| Form | 8879 |
|-------|---|
| (Rev. | January 2021) |
| | tment of the Treasury al Revenue Service |

IRS e-file Signature Authorization

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

| Submission | Identification | Number | (SID) |
|------------|----------------|--------|-------|
|------------|----------------|--------|-------|

Taxpayer's name

| Taxpay | er s name | Social security n | lumber | | | | | | | | | | | |
|--------|---|-------------------|-------------------|--|--|--|--|--|--|--|--|--|--|--|
| DHA | RMENDRA CHANDRASEKHAR | 612-81-2 | 821 | | | | | | | | | | | |
| Spouse | 's name | Spouse's social | security number | | | | | | | | | | | |
| Dar | Part I Tax Return Information – Tax Year Ending December 31, 2023 (Enter year you are authorizing.) | | | | | | | | | | | | | |
| | | year you are | autriorizing.) | | | | | | | | | | | |
| Enter | whole dollars only on lines 1 through 5. | | | | | | | | | | | | | |
| Note: | Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. | | | | | | | | | | | | | |
| 1 | Adjusted gross income | | 1 175,136. | | | | | | | | | | | |
| 2 | Total tax | | 2 32,109. | | | | | | | | | | | |
| 3 | Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | | 3 39,905. | | | | | | | | | | | |
| 4 | Amount you want refunded to you | | 4 10,014. | | | | | | | | | | | |
| 5 | Amount you owe | | 5 | | | | | | | | | | | |

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

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

| Taxpayer's | PIN: | check | one | box | only |
|------------|------|-------|-----|-----|------|
|------------|------|-------|-----|-----|------|

| × | I authorize | GLOBAL TAXES | LLC | | to enter or g | genera | ite n | ny PI | ıĿ | | | | as my |
|-----------|------------------|--|---------------------------------------|----------------------|------------------|--------|-------|---------|---------|-------------------------|----------|-------|-------|
| | signature or | the income tax ret | ERO firm name urn (original or ame | ended) I am now | authorizing. | | | | | nter five lon't ente | | | |
| Tour sig | | ny PIN as my signa ntering your own P DocuSigned by: Duarmen dra (76694122356944A | | is filed using the | e Practitioner | | etho | od. Th | e EF | | | | |
| Spouse | 's PIN: chec | k one box only | | | | | | | _ | | | | |
| | I authorize | | | | to enter or g | genera | ite n | nv Pl | J | | | | as my |
| | | | ERO firm name | | | 9 | | | | inter five | digits, | but | |
| | signature or | the income tax ret | urn (original or ame | ended) I am now | authorizing. | | | | d | lon't ente | r all ze | ros | |
| | | ny PIN as my signa ntering your own P | | | | | | | | | | | |
| Spouse' | s signature | • | | | | Date 🕨 | • | | | | | | |
| | _ | | ctitioner PIN Me | | | | w | | | | | | |
| Part III | Certific | ation and Authe | ntication – Pra | ctitioner PIN N | lethod Only | | | | | | | | |
| ERO's E | EFIN/PIN. En | ter your six-digit Ef | IN followed by you | ur five-digit self-s | elected PIN. | 2 | 2 | 2 4 | 9 | 6 0 | 8 2 | 2 7 | 1 |
| | | | | | | | | D | on't ei | nter all ze | ros | | |
| authorize | d to file for ta | numeric entry is my x year indicated abo ctitioner PIN method | ve for the taxpayer(s |) indicated above. | I confirm that I | am su | ıbmi | tting t | his re | turn in a | accord | lanće | |

| ERO's signature 🕨 | Date ► | |
|-------------------|---|------|
| | ERO Must Retain This Form — See Instructions Don't Submit This Form to the IRS Unless Requested To Do So | |
| | | 0070 |

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

| 1040 | | artment of the Treasury—Internal Revenue Servi S. Individual Income Ta | | turn | 202 | 3 | OMB No. 1545 | -0074 | IRS Use (| Only—E | Do not w | rite or sta | ple in t | his space. |
|---|----------|--|-------------|--------------|-----------------|-------|-----------------|--------------|-------------|-----------------------|----------|-------------|----------|--------------|
| For the year Jan | 1. 1-Dec | e. 31, 2023, or other tax year beginning | | | , 2023, end | ling | | | , 20 | s | ee sep | oarate i | nstru | ctions. |
| Your first name | and mi | iddle initial | Last r | name | | | | | | Y | our so | cial sec | urity ı | number |
| DHARMENI | DRA | | СНА | NDRASE | EKHAR | | | | | | 612 | 81 | 282 | 21 |
| | | s first name and middle initial | Last r | | | | | | | | | | | ity number |
| | | | | | | | | | | | | | | |
| Home address | (numbe | er and street). If you have a P.O. box, see | instruc | tions. | | | | A | Apt. no. | Р | reside | ntial Ele | ction | Campaign |
| 9600 ROY | AL I | LANE | | | | | | - | 17 | | | nere if y | | |
| | | ce. If you have a foreign address, also co | mplete | spaces be | elow. | Sta | te | ZIP c | | | • | • | | , want \$3 |
| DALLAS | | | | | | | | | • | this fur ow will i | | ecking a | | |
| Foreign country | / name | | | Foreign p | rovince/state/ | count | ty | Foreig | n postal co | | | or refu | | ungo |
| | | | | | | | | | | | | Yo | u [| Spouse |
| Filing Status | ; 🛛 | Single | | | | | Head of h | ouseh | old (HOH |) | | | | |
| Check only | | Married filing jointly (even if only or | ne hac | l income) | | | | | | | | | | |
| one box. | | Married filing separately (MFS) | | | | | Qualifying | surviv | ing spou | se (Q | SS) | | | |
| | lf y | ou checked the MFS box, enter the | name | of your s | pouse. If you | ı che | ecked the HOF | l or Q | SS box, e | enter t | he chi | ld's na | me if | the |
| | qu | alifying person is a child but not you | ır depe | endent: | | | | | | | | | | |
| Distitut | | w time during 2022, did you: (a) read | | | d award or | | mont for propo | rtu or | sonvigos); | or (b | | | | |
| Digital Assets | | ny time during 2023, did you: (a) rece ange, or otherwise dispose of a digi | | | | | | - | | | | ΠYe | •e [| No |
| | | eone can claim: You as a de | | · | | | a dependent | ų. (O | | | .) | | | |
| Standard Deduction | _ | Spouse itemizes on a separate return | • | | | | | | | | | | | |
| | | · · · · · · · · · · · · · · · · · · · | | | | | | | | | | | | |
| | | Were born before January 2, 1 | 959 | Are b | lind Spo | ouse | : 📋 Was bor | | ore Janua | | | | s blind | |
| Dependents | | | | (2) | Social security | , | (3) Relationsh | ip (4 | - | | · · · | | | structions): |
| If more | (1) F | irst name Last name | | | number | | to you | | Child ta | | lit | Credit to | r otner | dependents |
| than four dependents, | | | | | | | | | L | <u> </u> | | | | |
| see instructions | s —— | | | | | | | | L | | | | <u> </u> | |
| and check | ı —— | | | | | | | | L | <u> </u> | | | <u> </u> | |
| here | 4 - | | 1 /- | | -+: | | | | | | 4- | | | 206 |
| Income | 1a ⊾ | Total amount from Form(s) W-2, b | • | | , | | | | | | 1a | - | 109 | ,306. |
| 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 Medicaid waiver payments not rep | • | | , | | | | | • • | 10 | - | | |
| W-2G and | d | Taxable dependent care benefits f | | | | | | | • • • | • • | 1d 1e | - | | |
| 1099-R if tax was withheld. | e f | Employer-provided adoption bene | | | - | | | | • • • | • • | 1f | - | | |
| lf vou did not | , , | Wagaa from Form 2010 line 6 | | | | | | • • | | • • | 1g | - | | |
| get a Form | g h | Other earned income (see instructi | | | | ••• | | • • | | ••• | 1h | - | | 0. |
| W-2, see instructions. | i | Nontaxable combat pay election (s | , | tructions |) | ••• | · · · · · | · · | • • • | • • | | | | |
| | z | Add lines 1a through 1h | | | , | | | | | | 1z | | 189 | ,306. |
| Attach Sch. B | 2a | | 2a | | | ь т. | axable interest | · · | | | 2b | - | | · |
| if required. | 3a | · · | 3a | | | | rdinary divider | | | | 3b | - | | |
| | 4a | | 4a | | | | axable amoun | | | | 4b | - | | |
| Standard Deduction for – | 5a | | 5a | | | | axable amoun | | | | 5b | | | |
| Single or | 6a | Social security benefits | 6a | | | bТ | axable amoun | t | | | 6b | | | |
| Married filing separately, | с | If you elect to use the lump-sum e | lectior | method, | check here | | | | | | | | | |
| \$13,850 | 7 | Capital gain or (loss). Attach Schee | dule D | if require | d. If not requ | uired | , check here | | | . 🗆 | 7 | | | |
| Married filing jointly or | 8 | Additional income from Schedule | 1, line | 10 | | | | | | | 8 | | -14 | ,170. |
| Qualifying surviving spouse, | 9 | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, | , and 8 | 3. This is y | our total inc | come | e | | | | 9 | | 175 | ,136. |
| \$27,700 | 10 | Adjustments to income from Sche | dule 1 | , line 26 | | | | | | | 10 | | | |
| Head of household, | 11 | Subtract line 10 from line 9. This is | s your | adjusted | gross incor | ne | | | | | 11 | | 175 | ,136. |
| \$20,800 • If you checked | 12 | Standard deduction or itemized | deduc | ctions (fro | om Schedule | A) | | | | | 12 | | 13 | ,850. |
| any box under Standard | 13 | Qualified business income deduction | ion fro | m Form 8 | 995 or Form | 899 | 5-A | | | | 13 | | | |
| Deduction, | 14 | Add lines 12 and 13 | | | | | | | | | 14 | | | ,850. |
| see instructions. | 15 | Subtract line 14 from line 11. If zer | o or le | ess, enter | -0 This is y | our | taxable incom | e. | | | 15 | | 161 | ,286. |

