

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) ▶ 7729892023091mtsm9i6

Taxpayer's name UMA MAHESWARA RAO GANGUMALLA	Social security number 038-04-9402
Spouse's name TULASI GANGUMALLA	Spouse's social security number 892-03-9737

Part I Tax Return Information — Tax Year Ending December 31, 2022 (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	549,313
2 Total tax	2	130,973
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	102,130
4 Amount you want refunded to you	4	0
5 Amount you owe	5	29,063

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 DIWAKAR TAXES INC to enter or generate my PIN 49402
ERO firm name Enter five digits, but don't enter all zeros
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 DIWAKAR TAXES INC to enter or generate my PIN 39737
ERO firm name Enter five digits, but don't enter all zeros
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. 77298912345
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 ▶ DIWAKAR PALIWAL EA Date ▶ 4/1/2023

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

TAXABLE YEAR

FORM

2022 California e-file Signature Authorization for Individuals 8879

Your name UMA MAHESWARA RAO GANGUMALLA	Your SSN or ITIN 038-04-9402
Spouse's/RDP's name TULASI GANGUMALLA	Spouse's/RDP's SSN or ITIN 892-03-9737

Part I Tax Return Information (whole dollars only)

1 California adjusted gross income (AGI). See instructions	1	552,061.
2 Amount You Owe. See instructions	2	0.
3 Refund or No Amount Due. See instructions	3	6,471.

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, 2022, 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

I authorize DIWAKAR TAXES INC to enter my PIN **Do not enter all zeros**
ERO firm name
 as my signature on my 2022 e-filed California individual income tax return.

I will enter my PIN as my signature on my 2022 e-filed California individual income tax return. 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/RDP's PIN: check one box only

I authorize DIWAKAR TAXES INC to enter my PIN **Do not enter all zeros**
ERO firm name
 as my signature on my 2022 e-filed California individual income tax return.

I will enter my PIN as my signature on my 2022 e-filed California individual income tax return. 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/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.

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the 2022 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, 2022 Handbook for Authorized e-file Providers.

ERO's signature ► DIWAKAR PALIWAL EA Date ► 4/7/2023

2022 Tax Summary (1040)

UMA MAHESWARA RAO and TULASI GANGUMALLA

038-04-9402

Federal Information

Adjusted Gross Income	<u>\$549,313</u>	Filer's SSN: 038-04-9402	Date of Birth: 5/20/1985
Taxable Income	<u>\$516,676</u>	Spouse's SSN: 892-03-9737	Date of Birth: 4/5/1988
Income Tax	<u>\$128,238</u>		
Total Tax	<u>\$130,973</u>		
Overpayment	<u>\$0</u>	Filing status: Married Filing Joint	
Amount Applied	<u>\$0</u>	No. of exemptions: 4	
Refund	<u>\$0</u>		
Amount Due	<u>\$29,063</u>		
Tax Bracket	<u>35.00%</u>		
Average Tax Rate	<u>25.35%</u>		

Income:		% of Total
Wages	\$547,861	99.74%
Interest & Dividends	\$803	0.15%
Business	\$0	
Capital Gains	\$649	0.12%
Rents, partnerships	\$0	
Farm	\$0	
Other	\$0	
Total	\$549,313	

Other:		% of Total
Adjustments	\$0	
Deductions	\$32,637	5.94%
QBI deduction	\$0	
Taxable	\$516,676	94.06%
Total Income	\$549,313	

Deductions:		% of Total
Medical Expenses	\$0	
Taxes	\$10,000	30.64%
Interest Expenses	\$20,636	63.23%
Charity	\$2,001	6.13%
Casualty & Theft	\$0	
Other Misc. Deductions	\$0	
Total	\$32,637	

State Information**State: CA Form: 540**

Adjusted Gross Income	<u>\$552,061</u>	Overpayment	<u>\$6,471</u>
Taxable Income	<u>\$509,414</u>	Amount Applied	<u>\$0</u>
Income Tax	<u>\$40,448</u>	Refund	<u>\$6,471</u>
Total Tax	<u>\$40,448</u>	Amount Due	<u>\$0</u>

Filing Status: Single, Married filing jointly (checked), Married filing separately (MFS), Head of household (HOH), Qualifying surviving spouse (QSS). Includes instructions for MFS, HOH, and QSS.

Personal information section including names (UMA MAHESWARA RAO, TULASI), social security numbers (038-04-9402, 892-03-9737), home address (1450 OLYMPIC DR, MILPITAS, CA 95035), and Presidential Election Campaign options.

Digital Assets: At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)

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, 1958, Are blind; Spouse: Was born before January 2, 1958, Is blind.

Dependents table with columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Check the box if qualifies for (Child tax credit, Credit for other dependents). Includes SAI SANJANA and AVISH.

Income section table with rows 1a through 15. Includes sub-rows 2a-6a for tax-exempt interest, qualified dividends, IRA distributions, pensions, and social security benefits. Total taxable income: 516,676.

Tax and Credits

Table with 2 columns: Line number and Amount. Rows 16-24 showing tax calculations including total tax of 130,973.

Payments

Table with 2 columns: Line number and Amount. Rows 25-33 showing payments including total payments of 102,130.

Refund

Direct deposit? See instructions.

Table with 2 columns: Line number and Amount. Rows 34-36 showing refund information.

Amount You Owe

Table with 2 columns: Line number and Amount. Rows 37-38 showing amount owed of 29,063.

Third Party Designee

Form section for Third Party Designee with fields for name, phone, and PIN.

Sign Here

Signature section with fields for taxpayer and preparer signatures, dates, and occupations.

Paid Preparer Use Only

Form section for Paid Preparer Use Only with fields for name, signature, date, PTIN, and firm information.

