

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 SOORAJ SUDARSANAKUMAR | Social security number 892-38-2392 |
| Spouse's name LAKSHMI CHAITANYA PANDUREKHA | Spouse's social security number 723-64-1084 |

Part I Tax Return Information – Tax Year Ending December 31, 2023 (Enter year you are authorizing.)

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 | 293,021. |
| 2 Total tax | 2 | 48,976. |
| 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | 3 | 31,353. |
| 4 Amount you want refunded to you | 4 | |
| 5 Amount you owe | 5 | 17,841. |

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 generate my PIN

| | | | | |
|---|---|---|---|---|
| 8 | 2 | 3 | 9 | 2 |
|---|---|---|---|---|

 as my signature on the income tax return (original or amended) I am now authorizing.
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

- I authorize GLOBAL TAXES LLC to enter or generate my PIN

| | | | | |
|---|---|---|---|---|
| 4 | 1 | 0 | 8 | 4 |
|---|---|---|---|---|

 as my signature on the income tax return (original or amended) I am now authorizing.
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication – Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| 2 | 2 | 2 | 4 | 9 | 6 | 0 | 8 | 2 | 7 | 1 |
|---|---|---|---|---|---|---|---|---|---|---|

Don't enter all zeros

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

ERO's signature ▶ _____ Date ▶ _____

ERO Must Retain This Form – See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

For the year Jan. 1–Dec. 31, 2023, or other tax year beginning , 2023, ending , 20 See separate instructions.

Your first name and middle initial SOORAJ Last name SUDARSANAKUMAR Your social security number 892 38 2392

If joint return, spouse's first name and middle initial LAKSHMI CHAITANYA Last name PANDUREKHA Spouse's social security number 723 64 1084

Home address (number and street). If you have a P.O. box, see instructions. 309 BEREAN LN Apt. no. Presidential Election Campaign

City, town, or post office. If you have a foreign address, also complete spaces below. LIBERTY HILL TX 78642 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.

Foreign country name Foreign province/state/county Foreign postal code You Spouse

Filing Status Single Married filing jointly (even if only one had income) Married filing separately (MFS) Head of household (HOH) Qualifying surviving spouse (QSS)

Digital Assets At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) Yes No

Standard Deduction Someone can claim: You as a dependent Your spouse as a dependent Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: Were born before January 2, 1959 Are blind Spouse: Was born before January 2, 1959 Is blind

Table with 6 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Check the box if qualifies for (see instructions): Child tax credit, Credit for other dependents. Row 1: CHAITRA, SOORAJ, 502-77-8667, Daughter, [X], []

Income table with 2 columns: Description, Amount. Rows 1a-1i. Total amount from Form(s) W-2, box 1: 286,140. Other earned income: 0.

Income table with 2 columns: Description, Amount. Rows 2a-6b. Tax-exempt interest: 473. Taxable interest: 10. Qualified dividends: 493. Taxable amount: 6,504.

Income table with 2 columns: Description, Amount. Rows 7-15. Capital gain or (loss): -126. Total income: 293,021. Adjustments to income from Schedule 1, line 26: 27,700. Standard deduction or itemized deductions (from Schedule A): 27,703. Taxable income: 265,318.

Attach Sch. B if required.

Standard Deduction for: Single or Married filing separately, \$13,850; Married filing jointly or Qualifying surviving spouse, \$27,700; Head of household, \$20,800.

**SCHEDULE 2
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Taxes

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. **02**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
S SUDARSANAKUMAR & L PANDUREKHA

Your social security number
892-38-2392

Part I Tax

| | | | |
|----------|--|----------|--|
| 1 | Alternative minimum tax. Attach Form 6251 | 1 | |
| 2 | Excess advance premium tax credit repayment. Attach Form 8962 | 2 | |
| 3 | Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17 | 3 | |

Part II Other Taxes

| | | | |
|-----------|--|-----------|------|
| 4 | Self-employment tax. Attach Schedule SE | 4 | |
| 5 | Social security and Medicare tax on unreported tip income. Attach Form 4137 | 5 | |
| 6 | Uncollected social security and Medicare tax on wages. Attach Form 8919 | 6 | |
| 7 | Total additional social security and Medicare tax. Add lines 5 and 6 | 7 | |
| 8 | Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required. If not required, check here <input type="checkbox"/> | 8 | |
| 9 | Household employment taxes. Attach Schedule H | 9 | |
| 10 | Repayment of first-time homebuyer credit. Attach Form 5405 if required | 10 | |
| 11 | Additional Medicare Tax. Attach Form 8959 | 11 | 528. |
| 12 | Net investment income tax. Attach Form 8960 | 12 | 14. |
| 13 | Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12 | 13 | |
| 14 | Interest on tax due on installment income from the sale of certain residential lots and timeshares | 14 | |
| 15 | Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000 | 15 | |
| 16 | Recapture of low-income housing credit. Attach Form 8611 | 16 | |

(continued on page 2)

Part II Other Taxes *(continued)*

| | | | |
|-----------|---|------------|-----------|
| 17 | Other additional taxes: | | |
| a | Recapture of other credits. List type, form number, and amount: _____ | 17a | |
| b | Recapture of federal mortgage subsidy, if you sold your home see instructions | 17b | |
| c | Additional tax on HSA distributions. Attach Form 8889 | 17c | |
| d | Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889 | 17d | |
| e | Additional tax on Archer MSA distributions. Attach Form 8853 | 17e | |
| f | Additional tax on Medicare Advantage MSA distributions. Attach Form 8853 | 17f | |
| g | Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property | 17g | |
| h | Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A | 17h | |
| i | Compensation you received from a nonqualified deferred compensation plan described in section 457A | 17i | |
| j | Section 72(m)(5) excess benefits tax | 17j | |
| k | Golden parachute payments | 17k | |
| l | Tax on accumulation distribution of trusts | 17l | |
| m | Excise tax on insider stock compensation from an expatriated corporation | 17m | |
| n | Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866 | 17n | |
| o | Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR | 17o | |
| p | Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund | 17p | |
| q | Any interest from Form 8621, line 24 | 17q | |
| z | Any other taxes. List type and amount: _____ | 17z | |
| 18 | Total additional taxes. Add lines 17a through 17z | | 18 |
| 19 | Reserved for future use | | 19 |
| 20 | Section 965 net tax liability installment from Form 965-A | 20 | |
| 21 | Add lines 4, 7 through 16, and 18. These are your total other taxes . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b | | 21 |
| | | | 542. |

