1040	-	artment of the Treasury—Internal Revenue Servi S. Individual Income Ta		turn	202	3	OMB No. 1545-	-0074	IRS Use Only	/—Do not w	rite or sta	aple in this space.
For the year Jan	. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, endi	ing	I		, 20	See se	oarate i	instructions.
Your first name	and m	iddle initial	Last r	st name				Your so	cial sec	urity number		
YOGENDEF	R		MAT	IALLADI				186	27	8514		
		s first name and middle initial	Last r							-		security number
SAPNA			KAS	HIKAR						97.3	97	5715
	(numbe	er and street). If you have a P.O. box, see						A	Apt. no.			ection Campaign
39655 TF	ז א די	TY WAY						F	5202			ou, or your
-		ce. If you have a foreign address, also co	mplete	spaces below. State ZIF			ZIP c		spouse	if filing	jointly, want \$3	
FREMONT		, , , , , , , , , , , , , , , , , , , ,	•	·		CA	4	945	38			nd. Checking a not change
Foreign country	/ name			Foreign p	rovince/state/c	-			n postal code	your tax		
							-			-	Yc	ou 🗌 Spouse
Filing Status	<u> </u>	Single					Head of ho	buseh	old (HOH)	1		
•		Married filing jointly (even if only o	ne hac	l income)					0.0 (0)			
Check only one box.		Married filing separately (MFS)		,				surviv	ing spouse	(QSS)		
one box.	lf v	ou checked the MFS box, enter the	name	of vour s	oouse. If vou	ı che			•	. ,	ld's na	me if the
	-	alifying person is a child but not you		-	, ,				,-			
			-		·····				· · ·			
Digital		ny time during 2023, did you: (a) rece						-				es 🛛 No
Assets		hange, or otherwise dispose of a dig					•	1) ? (36	e instructio	ns.)	∐ Ye	
Standard		eone can claim: You as a de					a dependent					
Deduction		Spouse itemizes on a separate retur	n or yo	bu were a	dual-status a	allen						
Age/Blindness	You	: Were born before January 2, 1	959	Are b	ind Spo	use	: 🗌 Was bor		ore January			s blind
Dependents				(2) 5	Social security		(3) Relationshi	ip (4				see instructions):
If more		(1) First name Last name			number		to you		Child tax o	redit	Credit to	or other dependents
than four dependents,	VIF				-89-0673		Son		<u> </u>			
see instructions	s ——	RAMA KRISHNA MURTHY MALLADI			-94-879		Parent					X
and check	SAT	TYA VANI MALLADI		993	-94-8812	2	Parent					<u>×</u>
here	4	T.L	4 (· .								
Income	1a	Total amount from Form(s) W-2, b	`		,	•		• •	· · ·	. 1a		88,553.
Attach Form(s)	b	Household employee wages not re	-							. 1b		
W-2 here. Also attach Forms	C L	Tip income not reported on line 1a								. 10	-	
W-2G and	d	Medicaid waiver payments not rep Taxable dependent care benefits f			, ,	Istru	ictions)	• •		. 1d	-	
1099-R if tax	e	•				•		• •		. 1e		
was withheld. If you did not	f	Employer-provided adoption bene				•		• •	· · ·	. 1f	-	
get a Form	g	Wages from Form 8919, line 6 .						• •		. 1g		0.
W-2, see	h i	Other earned income (see instruction Nontaxable combat pay election (see instruction)	,				· · · · ·	· ·		. 1h		· ·
instructions.	z	Add lines 1a through 1h		siluctions		•				. 1z		88,553.
Attack Cak D	2 2a	Ŭ	2a		· · · ·	ьт	axable interest	•••	• • •	. 12 . 2b	-	
Attach Sch. B if required.	2a 3a		2a 3a				Ordinary divider				-	
	4a		4a				axable amount			. 4b	_	
Standard	-а 5а		-a 5a				axable amount			. 5b	-	
Deduction for — • Single or	6a		6a				axable amount			. 6b		
Married filing	C	If you elect to use the lump-sum e		method								
separately, \$13,850	7	Capital gain or (loss). Attach Scher					,	• •	[7		
Married filing	8	Additional income from Schedule			-			• •	• • • ١	. 8		-9,697.
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,							• • •	. 9		78,856.
surviving spouse, \$27,700	9 10	Add lines 12, 20, 30, 40, 50, 60, 7, Adjustments to income from Sche		-			• · · · · ·			· 9	-	, , , , , , , , , , , , , , , , , , , ,
Head of	11	Subtract line 10 from line 9. This is						• •	• • •	. 11	-	78,856.
household, [\$20,800	12	Standard deduction or itemized						• •		. 12	-	27,700.
If you checked any box under	13	Qualified business income deduction					 5-А	• •	• • •	. 13	-	21,100.
Standard	13 14							• •		. 14	-	27,700.
Deduction, see instructions.	14	Subtract line 14 from line 11. If zer						 A		. 15	-	51,156.
	10				5 . 1113 13 y			• .		. 15		JI, IJU.

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

Form **1040** (2023)