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

Form **1040** (2023)

DocuSign Envelope ID: 591BE06F-134F-4E23-8F62-1975ADB9B5DD

| Tax and Credits 16 32,109. 17 Amount from Schedule 2, line 3 16 32,109. 18 Add lines 16 and 17 18 32,109. 19 Child tax credit of credit for other dependents from Schedule 8812 19 20 Amount from Schedule 3, line 8 20 21 Add lines 19 and 20 21 22 23 Subtract line 21 from line 18, lf zero or less, enter -0. 22 23, 2, 109. 24 Add lines 22 and 23. This is your total tax 24 32, 109. 25 Federal income tax withheld from: 25 39, 905. 26 2023 estimated tax payments and amount applied from 2022 return 26 39, 905. 26 2023 estimated tax payments and amount applied from 2022 return 28 39 27 Earene income credit (EC) No 27 28 28 Add lines 24, 8, 30, and 31. These are your total other payments and refundable credits 33 42, 123. 38 Add lines 34, 64, 83, 403. These are your total other payments and refundable credits 34 10, 014. 39 | Form 1040 (2023 | 3) | | | | | | | Page 2 |
|--|------------------|----------|---|--------------------|----------------------|------------------------|---------------------------------------|--------------|---|
| 18 Add lines 16 and 17 18 32,109 19 Child tax credit for other dependents from Schedule 8812 19 20 Anount from Schedule 3, line 8 20 21 Add lines 19 and 20 21 22 Subtract line 21 from line 18. If zero or less, enter -0 22 23 Other taxes, including self-employment tax, from Schedule 2, line 21 23 24 Add lines 22 and 23. This is your total tax 24 25 Federal income tax withheld from: 256 26 203 256 20 Add lines 25 anthrough 25c 256 28 Add lines 26 anthrough 25c 26 29 American opportunity credit from Schedule 812 28 29 American opportunity credit from Schedule 812 28 29 And lines 25, 20, and 31. These are your total other payments and refundable credits 32 2, 218. 30 31 2, 218. 32 10, 014. 30 32 2, 418. 33 10, 014. 31 2, 218. 32 10, 014. 34 10, 014. 32 Add lines 21, 20, | Tax and | 16 | Tax (see instructions). Check | if any from Form | n(s): 1 🗌 881 | 4 2 4972 | 3 | 16 | 32,109. |
| 19 Child tax credit for other dependents from Schedule 8812 19 20 Amount from Schedule 3, line 8 21 21 Add lines 19 and 20 22 22 Subtract line 21 from line 18. If zero or less, enter -0- 22 23 Other taxes, including self-employment tax. 24 24 Add lines 22 and 23. This is your total tax 24 25 Federal income tax withheld from: 24 a Form(s) 1099 256 256 256 256 26 256 256 27 Earned income credit [EC] No 27 28 Add lines 25a through 25c 28 29 29 Amount from Schedule 8108 29 30 30 Reserved for future use 31 2, 218 31 Anonican opportunity credit from Schedule 8108 31 2, 218 32 Add lines 254, 26, and 32. These are your total abure payments and around rable credits 32 2, 218 32 Add lines 254, 26, and 32. These are your total abure payments and around rable credits 33 42, 123. 34 10, 014. 5 | Credits | 17 | | | | | | 17 | |
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| 21 Add lines 19 and 20 21 22 Subtract line 21 from line 18. If zero or less, enter -0 | | 19 | Child tax credit or credit for | other dependen | ts from Sched | ule 8812 | | 19 | |
| 22 Subtract line 21 from line 18. If zero or less, enter -0 | | 20 | Amount from Schedule 3, lin | ie 8 | | | | 20 | |
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| c Other forms (see instructions) 25c 39,905. fyou have a subling or held, 27 228 distinated tax payments and amount applied from 2022 return 26 2020 set stimated tax payments and amount applied from 2022 return 26 2020 set stimated tax payments and amount applied from 2022 return 26 2020 set stimated tax payments and amount applied from 2022 return 28 29 Additional child tax credit from Schedule 8812 28 29 Amount from Schedule 3, line 15 28 30 31 2, 218. 34 Add lines 27, 28, 29, and 31. These are your total payments 31 2, 218. 34 Add lines 27, 28, 29, and 31. These are your total payments 33 42, 123. 35a Add lines 25d, 26, and 32. These are your total payments 33 42, 123. 35a Add lines 44, subtract line 24 from line 33. This is the amount you overpaid 34 10, 0114. 35a amount of line 34 you want refunded to you. If Form 888 is attached, check here 37 35a 10, 014. 36 Amount of line 34 you want applied to you 2224 estimated tax 36 37 37 37 Subtract line 33 from line 24. This is the amount you ovee. <td></td> <td>b</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> | | b | | | | | | | |
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| Particle version Provide the provided of the provided text of the pr | | 26 | Ũ | | | | | 26 | |
| attach Sch. EIC. 28 29 29 American opportunity credit from Form 8863, line 8. 29 30 Reserved for future use. 30 31 2,218. 32 32 Additional child tax credit from Schedule 3, line 15 31 2,218. 33 Additines 250,26, and 32. These are your total other payments and refundable credits 33 42,123. 34 41 file 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid 34 10,014. 35a Amount of line 34 you want refunded to you. If Form 8886 is attached, check here 35a 10,014. 35a Account number 1 2 1 2 1 36 Amount of line 34 you want applied to your 2024 estimated tax 36 36 37 37 Subtract line 33 from line 24. This is the amount you owe. 37 37 38 Estimated tax penalty (see instructions) 38 37 38 Estimated tax penalty (see instructions) 38 Yes. Complete below. 37 39 Do you want to allow another person to discuss this return with the IRS? See instructions 38 Yes. Complete below. No | | | | | •• | | 1 1 | | |
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| 31 Amount from Schedule 3, line 15 31 2,218. 32 Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits 32 2,218. 33 Add lines 25d, 26, and 32. These are your total payments 33 42,123. 34 Add lines 25d, 26, and 32. These are your total payments 33 42,123. 33 Add lines 25d, 26, and 32. These are your total payments 34 10,014. 35a Amount of line 34 you want refunded to you. If Form 8888 is attached, check here . . 34 Account number 1 2 1 2 . 36 Amount of line 34 you want applied to you. 224 estimated tax . 36 . . 37 Subtract line 33 from line 24. This is the amount you owe. 38 Estimated tax penalty (see instructions) . | | | | | - | | | | |
| 32 Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits 32 2, 218. 33 Add lines 25d, 26, and 32. These are your total payments 33 42, 123. 84 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid 34 10, 014. 34 Add lines 25d, 26, and 32. These are your total payments c Type: Checking 3a 10, 014. 35a Anount of line 34 you want refunded to you. If Form 888 is attached, check here 36 10, 014. 35a 10, 014. 36 Account number 1 2 1 0 0 3 5 8 c Type: Checking Savings 37 Subtract line 34 you want applied to your 2024 estimated tax 36 37 Subtract line 34 you want south you owe. 37 38 Estimated tax penalty (see instructions) . . 38 Savings 37 39 Estimated tax penalty (see instructions) . . 38 Savings 37 39 Do you want to allow another person to discuss this return with the IRS? Yes. Complete below. X No 9 | | | | | | | | 218. | |
| 33 Add lines 25d, 26, and 32. These are your total payments 33 42, 123. Refund 34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid 34 10, 014. 35a Amount of line 34 you want refunded to you. If Form 8888 is attached, check here < | | | | | | | · · · · · · · · · · · · · · · · · · · | | 2,218. |
| Refund 34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid 34 10,014. Jirect deposit? b Routing number 1 2 1 0 0 35 8 c Type: Checking 35a 10,014. Jirect deposit? b Routing number 1 2 1 0 0 35 8 c Type: Checking 35a 10,014. See instructions. d Account number 0 0 5 7 0 6 7 4 2 1 2 10,014. 35a 10,014. Amount of line 34 you want refunded to you. For 0 0 5 7 0 6 7 4 2 1 2 1 10,014. 35a 10,014. Amount of line 34 you want applied to your 2024 estimated tax. 36 36 37 36 37 36 37 Subtract line 33 from line 24. This is the amount you owe. For details on how to pay, go to www.irs.gov/Payments or see instructions . 38 37 37 Designeere Do you want to allow another person to discuss t | | | | - | | | | | |
| 35a Amount of line 34 you want refunded to you. If Form 8888 is attached, check here 35a 10,014. Direct deposit? b Routing number 1 2 1 0 0 3 5 8 c Type: Checking Savings 36 Amount of line 34 you want applied to your 2024 estimated tax 36 36 Amount You Owe 37 Subtract line 33 from line 24. This is the amount you owe. For details on how to pay, go to www.irs.gov/Payments or see instructions 37 38 Estimated tax penalty (see instructions) 38 9 Do you want to allow another person to discuss this return with the IRS? See instructions | Refund | | | - | | | | | |