**SCHEDULE 3
(Form 1040)**

Department of the Treasury
Internal Revenue Service

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(s) shown on Form 1040, 1040-SR, or 1040-NR
S SUDARSANAKUMAR & L PANDUREKHA

Your social security number
892-38-2392

Part 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. Attach Form 2441 | 2 | |
| 3 | Education credits from Form 8863, line 19 | 3 | |
| 4 | Retirement savings contributions credit. Attach Form 8880 | 4 | |
| 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: | | |
| a | General business credit. Attach Form 3800 | 6a | |
| b | Credit for prior year minimum tax. Attach Form 8801 | 6b | |
| c | Adoption credit. Attach Form 8839 | 6c | |
| d | Credit for the elderly or disabled. Attach Schedule R | 6d | |
| e | 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 | |
| l | Amount on Form 8978, line 14. See instructions | 6l | |
| 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 1040, 1040-SR, or 1040-NR, line 20 | 8 | |

(continued on page 2)

Part 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 | 415. |
| 12 | Credit for federal tax on fuels. Attach Form 4136 | | 12 | |
| 13 | Other payments or refundable credits: | | | |
| a | Form 2439 | 13a | | |
| b | Credit for repayment of amounts included in income from earlier years | 13b | | |
| c | Elective payment election amount from Form 3800, Part III, line 6, column (i) | 13c | | |
| d | Deferred amount of net 965 tax liability (see instructions) | 13d | | |
| z | Other payments or refundable credits. List type and amount: _____ | 13z | | |
| 14 | Total other payments or refundable credits. Add lines 13a through 13z | | 14 | |
| 15 | Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31 | | 15 | 415. |

**SCHEDULE D
(Form 1040)**

Capital Gains and Losses

OMB No. 1545-0074

2023

Department of the Treasury
Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.
Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.
Go to www.irs.gov/ScheduleD for instructions and the latest information.

Attachment
Sequence No. **12**

Name(s) shown on return

S SUDARSANAKUMAR & L PANDUREKHA

Your social security number

892-38-2392

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes No

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses—Generally Assets Held One Year or Less (see instructions)

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

| | (d) Proceeds (sales price) | (e) Cost (or other basis) | (g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g) | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) |
|--|----------------------------------|---------------------------------|---|---|
| 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . | | | | |
| 1b Totals for all transactions reported on Form(s) 8949 with Box A checked | 684. | 781. | -30. | -127. |
| 2 Totals for all transactions reported on Form(s) 8949 with Box B checked | 11. | 10. | | 1. |
| 3 Totals for all transactions reported on Form(s) 8949 with Box C checked | | | | |
| 4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 | | | | 4 |
| 5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 | | | | 5 |
| 6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions | | | | 6 () |
| 7 Net short-term capital gain or (loss) . Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back | | | | 7 -126. |

Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year (see instructions)

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

| | (d) Proceeds (sales price) | (e) Cost (or other basis) | (g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g) | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) |
|---|----------------------------------|---------------------------------|--|---|
| 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . | | | | |
| 8b Totals for all transactions reported on Form(s) 8949 with Box D checked | | | | |
| 9 Totals for all transactions reported on Form(s) 8949 with Box E checked | | | | |
| 10 Totals for all transactions reported on Form(s) 8949 with Box F checked | | | | |
| 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 | | | | 11 |
| 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 | | | | 12 |
| 13 Capital gain distributions. See the instructions | | | | 13 |
| 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions | | | | 14 () |
| 15 Net long-term capital gain or (loss) . Combine lines 8a through 14 in column (h). Then, go to Part III on the back | | | | 15 |

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

Schedule D (Form 1040) 2023

Part III Summary

| | | | |
|-----------|--|-----------|----------|
| 16 | Combine lines 7 and 15 and enter the result | 16 | -126. |
| | <ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. | | |
| 17 | Are lines 15 and 16 both gains? <input type="checkbox"/> Yes. Go to line 18. <input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22. | | |
| 18 | If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet | 18 | |
| 19 | If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet | 19 | |
| 20 | Are lines 18 and 19 both zero or blank and you are not filing Form 4952? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. <input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below. | | |
| 21 | If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: <ul style="list-style-type: none"> • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) } | 21 | (126.) |
| | Note: When figuring which amount is smaller, treat both amounts as positive numbers. | | |
| 22 | Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? <input checked="" type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. <input type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR. | | |

Sales and Other Dispositions of Capital Assets

Department of the Treasury
Internal Revenue Service

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Go to www.irs.gov/Form8949 for instructions and the latest information.

Name(s) shown on return

Social security number or taxpayer identification number

S SUDARSANAKUMAR & L PANDUREKHA

892-38-2392

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (B) Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (C) Short-term transactions not reported to you on Form 1099-B

| 1 | (a) Description of property (Example: 100 sh. XYZ Co.) | (b) Date acquired (Mo., day, yr.) | (c) Date sold or disposed of (Mo., day, yr.) | (d) Proceeds (sales price) (see instructions) | (e) Cost or other basis See the Note below and see <i>Column (e)</i> in the separate instructions. | Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See the separate instructions. | | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g). |
|------------------|--|---|---|--|--|--|--------------------------------|--|
| | | | | | | (f) Code(s) from instructions | (g) Amount of adjustment | |
| | ROBINHOOD CRYPTO LLC | 01/01/23 | 12/31/23 | 11. | 10. | | | 1. |
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| 2 Totals. | Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked). | | | 11. | 10. | | | 1. |

