** make any modifications to the voucher.
- Make sure your signature appears on your check or money order.
- Make sure the correct name, address, SSN, daytime phone number, and tax year appear on the voucher and your check or money order.



Cut Here



**D-400V (50)**

9-16-08

**Individual Income Payment Voucher**

North Carolina Department of Revenue

REV 12/13/23 PRO

445953926      BAND      716      27519      830697457

PRAKASH REDDY      BANDI      SREEDEVI      BANDI

716 TOULOUSE CT      For Calendar Year      2023

**AMOUNT OF THIS PAYMENT**

CARY      NC      27519

This must match the amount shown on your check or money order.

Taxpayer/Paid Preparer: SYAM PRIYA RAM SAGAR G

\$      539 .00

Date: 02 12 24      Phone: (678) 965-9522

7270150106



Mail to:

NCDOR, PO Box 25000,  
Raleigh, NC 27640-0640

20231 4459539269 0000000 06408



< Staple All Pages of Your Return and W-2s Here

North Carolina Department of Revenue

Amended Return

DOR Use Only

Form header section containing taxpayer information (PRAKASH REDDY BANDI, SREEDEVI BANDI), SSNs (445953926, 830697457), filing status (Married Filing Jointly), and residency information.

Table with columns for FS, PP, Y, DT, N, OC, N, TPRES, Y, SPRES, Y, VT, N, SVT, N. Rows include taxpayer names, addresses, and various tax-related codes and values.



7020150025

Sign Return Below section with checkboxes for Refund Due and Payment Due, signature lines for taxpayer and preparer, and contact information.

**D-400 Line-by-Line Information**

|     |   |      |        |
|-----|---|------|--------|
| 6.  | Federal Adjusted Gross Income   | 6.   | 205697 |
| 7.  | Additions to Federal Adjusted Gross Income  | 7.   | 0      |
| 8.  | Add Lines 6 and 7   | 8.   | 205697 |
| 9.  | Deductions From Federal Adjusted Gross Income   | 9.   | 0      |
| 10. | Child Deduction   |      |        |
|     | a. Enter the number of qualifying children for whom you were allowed a federal child tax credit | 10a. | 0      |
|     | b. Enter the amount of the child deduction  | 10b. | 0      |
| 11. | N.C. Standard Deduction   | 11.  | Y      |
| 11. | N.C. Itemized Deduction   | 11.  | N      |
| 11. | Deduction amount  | 11.  | 25500  |
| 12. | a. Add Lines 9, 10b, and 11   | 12a. | 25500  |
|     | b. Subtract Line 12a from Line 8  | 12b. | 180197 |
| 13. | Part-year Residents and Nonresidents Taxable Percentage   | 13.  | 0.0000 |
| 14. | N.C. Taxable Income   | 14.  | 180197 |
| 15. | N.C. Income Tax   | 15.  | 8559   |
| 16. | Tax Credits   | 16.  | 1469   |
| 17. | Subtract Line 16 from Line 15   | 17.  | 7090   |
| 18. | Consumer Use Tax  | 18.  | 0      |
|     | You certify that no Consumer Use Tax is due   |      | Y      |
| 19. | Add Lines 17 and 18   | 19.  | 7090   |

**North Carolina Income Tax Withheld**

|      |                       |      |      |
|------|-----------------------|------|------|
| 20a. | Your tax withheld     | 20a. | 5998 |
| 20b. | Spouse's tax withheld | 20b. | 553  |

**Other Tax Payments**

|      |  |      |            |
|------|--|------|------------|
| 21a. | 2023 estimated tax                                   | 21a. | 0          |
| 21b. | Paid with extension                                  | 21b. | 0          |
| 21c. | Partnership  | 21c. | 0          |
| 21d. | S Corporation  | 21d. | 0          |
| 22.  | Additional Payments                                  | 22.  | 0          |
| 23.  | Add Lines 20a through 22                             | 23.  | 6551       |
| 24.  | Previous Refunds                                     | 24.  | 0          |
| 25.  | Subtract Line 24 from Line 23                        | 25.  | 6551       |
| 26a. | <b>Tax Due</b>                                       | 26a. | 539        |
| 26b. | Penalties  | 26b. | 0          |
| 26c. | Interest   | 26c. | 0          |
| 26d. | Add Lines 26b and 26c and enter the total on 26d     | 26d. | 0          |
| EU   | Exception to Underpayment of Estimated Tax           | EU   |            |
| 26e. | Interest on the Underpayment of Estimated Income Tax | 26e. | 0          |
| 27.  | <b>Pay this Amount</b>                               | 27.  | <b>539</b> |
| 28.  | <b>Overpayment</b>                                   | 28.  | 0          |

**Amount of Refund to Apply to:**

|     |  |     |          |
|-----|--|-----|----------|
| 29. | Amount of Line 28 to be applied to 2024 Estimated Income Tax | 29. | 0        |
| 30. | N.C. Nongame and Endangered Wildlife Fund                    | 30. | 0        |
| 31. | N.C. Education Endowment Fund                                | 31. | 0        |
| 32. | N.C. Breast and Cervical Cancer Control Program              | 32. | 0        |
| 33. | Add Lines 29 through 32                                      | 33. | 0        |
| 34. | <b>Amount to be Refunded</b>                                 | 34. | <b>0</b> |

D-400TC (50)

8-16-23

2023 Individual Income Tax Credits

North Carolina Department of Revenue

DOR Use Only

If you claim a tax credit on Form D-400, Line 16, you must attach this form to the return. Otherwise, the tax credit may be disallowed.

Important: Refer to the instructions before completing this form.

Last Name (First 10 Characters) BANDI Your Social Security Number 445953926

Table with 8 columns: Line, Amount, Code, Count, Code, Amount, Code, Count. Rows include 01, 02, 04, 06, 07A.

Part 1. Credit for Income Tax Paid to Another State or Country - N.C. Residents Only

If you claim a tax credit for taxes paid to more than one state or country, do not complete Lines 1-6. Instead, complete the "Out-of-State Tax Credit Worksheet" in the instructions to determine the amount to enter on Line 7a.

Table with 3 columns: Description, Line, Amount. Rows include Total income from all sources, Portion of Line 1, Divide Line 2, Total North Carolina income tax, etc.

Part 2. Credits for Rehabilitating Historic Structures

On Lines 8a, 9a, 10a, and 11a, enter the amount of expenditures or expenses only if tax year 2023 is the first year the credit is taken.

Note: For Lines 8a and 9a, the expenditures and expenses must have been incurred prior to January 1, 2015.

On Lines 8b, 9b, 10b, 11b, 12, and 13, enter the amount of the tax credit taken.

Table with 3 columns: Description, Line, Amount. Rows include An income-producing historic structure, Enter installment amount of credit, etc.

Part 3. Computation of Total Tax Credits to be Taken for Tax Year 2023

Table with 3 columns: Description, Line, Amount. Rows include Tax credits carried over, Reserved for Future Use, Add Lines 7a, 8b, 9b, 10b, 11b, 12, 13, 14, and 15, etc.