| Direct deposit? See instructions. b Routing number 1 2 1 0 0 3 5 8 c Type: X Checking Savings 36 Amount of line 34 you want applied to your 2024 estimated tax 36 Amount of line 34 you want applied to your 2024 estimated tax 36 37 Subtract line 33 from line 24. This is the amount you owe. For details on how to pay, go to www.irs.gov/Payments or see instructions. 38 37 38 Estimated tax penalty (see instructions) . . 38 Mode 7 Do you want to allow another person to discuss this return with the IRS? See instructions. 9 Personal identification number (PIN) Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Joint return? See instructions. Date Your occupation Software acopy for your records. If the IRS sent you an Identity Protection PIN, enter it here (see inst.) Paid Preparer Phone no. (814) 873-9255 Email address DHARM.SPEAKZ@GMAIL.COM Preparer's name Preparer's signature Date Date< | neruna | | | | | | • | _ | |
| See instructions. d Account number 0 0 5 7 0 6 7 4 2 1 < | Direct deposit? | | | | | | | | , , |
| 36 Amount of line 34 you want applied to your 2024 estimated tax | | | | | | | | aviligo | |
| Amount You Owe 37 Subtract line 33 from line 24. This is the amount you owe. For details on how to pay, go to www.irs.gov/Payments or see instructions 38 38 Estimated tax penalty (see instructions) 38 Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions Yes. Complete below. X No Designee's name Phone no. Personal identification number (PIN) Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Joint return? See instructions. Date Your occupation 3/14/2024 If the IRS sent you an Identity Protection PIN, enter it here (see inst.) Spasses/2 stiggedaure. If a joint return, both must sign. your records. Date Spouse's occupation If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) Phone no. (814) 873-9255 Email address DHARM.SPEAKZ@GMAIL.COM Preparer's name Preparer's signature Date PTIN Check if: (see inst.) Symmetric scale Frequer's signature Date PTIN Check if: (see inst.) Self-employed | | | | | | | 36 | | |
| You Owe For details on how to pay, go to www.irs.gov/Payments or see instructions 37 38 Estimated tax penalty (see instructions) 38 Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions 38 Designee's name Do you want to allow another person to discuss this return with the IRS? See instructions Yes. Complete below. No Sign Here Designee's name Phone name Phone no. Phone no. Personal identification number (PIN) Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Joint return? See instructions. Date Your occupation SOFTWARE ARCHITECT If the IRS sent you an Identity Protection PIN, enter it here (see inst.) State a copy for your records. Phone no. (814) 873-9255 Email address DHARM.SPEAKZ@GMAIL.COM Preparer's name Preparer's signature Date Date Pate PTIN Check if: (see inst.) Symmetry a rand GLOBAL TAXES LC Phone no. (678) 965-9522 Phone no. (678) 965-9522 Firm's a | Amount | | , | | | | | | |
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| Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions Yes. Complete below. No Designee's name Designee's name Phone no. Phone no. Personal identification number (PIN) Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Joint return? Date Your occupation SOFTWARE ARCHITECT If the IRS sent you an Identity Protection PIN, enter it here (see inst.) Steep a copy for your records. Phone no. (814) 873–9255 Email address DHARM.SPEAKZ@GMAIL.COM Preparer's name Preparer's signature Date Pate PTIN Check if: (see inst.) Preparer use Only SYAM PRIYA RAM SAGAR GUPTA | | 38 | | - | - | | 1 1 | 01 | |
| Designee instructions ✓ | Third Party | | | | | | | | |
| Designee's name Phone no. Personal identification number (PIN) Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Joint return? See instructions. Date Your occupation If the IRS sent you an Identify Protection PIN, enter it here (see inst.) Soprawae/zg.signed/ure. If a joint return, both must sign. Date Soprawae/zg.signed/ure. If a joint return, both must sign. Date Spouse's occupation If the IRS sent your spouse an Identify Protection PIN, enter it here (see inst.) Phone no. (814) 873-9255 Email address DHARM.SPEAKZ@GMAIL.COM Preparer's name Preparer's signature Date PIN Check if: SYAM PRIYA RAM SAGAR GUPTA Firm's name GLOBAL TAXES LLC Phone no. (678) 965-9522 Firm's EIN Firm's EIN | | | 5 | • | | | | mplete below | . 🗙 No |
| Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Joint return? See instructions. Keep a copy for your records. Date Your occupation If the IRS sent you an Identity Protection PIN, enter it here (see inst.) Phone no. (814) 873-9255 Email address DHARM.SPEAKZ@GMAIL.COM Preparer Use Only Preparer's name Preparer's signature Date PTIN Firm's name GLOBAL TAXES LLC Phone no. (678) 965-9522 Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's EIN | Designee | De | signee's | | Phone | | | • | |
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| Here Date Your occupation If the IRS sent you an Identity Joint return? Spessed's signature. If a joint return, both must sign. Date Your occupation If the IRS sent you an Identity Spessed's signature. If a joint return, both must sign. Date Spouse's occupation If the IRS sent your spouse an Identity Phone no. (814) 873-9255 Email address DHARM.SPEAKZ@GMAIL.COM Paid Preparer's name Preparer's signature Date Pate PTIN Check if: SYAM PRIYA RAM SAGAR GUPTA SYAM PRIYA RAM SAGAR GUPTA 03/15/2024 P02082703 Self-employed Firm's name GLOBAL TAXES LLC Phone no. (678) 965-9522 Firm's EIN Phone no. (678) 965-9522 | Sign | | | | | | | | |
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| See instructions. Keep a copy for your records. Spansack23 sigmature. If a joint return, both must sign. Date Spouse's occupation If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) Phone no. (814) 873-9255 Email address DHARM.SPEAKZ@GMAIL.COM Preparer's name Preparer's signature Date PTIN Check if: SYAM PRIYA RAM SAGAR GUPTA SYAM PRIYA RAM SAGAR GUPTA 03/15/2024 P02082703 Self-employed Firm's name GLOBAL TAXES LLC Phone no. (678) 965-9522 Firm's EIN Firm's EIN | loint voture? | DL | avanta dia Chandras | e ble avaiale | 8/14/2024 | SOFTWARE Z | RCHITECT | | Pin, enter it here |
| Keep a copy for your records. Identity Protection PIN, enter it here (see inst.) Phone no. (814) 873-9255 Email address DHARM.SPEAKZ@GMAIL.COM Preparer's name Preparer's signature Date PTIN Check if: SYAM PRIYA RAM SAGAR GUPTA 03/15/2024 P02082703 Self-employed Firm's name GLOBAL TAXES LLC Phone no. (678) 965-9522 Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's EIN | | <u> </u> | | | Date | | | If the IBS s | ent your spouse an |
| Phone no. (814) 873-9255 Email address DHARM.SPEAKZ@GMAIL.COM Paid Preparer's name Preparer's signature Date PTIN Check if: SYAM PRIYA RAM SAGAR GUPTA SYAM PRIYA RAM SAGAR GUPTA 03/15/2024 P02082703 Self-employed Firm's name GLOBAL TAXES LLC Phone no. (678) 965-9522 Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's EIN | | -ομ | and the second | | Buio | | | | |
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| Paid Preparer Use Only Firm's name GLOBAL TAXES LLC Phone no. (678) 965-9522 Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 | _ | Ph | one no. (814) 873-925 | 5 | Email address | DHARM.SPEA | KZ@GMAIL.CON | 1 | |
| Preparer SYAM PRIYA RAM SAGAR GUPTA SYAM PRIYA RAM SAGAR GUPTA 03/15/2024 P02082/03 Self-employed Firm's name GLOBAL TAXES LLC Phone no. (678) 965-9522 Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 | Daid | Pre | parer's name | Preparer's signat | ture | | Date | PTIN | Check if: |
| Use Only Firm's name GLOBAL TAXES LLC Phone no. (678) 965-9522 Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's EIN | | SYA | M PRIYA RAM SAGAR GUPTA | SYAM PRIY | A RAM SAG | GAR GUPTA | 03/15/2024 | P02082703 | 3 Self-employed |
| Firm's address 245 ROUNEY CT E BRUNSWICK NJ 08816 Firm's EIN | | Firi | m's name GLOBAL TAX | XES LLC | | | | Phone no. | (678)965-9522 |
| Go to www.irs.gov/Form1040 for instructions and the latest information. BAA REV 03/07/24 PRO Form 1040 (2023 | Use Uniy | Fin | m's address 245 ROONE | Y CT E BRU | JNSWICK N | J 08816 | | Firm's EIN | |
| | Go to www.irs.go | ov/Forn | 1040 for instructions and the late | st information. | | BAA | REV 03/07/24 PRO | | Form 1040 (2023) |