Form 1040 (2023)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 🗌 4972	3 🗌		. 16	5,701.
Credits	17	Amount from Schedule 2, line	e3					. 17	
	18	Add lines 16 and 17						. 18	5,701.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			. 19	3,000.
	20	Amount from Schedule 3, lin	e8					. 20	
	21	Add lines 19 and 20						. 21	3,000.
	22	Subtract line 21 from line 18.	If zero or less,	enter -0				. 22	2,701.
	23	Other taxes, including self-er	mployment tax,	from Schedule	e 2, line 21 .			. 23	0.
	24	Add lines 22 and 23. This is							2,701.
Payments	25	Federal income tax withheld							
, ,	а	Form(s) W-2				25a	6,18	5.	
	b	Form(s) 1099				25b			
	с	Other forms (see instructions				25c		_	
	d	Add lines 25a through 25c	,					. 25d	6,185.
H	26	2023 estimated tax payment							
If you have a L qualifying child,	27	Earned income credit (EIC)		• •		27			
attach Sch. EIC.	28	Additional child tax credit from				28		_	
	29	American opportunity credit				29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin				31			
	32	Add lines 27, 28, 29, and 31.				-	s.	. 32	
	33	Add lines 25d, 26, and 32. Th	-						6,185.
Refund	34	If line 33 is more than line 24						. 34	3,484.
neiuna	35a	Amount of line 34 you want							3,484.
Direct deposit?	b	Routing number 0 5 1				X Checking	Savin		-,
See instructions.	ď	Account number 4 3 5						90	
	36	Amount of line 34 you want a				36			
Amount						00			
You Owe	37	Subtract line 33 from line 24. For details on how to pay, go				s		. 37	
	38	Estimated tax penalty (see in		-		38	• •	. 01	
Third Party		you want to allow another							
Designee		structions	•				Comple	ete below.	🗙 No
Beolghee	De	signee's		Phone			•	lentification	
	nai			no.		n	umber (Pl	N)	
Sign		der penalties of perjury, I declare th							
Here	bel	ief, they are true, correct, and comp	olete. Declaration	of preparer (othe	1		ation of w	hich prepar	er has any knowledge.
	Yo	ur signature		Date	Your occupation	n			nt you an Identity
laint nature 0					COETWADE	DEVELOPER		see inst.)	PIN, enter it here
Joint return? See instructions.	Sn	ouse's signature. If a joint return, b	oth must sign	Date	Spouse's occup	-		,	nt your spouse an
Keep a copy for	op		our must sign.	Duit					ection PIN, enter it here
your records.					HOME MAK	ER	(see inst.)	
	Ph	one no. (571) 373-9785	5	Email address	MALLADIYOG	GENDER@GMAIL.	COM		
Daid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN	1	Check if:
Paid	SYAM	I PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLA	АМ 02/09/202	4 P02	082703	Self-employed
Preparer	Fir	m's name GLOBAL TAX	KES LLC				F	Phone no.	(678)965-9522
Use Only	Fir	m's address 245 ROONES	CT E BRU	NSWICK N	J 08816			Firm's EIN	84-3171965
Go to www.irs.go	v/Forn	n1040 for instructions and the lates	st information.		BAA	REV 02/05/24 PR	0		Form 1040 (2023)
-									

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

Attachment Sequence No. **01**

Your social security number

186-27-8514

Internal Revenue Service Go to www.irs.gov/Form1040 Name(s) shown on Form 1040, 1040-SR, or 1040-NR YOGENDER MALLADI & SAPNA KASHIKAR

1001			001	<u> </u>
Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule B	Ξ. [5	-9,697.
6	Farm income or (loss). Attach Schedule F.	🔽	6	
7	Unemployment compensation	「	7	
8	Other income:			
а	Net operating loss)		
b	Gambling			
С	Cancellation of debt			
d	Foreign earned income exclusion from Form 2555 8d ()		
е	Income from Form 8853			
f	Income from Form 8889			
g	Alaska Permanent Fund dividends			
h	Jury duty pay			
i	Prizes and awards			
j	Activity not engaged in for profit income			
k	Stock options			
I	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property 81			
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)			
n	Section 951(a) inclusion (see instructions)			
0	Section 951A(a) inclusion (see instructions) . . . 80			
р	Section 461(I) excess business loss adjustment			
q	Taxable distributions from an ABLE account (see instructions) . 8q			
r	Scholarship and fellowship grants not reported on Form W-2 8r			
S	Nontaxable amount of Medicaid waiver payments included on Form			
	1040, line 1a or 1d)		
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan			
u	Wages earned while incarcerated			
z	Other income. List type and amount:			
•	8z			
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. This is your additional income . Enter here and on I			0 607
	1040, 1040-SR, or 1040-NR, line 8		0	-9,697.
FOR Pa	perwork Reduction Act Notice, see your tax return instructions.	Sch	edule	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	

	DULE E				Supplen	nental	Inc	ome an	d Los	SS			OMB No. 1545-0074		
(Form	1040)	(Fr	rom rer	ntal real	estate, royalties, p	artnersh	nips, S	corporati	ons, es	states,	trusts, REMI	Cs, etc.)	2023		
	ent of the Treasury				Attach to For								Attachn	nent	
	Revenue Service			Go to ı	www.irs.gov/Schea	luleE for	instru	uctions an	d the la	atest in	formation.		Sequen	ce No. 1	
	shown on return												al security		
	NDER MALLA											186-2	7-8514		
Part					Rental Real Est as of renting persona				C . See	e instru	ctions. If vou a	are an indiv	/idual. rep	ort farm	ı
	rental inco	me	or loss	from Fo	rm 4835 on page 2,	line 40.									
					23 that would requ										
Bl	"Yes," did you	or ۱	will you	u file rec	quired Form(s) 109	99? .							. 🗌 Ye	es 🔄	No
1 a	Physical addr	ress	of eac	h prope	erty (street, city, st	tate, ZIP	, coqe	e)							
Α	NEW BAKAR	AM	VILL	AGE H	YDERABAD TEL	LANGAN	AIN	1 50008	0						-
В															
С															
1b	Type of Prope				h rental real estate					Fa	ir Rental	Person		QJ	IV
	(from list below	w)			report the number						Days	Da	ys		
	3				al use days. Check neet the requireme				Α		365		0		<u> </u>
					d joint venture. Se				B						<u> </u>
C	(D								С						
	of Property:	onid	longo	2 \	/acation/Short-Te	rm Dont	ol	5 Land		7	Self-Rental				
	Single Family R Multi-Family Re				Commercial		al	6 Roya			Other (desc	riba)			
		Juc	51100	·						0					
											Propert	ies:			
Incom							•		A _	200	В			С	
3 4							3 4		5	20.					
		ivea					4								
Expen 5							5								
6	0)		6								
7					, 		7		1.0	14.					
8							8		_, -						
9							9								
10	Legal and othe	er pr	rofessio	onal fee	S		10								
11	Management f	ees					11		1,1	41.					
12	Mortgage inter	rest	paid to	o banks	, etc. (see instruct	tions)	12								
13	Other interest						13								
14							14			54.					
15							15		2,7	96.					
16							16		0.4	1.0					
17							17		2,4	12.					
18 19	•	•			on		18 19								
20	Other (list)	ςΔ	dd line	s 5 thro	ough 19		20		10,2	17					
21	•				s) and/or 4 (royalt		20		10,2	<u> </u>					
21					s to find out if you										
							21		-9,6	97.					
22	Deductible rer	ntal r	real es	tate los	s after limitation,	if any,									
	on Form 8582	(see	e instru	uctions)		• •	22	(9,69	97.)	()	(
23a					line 3 for all renta					23a		520.			
b					line 4 for all royal	• • •				23b					
c			•		line 12 for all pro	•				23c					
d					line 18 for all pro	•				23d		015			
e			•		line 20 for all pro	•				23e	1(),217.			
24 25					shown on line 21. ne 21 and rental re			•		 ntor to	• • • • •	. 24 re 25	(9,69	7
25 26			•		yalty income or								(9,09	
20					line 40 on page 2	• •									

Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 . For Paperwork Reduction Act Notice, see the separate instructions.

26

-9,697.