SCHEDULE 2
(Form 1040)

Additional Taxes

OMB No. 1545-0074

2022

Department of the Treasury
Internal Revenue Service

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

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

Attachment
Sequence No. **02**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

UMA MAHESWARA RAO and TULASI GANGUMALLA

Your social security number

038-04-9402

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	0

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	0
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	2,681
12	Net investment income tax. Attach Form 8960	12	54
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)

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

Schedule 2 (Form 1040) 2022

HTA

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		0
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		2,735

**Underpayment of Estimated Tax by
Individuals, Estates, and Trusts**

Department of the Treasury
Internal Revenue Service

Go to www.irs.gov/Form2210 for instructions and the latest information.
Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

Attachment
Sequence No. **06**

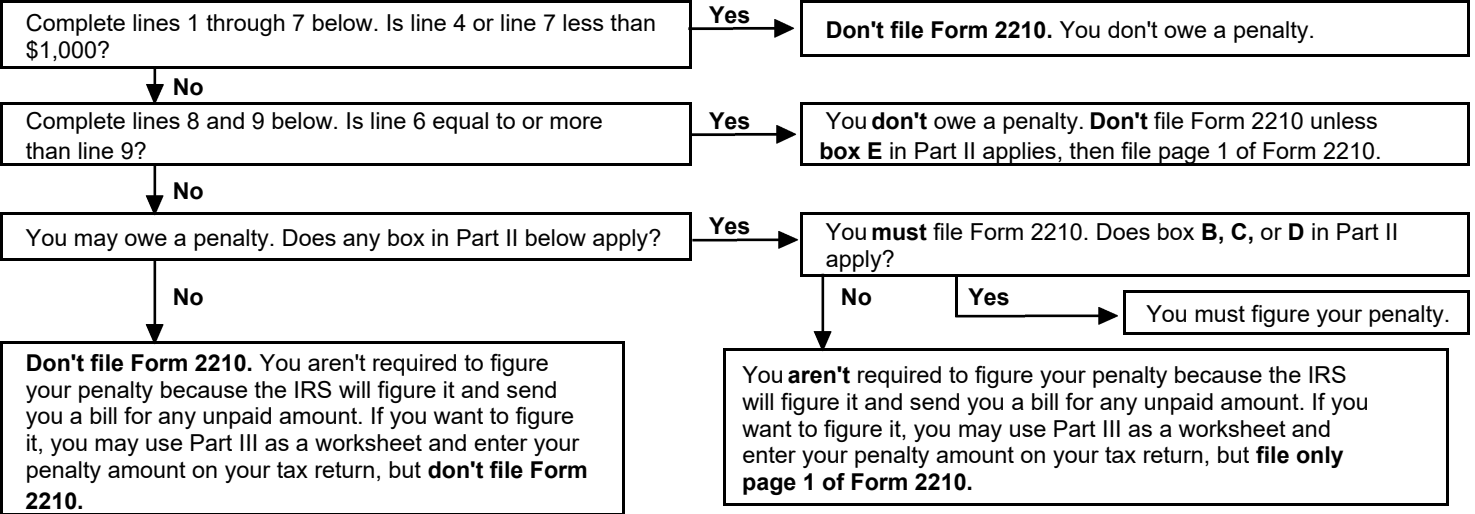
Name(s) shown on tax return

UMA MAHESWARA RAO and TULASI GANGUMALLA

Identifying number

038-04-9402

Do You Have To File Form 2210?



Part I Required Annual Payment

1	Enter your 2022 tax after credits from Form 1040, 1040-SR, or 1040-NR, line 22. (See the instructions if not filing Form 1040.)	1	128,238
2	Other taxes, including self-employment tax and, if applicable, Additional Medicare Tax and/or Net Investment Income Tax (see instructions)	2	2,735
3	Other payments and refundable credits (see instructions)	3	()
4	Current year tax. Combine lines 1, 2, and 3. If less than \$1,000, stop ; you don't owe a penalty. Don't file Form 2210	4	130,973
5	Multiply line 4 by 90% (0.90)	5	117,876
6	Withholding taxes. Don't include estimated tax payments. See instructions	6	102,130
7	Subtract line 6 from line 4. If less than \$1,000, stop ; you don't owe a penalty. Don't file Form 2210	7	28,843
8	Maximum required annual payment based on prior year's tax (see instructions)	8	178,291
9	Required annual payment. Enter the smaller of line 5 or line 8	9	117,876

Next: Is line 9 more than line 6?

- No.** You **don't** owe a penalty. **Don't** file Form 2210 unless box **E** below applies.
- Yes.** You may owe a penalty, but **don't** file Form 2210 unless one or more boxes in Part II below applies.
 - If box **B, C, or D** applies, you must figure your penalty and file Form 2210.
 - If box **A or E** applies (but not **B, C, or D**), file only page 1 of Form 2210. You **aren't** required to figure your penalty; the IRS will figure it and send you a bill for any unpaid amount. If you want to figure your penalty, you may use Part III as a worksheet and enter your penalty on your tax return, but **file only page 1 of Form 2210**.

Part II Reasons for Filing. Check applicable boxes. If none apply, **don't** file Form 2210.

- A** You request a **waiver** (see instructions) of your entire penalty. You must check this box and file page 1 of Form 2210, but you aren't required to figure your penalty.
- B** You request a **waiver** (see instructions) of part of your penalty. You must figure your penalty and waiver amount and file Form 2210.
- C** Your income varied during the year and your penalty is reduced or eliminated when figured using the **annualized income installment method**. You must figure the penalty using Schedule AI and file Form 2210.
- D** Your penalty is lower when figured by treating the federal income tax withheld from your income as paid on the dates it was actually withheld, instead of in equal amounts on the payment due dates. You must figure your penalty and file Form 2210.
- E** You filed or are filing a joint return for either 2021 or 2022, but not for both years, and line 8 above is smaller than line 5 above. You must file page 1 of Form 2210, but you **aren't** required to figure your penalty (unless box **B, C, or D** applies).

Part III Penalty Computation (See the instructions if you're filing Form 1040-NR.)

Section A—Figure Your Underpayment		Payment Due Dates			
		(a) 4/15/22	(b) 6/15/22	(c) 9/15/22	(d) 1/15/23
10 Required installments. If box C in Part II applies, enter the amounts from Schedule AI, line 27. Otherwise, enter 25% (0.25) of line 9, Form 2210, in each column. For fiscal year filers, see instructions	10				117,876
11 Estimated tax paid and tax withheld (see the instructions). For column (a) only, also enter the amount from line 11 on line 15, column (a). If line 11 is equal to or more than line 10 for all payment periods, stop here; you don't owe a penalty. Don't file Form 2210 unless you checked a box in Part II	11	25,533	25,533	25,533	25,531

Complete lines 12 through 18 of one column before going to line 12 of the next column.