SCHEDULE 1

(Form 1040)

Additional Income and Adjustments to Income

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

OMB No. 1545-0074 202 43 Attachment Sequence No. 01

| Department of the Treasury Internal Revenue Service | Go to www.irs.gov/Form1040 for instructions and the latest information. | | Attachment Sequence No. 01 |
|--|---|----------|-------------------------------|
| Name(s) shown on Fo | rm 1040, 1040-SR, or 1040-NR | Your soc | ial security number |
| DHARMENDRA CHA | NDRASEKHAR | 612-81 | -2821 |
| | | | |

| Par | Additional Income | | | |
|--------|--|---------------|----|--------------------|
| 1 | Taxable refunds, credits, or offsets of state and local income taxes | | 1 | |
| 2a | Alimony received | | 2a | |
| b | Date of original divorce or separation agreement (see instructions): | | | |
| 3 | Business income or (loss). Attach Schedule C | | 3 | |
| 4 | Other gains or (losses). Attach Form 4797 | | 4 | |
| 5 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach | Schedule E . | 5 | -14,170. |
| 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 | (|) | |
| 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 | | | |
| 1 | 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) | | | |
| ο | Section 951A(a) inclusion (see instructions) | | | |
| 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: | | | |
| | 82 | | | |
| 9 | Total other income. Add lines 8a through 8z | | 9 | |
| 10 | Combine lines 1 through 7 and 9. This is your additional income . Enter her 1040, 1040-SR, or 1040-NR, line 8 | e and on Form | 10 | -14,170. |
| For Pa | perwork Reduction Act Notice, see your tax return instructions. | | | 1 (Form 1040) 2023 |

Schedule 1 (Form 1040) 2023

| Par | Adjustments to Income | | |
|-----|---|-----|-----------------|
| 11 | Educator expenses | 11 | |
| 12 | Certain business expenses of reservists, performing artists, and fee-basis government | | |
| | officials. Attach Form 2106 | 12 | |
| 13 | Health savings account deduction. Attach Form 8889 | 13 | |
| 14 | Moving expenses for members of the Armed Forces. Attach Form 3903 | 14 | |
| 15 | Deductible part of self-employment tax. Attach Schedule SE | 15 | |
| 16 | Self-employed SEP, SIMPLE, and qualified plans | 16 | |
| 17 | Self-employed health insurance deduction | 17 | |
| 18 | Penalty on early withdrawal of savings | 18 | |
| 19a | Alimony paid | 19a | |
| b | Recipient's SSN | | |
| С | Date of original divorce or separation agreement (see instructions): | | |
| 20 | IRA deduction | 20 | |
| 21 | Student loan interest deduction | 21 | |
| 22 | Reserved for future use | 22 | |
| 23 | Archer MSA deduction | 23 | |
| 24 | Other adjustments: | | |
| а | Jury duty pay (see instructions) | | |
| b | Deductible expenses related to income reported on line 8I from the | | |
| | rental of personal property engaged in for profit | | |
| С | Nontaxable amount of the value of Olympic and Paralympic medals | | |
| | and USOC prize money reported on line 8m | | |
| d | Reforestation amortization and expenses | _ | |
| е | Repayment of supplemental unemployment benefits under the Trade | | |
| - | Act of 1974 | - | |
| f | Contributions to section 501(c)(18)(D) pension plans | - | |
| g | Contributions by certain chaplains to section 403(b) plans | - | |
| h | Attorney fees and court costs for actions involving certain unlawful | | |
| - | discrimination claims (see instructions) | - | |
| 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 | | |
| | tax law violations 24i Housing deduction from Form 2555 255 | - | |
| j | Excess deductions of section 67(e) expenses from Schedule K-1 (Form | - | |
| ĸ | 1041) | | |
| z | Other adjustments. List type and amount: | | |
| 2 | 24z | | |
| 25 | Total other adjustments. Add lines 24a through 24z | 25 | |
| 26 | Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on | | |
| | Form 1040, 1040-SR, or 1040-NR, line 10 | 26 | |
| | BAA REV 03/07/24 PRO | == | Form 1040) 2023 |

SCHEDULE 3

Department of the Treasury

Internal Revenue Service

(Form 1040)

Additional Credits and Payments

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

Go to www.irs.gov/Form1040 for instructions and the latest information.

| OMB No. 1545-0074 |
|--------------------------------------|
| 2023 |
| Attachment Sequence No. 03 |

| Name | cial se | ecurity number | | |
|------|---|----------------|------------|--|
| DHA | 31-28 | 21 | | |
| Pa | rt I Nonrefundable Credits | | | |
| 1 | Foreign tax credit. Attach Form 1116 if required | | 1 | |
| 2 | Credit for child and dependent care expenses from Form 2441, line 11. A Form 2441 | | 2 | |
| 3 | Education credits from Form 8863, line 19 | | 3 | |
| 4 | Retirement savings contributions credit. Attach Form 8880 | | 4 | |
| 5- | Desidential clean ensure exact from Four 5005 line 15 | Ī | F - | |

| 5a | Residential clean energy credit from Form 5695, line 15 | | | | 5a | | |
|----|---|------|---------|-------|----|----------|--------|
| b | Energy efficient home improvement credit from Form 5695, line 32 | | | | 5b | | |
| 6 | Other nonrefundable credits: | | | | | | |
| а | General business credit. Attach Form 3800 | 6a | | | | | |
| b | Credit for prior year minimum tax. Attach Form 8801 | 6b | | | | | |
| С | Adoption credit. Attach Form 8839 | 6c | | | | | |
| d | Credit for the elderly or disabled. Attach Schedule R | 6d | | | | | |
| е | Reserved for future use | 6e | | | | | |
| f | Clean vehicle credit. Attach Form 8936 | 6f | | | | | |
| g | Mortgage interest credit. Attach Form 8396 | 6g | | | | | |
| h | District of Columbia first-time homebuyer credit. Attach Form 8859 | 6h | | | | | |
| i | Qualified electric vehicle credit. Attach Form 8834 | 6i | | | | | |
| j | Alternative fuel vehicle refueling property credit. Attach Form 8911 | 6j | | | | | |
| k | Credit to holders of tax credit bonds. Attach Form 8912 | 6k | | | | | |
| I | Amount on Form 8978, line 14. See instructions | 61 | | | | | |
| m | Credit for previously owned clean vehicles. Attach Form 8936 . | 6m | | | | | |
| z | Other nonrefundable credits. List type and amount: | | | | | | |
| | | 6z | | | | | |
| 7 | Total other nonrefundable credits. Add lines 6a through 6z $$ | | | | 7 | | |
| 8 | Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 1 1040-NR, line 20 | 040, | 1040-SF | R, or | 8 | | |
| | | • • | | • • | | ied on r | 2000 0 |

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

(continued on page 2)