NPA

SCHEDULE 8812 (Form 1040)

Department of the Treasury

Internal Revenue Service

Credits for Qualifying Children and Other Dependents

OMB No. 1545-0074

Attach to Form	1040	1040-SB	or 1040-NB
Allach to Form	1040,	1040-36,0	Jr 1040-INR.

Go to www.irs.gov/Schedule8812 for instructions and the latest information.

20 3 Attachment Sequence No. 47

Name(s) shown on return	Your	social s	ecurity number
YOGE	NDER MALLADI & SAPNA KASHIKAR	186-	-27-	8514
Pa	t I Child Tax Credit and Credit for Other Dependents			
1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR		1	78,856.
2a	Enter income from Puerto Rico that you excluded			
b	Enter the amounts from lines 45 and 50 of your Form 2555 . . . 2b	0.		
c	Enter the amount from line 15 of your Form 4563 2c			
d	Add lines 2a through 2c		2d	0.
3	Add lines 1 and 2d		3	78,856.
4	Number of qualifying children under age 17 with the required social security number 4	1		
5	Multiply line 4 by \$2,000		5	2,000.
6	Number of other dependents, including any qualifying children who are not under age			
	17 or who do not have the required social security number	2		
	Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resid	lent		
	alien. Also, do not include anyone you included on line 4.			
7	Multiply line 6 by \$500	+	7	1,000.
8	Add lines 5 and 7		8	3,000.
9	Enter the amount shown below for your filing status.			
	• Married filing jointly—\$400,000 }			
	• All other filing statuses—\$200,000 J		9	400,000.
10	Subtract line 9 from line 3.			
	• If zero or less, enter -0			
	• If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For			
	example, if the result is \$425, enter \$1,000; if the result is $1,025$, enter \$2,000, etc.	. [10	0.
11	Multiply line 10 by 5% (0.05)		11	0.
12	Is the amount on line 8 more than the amount on line 11?		12	3,000.
	No. STOP. You cannot take the child tax credit, credit for other dependents, or additional child tax credit for other dependents.	edit.		
	Skip Parts II-A and II-B. Enter -0- on lines 14 and 27.			
10	Yes. Subtract line 11 from line 8. Enter the result.		12	
13	Enter the amount from Credit Limit Worksheet A	-	13	5,701.
14	Enter the smaller of line 12 or line 13. This is your child tax credit and credit for other dependents	•	14	3,000.
	Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.			1 0,
	If the amount on line 12 is more than the amount on line 14, you may be able to take the addition on Form 1040, 1040 SP, or 1040 NP, line 28, Complete your Form 1040, 1040 SP, or 1040 NP			
	on Form 1040, 1040 VD, or 1040 ND, line 2V, Complete your Form 1040, 1040 VD, or 1040 N	IJ the	ou ab l	100 11

on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-NR through line 27 (also complete Schedule 3, line 11) before completing Part II-A.

For Paperwork Reduction Act Notice, see your tax return instructions. Schedule 8812 (Form 1040) 2023 REV 02/05/24 PRO BAA

Schedu	le 8812 (Form 1040) 2023			Page 2
Part	II-A Additional Child Tax Credit for All Filers			
Cautio	n: If you file Form 2555, you cannot claim the additional child tax credit.			
15	Check this box if you do not want to claim the additional child tax credit. Skip Parts II-A	and II-B. Enter -0- on line	e 27	🗌
16a	Subtract line 14 from line 12. If zero, stop here ; you cannot take the additional child ta and II-B. Enter -0- on line 27		16a	0.
b 17 18a b	Number of qualifying children under 17 with the required social security number: Enter the result. If zero, stop here; you cannot claim the additional child tax credit. S Enter -0- on line 27 TIP: The number of children you use for this line is the same as the number of children you Enter the smaller of line 16a or line 16b Earned income (see instructions) Nontaxable combat pay (see instructions) 	kip Parts II-A and II-B.	16b 17	
19 20 Dort	 Is the amount on line 18a more than \$2,500? No. Leave line 19 blank and enter -0- on line 20. Yes. Subtract \$2,500 from the amount on line 18a. Enter the result	from line 17 on line 27.	20	Puorto Pioo
Part		Bona Fide Resident	S OT I	Puerto Rico
21	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, or if you are a bona fide resident of Puerto Rico, see instructions.	21		
22	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13 .	22		
23	Add lines 21 and 22	23		
24	1040 and1040-SR filers:Enter the total of the amounts from Form 1040 or 1040-SR, line 27, and Schedule 3 (Form 1040), line 11.1040-NR filers:Enter the amount from Schedule 3 (Form 1040), line 11.	24		
25	Subtract line 24 from line 23. If zero or less, enter -0		25	
26	Enter the larger of line 20 or line 25		26	
Part	II-C Additional Child Tax Credit			
27	This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or	1040-NR, line 28	27	
	BAA REV 02/05/2-	PRO Sch	edule 8	3812 (Form 1040) 2023

	Q	Q	G	7
Form	U	U	U	

(Rev. November 2023)

Paid Preparer's Due Diligence Checklist Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC), Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status Department of the Treasury To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.

OMB No. 1545-0074

For tax year 20 _23

Department of the Treasury Internal Revenue Service	To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 104 Go to www.irs.gov/Form8867 for instructions and the latest infor	Attachment Sequence No. 70		
Taxpayer name(s) shown or	Taxpayer identification number			
YOGENDER MALLA	186-27-8514	1		
Preparer's name	Preparer tax identification number			
SYAM PRIYA RAM	I SAGAR GUPTA TALLAM	P02082703		

Due Diligence Requirements Part I

Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I-V for the benefit(s) claimed (check all that apply). EIC X CTC/ACTC/ODC AOTC HOH

1	Did you complete the return based on information for the applicable tax year provided by the taxpayer	Yes	No	N/A
	or reasonably obtained by you?	X		
2	If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC			
	worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Schedule 8812 (Form			
	1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit			
		X		
3	Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of			
Ŭ	the following.			
	• Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to			
	determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status.			
	• Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing			
	status and to figure the amount(s) of any credit(s)	X		
4	Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes,"			
	answer questions 4a and 4b. If "No," go to question 5.)		X	
а	Did you make reasonable inquiries to determine the correct, complete, and consistent information? .			
b	Did you contemporaneously document your inquiries? (Documentation should include the questions			
	you asked, whom you asked, when you asked, the information that was provided, and the impact the		_	
-	information had on your preparation of the return.)			
5	keep a copy of your documentation referenced in question 4b, a copy of this Form 8867, a copy of any			
	applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form			
	8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the			
	taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure the amount(s) of the credit(s)	X		
	the amount(s) of the credit(s)			
	List those documents provided by the taxpayer, if any, that you relied on.			
6	Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the			
	credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit?			
7	Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year?			
1	(If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)			
а	Did you complete the required recertification Form 8862?			
8	If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and			
	correct Schedule C (Form 1040)?			