12 Enter the amount, if any, from line 18 in the previous column	12		25,533	51,066	76,599
13 Add lines 11 and 12	13		51,066	76,599	102,130
14 Add the amounts on lines 16 and 17 in the previous column	14				
15 Subtract line 14 from line 13. If zero or less, enter -0-. For column (a) only, enter the amount from line 11	15	25,533	51,066	76,599	102,130
16 If line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-	16		0	0	
17 Underpayment. If line 10 is equal to or more than line 15, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18	17		0	0	15,746
18 Overpayment. If line 15 is more than line 10, subtract line 10 from line 15. Then go to line 12 of the next column	18	25,533	51,066	76,599	

Section B—Figure the Penalty (Use the Worksheet for Form 2210, Part III, Section B—Figure the Penalty in the instructions.)

19 Penalty. Enter the total penalty from line 14 of the Worksheet for Form 2210, Part III, Section B—Figure the Penalty. Also include this amount on Form 1040, 1040-SR, or 1040-NR, line 38; or Form 1041, line 27. Don't file Form 2210 unless you checked a box in Part II	19				220
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Schedule AI—Annualized Income Installment Method (See the instructions.)

Estates and trusts, **don't** use the period ending dates shown to the right. Instead, use the following: 2/28/22, 4/30/22, 7/31/22, and 11/30/22.

	(a)	(b)	(c)	(d)	
	1/1/22–3/31/22	1/1/22–5/31/22	1/1/22–8/31/22	1/1/22–12/31/22	
Part I Annualized Income Installments					
1 Enter your adjusted gross income for each period. See instructions. (Estates and trusts, enter your taxable income without your exemption for each period.)	1	0	0	0	549,313
2 Annualization amounts. (Estates and trusts, see instructions.)	2	4	2.4	1.5	1
3 Annualized income. Multiply line 1 by line 2	3	0	0	0	549,313
4 If you itemize, enter itemized deductions for the period shown in each column. All others, enter -0-, and skip to line 7. Exception: Estates and trusts, skip to line 9	4				32,637
5 Annualization amounts	5	4	2.4	1.5	1
6 Multiply line 4 by line 5	6	0	0	0	32,637
7 In each column, enter the sum of your standard deduction and line 12b from Form 1040 or 1040-SR. (Form 1040-NR filers, enter -0-. Exception: Indian students and business apprentices, see instructions.)	7	25,900	25,900	25,900	25,900
8 Enter the larger of line 6 or line 7	8	25,900	25,900	25,900	32,637
9 Deduction for qualified business income. Estates and trusts: Subtract this amount from the amount on line 3, skip line 10, and enter the result on line 11	9				0
10 Add lines 8 and 9	10	25,900	25,900	25,900	32,637
11 Subtract line 10 from line 3	11	-25,900	-25,900	-25,900	516,676
12 Form 1040, 1040-SR, or 1040-NR filers, enter -0- in each column. (Estates and trusts, see instructions.)	12				
13 Subtract line 12 from line 11. If zero or less, enter -0-	13	0	0	0	516,676
14 Figure your tax on the amount on line 13. See instructions	14	0	0	0	128,238
15 Self-employment tax from line 36 (complete Part II below)	15				
16 Enter other taxes for each payment period including, if applicable, Additional Medicare Tax and/or Net Investment Income Tax. See instructions	16				2,735
17 Total tax. Add lines 14, 15, and 16	17	0	0	0	130,973
18 For each period, enter the same type of credits as allowed on Form 2210, Part I, lines 1 and 3. See instructions	18				
19 Subtract line 18 from line 17. If zero or less, enter -0-	19	0	0	0	130,973
20 Applicable percentage	20	22.5%	45%	67.5%	90%
21 Multiply line 19 by line 20	21	0	0	0	117,876

Complete lines 22–27 of one column before going to line 22 of the next column.

22 Enter the total of the amounts in all previous columns of line 27	22				
23 Subtract line 22 from line 21. If zero or less, enter -0-	23	0	0	0	117,876
24 Enter 25% (0.25) of line 9 on page 1 of Form 2210 in each column	24	29,469	29,469	29,469	29,469
25 Subtract line 27 of the previous column from line 26 of that column	25		29,469	58,938	88,407
26 Add lines 24 and 25	26	29,469	58,938	88,407	117,876
27 Enter the smaller of line 23 or line 26 here and on Form 2210, Part III, line 10	27	0	0	0	117,876

Part II Annualized Self-Employment Tax (Form 1040, 1040-SR, or 1040-NR filers only)

28 Net earnings from self-employment for the period (see instructions)	28				
29 Prorated social security tax limit	29	\$ 36,750	\$ 61,250	\$ 98,000	\$ 147,000
30 Enter actual wages for the period subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax. Exception: If you filed Form 4137 or Form 8919, see instructions	30				
31 Subtract line 30 from line 29. If zero or less, enter -0-	31				
32 Annualization amounts	32	0.496	0.2976	0.186	0.124
33 Multiply line 32 by the smaller of line 28 or line 31	33	0	0	0	0
34 Annualization amounts	34	0.116	0.0696	0.0435	0.029
35 Multiply line 28 by line 34	35	0	0	0	0
36 Add lines 33 and 35. Enter here and on line 15 above	36	0	0	0	0

**SCHEDULE A
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Itemized Deductions

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

Attach to Form 1040 or 1040-SR.

Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

OMB No. 1545-0074

2022

Attachment
Sequence No. **07**

Name(s) shown on Form 1040 or 1040-SR

Your social security number

UMA MAHESWARA RAO and TULASI GANGUMALLA

038-04-9402

Medical and Dental Expenses	1	Medical and dental expenses (see instructions)	1			
	2	Enter amount from Form 1040 or 1040-SR, line 11 2		549,313		
	3	Multiply line 2 by 7.5% (0.075)	3	41,198		
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4		0	
Taxes You Paid	5	State and local taxes.				
	5a	State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box <input type="checkbox"/>	5a	47,210		
	5b	State and local real estate taxes (see instructions)	5b	18,460		
	5c	State and local personal property taxes	5c	41		
	5d	Add lines 5a through 5c	5d	65,711		
	5e	Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately)	5e	10,000		
	6	Other taxes. List type and amount:	6			
7	Add lines 5e and 6	7		10,000		
Interest You Paid <small>Caution: Your mortgage interest deduction may be limited. See instructions.</small>	8	Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box <input type="checkbox"/>				
	8a	Home mortgage interest and points reported to you on Form 1098. See instructions if limited	8a	20,636		
	8b	Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address Name _____ Address _____ TIN _____	8b			
	8c	Points not reported to you on Form 1098. See instructions for special rules	8c			
	8d	Reserved for future use	8d			
	8e	Add lines 8a through 8c	8e	20,636		
	9	Investment interest. Attach Form 4952 if required. See instructions	9			
	10	Add lines 8e and 9	10		20,636	
	Gifts to Charity <small>Caution: If you made a gift and got a benefit for it, see instructions.</small>	11	Gifts by cash or check. If you made any gift of \$250 or more, see instructions	11	2,001	
		12	Other than by cash or check. If you made any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500	12		
13		Carryover from prior year	13			
14		Add lines 11 through 13	14		2,001	
Casualty and Theft Losses	15	Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions	15			
Other Itemized Deductions	16	Other—from list in instructions. List type and amount:	16			
Total Itemized Deductions	17	Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 12	17		32,637	
	18	If you elect to itemize deductions even though they are less than your standard deduction, check this box <input type="checkbox"/>				

For Paperwork Reduction Act Notice, see the Instructions for Form 1040.

Schedule A (Form 1040) 2022

**SCHEDULE B
(Form 1040)**

Interest and Ordinary Dividends

OMB No. 1545-0074

2022

Department of the Treasury
Internal Revenue Service

Go to www.irs.gov/ScheduleB for instructions and the latest information.
Attach to Form 1040 or 1040-SR.

Attachment
Sequence No. **08**

Name(s) shown on return

Your social security number

UMA MAHESWARA RAO and TULASI GANGUMALLA

038-04-9402

Part I

1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address:

Interest

(See instructions and the Instructions for Form 1040, line 2b.)

Note: If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

FIRST TECH FEDERAL CREDIT UNION
ICICI BANK NRE
WELLSFARGO BANK

Amount

53
25
200

1

2 Add the amounts on line 1
3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815
4 Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b

2 278
3
4 278

Note: If line 4 is over \$1,500, you must complete Part III.

Amount

Part II

Ordinary Dividends

(See instructions and the Instructions for Form 1040, line 3b.)

Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

5 List name of payer:
MORGAN STANLEY DOMESTIC HOLDING INC
ROBINHOOD SECURITIES LLC

490
35

5

6 Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b

6 525

Note: If line 6 is over \$1,500, you must complete Part III.

**Part III
Foreign Accounts and Trusts**

You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

Caution: If required, failure to file FinCEN Form 114 may result in substantial penalties. Additionally, you may be required to file Form 8938, Statement of Specified Foreign Financial Assets. See instructions.

7a At any time during 2022, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions
If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements
b If you are required to file FinCEN Form 114, list the name(s) of the foreign country(-ies) where the financial account(s) are located:
8 During 2022, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions.

Yes	No
X	
	X
	X

SCHEDULE D
(Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

2022

Department of the Treasury
Internal Revenue Service

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

Attachment
Sequence No. **12**

Name(s) shown on return: **UMA MAHESWARA RAO and TULASI GANGUMALLA**
Your social security number: **038-04-9402**

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				0
1b Totals for all transactions reported on Form(s) 8949 with Box A checked	6,620	5,971		649
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				0
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				0
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				7 649

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				0
8b Totals for all transactions reported on Form(s) 8949 with Box D checked	264	264		0
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				0
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				0
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 0

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

Schedule D (Form 1040) 2022

Part III Summary

16 Combine lines 7 and 15 and enter the result	16	649
<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 checked="" 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	()
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

Go to www.irs.gov/Form8949 for instructions and the latest information.
File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Attachment
Sequence No. **12A**

Name(s) shown on return: **UMA MAHESWARA RAO and TULASI GANGUMALLA** Social security number or taxpayer identification number: **038-04-9402**

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 SECURITIES	VARIOUS	12/31/2022	991	1,000			-9
	49 SH OF ADVANCED MICRO DEVICES INC	3/14/2022	3/16/2022	5,629	4,971			658
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)			6,620	5,971		0	649

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.

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side

Social security number or taxpayer identification number

UMA MAHESWARA RAO and TULASI GANGUMALLA

038-04-9402

Before you check Box D, E, or F 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 II **Long-Term.** Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-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 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-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.

- (D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (E)** Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (F)** Long-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 SECURITIES	VARIOUS	12/31/2022	264	264			0
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 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked).				264	264			0

Note: If you checked Box D 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.

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

Your social security number

UMA MAHESWARA RAO and TULASI GANGUMALLA

038-04-9402

Part I Alternative Minimum Taxable Income (See instructions for how to complete each line.)

1	Enter the amount from Form 1040 or 1040-SR, line 15, if more than zero. If Form 1040 or 1040-SR, line 15, is zero, subtract line 14 of Form 1040 or 1040-SR from line 11 of Form 1040 or 1040-SR and enter the result here. (If less than zero, enter as a negative amount.)	1	516,676
2a	If filing Schedule A (Form 1040), enter the taxes from Schedule A, line 7; otherwise, enter the amount from Form 1040 or 1040-SR, line 12	2a	10,000
b	Tax refund from Schedule 1 (Form 1040), line 1 or line 8z	2b	()
c	Investment interest expense (difference between regular tax and AMT)	2c	
d	Depletion (difference between regular tax and AMT)	2d	
e	Net operating loss deduction from Schedule 1 (Form 1040), line 8a. Enter as a positive amount	2e	
f	Alternative tax net operating loss deduction	2f	()
g	Interest from specified private activity bonds exempt from the regular tax	2g	
h	Qualified small business stock, see instructions	2h	
i	Exercise of incentive stock options (excess of AMT income over regular tax income)	2i	
j	Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	2j	
k	Disposition of property (difference between AMT and regular tax gain or loss)	2k	
l	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)	2l	
m	Passive activities (difference between AMT and regular tax income or loss)	2m	
n	Loss limitations (difference between AMT and regular tax income or loss)	2n	
o	Circulation costs (difference between regular tax and AMT)	2o	
p	Long-term contracts (difference between AMT and regular tax income)	2p	
q	Mining costs (difference between regular tax and AMT)	2q	
r	Research and experimental costs (difference between regular tax and AMT)	2r	
s	Income from certain installment sales before January 1, 1987	2s	()
t	Intangible drilling costs preference	2t	
3	Other adjustments, including income-based related adjustments	3	
4	Alternative minimum taxable income. Combine lines 1 through 3. (If married filing separately and line 4 is more than \$776,100, see instructions.)	4	526,676