Schedule 3 (Form 1040) 2023

| Schedu | le 3 (Form 1040) 2023 | | | Page 2 |
|--------|---|---------------------|----------|--------------------|
| Par | t II Other Payments and Refundable Credits | | | |
| 9 | Net premium tax credit. Attach Form 8962 | | 9 | |
| 10 | Amount paid with request for extension to file (see instructions) . | | 10 | |
| 11 | Excess social security and tier 1 RRTA tax withheld | | 11 | 2,218. |
| 12 | Credit for federal tax on fuels. Attach Form 4136 | | 12 | |
| 13 | Other payments or refundable credits: | | | |
| а | Form 2439 | 3a | | |
| b | Credit for repayment of amounts included in income from earlier years | 3b | | |
| С | Elective payment election amount from Form 3800, Part III, line 1 6, column (i) 1 | 3c | | |
| d | Deferred amount of net 965 tax liability (see instructions) | 3d | | |
| z | Other payments or refundable credits. List type and amount: 1 | 3z | | |
| 14 | Total other payments or refundable credits. Add lines 13a through 1 | 3z | 14 | |
| 15 | Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-line 31 | SR, or 1040-NR, | 15 | 2,218. |
| | BAA REV 03 | /07/24 PRO | Schedule | 3 (Form 1040) 2023 |

| SCHE (Form | DULE E 1040) | (From re | ental real estate, | Supplementa , royalties, partners | | | | | trusts, REMIC | s, etc.) | OMB No | . 1545-0074 |
|---------------|---|--------------|--------------------|--|----------|--------|----------|----------|-------------------|--------------|--------------------|--------------------------|
| | ent of the Treasury Revenue Service | | | ttach to Form 1040, s.gov/ScheduleE for | | , | | | formation. | | Attachm Sequend | ient ce No. 13 |
| Name(s) | shown on return | | | | | | | | | Your socia | I security | number |
| DHAR | MENDRA CHAI | NDRASE | KHAR | | | | | | | 612-81 | 1-2821 | |
| Part | Note: If yo | ou are in th | ne business of rer | I Real Estate an nting personal proper 5 on page 2, line 40. | | | e C. See | instruc | ctions. If you a | re an indiv | idual, rep | ort farm |
| | id you make an | iy paymei | nts in 2023 that | would require you Form(s) 1099? | | | | | | | | |
| 1a | | | | reet, city, state, ZIF | | | | | | <u> </u> | | |
| Α | #60/4. VEE | RAPPA | BLOCK BETWE | EN 17TH AND 1 | 8тн | MALLES | HWARAI | M. MAF | RGOSA ROAT | .BENGA | LURU T | N 560055 |
| B | | | | | | | | -, | | , | | |
| С | | | | | | | | | | | | |
| 1b | Type of Prope (from list below | | | al real estate prope the number of fair | | | | Fa | ir Rental Days | Person Da | | QJV |
| Α | 3 | | | days. Check the Q | | | Α | | 365 | Du | 0 | |
| B | 5 | | | e requirements to f | | | B | | 505 | | 0 | |
| <u> </u> | | | qualified joint | venture. See instru | ictions | 6. | C | | | | | |
| | of Property: | | | | | | - | I | | | | |
| ••• | Single Family R | esidence | 3 Vacatio | n/Short-Term Ren | tal | 5 Land | d | 7 | Self-Rental | | | |
| | Multi-Family Re | | 4 Comme | ercial | | 6 Roy | alties | 8 | Other (descri | ibe) | | |
| | - | | | | | - | | | Propertie | | | |
| Incom | e: | | | | | | Α | | B | | | С |
| 3 | | 4 | | | 3 | | | 47. | | | | <u> </u> |
| 4 | | | | | 4 | | | | | | | |
| Expen | | | | | | | | | | | | |
| 5 | Advertising . | | | | 5 | | | | | | | |
| 6 | Auto and trave | l (see ins | tructions) . | | 6 | | | | | | | |
| 7 | Cleaning and r | maintena | nce | | 7 | | 2,4 | 79. | | | | |
| 8 | Commissions | | | | 8 | | | | | | | |
| 9 | Insurance | | | | 9 | | | | | | | |
| 10 | | | | | 10 | | | | | | | |
| 11 | | | | | 11 | | 2,2 | 30. | | | | |
| 12 | 00 | • | to banks, etc. (| see instructions) | 12 | | | | | | | |
| 13 | Other interest | | | | 13 | | | | | | | |
| 14 | | | | | 14 | | 2,8 | | | | | |
| 15 | | | | | 15 | | 2,1 | 48. | | | | |
| 16 | | | | | 16 | | | F 1 | | | | |
| 17 | | | | | 17 | | 2,3 | | | | | |
| 18 19 | • | xpense c | or depletion . | | 18 19 | | 2,7 | 4/. | | | | |
| 20 | Other (list) | s Add lin | es 5 through 19 | | 20 | | 14,8 | 17 | | | | |
| 20 | | | • | or 4 (royalties). If | 20 | | 14,0 | <u> </u> | | | | |
| 21 | | | | d out if you must | | | | | | | | |
| | | | | | 21 | | -14,1 | 70. | | | | |
| 22 | Deductible ren | ital real e | state loss after | limitation, if any, | | | | | | | | |
| | | - | ructions) | | 22 | , | 14,17 | | (|) | (|) |
| 23a | | | | for all rental prope | | | | 23a | | 647. | | |
| b | | | | for all royalty prop | | | | 23b | | | | |
| C | | | | 2 for all properties | | | | 23c | ~ | 7/7 | | |
| | dTotal of all amounts reported on line 18 for all properties2 | | | | | | | | | | | |
| е 24 | | | | | | | | 23e | | _ | | |
| 24 25 | | | | on line 21. Do not and rental real estat | | | | · · | tal losses here | | (- | L4,170.) |
| 25 26 | | | | ncome or (loss). | | | | | | | | L 1 , 1 / U •) |
| 20 | | | |) on page 2 do no | | | | | | | | |
| | | | | vise, include this a | | | | | | 26 | - | -14 , 170. |
| For Pa | perwork Reduct | ion Act No | otice, see the se | parate instructions. | | N | PA | | -14,170 | • Sch | edule E (Fe | orm 1040) 2023 |

| | | | | FORM |
|---|---|--|---|---|
| 2023 | California e-file Signature Authorization for Indiv | iduals | | 8879 |
| Your name | • • • • • • • • • • • • • • • • • • • | Your SSN | or ITIN | |
| DHARMENDRA | CHANDRASEKHAR | 612-81 | -2821 | |
| Spouse's/RDP's name | e | Spouse's/R | DP's SSN o | or ITIN |
| Part I Tax Retu | rn Information (whole dollars only) | | | |
| | ted gross income (AGI). See instructions | | | |
| • | e. See instructions | | | |
| | r Declaration and Signature Authorization (Be sure you obtain and keep a copy of your return.) | | <u> </u> | |
| ending December 3 electronic return ori identification numbe income tax return. I and on form FTB 84 agrees with the dire domestic partner (R provider to transmit to my ERO, interme return, I understand penalties. I acknowl | berjury, I declare that I have examined a copy of my individual income tax return and accompanying sch 1, 2023, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare t iginator (ERO), transmitter, or intermediate service provider, including my name, address, and social se er (ITIN), and the amounts shown in Part I above agree with the information and amounts shown on the f applicable, I authorize an electronic funds withdrawal of the amount on line 2 and/or the estimated tax IS5, California e-file Payment Record for Individuals, or a comparable form. If applicable, I declare that ect deposit authorization stated on my return. If I have filed a joint return, this is an irrevocable appointin RDP) as an agent to authorize an electronic funds withdrawal or direct deposit. I authorize my ERO, tran t my complete return to the Franchise Tax Board (FTB). If the processing of my return or refund is dela ediate service provider, and/or transmitter the reason(s) for the delay or the date when the refund w d that if the FTB does not receive full and timely payment of my tax liability, I remain liable for the tax lial ledge that I have read and consent to the Electronic Funds Withdrawal Consent included on the copy of identification provider. | hat the inforr curity numbe e correspond payments a direct deposi smitter, or in yed, I autho as sent. If I bility and all a my electroni | nation I pro- er (SSN) or ing lines of s shown or t refund an her spouse termediate rize the FT am filing a applicable i c income ta | ovided to my individual ta f my electron n my return nount on line e/registered service B to disclose balance due interest and ax return. I ha |
| Taxpayer's PIN: che | identification number (PIN) as my signature for my electronic income tax return and, if applicable, my leck one box only | Electronic Fu | nus vvitnur | awai Gonsen |
| I authorize GI | LOBAL TAXES LLC to ent | er my PIN | 1 2 | 8 2 3 |
| | ERO firm name | 2 | Do not er | nter all zeros |
| _ | re on my 2023 e-filed California individual income tax return. | | | |
| | PIN as my signature on my 2023 e-filed California individual income tax return. Check this box only if y using the Bightitioner PIN method. The ERO must complete Part III below. | | ng your ov | vn PIN and yo |
| Your signature | Dharmendra Chandrasekharaiah Date > 3/14/ | 2024 | | |
| Spouse's/RDP's PII | 76694122356944A N: check one box only | | | |
| _ | - to eni | er my PIN | | |
| | ERO firm name | | Do not er | iter all zeros |
| | re on my 2023 e-filed California individual income tax return. | | | |
| as my signatu | | | | |
| I will enter my | y PIN as my signature on my 2023 e-filed California individual income tax return. Check this box o n is filed using the Practitioner PIN method. The ERO must complete Part III below. | only if you a | re entering |) your own F |
| I will enter my and your retur | | | - | |
| I will enter my and your retur | n is filed using the Practitioner PIN method. The ERO must complete Part III below. | | - | |
| I will enter my and your retur | n is filed using the Practitioner PIN method. The ERO must complete Part III below. | | - | |
| I will enter my and your retur Spouse's/RDP's sign Part III Certific ERO's Electronic Fi | n is filed using the Practitioner PIN method. The ERO must complete Part III below. nature | 0 8 | - | |
| I will enter my and your retur Spouse's/RDP's sign Part III Certific ERO's Electronic Fi Enter your six-digit I certify that the abo | n is filed using the Practitioner PIN method. The ERO must complete Part III below. nature | 0 8 zeros n for the tax | 2 7 | 1 dicated above |