For Paperwork Reduction Act Notice, see separate instructions.

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Form 8867 (Rev. 11-2023)

Form 88	367 (Rev. 11-2023)			Page 2
Part	II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go	to Part	III.)	
9a	Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC	Yes	No	N/A
	and does not have a qualifying child, go to question 10.)			
b	Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?			
С	Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?			
Part	Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not or ODC, go to Part IV.)	claim C	CTC, A	CTC,
10	Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	Yes X	No	N/A
11	Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?	X		
12	Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?	X		
Part		, go to	Part \	/.)
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the quatuition and related expenses for the claimed AOTC?		Yes	No
Part				
14	Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax and provided more than half of the cost of keeping up a home for the year for a qualifying person?		Yes	No
Part	VI Eligibility Certification			
	You will have complied with all due diligence requirements for claiming the applicable credit(s) and on the return of the taxpayer identified above if you:	/or HOH	l filing	status
	A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's respo in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(status and to figure the amount(s) of the credit(s);	nses on s) and/c	the ret or HOH	urn or filing

- B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;
- C. Submit Form 8867 in the manner required; and
- D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under Document Retention.
 - 1. A copy of this Form 8867.
 - 2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
 - 3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
 - 4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
 - 5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).

If you have not complied with all due diligence requirements, you may have to pay a penalty for each failure to comply related to a claim of an applicable credit or HOH filing status (see instructions for more information).

15	Do you certit	fy tl	hat	all	of	the	ar	ISW	ers	on	thi	s F	orn	ו 88	867	are	, to) the	e be	est	of	yo	ur ŀ	kno	wle	edg	e, i	true	e, c	cori	rect	t, a	nd	Yes	No	
	complete?																																	X		

REV 02/05/24 PRO

Form 8867 (Rev. 11-2023)