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

**SCHEDULE 8812
(Form 1040)**

**Credits for Qualifying Children
and Other Dependents**

OMB No. 1545-0074

2023

Attachment
Sequence No. **47**

Department of the Treasury
Internal Revenue Service

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

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

Name(s) shown on return

Your social security number

S SUDARSANAKUMAR & L PANDUREKHA

892-38-2392

Part 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 | 293,021. |
| 2a | Enter income from Puerto Rico that you excluded | 2a | | |
| 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 | 293,021. | |
| 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 | 6 | 0 | |
| | Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4. | | | |
| 7 | Multiply line 6 by \$500 | 7 | | |
| 8 | Add lines 5 and 7 | 8 | 2,000. | |
| 9 | Enter the amount shown below for your filing status. <ul style="list-style-type: none"> • Married filing jointly—\$400,000 } • All other filing statuses—\$200,000 } | 9 | 400,000. | |
| 10 | Subtract line 9 from line 3. <ul style="list-style-type: none"> • 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 | 2,000. | |
| | <input type="checkbox"/> No. STOP. You cannot take the child tax credit, credit for other dependents, or additional child tax credit. Skip Parts II-A and II-B. Enter -0- on lines 14 and 27. | | | |
| | <input checked="" type="checkbox"/> Yes. Subtract line 11 from line 8. Enter the result. | | | |
| 13 | Enter the amount from Credit Limit Worksheet A | 13 | 50,434. | |
| 14 | Enter the smaller of line 12 or line 13. This is your child tax credit and credit for other dependents | 14 | 2,000. | |

Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.

If the amount on line 12 is more than the amount on line 14, you may be able to take the **additional child tax credit** 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.

Part II-A Additional Child Tax Credit for All Filers

Caution: 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 27 <input type="checkbox"/> | | |
| 16a | Subtract line 14 from line 12. If zero, stop here ; you cannot take the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 | 16a | 0. |
| b | Number of qualifying children under 17 with the required social security number: _____ x \$1,600. Enter the result. If zero, stop here ; you cannot claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 | 16b | |
| | TIP: The number of children you use for this line is the same as the number of children you used for line 4. | | |
| 17 | Enter the smaller of line 16a or line 16b | 17 | |
| 18a | Earned income (see instructions) | 18a | |
| b | Nontaxable combat pay (see instructions) | 18b | |
| 19 | Is the amount on line 18a more than \$2,500? <input type="checkbox"/> No. Leave line 19 blank and enter -0- on line 20. <input type="checkbox"/> Yes. Subtract \$2,500 from the amount on line 18a. Enter the result | 19 | |
| 20 | Multiply the amount on line 19 by 15% (0.15) and enter the result Next. On line 16b, is the amount \$4,800 or more? <input type="checkbox"/> No. If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the smaller of line 17 or line 20 on line 27. <input type="checkbox"/> Yes. If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21. | 20 | |

Part II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Residents of 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. | | |
| 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 and 1040-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 Next, enter the smaller of line 17 or line 26 on line 27. | 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 | |

Qualified Business Income Deduction Simplified Computation

Department of the Treasury
Internal Revenue Service

Attach to your tax return.

Attachment
Sequence No. **55**

Go to www.irs.gov/Form8995 for instructions and the latest information.

Name(s) shown on return

S SUDARSANAKUMAR & L PANDUREKHA

Your taxpayer identification number

892-38-2392

Note. You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.

Use this form if your taxable income, before your qualified business income deduction, is at or below \$182,100 (\$364,200 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

| 1 | (a) Trade, business, or aggregation name | (b) Taxpayer identification number | (c) Qualified business income or (loss) |
|-----|---|------------------------------------|---|
| i | | | |
| ii | | | |
| iii | | | |
| iv | | | |
| v | | | |
| 2 | Total qualified business income or (loss). Combine lines 1i through 1v, column (c) | 2 | |
| 3 | Qualified business net (loss) carryforward from the prior year | 3 () | |
| 4 | Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0- | 4 | |
| 5 | Qualified business income component. Multiply line 4 by 20% (0.20) | | 5 |
| 6 | Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions) | 6 16. | |
| 7 | Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year | 7 () | |
| 8 | Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0- | 8 16. | |
| 9 | REIT and PTP component. Multiply line 8 by 20% (0.20) | | 9 3. |
| 10 | Qualified business income deduction before the income limitation. Add lines 5 and 9 | | 10 3. |
| 11 | Taxable income before qualified business income deduction (see instructions) | 11 265,321. | |
| 12 | Enter your net capital gain, if any, increased by any qualified dividends (see instructions) | 12 473. | |
| 13 | Subtract line 12 from line 11. If zero or less, enter -0- | 13 264,848. | |
| 14 | Income limitation. Multiply line 13 by 20% (0.20) | | 14 52,970. |
| 15 | Qualified business income deduction. Enter the smaller of line 10 or line 14. Also enter this amount on the applicable line of your return (see instructions) | | 15 3. |
| 16 | Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0- | | 16 (0.) |
| 17 | Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0- | | 17 (0.) |

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

To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.
Go to www.irs.gov/Form8867 for instructions and the latest information.

| | | |
|---|--|---|
| Taxpayer name(s) shown on return S SUDARSANAKUMAR & L PANDUREKHA | | Taxpayer identification number 892-38-2392 |
| Preparer's name SYAM PRIYA RAM SAGAR GUPTA | | Preparer tax identification number P02082703 |

Part I Due Diligence Requirements

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 CTC/ACTC/ODC AOTC HOH

| | Yes | No | N/A |
|---|-------------------------------------|-------------------------------------|--------------------------|
| 1 Did you complete the return based on information for the applicable tax year provided by the taxpayer or reasonably obtained by you? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 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 claimed? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of 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) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 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.) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| a Did you make reasonable inquiries to determine the correct, complete, and consistent information? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 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.) | <input type="checkbox"/> | <input type="checkbox"/> | |
| 5 Did you satisfy the record retention requirement? To meet the record retention requirement, you must 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) List those documents provided by the taxpayer, if any, that you relied on: _____ _____ _____ | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 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? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 7 Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| a Did you complete the required recertification Form 8862? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8 If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Part II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go to Part III.)

| | Yes | No | N/A |
|---|--------------------------|--------------------------|--------------------------|
| 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 and does not have a qualifying child, go to question 10.) | <input type="checkbox"/> | <input type="checkbox"/> | |
| 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? | <input type="checkbox"/> | <input type="checkbox"/> | |
| c 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)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Part III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)

| | Yes | No | N/A |
|---|-------------------------------------|--------------------------|--------------------------|
| 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? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 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? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 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? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Part IV Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC, go to Part V.)

| | Yes | No |
|--|--------------------------|--------------------------|
| 13 Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC? | <input type="checkbox"/> | <input type="checkbox"/> |