| TAX | ABLE | E YEAR | | | | | | | | | FORM |
|---------------------|---------------------|----------------|---|-------------------|----------------|---------------|---------------|-------------------|--------------------|-----------------------------|-------------------------|
| 2 | 202 | 23 | Californi | a Resid | lent In | come | Tax F | Return | | | 540 |
| | | | | | | APE | | ATTA | CH FEDE | RAL RETU | RN |
| | | 31-28 1endr | | IANDRASE | IKHAR | | | 23 | | | |
| 960 DAI | | | L LANE | ТХ 75 | 5243 | | APT | 717 | | | |
| 10- | -30 |)-198 | 2 | | | | | | | | |
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| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | Enter vour | county at time of fili | na (see instructi | ons) | | | | | | |
| e | $oldsymbol{igodol}$ | | | | | | | | | - [| |
| idenc | | - | ldress above is th | - | | - | | | f filing, check tl | his box $oldsymbol{\Theta}$ | × |
| Resi | | | ter below your pri ress (number and st | | | | ine time of t | lling. | Apt | . no/ste. no. | |
| Principal Residence | ۲ | | | / 0 | | , | | | | |] |
| Prir | - | City | | | | | | | Stat | | |
| | $oldsymbol{O}$ | | | | | | | | | | |
| | | lf your (| California filing sta | atus is differen | t from your t | federal filin | g status, ch | eck the box here | | | |
| tus | 1 | ×S | ingle | | 4 | Head o | f household | (with qualifying | person). See ir | structions. | |
| Filing Status | 2 | | larried/RDP filing | | | Qualify | ing survivin | g spouse/RDP. E | nter year spous | se/RDP died. | |
| Filin | | | nly one spouse/R see instructions. | DP had incom | e). | See ins | structions. | | | | |
| | 3 | N | larried/RDP filing | separately. En | iter spouse's | /RDP's SSI | N or ITIN ab | ove and full nam | e here. | | |
| | 6 | lf some | one can claim you | ı (or your spol | use/RDP) as | a depende | nt, check th | e box here. See i | nstr • | 6 | |
| • | Fo | r line 7, liı | ne 8, line 9, and lir | ne 10: Multiply | the number | you enter ir | 1 the box by | the pre-printed d | lollar amount fo | r that line. | |
| ons | 7 | | II: If you checked 5, enter 2 in the | | | | | | X \$144 = • | [| Whole dollars on 144 |
| Exemptions | 8 | Blind: If | you (or your spo are visually impair | use/RDP) are | visually impa | aired, enter | 1; | | X \$144 = • | \$ | |
| Ж Ш | 9 | Senior: | If you (or your sp are 65 or older, en | ouse/RDP) are | e 65 or older, | , enter 1; | | | X \$144 = • | | |
| | | RE | EV 03/05/24 PRO | | | | | | | L | |
| | | | | | 175 | 31 | 01234 | | | Form 540 20 | 23 Side 1 |

| Υοι | ır naı | me: CH | AND: | RASEKHA | AR | Your S | SN or ITIN | 612- | 81-2821 | _ | | | | |
|-----------------|--------|------------------------|---------|--|---------------|-----------------------|-------------|-------------|----------|-----------------|----------|-----------------|--------|------|
| | 10 | Dependent | : Do n | ot include y Dependent 1 | | your spous | | ependent 2 | | | 1 | Dependent 3 | | |
| | | First Name | | | | | | pondont L | | | | | | |
| าร | | Last Name | ۲ | | | | | | | | | | | |
| Exemptions | | SSN. See instruction | | | | | | | | | | | | |
| Exer | | Dependen relationsh | 's | | | | | | | | | | | |
| | Tota | to you | evem | ptions | | | | | • 10 | X \$44 | 6 – 🛈 | \$ | | |
| | 11 | | | unt: Add line | | | | | | | | | 1 | 44 |
| | 12 | | | n your federa | - | | | | | | | Ф <u></u> | | |
| | 12 | Form(s) V | /-2, bc | x 16 | ai | | • 12 | | 1893 | 06 .00 | <u>כ</u> | | | |
| | 13 | | | usted gross i | | | | | | • | 13 | | 175136 | .00 |
| | 14 | Part I, line | 27, co | ments – subl olumn B | | | | | | • | 14 | | | . 00 |
| Taxable Income | 15 | See instru | ctions | from line 13. | | | | | | | 15 | | 175136 | . 00 |
| | 16 | | | ments – addi olumn C | | | | | | | 16 | | | . 00 |
| ixable | 17 | California | adjust | ed gross inco | ome. Comt | bine line 15 | and line 16 | | | | 17 | | 175136 | . 00 |
| Та | 18 | Enter the | | r California i | | | | | | e 30; OR | | | | |
| | | larger of | | r California s ngle or Marri | | | | - | - | \$5,36 | 63 | | | |
| | | | | arried/RDP fili arried/RDP fili | | | | | | | | | 5363 | . 00 |
| | 19 | | ne 18 | from line 17. enter -0- | . This is yo | ur taxable | income. | , | | | | | 169773 | . 00 |
| | | | | | | | | | | | | | | |
| | 31 | Tax. Chec | k the b | ox if from: | Ta | ix Table | × - | Tax Rate So | hedule | | 1 | | | - |
| | 32 | Exemption | ı credi | ts. Enter the | | TB 3800 om line 11 | | | | ••••• | 31 | | 12442 | .00 |
| Тах | 02 | | | structions | | | • | | | • | 32 | | 144 | .00 |
| | 33 | Subtract I | ne 32 | from line 31. | . If less tha | an zero, ente | er -0 | | | • | 33 | | 12298 | . 00 |
| | 34 | Tax. See i | nstruct | ions. Check | the box if f | from: | Schedule | e G-1 • | FTB 587 | 70A • | 34 | | | . 00 |
| | 35 | Add line 3 | 3 and | line 34 | | | | | | • | 35 | | 12298 | . 00 |
| ş | | | | | | | | | | | | | | |
| Credit | 40 | | | hild and Dep | endent Ca | re Expense: | | | 7 | | | | | |
| Special Credits | 43 | Enter crec | | | | | code | |] | unt • | 43 | | | |
| Sp(| 44 | Enter crec | it nam | e | | | code | • | and amou | unt ● | 44 | REV 03/05/24 PF | RO | .00 |
| | | Side 2 For | m 540 |) 2023 | | 175 | 31 | 02234 | Г | | | | | |
| | | | | | | | | | | | | | | |

| You | r nar | me: CHANDRASEKHAR Your SSN or ITIN: 612-81-2821 | • |
|----------------------|----------|---|----------------------|
| S | 45 | To claim more than two credits, see instructions. Attach Schedule P (540) • 45 | _ 00 |
| Special Credits | 46 | Nonrefundable Renter's Credit. See instructions | |
| ecial (| 47 | Add line 40 through line 46. These are your total credits | . 00 |
| Sp | 48 | Subtract line 47 from line 35. If less than zero, enter -0 | 12298 .00 |
| | | | |
| xes | 61 | Alternative Minimum Tax. Attach Schedule P (540) • 61 | |
| Other Taxes | 62 | Mental Health Services Tax. See instructions | |
| Oth | 63 | Other taxes and credit recapture. See instructions | |
| | 64 | Add line 48, line 61, line 62, and line 63. This is your total tax | 12298 .00 |
| | 71 | California income tax withheld. See instructions | 15963 _00 |
| | 72 | 2023 California estimated tax and other payments. See instructions | _ 00 |
| | 73 | Withholding (Form 592-B and/or Form 593). See instructions | |
| nts | 74 | Excess SDI (or VPDI) withheld. See instructions | |
| Payments | 75 | Earned Income Tax Credit (EITC). See instructions | |
| | | | |
| | 76 | Young Child Tax Credit (YCTC). See instructions | |
| | 77 78 | Foster Youth Tax Credit (FYTC). See instructions 77 Add line 71 through line 77. These are your total payments. 8 See instructions 78 | 1.62.4.0 |
| ax | 91 | Use Tax. Do not leave blank. See instructions | 0.00 |
| Use Tax | • | If line 91 is zero, check if: X No use tax is owed. You paid your use tax oblig | |
| 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 | × |
| – e – | | Individual Shared Responsibility (ISR) Penalty. See instructions • 92 | |
| e | 93 | Payments balance. If line 78 is more than line 91, subtract line 91 from line 78 | 16348 .00 |
| ax Du | 94 | Use Tax balance. If line 91 is more than line 78, subtract line 78 from line 91 | _ 00 |
| Tax/T | 95 | Payments after Individual Shared Responsibility Penalty. If line 93 is more than line 92, subtract line 92 from line 93 | 16348 .00 |
| Overpaid Tax/Tax Due | 96 | Individual Shared Responsibility Penalty Balance. If line 92 is more than line 93, subtract line 93 from line 92 | . 00 |
| Ove | 97 | Overpaid tax. If line 95 is more than line 64, subtract line 64 from line 95 | |
| | | REV 03/05/24 PRO | |
| | | 175 3103234 | Form 540 2023 Side 3 |