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Sign Here Your signature Date Spouse's/RDP's signature. If filing jointly, both must sign. Date is unhawful to forge a spouse's/RDP's signature. Date Part VI Declaration of Electronic Return Originator (ERO) and Paid Preparer. See instructions. Ideclare that I have reviewed the above taxpayer's return and that the entries on form FTB 8453 are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the taxpayer's return. I declare, however, that form FTB 8453 accurately reflects the data on the return.) I have botained the taxpayer's signature on form FTB 8453 before transmitting this return to the FTB; I have provided the taxpayer with a copy of all forms and information that I will file with the FTB, and have followed all other requirements described in FTB Pub. 1345, 2023 Handbook for Authorized e-file Providers. I will keep form FTB 8453 on file for four years from the due date of the return or four years from the date the return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge. ERO Must Sign ERO's signature GLOBAL TAXES LLC 245 ROONEY CT E BRUNSWICK NJ Check if also paid (reself-report) Check if self-employed and address Paid preparer's PTIN (reself-report) Paid preparer's Sign Paid preparer's period correct, correct, and complete. I make this declaration based on all inf	from the ban an agent to r Under penalt name, addres amounts sho filing a balan all applicable service provi	k account listed on lines 9, eceive the refund or authori ties of perjury, I declare tha ss, and social security numb own on the corresponding lin ce due return, I understand a interest and penalties. I au ider. If the processing of m	10, and 11. If I have fize an electronic funds at the information I p per (SSN) or individua nes of my 2023 Califo that if the Franchise Ta ithorize my return and y return or refund is	iled a joint return, this is a s withdrawal. rovided to my electronic l taxpayer identification nu rnia income tax return. To ax Board (FTB) does not re d accompanying schedule	n irrevocable app return originator umber (ITIN), and the best of my kn eceive full and time s and statements	ointment of the (ERO), transmi the amounts sh owledge and be ely payment of be transmitted	other spouse tter, or intern nown in Part elief, my retur my tax liabilit to the FTB b	e/registered domestic nediate service provi above agrees with th n is true, correct, and y, I remain liable for t y my ERO, transmitte	c partner (RDP) as ider, including my he information and d complete. If I am the tax liability and er, or intermediate
Here Your signature Date Spouse's/RDP's signature. If filing jointly, both must sign. Date Part VI Declaration of Electronic Return Originator (ERO) and Paid Preparer. See instructions. Ideclare that I have reviewed the above taxpayer's return and that the entries on form FTB 8453 are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am on tresponsible for reviewing the taxpayer's return. I declare, however, that form FTB 8453 accurately reflects the data on the return.) I have obtained the taxpayer's signature on form FTB 8453 before transmitting this return to the FTB; I have provided the taxpayer with a copy of all forms and information that I will file with the FTB and I have followed all other requirements described in FTB Pub. 5345, 2023 Handbook for Authorized e-file Providers. I will keep form FTB 8453 on file for four years from the date the return is file, whichever is later, and I will make a copy available to the FTB up on request. If I am also the paid preparer under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge. ERO Signature GLOBAL TAXES LLC Firm's FEIN if self-employed GLOBAL TAXES LLC Firm's FEIN if self-enployed GLOBAL TAXES LLC Paid preparer's Paint P	Sign								
It is unlawful to forge a spouse's/RDP's signature. Part VI Declaration of Electronic Return Originator (ERO) and Paid Preparer. See instructions. Ideclare that I have reviewed the above taxpayer's return and that the entries on form FTB 8453 accurately reflects the data on the return.) I have built expayer's signature on form FTB 8453 before transmitting this return to the FTB; I have provided the taxpayer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2023 Handbook for Authorized e-file Providers. I will keep form FTB 8453 on file for four years from the date the return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer under penalities of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge. ERO's signature Check if also paid [Preparer] Check if self-employed] Must Signature Check if self-employed Signature Check if self-employed Image: Signature of row years from the date the return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer and the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.<	Here	Your signature		Date	Spous	e's/RDP's signa	ture. If filing i	aintly both must sign	Date
declare that I have reviewed the above taxpayer's return and that the entries on form FTB 8453 are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the taxpayer's return. I declare, however, that form FTB 8453 accurately reflects the data on the return.) I have botained the taxpayer's signature on form FTB 8453 before transmitting this return to the FTB; I have provided the taxpayer with a copy of all forms and information that I will file with fFTB, and I have followed all other requirements described in FTB Pub. 1345, 2023 Handbook for Authorized e-file Providers. I will keep form FTB 8453 on file for four years from the date the return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge. ERO ERO's Signature Check if also paid ERO's PTIN Firm's name (or yours) GLOBAL TAXES LLC Date Check if self-employed ERO's PTIN is self-employed) and address GLOBAL TAXES LLC Image: Signature Firm's FEIN will be best of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge an belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge. Firm's FEIN Paid prepare				Dato					Buio
ERO Must Signature ERO's signature Image: Signature Image: Signature <t< td=""><td>I declare that service provic obtained the t the FTB, and I the due date o under penaltic</td><td>I have reviewed the above ta der, I understand that I am no taxpayer's signature on form I have followed all other requ of the return or four years fr es of perjury, I declare that I I</td><td>xpayer's return and the ot responsible for revie FTB 8453 before transr irements described in om the date the return have examined the abo</td><td>It the entries on form FTB & wing the taxpayer's return. mitting this return to the FT FTB Pub. 1345, 2023 Hand is filed, whichever is later, ve taxpayer's return and ac</td><td>3453 are complete I declare, however B; I have provided t book for Authorize and I will make a companying schec have knowledge.</td><td>and correct to the r, that form FTB the taxpayer wit d e-file Provider copy available to fules and statem</td><td>8453 accurate h a copy of all s. I will keep to the FTB upo hents, and to t</td><td>ely reflects the data on forms and information orm FTB 8453 on file n request. If I am also he best of my knowled</td><td>n the return.) I have n that I will file with for four years from o the paid preparer,</td></t<>	I declare that service provic obtained the t the FTB, and I the due date o under penaltic	I have reviewed the above ta der, I understand that I am no taxpayer's signature on form I have followed all other requ of the return or four years fr es of perjury, I declare that I I	xpayer's return and the ot responsible for revie FTB 8453 before transr irements described in om the date the return have examined the abo	It the entries on form FTB & wing the taxpayer's return. mitting this return to the FT FTB Pub. 1345, 2023 Hand is filed, whichever is later, ve taxpayer's return and ac	3453 are complete I declare, however B; I have provided t book for Authorize and I will make a companying schec have knowledge.	and correct to the r, that form FTB the taxpayer wit d e-file Provider copy available to fules and statem	8453 accurate h a copy of all s. I will keep to the FTB upo hents, and to t	ely reflects the data on forms and information orm FTB 8453 on file n request. If I am also he best of my knowled	n the return.) I have n that I will file with for four years from o the paid preparer,
Must Sign Firm's name (or yours if self-employed) and address GLOBAL TAXES LLC Firm's FEIN 84-3171965 Under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge an belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge. ZIP code 08816 Paid Preparer's signature Paid preparer's signature Paid preparer's Signature Paid Paid preparer's PTIN Sign Paid preparer's PTIN Sign Sign SYAM PRIYA RAM SAGAR GUPTA TALLAM Firm's FEIN 84-3171965 Sign SYAM PRIYA RAM SAGAR GUPTA TALLAM ZIP code 08816	ERO					also paid	if self-		
Sign if self-employed) and address GLOBAL TAXES LLC Image: State of the self-employed of the self-employeed of the self-employeed of the self-employed of the self-e	Must				1, 00, 2021		Firm's	FEIN	
Under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge. Paid Preparer's Signature Paid Preparer's SYAM PRIYA RAM SAGAR GUPTA TALLAM Firm's name (or yours if self-employed) and address SYAM PRIYA RAM SAGAR GUPTA TALLAM IF code 08816	Sign	if self-employed)					84-		
Paid preparer's signature Paid preparer's PTIN Must Sign Paid preparer's PTIN SYAM PRIYA RAM SAGAR GUPTA TALLAM Firm's FEIN 84-3171965 ZIP code 08816		Ities of perjury, I declare that	at I have examined th	e above taxpayer's return	and accompanyir				-
Preparer's signature preparer's signature if self- employed □ p02082703 Must Sign Firm's name (or yours if self-employed) and address SYAM PRIYA RAM SAGAR GUPTA TALLAM Firm's FEIN 84-3171965 Sign 245 ROONEY CT E BRUNSWICK NJ ZIP code 08816		· · · ·	ete. I make this declar	ration based on all informa		ave knowledge.		Did in	-
Preparer signature employed P02082703 Must Firm's name (or yours if self-employed) and address SYAM PRIYA RAM SAGAR GUPTA TALLAM Firm's FEIN 84-3171965 Sign 245 ROONEY CT E BRUNSWICK NJ ZIP code 08816		nronaror's			Date			Paid preparer's P	I IIN
Sign SYAM PRIYA RAM SAGAR GUPTA TALLAM 84-3171965 if self-employed) and address 245 ROONEY CT E BRUNSWICK NJ ZIP code 08816		signature					employed [1202002/00	
and address 245 ROONEY CT E BRUNSWICK NJ ZIP code 08816			SYAM PRIYA	RAM SAGAR GUI	PTA TALLAM	1	Firm's 84	FEIN -3171965	
	əiyn							ZIP code 08816	6
	For Privacy	v Notice, get FTB 1131	EN-SP.	REV 0	2/02/24 PRO			F	TB 8453 2023

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TAXABLE YEAR

2023 California Resident Income Tax Return

	APE		ATTACH FEDERAL RETURN
186-27-8514 MALL YOGENDER MALLA SAPNA KASHI	DI		23
39655 TRINITY WAY FREMONT CA	94538	APT	6202
02-10-1991 04-01-199	1		