Part II Alternative Minimum Tax (AMT)

5	Exemption. IF your filing status is . . . AND line 4 is not over . . . THEN enter on line 5 . . . Single or head of household \$ 539,900 \$ 75,900 Married filing jointly or qualifying widow(er) 1,079,800 118,100 Married filing separately 539,900 59,050 If line 4 is over the amount shown above for your filing status, see instructions.	5	118,100
6	Subtract line 5 from line 4. If more than zero, go to line 7. If zero or less, enter -0- here and on lines 7, 9, and 11, and go to line 10	6	408,576
7	<ul style="list-style-type: none"> If you are filing Form 2555, see instructions for the amount to enter. If you reported capital gain distributions directly on Form 1040 or 1040-SR, line 7; you reported qualified dividends on Form 1040 or 1040-SR, line 3a; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured for the AMT, if necessary), complete Part III on the back and enter the amount from line 40 here. All others: If line 6 is \$206,100 or less (\$103,050 or less if married filing separately), multiply line 6 by 26% (0.26). Otherwise, multiply line 6 by 28% (0.28) and subtract \$4,122 (\$2,061 if married filing separately) from the result. 	7	110,211
8	Alternative minimum tax foreign tax credit (see instructions)	8	
9	Tentative minimum tax. Subtract line 8 from line 7	9	110,211
10	Add Form 1040 or 1040-SR, line 16 (minus any tax from Form 4972), and Schedule 2 (Form 1040), line 2. Subtract from the result Schedule 3 (Form 1040), line 1 and any negative amount reported on Form 8978, line 14 (treated as a positive number). If zero or less, enter -0-. If you used Schedule J to figure your tax on Form 1040 or 1040-SR, line 16, refigure that tax without using Schedule J before completing this line. See instructions	10	128,238
11	AMT. Subtract line 10 from line 9. If zero or less, enter -0-. Enter here and on Schedule 2 (Form 1040), line 1	11	0

Part III Tax Computation Using Maximum Capital Gains Rates

Complete Part III only if you are required to do so by line 7 or by the Foreign Earned Income Tax Worksheet in the instructions.

12	Enter the amount from Form 6251, line 6. If you are filing Form 2555, enter the amount from line 3 of the worksheet in the instructions for line 7	12	408,576
13	Enter the amount from line 4 of the Qualified Dividends and Capital Gain Tax Worksheet in the Instructions for Form 1040 or the amount from line 13 of the Schedule D Tax Worksheet in the Instructions for Schedule D (Form 1040), whichever applies (as refigured for the AMT, if necessary). See instructions. If you are filing Form 2555, see instructions for the amount to enter	13	525
14	Enter the amount from Schedule D (Form 1040), line 19 (as refigured for the AMT, if necessary). See instructions. If you are filing Form 2555, see instructions for the amount to enter	14	
15	If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 13. Otherwise, add lines 13 and 14, and enter the smaller of that result or the amount from line 10 of the Schedule D Tax Worksheet (as refigured for the AMT, if necessary). If you are filing Form 2555, see instructions for the amount to enter	15	525
16	Enter the smaller of line 12 or line 15	16	525
17	Subtract line 16 from line 12	17	408,051
18	If line 17 is \$206,100 or less (\$103,050 or less if married filing separately), multiply line 17 by 26% (0.26). Otherwise, multiply line 17 by 28% (0.28) and subtract \$4,122 (\$2,061 if married filing separately) from the result	18	110,132
19	Enter: <ul style="list-style-type: none"> • \$83,350 if married filing jointly or qualifying widow(er), • \$41,675 if single or married filing separately, or • \$55,800 if head of household. 	19	83,350
20	Enter the amount from line 5 of the Qualified Dividends and Capital Gain Tax Worksheet or the amount from line 14 of the Schedule D Tax Worksheet, whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the amount from Form 1040 or 1040-SR, line 15; if zero or less, enter -0-. If you are filing Form 2555, see instructions for the amount to enter	20	516,151
21	Subtract line 20 from line 19. If zero or less, enter -0-	21	0
22	Enter the smaller of line 12 or line 13	22	525
23	Enter the smaller of line 21 or line 22. This amount is taxed at 0%	23	0
24	Subtract line 23 from line 22	24	525
25	Enter: <ul style="list-style-type: none"> • \$459,750 if single, • \$258,600 if married filing separately, • \$517,200 if married filing jointly or qualifying widow(er), or • \$488,500 if head of household. 	25	517,200
26	Enter the amount from line 21	26	0
27	Enter the amount from line 5 of the Qualified Dividends and Capital Gain Tax Worksheet or the amount from line 21 of the Schedule D Tax Worksheet, whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the amount from Form 1040 or 1040-SR, line 15; if zero or less, enter -0-. If you are filing Form 2555, see instructions for the amount to enter	27	516,151
28	Add line 26 and line 27	28	516,151
29	Subtract line 28 from line 25. If zero or less, enter -0-	29	1,049
30	Enter the smaller of line 24 or line 29	30	525
31	Multiply line 30 by 15% (0.15)	31	79
32	Add lines 23 and 30	32	525
If lines 32 and 12 are the same, skip lines 33 through 37 and go to line 38. Otherwise, go to line 33.			
33	Subtract line 32 from line 22	33	0
34	Multiply line 33 by 20% (0.20)	34	0
If line 14 is zero or blank, skip lines 35 through 37 and go to line 38. Otherwise, go to line 35.			
35	Add lines 17, 32, and 33	35	0
36	Subtract line 35 from line 12	36	0
37	Multiply line 36 by 25% (0.25)	37	0
38	Add lines 18, 31, 34, and 37	38	110,211
39	If line 12 is \$206,100 or less (\$103,050 or less if married filing separately), multiply line 12 by 26% (0.26). Otherwise, multiply line 12 by 28% (0.28) and subtract \$4,122 (\$2,061 if married filing separately) from the result	39	110,279
40	Enter the smaller of line 38 or line 39 here and on line 7. If you are filing Form 2555, do not enter this amount on line 7. Instead, enter it on line 4 of the worksheet in the instructions for line 7	40	110,211

**SCHEDULE 8812
(Form 1040)**

**Credits for Qualifying Children
and Other Dependents**

OMB No. 1545-0074

2022

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.