Part V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing status, go to Part VI.)

| | Yes | No |
|--|--------------------------|--------------------------|
| 14 Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person? | <input type="checkbox"/> | <input type="checkbox"/> |

Part VI Eligibility Certification

You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:

- A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s);
- 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).

| | Yes | No |
|---|-------------------------------------|--------------------------|
| 15 Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Additional Medicare Tax

If any line does not apply to you, leave it blank. See separate instructions.
 Attach to Form 1040, 1040-SR, 1040-NR, or 1040-SS.
 Go to www.irs.gov/Form8959 for instructions and the latest information.

| | |
|--|--|
| Name(s) shown on return S SUDARSANAKUMAR & L PANDUREKHA | Your social security number 892-38-2392 |
|--|--|

| Part I Additional Medicare Tax on Medicare Wages | | | |
|---|---|---|----------|
| 1 | Medicare wages and tips from Form W-2, box 5. If you have more than one Form W-2, enter the total of the amounts from box 5 | 1 | 308,640. |
| 2 | Unreported tips from Form 4137, line 6 | 2 | |
| 3 | Wages from Form 8919, line 6 | 3 | |
| 4 | Add lines 1 through 3 | 4 | 308,640. |
| 5 | Enter the following amount for your filing status: | | |
| | Married filing jointly \$250,000 | | |
| | Married filing separately \$125,000 | | |
| | Single, Head of household, or Qualifying surviving spouse . . . \$200,000 | 5 | 250,000. |
| 6 | Subtract line 5 from line 4. If zero or less, enter -0- | 6 | 58,640. |
| 7 | Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II | 7 | 528. |

| Part II Additional Medicare Tax on Self-Employment Income | | | |
|--|--|----|--|
| 8 | Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you had a loss, enter -0- | 8 | |
| 9 | Enter the following amount for your filing status: | | |
| | Married filing jointly \$250,000 | | |
| | Married filing separately \$125,000 | | |
| | Single, Head of household, or Qualifying surviving spouse . . . \$200,000 | 9 | |
| 10 | Enter the amount from line 4 | 10 | |
| 11 | Subtract line 10 from line 9. If zero or less, enter -0- | 11 | |
| 12 | Subtract line 11 from line 8. If zero or less, enter -0- | 12 | |
| 13 | Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and go to Part III | 13 | |

| Part III Additional Medicare Tax on Railroad Retirement Tax Act (RRTA) Compensation | | | |
|--|--|----|--|
| 14 | Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 (see instructions) | 14 | |
| 15 | Enter the following amount for your filing status: | | |
| | Married filing jointly \$250,000 | | |
| | Married filing separately \$125,000 | | |
| | Single, Head of household, or Qualifying surviving spouse . . . \$200,000 | 15 | |
| 16 | Subtract line 15 from line 14. If zero or less, enter -0- | 16 | |
| 17 | Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (0.009). Enter here and go to Part IV | 17 | |

| Part IV Total Additional Medicare Tax | | | |
|--|--|----|------|
| 18 | Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 11 (Form 1040-SS filers, see instructions), and go to Part V | 18 | 528. |

| Part V Withholding Reconciliation | | | |
|--|---|----|----------|
| 19 | Medicare tax withheld from Form W-2, box 6. If you have more than one Form W-2, enter the total of the amounts from box 6 | 19 | 4,475. |
| 20 | Enter the amount from line 1 | 20 | 308,640. |
| 21 | Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages | 21 | 4,475. |
| 22 | Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages | 22 | 0. |
| 23 | Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions) | 23 | |
| 24 | Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (Form 1040-SS filers, see instructions) | 24 | 0. |

**Net Investment Income Tax—
 Individuals, Estates, and Trusts**

Attach to your tax return.
 Go to www.irs.gov/Form8960 for instructions and the latest information.

Name(s) shown on your tax return: **S SUDARSANAKUMAR & L PANDUREKHA**
 Your social security number or EIN: **892-38-2392**

Part I Investment Income Section 6013(g) election (see instructions)
 Section 6013(h) election (see instructions)
 Regulations section 1.1411-10(g) election (see instructions)

| | | | | |
|-----------|---|-----------|-----------|-------|
| 1 | Taxable interest (see instructions) | | 1 | 10. |
| 2 | Ordinary dividends (see instructions) | | 2 | 493. |
| 3 | Annuities (see instructions) | | 3 | |
| 4a | Rental real estate, royalties, partnerships, S corporations, trusts, trades or businesses, etc. (see instructions) | 4a | | |
| b | Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions) | 4b | | |
| c | Combine lines 4a and 4b | | 4c | |
| 5a | Net gain or loss from disposition of property (see instructions) | 5a | -126. | |
| b | Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions) | 5b | | |
| c | Adjustment from disposition of partnership interest or S corporation stock (see instructions) | 5c | | |
| d | Combine lines 5a through 5c | | 5d | -126. |
| 6 | Adjustments to investment income for certain CFCs and PFICs (see instructions) | | 6 | |
| 7 | Other modifications to investment income (see instructions) | | 7 | |
| 8 | Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7 | | 8 | 377. |

Part II Investment Expenses Allocable to Investment Income and Modifications

| | | | | |
|-----------|---|-----------|-----------|--|
| 9a | Investment interest expenses (see instructions) | 9a | | |
| b | State, local, and foreign income tax (see instructions) | 9b | | |
| c | Miscellaneous investment expenses (see instructions) | 9c | | |
| d | Add lines 9a, 9b, and 9c | | 9d | |
| 10 | Additional modifications (see instructions) | | 10 | |
| 11 | Total deductions and modifications. Add lines 9d and 10 | | 11 | |