 8 Blind: If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2. See instructions			Enter your county at time of filing (see instructions)
 If your California filing status is different from your federal filing status, check the box here	ö	igodoldoldoldoldoldoldoldoldoldoldoldoldol	ALAMEDA
 If your California filing status is different from your federal filing status, check the box here	enc		If your address above is the same as your principal/physical residence address at the time of filing, check this box • 🔍 🗙
 If your California filing status is different from your federal filing status, check the box here	sid		If not, enter below your principal/physical residence address at the time of filing.
 If your California filing status is different from your federal filing status, check the box here	e Re		Street address (number and street) (If foreign address, see instructions.) Apt. no/ste. no.
 If your California filing status is different from your federal filing status, check the box here	ncipa	۲	
If your California filing status is different from your federal filing status, check the box here	Pri		City State ZIP code
1 Single 4 Head of household (with qualifying person). See instructions. 2 X Married/RDP filing jointly (even if only one spouse/RDP had income). See instructions. 5 Qualifying surviving spouse/RDP. Enter year spouse/RDP died. 3 Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here. 6 6 If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See instr. 6 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 in the box. If you checked the box on line 6, see instructions. 7 2 X \$144 = @ \$ 26 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 = @ \$ 26 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 = @ \$ \$ REV 02/02/24 PRO REV 02/02/24 PRO Senior: If you checked box Senior: If you checked box		۲	$\textcircled{\begin{tabular}{ c c c c } \hline \hline \\ \hline \hline \\ \hline $
 2 X 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. 6 If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See instr			If your California filing status is different from your federal filing status, check the box here
3 Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here. 6 If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See instr	Status	1	Single 4 Head of household (with qualifying person). See instructions.
3 Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here. 6 If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See instr		2	× Married/RDP filing jointly (even if 5 Qualifying surviving spouse/RDP. Enter year spouse/RDP died.
3 Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here. 6 If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See instr	ling		only one spouse/RDP had income).
 6 If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See instr	ΪĹ		See instructions. See instructions.
 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. 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 in the box. If you checked the box on line 6, see instructions. (•) 7 (2) X \$144 = •) \$ (28) 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) 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 = •) \$ (REV 02/02/24 PRO) 		3	Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here.
 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 in the box. If you checked the box on line 6, see instructions. (•) 7 (2) X \$144 = (•) \$ (28) 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) 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 = (•) \$ (02/02/24 PRO) 		6	If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See instr • 6
 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 in the box. If you checked the box on line 6, see instructions. (•) 7 2 X \$144 = •) \$ 28 8 Blind: If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2. See instructions	•	Fo	r 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.
if both are 65 or older, enter 2. See instructions	su	7	Personal: If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked
if both are 65 or older, enter 2. See instructions	otio	•	
if both are 65 or older, enter 2. See instructions	emp	ŏ	
REV 02/02/24 PRO	ЖШ	9	Senior: If you (or your spouse/RDP) are 65 or older, enter 1;
			if both are 65 or older, enter 2. See instructions
175 2101224 Form 540 2023 Side 1			REV 02/02/24 PRO
			175 3101234 Form 540 2023 Side 1

Υοι	ır nai	me:	MAL	LAI	DI	Your SSN	or IT	FIN:	186-27-	-8514				
	10	Depen	dents:		ot include yourself or yo Dependent 1	ur spouse/RI	DP.	Deper	ident 2			Dep	endent 3	
		First	Name	۲	VIRAJ		۲		VA RAMA	A K			ATYA VANI	
suo		Last	Name	۲	MALLADI		۲	MA	LLADI			M	ALLADI	
Exemptions			. See uctions.	•	579890673			993	3948791	7		9	93948812	
EXe			endent's tionship	۲	SON		۲	PA	RENT			PZ	ARENT	
	Tota			xemp	otions				• 10	3 x \$	6446 = 🤇	\$	133	38
	11	Exem	nption a	amou	Int: Add line 7 through lin	ne 10. Transfe	er thi	s amo	unt to line 32	2	🖲 1	1\$	162	26
	12	State Form	wages (s) W-2	fron 2, bo	n your federal x 16	• 1	12			88553	. 00			
	13	Enter	federa	l adjı	usted gross income from	federal Form	104	0 or 1	040-SR, line	11	• 13		78856	. 00
	14				nents – subtractions. En Iumn B						• 14			. 00
Ð	15	Subt	ract line	e 14 f	from line 13. If less than	zero, enter th	ie res	ult in	parentheses.		15		78856	.00
Taxable Income	16	See instructions												
cable	17	Califo	ornia ad	ljuste	ed gross income. Combir	ie line 15 and	l line	16			• 17		78856	. 00
Та	18	Enter large		Your • Sir • Ma	r California itemized ded r California standard ded ngle or Married/RDP filin arried/RDP filing jointly, Hea	uction showr g separately. d of household	n belo 1, or C	ow for Qualifyi	your filing s	tatus: \$5 pouse/RDP. \$10	5,363),726		10726	
	19			e 18 f	arried/RDP filing separately (from line 17. This is your enter -0-	taxable inco	ome.						68130	. 00 . 00
	31	Tax. (Check t	he bo	ox if from:	Table]	Rate Schedı				1500	
	32	Exem	nption c	redit	● FTB s. Enter the amount from	3800 • 1 line 11. lf yc	L our fe	_		than	• 31		1528	
Тах			•		structions						0 32		1626	. 00
	33	Subt	ract line	9 32 1	from line 31. If less than	zero, enter -C)		· · · · · · · · · · · · · · · · · · ·		• 33		0	. 00
	34	Tax. S	See ins	truct	ions. Check the box if fro	m: • S	sched	ule G-	1	FTB 5870A	• 34			. 00
	35	Add I	line 33	and I	ine 34						• 35		0	. 00
dits	40	Nonr	efundal	ble C	hild and Dependent Care	Expenses Cr	edit.	See in	structions		• 40			. 00
al Cre	43	Enter	credit	name	e		со	de ●	ar	id amount	• 43			. 00
Special Credits	44	Enter	⁻ credit	name	e		_ co	de ●	ar	id amount	• 44			. 00
		Side 2	Form	540	2023	175	-	310	2234			RE	V 02/02/24 PRO	

You	ır nar	me: MALLADI Your SSN or ITIN: 186-27-8514								
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		120	. 00				
Special Credits	47	Add line 40 through line 46. These are your total credits	47		120	. 00				
Spe	48	Subtract line 47 from line 35. If less than zero, enter -0	48		0	. 00				
	64	Albertative Ministerer Terr Alberta Octobella D (540)	64			. 00				
axes	61	Alternative Minimum Tax. Attach Schedule P (540)	Γ							
Other Taxes	62	Mental Health Services Tax. See instructions	Γ]	. 00				
ō	63	Other taxes and credit recapture. See instructions	63 [. 00				
	64	Add line 48, line 61, line 62, and line 63. This is your total tax	64		0	. 00				
	71	California income tax withheld. See instructions	71		3656	. 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				
ients	74	Excess SDI (or VPDI) withheld. See instructions	74			. 00				
Payments	75	Earned Income Tax Credit (EITC). See instructions	75			. 00				
	76	Young Child Tax Credit (YCTC). See instructions	76			. 00				
	77 78	Foster Youth Tax Credit (FYTC). See instructions • Add line 71 through line 77. These are your total payments. • See instructions •	Γ		3656	• 00 • 00				
Тах	91	Use Tax. Do not leave blank. See instructions		0.00						
Use Tax		If line 91 is zero, check if: X No use tax is owed. You paid your use tax of	bligatio	n 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.	×							
0		Individual Shared Responsibility (ISR) Penalty. See instructions • 92		_ 00						
er	93	Payments balance. If line 78 is more than line 91, subtract line 91 from line 78	93		3656	. 00				
Overpaid Tax/Tax Due	94 95	Use Tax balance. If line 91 is more than line 78, subtract line 78 from line 91	94			. 00				
d Tax	96	subtract line 92 from line 93	95		3656	. 00				
rerpai	30		96			. 00				
ò	97		97		3656	. 00				
		REV 02/02/24 PRO 175 3103234		Form 540 2023	Side 3					