| Your nai | me: | CHANDRASEKHAR | Your SSN or ITIN: | 612-81-2821 | | I | |
|----------------------------------|--------|--|------------------------------|--------------------------|-------------|--------|----|
| 98 و م | Amou | unt of line 97 you want applied to yo | ur 2024 estimated tax | • | 98 | 0. | 00 |
| Overpaid Tax/Tax Due 66 86 | Overp | paid tax available this year. Subtract | line 98 from line 97 | • | 99 | 4050 | 00 |
| 5 x F 100 | Tax d | ue. If line 95 is less than line 64, sut | otract line 95 from line 64 | ۱ (ف |) 100 | | 00 |
| | | | | | <u>Code</u> | Amount | |
| | Califo | rnia Seniors Special Fund. See instru | uctions | • | 400 | | 00 |
| | Alzhei | imer's Disease and Related Dementia | a Voluntary Tax Contribut | ion Fund • | 401 | | 00 |
| | Rare a | and Endangered Species Preservatio | n Voluntary Tax Contribu | tion Program • | 403 | | 00 |
| | Califo | rnia Breast Cancer Research Volunta | ary Tax Contribution Fund | L | 405 | | 00 |
| | Califo | rnia Firefighters' Memorial Voluntary | / Tax Contribution Fund . | •••••••••••••••••••••••• | 406 | | 00 |
| | Emerç | gency Food for Families Voluntary Ta | ax Contribution Fund | •••••• | 407 | | 00 |
| | Califo | rnia Peace Officer Memorial Founda | tion Voluntary Tax Contril | bution Fund • | 408 | | 00 |
| | Califo | rnia Sea Otter Voluntary Tax Contrib | ution Fund | •••••• | 410 | | 00 |
| tions | Califo | rnia Cancer Research Voluntary Tax | Contribution Fund | •••••• | 413 | | 00 |
| Contributions | Schoo | ol Supplies for Homeless Children Vo | oluntary Tax Contribution | Fund | 422 | | 00 |
| Ŝ | State | Parks Protection Fund/Parks Pass P | urchase | •••••• | 423 | | 00 |
| | Protec | ct Our Coast and Oceans Voluntary 1 | Fax Contribution Fund | •••••• | 424 | | 00 |
| | Кеер / | Arts in Schools Voluntary Tax Contri | bution Fund | •••••• | 425 | | 00 |
| | Califo | rnia Senior Citizen Advocacy Volunta | ary Tax Contribution Fund | I • | 438 | | 00 |
| | Native | e California Wildlife Rehabilitation Vo | oluntary Tax Contribution | Fund • | 439 | | 00 |
| | Rape | Kit Backlog Voluntary Tax Contributi | on Fund | • | 440 | | 00 |
| | Suicid | de Prevention Voluntary Tax Contribu | Ition Fund | •••••••••••••••••••••••• | 444 | | 00 |
| | Menta | al Health Crisis Prevention Voluntary | Tax Contribution Fund | • | 445 | | 00 |
| 110 | Add a | amounts in code 400 through code 4 | 45. This is your total con | tribution | 110 | | 00 |

Γ

| You | r nan | ne: CHANDRASEKHAR Your SSN or ITIN: 612-81-2821 |
|-------------------------------|-------|--|
| Amount You Owe | 111 | AMOUNT YOU OWE. If you do not have an amount on line 99, add line 94, line 96, line 100, and line 110. See instructions. Do not send cash. Mail to: FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001 • 111 Pay Online – Go to ftb.ca.gov/pay for more information. |
| t and ties | | Interest, late return penalties, and late payment penalties |
| Interest and Penalties | | Check the box: FTB 5805 attached FTB 5805F attached |
| | 114 | Total amount due. See instructions. Enclose, but do not staple, any payment |
| | 115 | REFUND OR NO AMOUNT DUE. Subtract the sum of line 110, line 112, and line 113 from line 99. See instructions. |
| | | Mail to: FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001 • 115 4050 .00 |
| ct Deposit | | Fill in the information to authorize direct deposit of your refund into one or two accounts. Do not attach a voided check or a deposit slip. See instructions. Have you verified the routing and account numbers? Use whole dollars only. All or the following amount of my refund (line 115) is authorized for direct deposit into the account shown below: |
| Refund and Direct Deposit | | Type Routing number Checking Savings Savings Account number O00570674212 Savings O00 |
| Refu | | The remaining amount of my refund (line 115) is authorized for direct deposit into the account shown below: Type |
| | | Routing number Checking Savings Account number Savings |
| Voter Info. | | For voter registration information, check the box and go to sos.ca.gov/elections . See instructions |
| Health Care Coverage Info. | | Do you want information on no-cost or low-cost health care coverage? By checking the "Yes" box, you authorize the FTB to share limited information from your tax return with Covered California. See instructions |

Sign your tax return on Side 6

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| Your name: | CHANDRASEKHAR Your SSN or ITIN: 612-81-2821 | | | | | | | | |
|---|--|-----------------------|-------------------------------|--|--|--|--|--|--|
| IMPORTANT | : See the instructions to find out if you should attach a copy of your complete federal tax return. | | | | | | | | |
| Our privacy not | ce can be found in annual tax booklets or online. Go to ftb.ca.gov/privacy to learn about our privacy policy statement, or go | o to ftb.ca.go | v/forms and search for 1131 | | | | | | |
| | 31 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter for s of perjury. I declare that I have examined this tax return, including accompanying schedules and statements, and to | | | | | | | | |
| is true, correct, | | | ily kilowicuge and beller, it | | | | | | |
| Yo ur s i@patuStign | ed by: Date Spouse's/RDP's signature (i | f a joint tax re | eturn, both must sign) | | | | | | |
| Dharm | undra (handrasekharaiah 3/14/2024 | | | | | | | | |
| | 356944A. Your email address. Enter only one email address. | Pref | erred phone number | | | | | | |
| | | 8148 | 3739255 | | | | | | |
| Sign | | | | | | | | | |
| Here | Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge) | | | | | | | | |
| | SYAM PRIYA RAM SAGAR GUPTA | | | | | | | | |
| It is unlawful to forge a spouse's/ | Firm's name (or yours, if self-employed) | | • PTIN | | | | | | |
| RDP's | GLOBAL TAXES LLC | | P02082703 | | | | | | |
| signature. | Firm's address | | Firm's FEIN | | | | | | |
| Joint tax return? | 245 ROONEY CT E BRUNSWICK NJ 08816 | | | | | | | | |
| See instructions. | Do you want to allow another person to discuss this tax return with us? See instructions $igoplus$ | Yes | × No | | | | | | |
| | Print Third Party Designee's Name | Telephor | ne Number | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

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TAXABLE YEAR

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 DHARMENDRA CHANDRASEKHAR 612812821 **Federal Amounts** Subtractions Additions Part I Income Adjustment Schedule B C A (taxable amounts from your federal tax return) See instructions See instructions Section A - Income from federal Form 1040 or 1040-SR a Total amount from federal 1 Form(s) W-2, box 1. See instructions 1a 189306 \bigcirc **b** Household employee wages not reported on federal Form(s) W-2.....1b \bigcirc () \bigcirc **c** Tip income not reported on line 1a **1c** \bigcirc d Medicaid waiver payments not reported on federal Form(s) W-2. See instructions 1d () \bigcirc Taxable dependent care benefits e \bigcirc from federal Form 2441, line 26 1e ()Employer-provided adoption benefits f (\bullet) from federal Form 8839, line 29 1f () \bigcirc g Wages from federal Form 8919, line 6. 1g 0 \bigcirc \bigcirc h Other earned income. See instructions 1h Nontaxable combat pay election. i. ۲ See instructions.....1i $| \bigcirc$ (\bullet) 189306 \bigcirc ۲ $oldsymbol{0}$ Taxable interest. a 🔍 2b 2 Ordinary dividends. 3 See instructions. a 🔍 ۲ \bigcirc 3b IRA distributions. 4 \bigcirc \bigcirc ۲ See instructions. a 🔍 4b Pensions and 5 annuities. See a 🖲 () (\bullet) instructions. 5b \bigcirc 6 Social security a 🔘 \bigcirc benefits. 6b \bigcirc lacksquare()Section B – Additional Income from federal Schedule 1 (Form 1040) Taxable refunds, credits, or offsets of state 1 \bigcirc \bigcirc a Alimony received. See instructions. 2a ۲ 2 Business income or (loss). See instructions.3 \mathbf{O} (\bullet) ()3 \bigcirc (\bullet) 4 Rental real estate, royalties, partnerships, 5 lacksquare-14170 \bigcirc ۲ (\bullet) Farm income or (loss)6 6 \bigcirc \bigcirc 7 Unemployment compensation7