Part III Tax Computation

| | | | | |
|----------------------------|---|------------|-----------|------|
| 12 | Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, complete lines 13–17. Estates and trusts, complete lines 18a–21. If zero or less, enter -0- | | 12 | 377. |
| Individuals: | | | | |
| 13 | Modified adjusted gross income (see instructions) | 13 | 293,021. | |
| 14 | Threshold based on filing status (see instructions) | 14 | 250,000. | |
| 15 | Subtract line 14 from line 13. If zero or less, enter -0- | 15 | 43,021. | |
| 16 | Enter the smaller of line 12 or line 15 | | 16 | 377. |
| 17 | Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). Enter here and include on your tax return (see instructions) | | 17 | 14. |
| Estates and Trusts: | | | | |
| 18a | Net investment income (line 12 above) | 18a | | |
| b | Deductions for distributions of net investment income and charitable deductions (see instructions) | 18b | | |
| c | Undistributed net investment income. Subtract line 18b from line 18a (see instructions). If zero or less, enter -0- | 18c | | |
| 19a | Adjusted gross income (see instructions) | 19a | | |
| b | Highest tax bracket for estates and trusts for the year (see instructions) | 19b | | |
| c | Subtract line 19b from line 19a. If zero or less, enter -0- | 19c | | |
| 20 | Enter the smaller of line 18c or line 19c | | 20 | |
| 21 | Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.038). Enter here and include on your tax return (see instructions) | | 21 | |

TAXABLE YEAR

FORM

2023

California e-file Signature Authorization for Individuals

8879

Table with 2 columns: Name (Your name, Spouse's/RDP's name) and SSN or ITIN. Values include SOORAJ SUDARSANAKUMAR, LAKSHMI CHAITANYA PANDUREKHA, 892-38-2392, and 723-64-1084.

Part I Tax Return Information (whole dollars only)

Table with 2 columns: Line number and Amount. Line 1: California adjusted gross income (AGI) 10624. Line 2: Amount you owe. Line 3: Refund or no amount due 63.

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

Under penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2023, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider, including my name, address, and social security number (SSN) or individual tax identification number (ITIN), and the amounts shown in Part I above agree with the information and amounts shown on the corresponding lines of my electronic income tax return. If applicable, I authorize an electronic funds withdrawal of the amount on line 2 and/or the estimated tax payments as shown on my return and on form FTB 8455, California e-file Payment Record for Individuals, or a comparable form. If applicable, I declare that direct deposit refund amount on line 3 agrees with the direct deposit authorization stated on my return. If I have filed a joint return, this is an irrevocable appointment of the other spouse/registered domestic partner (RDP) as an agent to authorize an electronic funds withdrawal or direct deposit. I authorize my ERO, transmitter, or intermediate service provider to transmit my complete return to the Franchise Tax Board (FTB). If the processing of my return or refund is delayed, I authorize the FTB to disclose to my ERO, intermediate service provider, and/or transmitter the reason(s) for the delay or the date when the refund was sent. If I am filing a balance due return, I understand that if the FTB does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I acknowledge that I have read and consent to the Electronic Funds Withdrawal Consent included on the copy of my electronic income tax return. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

- Checkboxes for PIN authorization: I authorize GLOBAL TAXES LLC to enter my PIN (ERO firm name) and I will enter my PIN as my signature on my 2023 e-filed California individual income tax return. Includes PIN entry box: 8 2 3 9 2.

Your signature Date

Spouse's/RDP's PIN: check one box only

- Checkboxes for PIN authorization: I authorize GLOBAL TAXES LLC to enter my PIN (ERO firm name) and I will enter my PIN as my signature on my 2023 e-filed California individual income tax return. Includes PIN entry box: 4 1 0 8 4.

Spouse's/RDP's signature Date

Practitioner PIN Method Returns Only -- continue below

Part III Certification and Authentication — Practitioner PIN Method Only

ERO's Electronic Filer Identification Number (EFIN)/PIN.

Enter your six-digit EFIN followed by your five-digit self-selected PIN.

Table with 11 cells containing digits: 2 2 2 4 9 6 0 8 2 7 1

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the 2023 California individual income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and FTB Pub. 1345, 2023 Handbook for Authorized e-file Providers.

ERO's signature Date 03/28/2024

California Nonresident or Part-Year Resident Income Tax Return

2023

540NR

APE

ATTACH FEDERAL RETURN

892-38-2392 SUDA 723-64-1084
SOORAJ SUDARSANAKUMAR
LAKSHMICHAI PANDUREKHA

23

309 BEREAN LN
LIBERTY HILL TX 78642

08-08-1991 05-02-1991

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

Filing Status

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

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

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

Whole dollars only

Exemptions

- 7 **Personal:** If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2. If you checked the box on line 6, see instructions. ● 7 X \$144 = ● \$
- 8 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2. See instructions. ● 8 X \$144 = ● \$
- 9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2. See instructions. ● 9 X \$144 = ● \$

10 **Dependents: Do not include yourself or your spouse/RDP.**

| | Dependent 1 | Dependent 2 | Dependent 3 |
|---------------------------------|---------------------------------|-----------------------|-----------------------|
| First Name | <input type="radio"/> CHAITRA | <input type="radio"/> | <input type="radio"/> |
| Last Name | <input type="radio"/> SOORAJ | <input type="radio"/> | <input type="radio"/> |
| SSN. See instructions. | <input type="radio"/> 502778667 | <input type="radio"/> | <input type="radio"/> |
| Dependent's relationship to you | <input type="radio"/> DAUGHTER | <input type="radio"/> | <input type="radio"/> |

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

Your name: Your SSN or ITIN:

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

| | |
|-----------------------------|---|
| Total Taxable Income | 12 Total California wages from your federal Form(s) W-2, box 16 <input checked="" type="radio"/> 12 <input type="text" value="10624"/> <input type="text" value=".00"/> |
| | 13 Enter federal AGI from federal Form 1040, 1040-SR, or 1040-NR, line 11 <input checked="" type="radio"/> 13 <input type="text" value="293021"/> <input type="text" value=".00"/> |
| | 14 California adjustments – subtractions. Enter the amount from Schedule CA (540NR), Part II, line 27, column B <input checked="" type="radio"/> 14 <input type="text" value=""/> <input type="text" value=".00"/> |
| | 15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions <input type="radio"/> 15 <input type="text" value="293021"/> <input type="text" value=".00"/> |
| | 16 California adjustments – additions. Enter the amount from Schedule CA (540NR), Part II, line 27, column C <input checked="" type="radio"/> 16 <input type="text" value=""/> <input type="text" value=".00"/> |
| | 17 Adjusted gross income from all sources. Combine line 15 and line 16. <input checked="" type="radio"/> 17 <input type="text" value="293021"/> <input type="text" value=".00"/> |
| | 18 Enter the larger of: Your California itemized deductions from Schedule CA (540NR), Part III, line 30; OR Your California standard deduction . See instructions <input checked="" type="radio"/> 18 <input type="text" value="10726"/> <input type="text" value=".00"/> |
| | 19 Subtract line 18 from line 17. This is your total taxable income . If less than zero, enter -0- <input checked="" type="radio"/> 19 <input type="text" value="282295"/> <input type="text" value=".00"/> |