our nai	ne:	MALLADI	Your SSN or ITIN:	186-27-8514		I	
e 98	Amo	unt of line 97 you want applied to you	ur 2024 estimated tax .		98		. 00
D 99	Over	unt of line 97 you want applied to you paid tax available this year. Subtract due. If line 95 is less than line 64, sub prnia Seniors Special Fund. See instru	line 98 from line 97	••••••	99	3656	. 00
Тах/ 100 Т	Tax o	lue. If line 95 is less than line 64, sub	otract line 95 from line 6	64) 100		. 00
					<u>Code</u>	Amount	
	Califo	ornia Seniors Special Fund. See instru	uctions	•••••••	400		• 00
		imer'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 Fur	nd	405		.00
	Califo	ornia Firefighters' Memorial Voluntary	/ Tax Contribution Fund	•••••••	406		. 00
	Emer	gency Food for Families Voluntary Ta	x Contribution Fund		407		. 00
	Califo	ornia Peace Officer Memorial Foundat	ion Voluntary Tax Contr	ribution Fund	408		. 00
	Califo	ornia Sea Otter Voluntary Tax Contrib	ution Fund		410		. 00
	Califo	ornia Cancer Research Voluntary Tax	Contribution Fund		413		. 00
Collicionio	Scho	ol Supplies for Homeless Children Vo	oluntary Tax Contributio	n Fund 🗨	422		. 00
5	State	Parks Protection Fund/Parks Pass P	urchase		423		. 00
	Prote	ect Our Coast and Oceans Voluntary T	ax Contribution Fund		424		. 00
	Кеер	Arts in Schools Voluntary Tax Contri	bution Fund		425		. 00
	Califo	ornia Senior Citizen Advocacy Volunta	ary Tax Contribution Fur	nd •	438		. 00
	Nativ	e California Wildlife Rehabilitation Vo	luntary Tax Contributio	n Fund 🗨	439		. 00
	Rape	Kit Backlog Voluntary Tax Contributi	on Fund		440		. 00
	Suici	de Prevention Voluntary Tax Contribu	ition Fund		444		. 00
	Ment	al Health Crisis Prevention Voluntary	Tax Contribution Fund.		445		. 00
110	Add	amounts in code 400 through code 4	45. This is your total co	ontribution	110		. 00

REV 02/02/24 PRO

Γ

You	r nan	ne:	MALLADI			Your SSN or ITIN:	186-27-	8514				
unt Dwe	111	AMO	UNT YOU OWE. I	f you d	o not have an	amount on line 99, add li	ne 94, line 96	, line 100, and lir	ne 110. Se	ee instructions. Do not send cash.	_	
Amount You Owe						OX 942867, SACRAME	NTO CA 9426	7-0001	111		. 00	
		Pay	Online – Go to ftb	i.ca.yo	v/pay for the					[]		
σ	112	Inter	est, late return pe	enalties	s, and late pay	yment penalties			112		. 00	
st an Ities	113	Unde	erpayment of esti	mated	tax.					[]		
Interest and Penalties		Chec	k the box: ●	FT	B 5805 attach	ned	F attached .		113		. 00	
	114	Total	amount due. See	e instru	uctions. Enclo	ose, but do not staple, ar	ny payment .		114		. 00	
	115	5 REFUND OR NO AMOUNT DUE. Subtract the sum of line 110, line 112, and line 113 from line 99. See instructions.										
		Mail	to: FRANCHISE 1	FAX BO	ARD, PO BO	X 942840, SACRAMEN	TO CA 94240	0001	115	3656	. 00	
Refund and Direct Deposit		See i	n the information nstructions. Hav r the following an	у.	n a voided check or a deposit slip. own below:							
Direc			Routing number	• Ty		 Account number 				• 116 Direct deposit amount		
nd			51000017	X	Checking	43504007274	Λ			3656		
nda		0.	51000017		Savings	43304007274	4			5050	. 00	
Refu		The r	remaining amoun	pelow:								
		• R	Routing number	• Ty	Checking	Account number				• 117 Direct deposit amount		
					Covingo						. 00	
					Savings							
Voter Info.		For v	oter registration	inform	ation, check t	the box and go to sos.c :	a.gov/electio	ns. See instruct	tions			
Health Care Coverage Info.	1	-				w-cost health care cove your tax return with Co		-	-		No	

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Sign your tax return on Side 6

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MA	L	Ι
	1A	IAL:

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MALLADI	
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Your SSN or ITIN:	186-27-8514



IMPORTANT:	See the instructions to find out if you should attach a copy of your complete federal tax return.				
Our privacy notice to 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 statement, or 1 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter f	go to ftb.ca.go orm code 948 v	v/forms and search for 1131 when instructed.		
Under penalties is true, correct, a	of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and t and complete.	o the best of n	ny knowledge and belief, it		
Your signature	Date Spouse's/RDP's signature	(if a joint tax re	eturn, both must sign)		
	Your email address. Enter only one email address.	Pref	erred phone number		
Sign		5713	3739785		
Here	Paid preparer's signature (declaration of preparer is based on all information of which preparer has any know	owledge)			
	SYAM PRIYA RAM SAGAR GUPTA TALLAM				
It is unlawful to forge a	Firm's name (or yours, if self-employed)		• PTIN		
spouse's/ RDP's signature.	GLOBAL TAXES LLC		P02082703		
0	Firm's address		Firm's FEIN		
Joint tax return?	245 ROONEY CT E BRUNSWICK NJ 08816		843171965		
See instructions.	Do you want to allow another person to discuss this tax return with us? See instructions	Yes	× No		
	Print Third Party Designee's Name	Telepho	Telephone 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.