Attachment
Sequence No. **47**

Name(s) shown on return: **UMA MAHESWARA RAO and TULASI GANGUMALLA** Your social security number: **038-04-9402**

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	549,313
2a	Enter income from Puerto Rico that you excluded	2a	0
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	0
d	Add lines 2a through 2c	2d	0
3	Add lines 1 and 2d	3	549,313
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	1
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	500
8	Add lines 5 and 7	8	2,500
9	Enter the amount shown below for your filing status. • Married filing jointly—\$400,000 } • All other filing statuses—\$200,000 }	9	400,000
10	Subtract line 9 from line 3. • If zero or less, enter -0-. } • If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc. }	10	150,000
11	Multiply line 10 by 5% (0.05)	11	7,500
12	Is the amount on line 8 more than the amount on line 11?	12	0
<input checked="" 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 type="checkbox"/>	Yes. Subtract line 11 from line 8. Enter the result.		
13	Enter the amount from the Credit Limit Worksheet A	13	0
14	Enter the smaller of line 12 or 13. This is your child tax credit and credit for other dependents	14	0

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.

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

Schedule 8812 (Form 1040) 2022

HTA

Health Savings Accounts (HSAs)

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

Go to www.irs.gov/Form8889 for instructions and the latest information.

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

Social security number of HSA beneficiary.
If both spouses have HSAs, see instructions.

UMA MAHESWARA RAO GANGUMALLA

038-04-9402

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

Part I HSA Contributions and Deduction. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2022. See instructions	<input checked="" type="checkbox"/> Self-only <input type="checkbox"/> Family
2	HSA contributions you made for 2022 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2022. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	2
3	If you were under age 55 at the end of 2022 and, on the first day of every month during 2022, you were, or were considered, an eligible individual with the same coverage, enter \$3,650 (\$7,300 for family coverage). All others , see the instructions for the amount to enter	3 7,300
4	Enter the amount you and your employer contributed to your Archer MSAs for 2022 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2022, also include any amount contributed to your spouse's Archer MSAs	4
5	Subtract line 4 from line 3. If zero or less, enter -0-	5 7,300
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2022, see the instructions for the amount to enter	6 7,300
7	If you were age 55 or older at the end of 2022, married, and you or your spouse had family coverage under an HDHP at any time during 2022, enter your additional contribution amount. See instructions	7
8	Add lines 6 and 7	8 7,300
9	Employer contributions made to your HSAs for 2022	9 2,748
10	Qualified HSA funding distributions	10
11	Add lines 9 and 10	11 2,748
12	Subtract line 11 from line 8. If zero or less, enter -0-	12 4,552
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13	13

Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.

Part II HSA Distributions. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

14a	Total distributions you received in 2022 from all HSAs (see instructions)	14a
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions	14b
c	Subtract line 14b from line 14a	14c 0
15	Qualified medical expenses paid using HSA distributions (see instructions)	15
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8f	16 0
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here <input type="checkbox"/>	
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c	17b

Part III Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

18	Last-month rule	18
19	Qualified HSA funding distribution	19
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f	20 0
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d	21 0

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, 1040-PR, or 1040-SS.

Go to www.irs.gov/Form8959 for instructions and the latest information

Name(s) shown on return UMA MAHESWARA RAO and TULASI GANGUMALLA	Your social security number 038-04-9402
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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	547,861		
2	Unreported tips from Form 4137, line 6	2			
3	Wages from Form 8919, line 6	3			
4	Add lines 1 through 3	4	547,861		
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		297,861	
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II	7		2,681	

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- (Form 1040-PR or 1040-SS filers, see instructions.)	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	547,861		
11	Subtract line 10 from line 9. If zero or less, enter -0-	11	0		
12	Subtract line 11 from line 8. If zero or less, enter -0-	12		0	
13	Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and go to Part III	13		0	

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		0	
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		0	

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-PR or 1040-SS filers, see instructions), and go to Part V	18			2,681
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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	10,837		
20	Enter the amount from line 1	20	547,861		
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages	21	7,944		
22	Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages	22		2,893	
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-PR or 1040-SS filers, see instructions)	24		2,893	

Net Investment Income Tax— Individuals, Estates, and Trusts

Department of the Treasury
Internal Revenue Service

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

Attachment
Sequence No. **72**

Name(s) shown on your tax return: **UMA MAHESWARA RAO and TULASI GANGUMALLA** Your social security number or EIN: **038-04-9402**

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	278
2	Ordinary dividends (see instructions)	2	525
3	Annuities (see instructions)	3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, 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	649
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	649
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	1,452

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	26
c	Miscellaneous investment expenses (see instructions)	9c	
d	Add lines 9a, 9b, and 9c	9d	26
10	Additional modifications (see instructions)	10	
11	Total deductions and modifications. Add lines 9d and 10	11	26

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	1,426
Individuals:			
13	Modified adjusted gross income (see instructions)	13	549,313
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	299,313
16	Enter the smaller of line 12 or line 15	16	1,426
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	54
Estates and Trusts:			
18a	Net investment income (line 12 above)	18a	
b	Deductions for distributions of net investment income and deductions under section 642(c) (see instructions)	18b	
c	Undistributed net investment income. Subtract line 18b from line 18a (see instructions). If zero or less, enter -0-	18c	0
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	0
20	Enter the smaller of line 18c or line 19c	20	0
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	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 UMA MAHESWARA RAO and TULASI GANGUMALLA	Taxpayer identification number 038-04-9402
Preparer's name PRACHI PALIWAL	Preparer tax identification number P01708594

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? (See instructions if relying on prior year earned income.)	<input 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 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 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 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 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 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 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 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 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 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 type="checkbox"/>	<input type="checkbox"/>