| | |
|--|---|
| CA Taxable Income | 31 Tax. Check the box if from: <input type="checkbox"/> Tax Table <input checked="" type="checkbox"/> Tax Rate Schedule |
| | <input checked="" type="radio"/> 31 <input type="text" value="19559"/> <input type="text" value=".00"/> |
| | 32 CA adjusted gross income from Schedule CA (540NR), Part IV, line 1. <input checked="" type="radio"/> 32 <input type="text" value="10624"/> <input type="text" value=".00"/> |
| | 35 CA Taxable Income from Schedule CA (540NR), Part IV, line 5. <input checked="" type="radio"/> 35 <input type="text" value="10235"/> <input type="text" value=".00"/> |
| | 36 CA Tax Rate. Divide line 31 by line 19. <input checked="" type="radio"/> 36 <input type="text" value="0.0693"/> |
| | 37 CA Tax Before Exemption Credits. Multiply line 35 by line 36. <input checked="" type="radio"/> 37 <input type="text" value="709"/> <input type="text" value=".00"/> |
| | 38 CA Exemption Credit Percentage. Divide line 35 by line 19. If more than 1, enter 1.0000. <input checked="" type="radio"/> 38 <input type="text" value="0.0363"/> |
| | 39 CA Prorated Exemption Credits. Multiply line 11 by line 38. If the amount on line 13 is more than \$237,035, see instructions <input checked="" type="radio"/> 39 <input type="text" value="27"/> <input type="text" value=".00"/> |
| | 40 CA Regular Tax Before Credits. Subtract line 39 from line 37. If less than zero, enter -0-... <input checked="" type="radio"/> 40 <input type="text" value="682"/> <input type="text" value=".00"/> |
| 41 Tax. See instructions. Check the box if from: <input checked="" type="radio"/> Schedule G-1 <input type="checkbox"/> FTB 5870A <input checked="" type="radio"/> 41 <input type="text" value=""/> <input type="text" value=".00"/> | |
| 42 Add line 40 and line 41 <input checked="" type="radio"/> 42 <input type="text" value="682"/> <input type="text" value=".00"/> | |

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

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Your name: Your SSN or ITIN:

| | | | | | | |
|------------------------|----|---|----------------------------------|----|----------------------------------|---------------------------------|
| Special Credits | 58 | Enter credit name <input type="text"/> code <input type="text"/> and amount... | <input type="radio"/> | 58 | <input type="text"/> | <input type="text" value="00"/> |
| | 59 | Enter credit name <input type="text"/> code <input type="text"/> and amount... | <input type="radio"/> | 59 | <input type="text"/> | <input type="text" value="00"/> |
| | 60 | To claim more than two credits, see instructions. Attach Schedule P (540NR) | <input type="radio"/> | 60 | <input type="text"/> | <input type="text" value="00"/> |
| | 61 | Nonrefundable Renter's Credit. See instructions | <input type="radio"/> | 61 | <input type="text"/> | <input type="text" value="00"/> |
| | 62 | Add line 50 and line 55 through line 61. These are your total credits | <input checked="" type="radio"/> | 62 | <input type="text"/> | <input type="text" value="00"/> |
| | 63 | Subtract line 62 from line 42. If less than zero, enter -0- | <input checked="" type="radio"/> | 63 | <input type="text" value="682"/> | <input type="text" value="00"/> |

| | | | | | | |
|--------------------|----|--|-----------------------|----|----------------------------------|---------------------------------|
| Other Taxes | 71 | Alternative Minimum Tax. Attach Schedule P (540NR) | <input type="radio"/> | 71 | <input type="text"/> | <input type="text" value="00"/> |
| | 72 | Mental Health Services Tax. See instructions | <input type="radio"/> | 72 | <input type="text"/> | <input type="text" value="00"/> |
| | 73 | Other taxes and credit recapture. See instructions | <input type="radio"/> | 73 | <input type="text"/> | <input type="text" value="00"/> |
| | 74 | Add line 63, line 71, line 72, and line 73. This is your total tax | <input type="radio"/> | 74 | <input type="text" value="682"/> | <input type="text" value="00"/> |

| | | | | | | |
|-----------------|----|--|----------------------------------|----|----------------------------------|---------------------------------|
| Payments | 81 | California income tax withheld. See instructions | <input type="radio"/> | 81 | <input type="text" value="745"/> | <input type="text" value="00"/> |
| | 82 | 2023 California estimated tax and other payments. See instructions | <input type="radio"/> | 82 | <input type="text"/> | <input type="text" value="00"/> |
| | 83 | Withholding (Form 592-B and/or Form 593). See instructions | <input type="radio"/> | 83 | <input type="text"/> | <input type="text" value="00"/> |
| | 84 | Excess SDI (or VPD) withheld. See instructions | <input type="radio"/> | 84 | <input type="text"/> | <input type="text" value="00"/> |
| | 85 | Earned Income Tax Credit (EITC). See instructions | <input type="radio"/> | 85 | <input type="text"/> | <input type="text" value="00"/> |
| | 86 | Young Child Tax Credit (YCTC). See instructions | <input type="radio"/> | 86 | <input type="text"/> | <input type="text" value="00"/> |
| | 87 | Foster Youth Tax Credit (FYTC). See instructions | <input type="radio"/> | 87 | <input type="text"/> | <input type="text" value="00"/> |
| | 88 | Add line 81 through line 87. These are your total payments. See instructions | <input checked="" type="radio"/> | 88 | <input type="text" value="745"/> | <input type="text" value="00"/> |

| | | | | |
|--------------------|----|--|-----------------------|---|
| ISR Penalty | 91 | 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. | <input type="radio"/> | <input type="text"/> |
| | | If you did not check the box, see instructions. Individual Shared Responsibility (ISR) Penalty. See instructions | <input type="radio"/> | 91 <input type="text" value="0"/> <input type="text" value="00"/> |