Name(s) as shown on tax return SSN or ITIN									
Y	YOGENDER MALLADI & SAPNA KASHIKAR 186278514								
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	۲	88553	۲	۲				
	 b Household employee wages not reported on federal Form(s) W-2 1b 	$ \mathbf{O} $		۲	۲				
	c Tip income not reported on line 1a 1c			۲	۲				
	d Medicaid waiver payments not reported on federal Form(s) W-2. See instructions 1d			۲	•				
	e Taxable dependent care benefits from federal Form 2441, line 26 1e			۲	٢				
	f Employer-provided adoption benefits from federal Form 8839, line 29 1f	$ \mathbf{O} $		۲	۲				
	${\bf g}~$ Wages from federal Form 8919, line 6 ${\bf 1g}$	ullet		۲	۲				
	${\bf h}~$ Other earned income. See instructions $\ldots \ldots 1 {\bf h}$	۲	0	۲	۲				
	i Nontaxable combat pay election. See instructions1i				۲				
	$z \;$ Add line 1a through line 1i 1z	ullet	88553	۲	۲				
2	Taxable interest. a 🔍 2b	۲		\odot	۲				
3	Ordinary dividends. See instructions. a • 3b			۲	۲				
4	IRA distributions. See instructions. a • 4b	$ \mathbf{O} $		۲	$\textcircled{\bullet}$				
5	Pensions and annuities. See instructions. a • 5b	•			۲				
6	Social security benefits. a • 6b	$ \mathbf{O} $		۲					
7	Capital gain or (loss). See instructions	۲		۲	۲				
Se	ction B – Additional Income from federal Schedule 1	(For	m 1040)						
1	Taxable refunds, credits, or offsets of state and local income taxes	$ \mathbf{O} $		۲					
2	a Alimony received. See instructions 2a	۲			۲				
3	Business income or (loss). See instructions 3	۲		۲	۲				
	Other gains or (losses)	۲		۲	۲				
ŋ	Rental real estate, royalties, partnerships, S corporations, trusts, etc 5	ullet	-9697	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	,)	۲
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	\odot

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Section B – Additional Income Continued		A	Federal Amounts (taxable amounts from your federal tax return)		B Subtractions See instructions	C Additions See instructions
9	a Total other income. Add lines 8a through 8z 9a	•		۲		 ۲
	b1 Disaster loss deduction from form FTB 3805V 9b1			$oldsymbol{O}$		
	b2 NOL deduction from form FTB 3805V 9b2			۲		
	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	78856	۲		 ۲
	ction C – Adjustments to Income m federal Schedule 1 (Form 1040)					
11	Educator expenses11			۲		
12	Certain business expenses of reservists, performing artists, and fee-basis government officials 12			۲		 ۲
13	Health savings account deduction					
14	Moving expenses. Attach form FTB 3913. See instructions					۲
15	Deductible part of self-employment tax. See instructions			۲		
16	Self-employed SEP, SIMPLE, and qualified plans16	$oldsymbol{igstar}$				
17	Self-employed health insurance deduction. See instructions			۲		
18	Penalty on early withdrawal of savings					
19	a Alimony paid 19 a					۲
	b Recipient's: SSN •					
	Last Name 🖲					
20	IRA deduction			۲		۲
21	Student loan interest deduction	$oldsymbol{O}$				\odot
22	Reserved for future use					
23	Archer MSA deduction	$oldsymbol{igodol}$				

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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					
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) plans	•	•	•		
h Attorney fees and court costs for actions involving certain unlawful discrimination claims	٢				
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 violations24i	۲	۲			
j Housing deduction from federal Form 2555 24 j	۲				
k Excess deductions of IRC Section 67(e) expenses from federal Schedule K-1 (Form 1041)24k	٢				
z Other adjustments. List type and amount.					
<u>۵</u> 24z	۲	۲	۲		
	۲	۲	۲		
	۲	۲	۲		
27 Total. Subtract line 26 from line 10 in columns A, B, and C. See instructions27	• 78856	۲	۲		

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Part II Adjustments to Federal Itemized Deductions

				\sim				
Che	eck the box if you did NOT itemize for federal but will itemi	ze fo	r California A Federal Amou (from federal Sc (Form 1040))	ints		B Subtractions See instructions	(Additions See instructions
Me	dical and Dental Expenses See instructions.							
1	Medical and dental expenses •	1						
2	Enter amount from federal Form 1040 or 1040-SR, line 11	2						
3	Multiply line 2 by 7.5% (0.075) • 5914	3						
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter 0	4					۲	
	a State and local income tax or general sales taxes!	5a (4453	•	4453		
	b State and local real estate taxes	5b (
	c State and local personal property taxes	5c (
	d Add line 5a through line 5c	5d (4453				
	 e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) in column A. Enter the amount from line 5a, column B in line 5e, column B. Enter the difference from line 5d and line 5e, column A in line 5e, column C	5e (0)	4453		4453		0
6		╞			•		•	
7	Add line 5e and line 6	7		4453	۲	4453	۲	0
	 a Home mortgage interest and points reported to you on federal Form 1098 	Ba (۲	
	b Home mortgage interest not reported to you on federal Form 1098	Bb (۲	
	c Points not reported to you on federal Form 1098.	BC					۲	
	d Reserved for future use	Bd						
	e Add line 8a through line 8c	Be			۲		۲	
9	Investment interest	9			۲		۲	
10	Add line 8e and line 91	ם			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	ullet		۲		۲	
12	Other than by cash or check	$ \mathbf{O} $		•		۲	
13	Carryover from prior year13	$ \mathbf{O} $		۲		۲	
14	Add line 11 through line 1314					۲	
	Sualty and Theft Losses Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions 15	۲		۲		۲	
Oth	er Itemized Deductions						
	Other—from list in federal instructions 16	ullet		$ \mathbf{O} $		۲	
17	Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C		4453	$ \mathbf{O} $	4453		0
18	Total. Combine line 17 column A less column B plus co	umr	ı C)18	0
Job	Expenses and Certain Miscellaneous Deductions						
19	Unreimbursed employee expenses: job travel, union due Attach federal Form 2106 if required. See instructions .) 19 _			
	Tax preparation fees) 20 _			
21	Other expenses: investment, safe deposit box, etc. List type			21	0		
22	Add line 19 through line 21			22	0		
23	Enter amount from federal Form 1040 or 1040-SR, line 11		78856				
24	Multiply line 23 by 2% (0.02). If less than zero, enter 0 .			24	1577		
25	Subtract line 24 from line 22. If line 24 is more than line	22,	enter 0			⁾ 25	0
26	Total Itemized Deductions. Add line 18 and line 25) 26	0
27	Other adjustments. See instructions. Specify. •) 27	
28	Combine line 26 and line 27) 28	0
29	Is your federal AGI (Form 540, line 13) more than the 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 . \$355	,035 .558		
	Yes. Complete the Itemized Deductions Worksheet in th	e ins	tructions for Schedule CA	(540)	, line 29) 29	0
30	Enter the larger of the amount on line 29 or your stand Single or married/RDP filing separately. See instru Married/RDP filing jointly, head of household, or qu	ctior alify	ns ing surviving spouse/RDP	\$10	,726		
	Transfer the amount on line 30 to Form 540, line 18 \ldots					⁾ 30	10726
					REV 02/02/24 PRO		
	Side 6 Schedule CA (540) 2023 175	1	7736234				