SCHEDULE

CA (540

REV 03/05/24 PRO

| Section B – Additional Income Continued | A Federal Amounts (taxable amounts from your federal tax return) | B Subtractions See instructions | C Additions See instructions |
|--|--|------------------------------------|--|
| 8 Other income: a Federal net operating loss | • () | | ۲ |
| b Gambling8b | ۲ | ۲ | |
| c Cancellation of debt | ۲ | ۲ | ۲ |
| d Foreign earned income exclusion from federal Form 2555 | • () | | ۲ |
| e Income from federal Form 8853 8e | ۲ | | ۲ |
| f Income from federal Form 8889 | ۲ | ۲ | |
| g Alaska Permanent Fund dividends | ۲ | | |
| h Jury duty pay8h | ۲ | | |
| i Prizes and awards8i | ۲ | | |
| j Activity not engaged in for profit income $\ldots . 8j$ | ۲ | | |
| k Stock options8k | ۲ | | ۲ |
| I Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property 81 | ۲ | | |
| m Olympic and Paralympic medals and USOC prize money | ۲ | | |
| n IRC Section 951(a) inclusion 8 n | ۲ | ۲ | |
| o IRC Section 951A(a) inclusion | ۲ | ۲ | |
| p IRC Section 461(I) excess business loss adjustment 8p | ۲ | ۲ | ۲ |
| q Taxable distributions from an ABLE account 8q | ۲ | | |
| r Scholarship and fellowship grants not reported on federal Form(s) W-28r | ۲ | | |
| s Nontaxable amount of Medicaid waiver payments included on federal Form 1040, line 1a or line 1d 8s | • () | | |
| t Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental IRC Section 457 plan 8t | ۲ | | |
| u Wages earned while incarcerated 8 u | \odot | | |
| z Other income. List type and amount. | | | |
| • 8z | ۲ | | \odot |
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| Se | tion 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 | ۲ |
| | b1 Disaster loss deduction from form FTB 3805V 9b1 | | ۲ | |
| | 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 | • 175136 | ۲ | ۲ |
| | tion C – Adjustments to Income n federal Schedule 1 (Form 1040) | | | |
| 11 | Educator expenses | ۲ | \odot | |
| 12 | Certain business expenses of reservists, performing artists, and fee-basis government officials 12 | ۲ | ۲ | ۲ |
| 13 | Health savings account deduction | ۲ | \odot | |
| 14 | Moving expenses. Attach form FTB 3913. See instructions14 | ۲ | | ۲ |
| 15 | Deductible part of self-employment tax. | • | ۲ | |
| 16 | Self-employed SEP, SIMPLE, and qualified plans16 | ۲ | | |
| 17 | Self-employed health insurance deduction. See instructions | ۲ | ۲ | |
| 18 | Penalty on early withdrawal of savings | ۲ | | |
| 19 | a Alimony paid | ۲ | | ۲ |
| | b Recipient's: SSN • | | | |
| | Last Name 🖲 | | | |
| 20 | IRA deduction | ۲ | ۲ | ۲ |
| 21 | Student loan interest deduction | • | | ۲ |
| 22 | Reserved for future use | | | |
| 23 | Archer MSA deduction | • | | |

| 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 24a | | | |
| b Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit | ۲ | | |
| c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m | ۲ | ۲ | |
| d Reforestation amortization and expenses24d | | | |
| 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 | • | • | • |
| g Contributions by certain chaplains to IRC Section 403(b) plans | • | ۲ | ۲ |
| h Attorney fees and court costs for actions involving certain unlawful discrimination claims | \odot | | |
| 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 | | | |
| k Excess deductions of IRC Section 67(e) expenses from federal Schedule K-1 (Form 1041)24k | ۲ | | |
| z Other adjustments. List type and amount. | | | |
| <u>۵</u> 24z | \odot | \odot | |
| | ۲ | ۲ | ۲ |
| 26 Add line 11 through line 23 and line 25 in columns A, B, and C. See instructions 26 | ۲ | ۲ | ۲ |
| 27 Total. Subtract line 26 from line 10 in columns A, B, and C. See instructions27 | • 175136 | ۲ | ۲ |

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| Pa | Part II Adjustments to Federal Itemized Deductions | | | | | |
|-----|--|--------------|---|------------------|------------------------------------|--|
| Che | Check the box if you did NOT itemize for federal but will itemize for California | | | | | |
| | | | A Federal Amounts (from federal Schedule A (Form 1040)) | | B Subtractions See instructions | C Additions See instructions |
| Me | dical and Dental Expenses See instructions. | | | | | |
| 1 | Medical and dental expenses • | 1 | | | | |
| 2 | Enter amount from federal Form 1040 or 1040-SR, line 11 • 175136 | 2 | | | | |
| 3 | Multiply line 2 by 7.5% (0.075) • 13135 | | | | | |
| 4 | Subtract line 3 from line 1. If line 3 is more than line 1, enter 0 | .4 | ۲ | | | \odot |
| | a State and local income tax or general sales taxes. | . 5 a | 17726 | | 17726 | |
| | b State and local real estate taxes | .5b | ۲ | | | |
| | ${\boldsymbol{c}}$ State and local personal property taxes $\ldots\ldots\ldots$ | .5c | ۲ | | | |
| | d Add line 5a through line 5c | .5d | 17726 17726 | | | |
| | 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 | • 10000 | | 17726 | T726 |
| 6 | Other taxes. List type • | 6 | $\textcircled{\bullet}$ | | | ۲ |
| | Add line 5e and line 6 | .7 | 10000 | | 17726 | T726 |
| | rest You Paid a Home mortgage interest and points reported to you on federal Form 1098 | . 8 a | | | | ullet |
| | b Home mortgage interest not reported to you on federal Form 1098 | .8b | ۲ | | | ۲ |
| | c Points not reported to you on federal Form 1098. | .8c | ۲ | | | ۲ |
| | d Reserved for future use | .8d | | | | |
| | e Add line 8a through line 8c | .8e | \odot | | | • |
| 9 | Investment interest | .9 | ۲ | $ \mathbf{O} $ | | • |
| 10 | Add line 8e and line 9 | 10 | ۲ | | | ۲ |

| 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 | Gifts to Charity | | | | | | |
| | Gifts by cash or check | ۲ | ۲ | ۲ | | | |
| 12 | Other than by cash or check | ۲ | ۲ | ۲ | | | |
| 13 | Carryover from prior year | ۲ | ۲ | ۲ | | | |
| 14 | Add line 11 through line 1314 | \odot | \odot | \odot | | | |
| | ualty 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 | ۲ | ۲ | ۲ | | | |
| 17 | Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C17 | 10000 | 17726 | 7726 | | | |
| 18 | Total. Combine line 17 column A less column B plus co | lumn C | | 0 180 | | | |
| Job | Expenses and Certain Miscellaneous Deductions | | | | | | |
| 19 | Unreimbursed employee expenses: job travel, union due Attach federal Form 2106 if required. See instructions . | es, job education, etc. |) 19 | | | | |
| | Tax preparation fees | |) 20 | - | | | |
| 21 | Other expenses: investment, safe deposit box, etc. List type | |) 21 0 | - | | | |
| 22 | Add line 19 through line 21 | • | 0 | - | | | |
| 23 | Enter amount from federal Form 1040 or 1040-SR, line 11 | 175136 | | | | | |
| 24 | Multiply line 23 by 2% (0.02). If less than zero, enter 0. | | 24 3503 | - | | | |
| 25 | Subtract line 24 from line 22. If line 24 is more than line | e 22, enter 0 | | 25 <u> </u> | | | |
| 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 | | | 0 | | | |
| 29 | Is your federal AGI (Form 540, line 13) more than the amount shown below for your filing status? Single or married/RDP filing separately | | | | | | |
| | Yes. Complete the Itemized Deductions Worksheet in th | e instructions for Schedule CA | (540), line 29 | 0 | | | |
| 30 | 30 Enter the larger of the amount on line 29 or your standard deduction shown below: Single or married/RDP filing separately. See instructions | | | | | | |
| | Transfer the amount on line 30 to Form 540, line 18 | | | 30 5363 | | | |
| | | _ | REV 03/05/24 PRC |) | | | |
| | Side 6 Schedule CA (540) 2023 175 | 7736234 | | | | | |