| | | | | | | |
|-----------------------------|-----|--|----------------------------------|-----|----------------------------------|---------------------------------|
| Overpaid Tax/Tax Due | 92 | Payments after Individual Shared Responsibility Penalty. If line 88 is more than line 91, subtract line 91 from line 88 | <input checked="" type="radio"/> | 92 | <input type="text" value="745"/> | <input type="text" value="00"/> |
| | 93 | Individual Shared Responsibility Penalty Balance. If line 91 is more than line 88, subtract line 88 from line 91 | <input checked="" type="radio"/> | 93 | <input type="text"/> | <input type="text" value="00"/> |
| | 101 | Overpaid tax. If line 92 is more than line 74, subtract line 74 from line 92 | <input checked="" type="radio"/> | 101 | <input type="text" value="63"/> | <input type="text" value="00"/> |
| | 102 | Amount of line 101 you want applied to your 2024 estimated tax | <input type="radio"/> | 102 | <input type="text" value="0"/> | <input type="text" value="00"/> |
| | 103 | Overpaid tax available this year. Subtract line 102 from line 101 | <input type="radio"/> | 103 | <input type="text" value="63"/> | <input type="text" value="00"/> |

Your name:

Your SSN or ITIN:



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

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

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Your name: Your SSN or ITIN:

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

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

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

Fill in the information to authorize direct deposit of your refund into one or two accounts. **Do not** attach a voided check or a deposit slip.
See instructions. **Have you verified the routing and account numbers?** Use whole dollars only.
All or the following amount of my refund (line 125) is authorized for direct deposit into the account shown below:

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

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

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

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

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

Sign your tax return on Side 6

Your name: Your SSN or ITIN:

IMPORTANT: Attach a copy of your complete federal return.

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

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

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

Your email address. Enter only one email address.
 Preferred phone number

Sign Here

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

Joint tax return? See instructions.

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

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

Firm's address Firm's FEIN

Do you want to allow another person to discuss this tax return with us? See instructions. Yes No

Print Third Party Designee's Name Telephone Number

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California Adjustments — Nonresidents or Part-Year Residents

CA (540NR)

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

| | |
|---|--------------------------|
| Name(s) as shown on tax return S SUDARSANAKUMAR & L PANDUREKHA | SSN or ITIN 892382392 |
|---|--------------------------|

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

During 2023:

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

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

Part II Income Adjustment Schedule

| Section A — Income from federal Form 1040 or 1040-SR | A Federal Amounts (taxable amounts from your federal tax return) | B Subtractions See instructions (difference between CA & federal law) | C Additions See instructions (difference between CA & federal law) | D Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result) | E CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident) |
|--|---|---|--|--|---|
| 1 a Total amount from federal Form(s) W-2, box 1. See instructions 1a | <input checked="" type="radio"/> 286140 | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> 286140 | <input checked="" type="radio"/> 10624 |
| b Household employee wages not reported on federal Form(s) W-2. 1b | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c Tip income not reported on line 1a. 1c | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d Medicaid waiver payments not reported on federal Form(s) W-2. See instructions . 1d | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e Taxable dependent care benefits from federal Form 2441, line 26 1e | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f Employer-provided adoption benefits from federal Form 8839, line 29 1f | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g Wages from federal Form 8919, line 6 . . . 1g | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| h Other earned income. See instructions . . 1h | <input type="radio"/> 0 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> 0 | <input type="radio"/> |
| i Nontaxable combat pay election. See instructions 1i | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| z Add line 1a through line 1i 1z | <input checked="" type="radio"/> 286140 | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> 286140 | <input checked="" type="radio"/> 10624 |
| 2 Taxable interest. a <input type="radio"/> 2b | <input type="radio"/> 10 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> 10 | <input type="radio"/> 0 |
| 3 Ordinary dividends. See instructions. a <input type="radio"/> 473 3b | <input type="radio"/> 493 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> 493 | <input type="radio"/> 0 |
| 4 IRA distributions. See instructions. a <input type="radio"/> 6504 4b | <input type="radio"/> 6504 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> 6504 | <input type="radio"/> 0 |
| 5 Pensions and annuities. See instructions. a <input type="radio"/> 5b | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6 Social security benefits. a <input type="radio"/> 6b | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7 Capital gain or (loss). See instructions . . . 7 | <input type="radio"/> -126 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> -126 | <input type="radio"/> 0 |

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

| | A | B | C | D | E |
|---|---|---|--|---|---|
| Section B — Additional Income Continued | Federal Amounts (taxable amounts from your federal tax return) | Subtractions See instructions (difference between CA & federal law) | Additions See instructions (difference between CA & federal law) | Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result) | CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident) |
| b1 Disaster loss deduction from form FTB 3805V 9b1 | | <input type="radio"/> | | <input type="radio"/> | <input type="radio"/> |
| b2 NOL deduction from form FTB 3805V 9b2 | | <input type="radio"/> | | <input type="radio"/> | <input type="radio"/> |
| b3 NOL deduction from form FTB 3805Z, FTB 3807, or FTB 3809 . . 9b3 | | <input type="radio"/> | | <input type="radio"/> | <input type="radio"/> |
| 10 Total. Combine Section A, line 1z through line 7, and Section B, line 1 through line 7, line 9a and line 9b1 through line 9b3 (as applicable) in each column. See instructions. 10 | <input checked="" type="radio"/> 293021 | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> 293021 | <input checked="" type="radio"/> 10624 |

Section C — Adjustments to Income
from federal Schedule 1 (Form 1040)

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

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| Section C — Adjustments to Income Continued | A Federal Amounts (taxable amounts from your federal tax return) | B Subtractions See instructions (difference between CA & federal law) | C Additions See instructions (difference between CA & federal law) | D Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result) | E CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident) |
|--|---|---|--|--|---|
| i Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations 24i | <input checked="" type="radio"/> | <input checked="" type="radio"/> | | | |
| j Housing deduction from federal Form 2555 24j | <input checked="" type="radio"/> | <input checked="" type="radio"/> | | | |
| k Excess deductions of IRC Section 67(e) expenses from federal Schedule K-1 (Form 1041) 24k | <input checked="" type="radio"/> | | | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| z Other adjustments. List type and amount. <input checked="" type="radio"/> _____ 24z | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 25 Total other adjustments. Add line 24a through line 24z. 25 | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 26 Add line 11 through line 23 and line 25 in each column, A through E 26 | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 27 Total. Subtract line 26 from line 10 in each column, A through E. See instructions. 27 | <input checked="" type="radio"/> 293021 | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> 293021 | <input checked="" type="radio"/> 10624 |