Line 19 (2210) - Penalty Calculation

	Estimated Tax Payments	Due Date	Required Pymt	Amount Paid	Balance Due	# of Days	Penalty	
1	First quarter estimated payments	4/18/2022	0		0			
	Total First Quarter Amounts			0			0	
2	Second quarter estimated payments	6/15/2022	0		0			
	Total Second Quarter Amounts			0			0	
3	Third quarter estimated payments	9/15/2022	0		0			
	Total Third Quarter Amounts			0			0	
4	Fourth quarter estimated payments	1/17/2023	117,876		117,876			
	4/15/2022 payment			25,533	92,343	0	0	
	6/15/2022 payment			25,533	66,810	0	0	
	9/15/2022 payment			25,533	41,277	0	0	
	1/15/2023 payment			25,531	15,746	0	0	
	Penalty on remaining balance				15,746	88	220	
	Total Fourth Quarter Amounts			102,130			220	
5	Total Penalty							220

<u>Interest Rate Period:</u>	<u>Interest Rate:</u>	<u>Interest Rate Period:</u>	<u>Interest Rate:</u>	<u>Interest Rate Period:</u>	<u>Interest Rate:</u>
4/15/2022 to 7/1/2022	4%	12/31/2022 to 4/1/2023	7%	9/30/2023 to 1/1/2024	0%
6/30/2022 to 10/1/2022	5%	3/31/2023 to 7/1/2023	0%	12/31/2023 to 2/16/2024	0%
9/30/2022 to 1/1/2023	6%	6/30/2023 to 10/1/2023	0%		

2022 California Resident Income Tax Return

540

APE

ATTACH FEDERAL RETURN

038-04-9402 GANG 892-03-9737
UMAMAHESWAR GANGUMALLA
TULASI GANGUMALLA

A
R
RP

1450 OLYMPIC DR
MILPITAS CA 95035

05-20-1985 04-05-1988

Principal Residence

Enter your county at time of filing. (see instructions)

SANTA CLARA

If your address above is the same as your principal/physical residence address at the time of filing, check this box X
If not, enter below your principal/physical residence address at the time of filing.

Street address (number and street) (If foreign address, see instructions.)

Apt. no/ste. no.

City

State

ZIP code

Filing Status

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

1 Single 4 Head of household (with qualifying person). See instructions.

2 Married/RDP filing jointly. See inst. 5 Qualifying surviving spouse/RDP. Enter year spouse/RDP died.

See instructions.

3 Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here

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

Exemptions

► 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**

7 **Personal:** If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2 in the box. If you checked the box on line 6, see instructions. 7 2 X \$140 = \$ 280

8 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2 8 X \$140 = \$

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 \$140 = \$

Your name: Your SSN or ITIN:

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

	Dependent 1	Dependent 2	Dependent 3
Exemptions	First Name <input type="radio"/> <input type="text" value="SAI SANJANA"/>	<input type="radio"/> <input type="text" value="AVISH"/>	<input type="radio"/> <input type="text"/>
	Last Name <input type="radio"/> <input type="text" value="GANGUMALLA"/>	<input type="radio"/> <input type="text" value="GANGUMALLA"/>	<input type="radio"/> <input type="text"/>
	SSN. See instructions. <input type="radio"/> <input type="text" value="950999448"/>	<input type="radio"/> <input type="text" value="815929596"/>	<input type="radio"/> <input type="text"/>
	Dependent's relationship to you <input type="radio"/> <input type="text" value="DAUGHTER"/>	<input type="radio"/> <input type="text" value="SON"/>	<input type="radio"/> <input type="text"/>

Total dependent exemptions. 10 X \$433 = \$

11 Exemption amount: Add line 7 through line 10. Transfer this amount to line 32 11 \$

12 State wages from your federal Form(s) W-2, box 16. 12

13 Enter federal adjusted gross income from federal Form 1040 or 1040-SR, line 11 13

14 California adjustments – subtractions. Enter the amount from Schedule CA (540), Part I, line 27, column B 14

15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions 15

16 California adjustments – additions. Enter the amount from Schedule CA (540), Part I, line 27, column C 16

17 California adjusted gross income. Combine line 15 and line 16 17

18 Enter the larger of
 { Your California **itemized deductions** from Schedule CA (540), Part II, line 30; **OR**
 Your California **standard deduction** shown below for your filing status:
 • Single or Married/RDP filing separately \$5,202
 • Married/RDP filing jointly, Head of household, or Qualifying surviving spouse/RDP . . . \$10,404
 If Married/RDP filing separately or the box on line 6 is checked, **STOP**. See instructions . . . 18

19 Subtract line 18 from line 17. This is your **taxable income**. If less than zero, enter -0- 19

31 Tax. Check the box if from: Tax Table Tax Rate Schedule
 FTB 3800 FTB 3803 31

32 Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$229,908, see instructions 32

33 Subtract line 32 from line 31. If less than zero, enter -0- 33

34 Tax. See instructions. Check the box if from: Schedule G-1 FTB 5870A . . . 34

35 Add line 33 and line 34 35

40 Nonrefundable Child and Dependent Care Expenses Credit. See instructions 40

43 Enter credit name code and amount . . . 43

44 Enter credit name code and amount . . . 44

Your name: **UMA MAHESWARA RAO** Your SSN or ITIN: **038-04-9402**

Special Credits	45	To claim more than two credits. See instructions. Attach Schedule P (540)	<input type="radio"/>	45	<input type="text"/>	<input type="text"/>	.00
	46	Nonrefundable Renter's Credit. See instructions	<input type="radio"/>	46	<input type="text"/>	<input type="text"/>	.00
	47	Add line 40 through line 46. These are your total credits	<input checked="" type="radio"/>	47	<input type="text"/>	<input type="text"/>	.00
	48	Subtract line 47 from line 35. If less than zero, enter -0-	<input checked="" type="radio"/>	48	<input type="text" value="40,448"/>	<input type="text"/>	.00

Other Taxes	61	Alternative Minimum Tax. Attach Schedule P (540)	<input type="radio"/>	61	<input type="text"/>	<input type="text"/>	.00
	62	Mental Health Services Tax. See instructions.	<input type="radio"/>	62	<input type="text"/>	<input type="text"/>	.00
	63	Other taxes and credit recapture. See instructions.	<input type="radio"/>	63	<input type="text"/>	<input type="text"/>	.00
	64	Add line 48, line 61, line 62, and line 63. This is your total tax	<input type="radio"/>	64	<input type="text" value="40,448"/>	<input type="text"/>	.00