Part III Adjustments to Federal Itemized Deductions
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 |
|--|---|------------------------------------|----------------------------------|
| Medical and Dental Expenses See instructions. | | | |
| 1 Medical and dental expenses 1 | | | |
| 2 Enter amount from federal Form 1040 or 1040-SR, line 11 2 | 293021 | | |
| 3 Multiply line 2 by 7.5% (0.075) 3 | 21977 | | |
| 4 Subtract line 3 from line 1. If line 3 is more than line 1, enter 0. 4 | <input checked="" type="radio"/> | | <input checked="" type="radio"/> |

Taxes You Paid

| | | | |
|--|---------------------------------------|---------------------------------------|------------------------------------|
| 5a State and local income tax or general sales taxes 5a | <input checked="" type="radio"/> 2018 | <input checked="" type="radio"/> 2018 | |
| 5b State and local real estate taxes 5b | <input checked="" type="radio"/> | | |
| 5c State and local personal property taxes 5c | <input checked="" type="radio"/> | | |
| 5d Add line 5a through line 5c. 5d | <input checked="" type="radio"/> 2018 | | |
| 5e 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 | <input checked="" type="radio"/> 2018 | <input checked="" type="radio"/> 2018 | <input checked="" type="radio"/> 0 |
| 6 Other taxes. List type <input checked="" type="radio"/> _____ 6 | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 7 Add line 5e and line 6. 7 | <input checked="" type="radio"/> 2018 | <input checked="" type="radio"/> 2018 | <input checked="" type="radio"/> 0 |

Interest You Paid

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

Gifts to Charity

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

| Part III Adjustments to Federal Itemized Deductions Continued | A Federal Amounts (from federal Schedule A (Form 1040)) | B Subtractions See instructions | C Additions See instructions |
|---|--|---|--|
|---|--|---|--|

Casualty and Theft Losses

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

Other Itemized Deductions

16 Other—from list in federal instructions. 16

17 Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C. 17 2018 2018 0

18 Total. Combine line 17 column A less column B plus column C. 18 0

Job Expenses and Certain Miscellaneous Deductions

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

20 Tax preparation fees. 20

21 Other expenses: investment, safe deposit box, etc. List type 21 0

22 Add line 19 through line 21. 22 0

23 Enter amount from federal Form 1040 or 1040-SR, line 11 293021

24 Multiply line 23 by 2% (0.02). If less than zero, enter 0. 24 5860

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 540NR, line 13) more than the amount shown below for your filing status?
 Single or married/RDP filing separately \$237,035
 Head of household \$355,558
 Married/RDP filing jointly or qualifying surviving spouse/RDP \$474,075

No. Transfer the amount on line 28 to line 29.
Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540NR), line 29. 29 0

30 Enter the larger of the amount on line 29 or your standard deduction shown below:
 Single or married/RDP filing separately. See instructions. \$5,363
 Married/RDP filing jointly, head of household, or qualifying surviving spouse/RDP \$10,726 30 10726

Part IV California Taxable Income

1 California AGI. Enter your California AGI from Part II, line 27, column E. 1 10624

2 Enter your deductions from line 30. 2 10726

3 Deduction Percentage. Divide Part II, line 27, column E by Part II, line 27, column D. Carry the decimal to four places. If the result is greater than 1.0000, enter 1.0000. If less than zero, enter -0-. 3 0.0363

4 California Itemized/Standard Deductions. Multiply line 2 by the percentage on line 3. 4 389

5 California Taxable Income. Subtract line 4 from line 1. Transfer this amount to Form 540NR, line 35. If less than zero, enter -0-. 5 10235

REV 03/05/24 PRO

Health Coverage Exemptions and Individual Shared Responsibility Penalty

2023

3853

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

| | |
|---|----------------------------|
| Name(s) as shown on your California tax return S SUDARSANAKUMAR & L PANDUREKHA | SSN or ITIN 892-38-2392 |
|---|----------------------------|

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

| | First Name | Initial | SSN | Date of Birth (mm/dd/yyyy) | Modified AGI |
|----|---------------------------|---------|-------------|----------------------------|--------------|
| 1 | SOORAJ | | 892-38-2392 | 08/08/1991 | 293,021. |
| | Last Name: SUDARSANAKUMAR | | ECN 1 | ECN 2 | ECN 3 |
| 2 | LAKSHMI CHAITANYA | | 723-64-1084 | 05/02/1991 | 0. |
| | Last Name: PANDUREKHA | | ECN 1 | ECN 2 | ECN 3 |
| 3 | CHAITRA | | 502-77-8667 | 07/19/2022 | 0. |
| | Last Name: SOORAJ | | ECN 1 | ECN 2 | ECN 3 |
| 4 | | | | | |
| | Last Name: | | ECN 1 | ECN 2 | ECN 3 |
| 5 | | | | | |
| | Last Name: | | ECN 1 | ECN 2 | ECN 3 |
| 6 | | | | | |
| | Last Name: | | ECN 1 | ECN 2 | ECN 3 |
| 7 | | | | | |
| | Last Name: | | ECN 1 | ECN 2 | ECN 3 |
| 8 | | | | | |
| | Last Name: | | ECN 1 | ECN 2 | ECN 3 |
| 9 | | | | | |
| | Last Name: | | ECN 1 | ECN 2 | ECN 3 |
| 10 | | | | | |
| | Last Name: | | ECN 1 | ECN 2 | ECN 3 |
| 11 | | | | | |
| | Last Name: | | ECN 1 | ECN 2 | ECN 3 |
| 12 | | | | | |
| | Last Name: | | ECN 1 | ECN 2 | ECN 3 |

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

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

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

Coverage and Exemption Codes

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

Part IV Individual Shared Responsibility Penalty

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

See instructions **1** 0.