Payments	71	California income tax withheld. See instructions	<input type="radio"/>	71	<input type="text" value="46,919"/>	<input type="text"/>	.00
	72	2022 California estimated tax and other payments. See instructions	<input type="radio"/>	72	<input type="text"/>	<input type="text"/>	.00
	73	Withholding (Form 592-B and/or Form 593). See instructions	<input type="radio"/>	73	<input type="text"/>	<input type="text"/>	.00
	74	Excess SDI (or VPDI) withheld. See instructions	<input type="radio"/>	74	<input type="text"/>	<input type="text"/>	.00
	75	Earned Income Tax Credit (EITC). See instructions.	<input type="radio"/>	75	<input type="text"/>	<input type="text"/>	.00
	76	Young Child Tax Credit (YCTC). See instructions	<input type="radio"/>	76	<input type="text"/>	<input type="text"/>	.00
	77	Foster Youth Tax Credit (FYTC). See instructions	<input type="radio"/>	77	<input type="text"/>	<input type="text"/>	.00
	78	Add line 71 through line 77. These are your total payments. See instructions	<input checked="" type="radio"/>	78	<input type="text" value="46,919"/>	<input type="text"/>	.00

Use Tax	91	Use Tax. Do not leave blank. See instructions	<input type="radio"/>	91	<input type="text"/>	<input type="text"/>	.00
	If line 91 is zero, check if: <input checked="" type="radio"/> <input type="text" value="X"/> No use tax is owed. <input type="radio"/> <input type="text"/> You paid your use tax obligation directly to CDTFA.						

ISR Penalty	92	If you and your household had full-year health care coverage, check the box. See instructions. Medicare Part A or C coverage is qualifying health care coverage	<input type="radio"/>	<input checked="" type="text" value="X"/>			
	92	If you did not check the box, see instructions. Individual Shared Responsibility (ISR) Penalty. See instructions	<input type="radio"/>	92	<input type="text"/>	<input type="text"/>	.00

Overpaid Tax/Tax Due	93	Payments balance. If line 78 is more than line 91, subtract line 91 from line 78	<input checked="" type="radio"/>	93	<input type="text" value="46,919"/>	<input type="text"/>	.00
	94	Use Tax balance. If line 91 is more than line 78, subtract line 78 from line 91	<input checked="" type="radio"/>	94	<input type="text"/>	<input type="text"/>	.00
	95	Payments after Individual Shared Responsibility Penalty. If line 93 is more than line 92, subtract line 92 from line 93	<input checked="" type="radio"/>	95	<input type="text" value="46,919"/>	<input type="text"/>	.00
	96	Individual Shared Responsibility Penalty Balance. If line 92 is more than line 93, then subtract line 93 from line 92	<input checked="" type="radio"/>	96	<input type="text"/>	<input type="text"/>	.00
	97	Overpaid tax. If line 95 is more than line 64, subtract line 64 from line 95	<input checked="" type="radio"/>	97	<input type="text" value="6,471"/>	<input type="text"/>	.00

Your name: Your SSN or ITIN:

Overpaid Tax/Tax Due	98 Amount of line 97 you want applied to your 2023 estimated tax ● 98 <input type="text" value=""/>	.00
	99 Overpaid tax available this year. Subtract line 98 from line 97 ● 99 <input type="text" value="6,471"/>	.00
	100 Tax due. If line 95 is less than line 64, subtract line 95 from line 64 ● 100 <input type="text" value=""/>	.00

Contributions	Code	Amount
California Seniors Special Fund. See instructions ●	400	<input type="text" value=""/> .00
Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund ●	401	<input type="text" value=""/> .00
Rare and Endangered Species Preservation Voluntary Tax Contribution Program ●	403	<input type="text" value=""/> .00
California Breast Cancer Research Voluntary Tax Contribution Fund ●	405	<input type="text" value=""/> .00
California Firefighters' Memorial Voluntary Tax Contribution Fund ●	406	<input type="text" value=""/> .00
Emergency Food for Families Voluntary Tax Contribution Fund ●	407	<input type="text" value=""/> .00
California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund ●	408	<input type="text" value=""/> .00
California Sea Otter Voluntary Tax Contribution Fund ●	410	<input type="text" value=""/> .00
California Cancer Research Voluntary Tax Contribution Fund ●	413	<input type="text" value=""/> .00
School Supplies for Homeless Children Voluntary Tax Contribution Fund ●	422	<input type="text" value=""/> .00
State Parks Protection Fund/Parks Pass Purchase ●	423	<input type="text" value=""/> .00
Protect Our Coast and Oceans Voluntary Tax Contribution Fund ●	424	<input type="text" value=""/> .00
Keep Arts in Schools Voluntary Tax Contribution Fund ●	425	<input type="text" value=""/> .00
Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund ●	431	<input type="text" value=""/> .00
California Senior Citizen Advocacy Voluntary Tax Contribution Fund ●	438	<input type="text" value=""/> .00
Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund ●	439	<input type="text" value=""/> .00
Rape Kit Backlog Voluntary Tax Contribution Fund ●	440	<input type="text" value=""/> .00
Suicide Prevention Voluntary Tax Contribution Fund ●	444	<input type="text" value=""/> .00
Mental Health Crisis Prevention Voluntary Tax Contribution Fund ●	445	<input type="text" value=""/> .00
California Community and Neighborhood Tree Voluntary Tax Contribution Fund ●	446	<input type="text" value=""/> .00
110 Add amounts in code 400 through code 446. This is your total contribution ● 110		<input type="text" value=""/> .00

Amount You Owe **111 AMOUNT YOU OWE.** If you do not have an amount on line 99, add line 94, line 96, line 100, and line 110. See instructions. **Do not send cash.**
 Mail to: **FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001** . . . ● **111** .00
 Pay Online – Go to **ftb.ca.gov/pay** for more information.

Your name: Your SSN or ITIN:



Interest and Penalties

112 Interest, late return penalties, and late payment penalties 112 .00

113 Underpayment of estimated tax.

Check the box: FTB 5805 attached FTB 5805F attached 113 .00

114 Total amount due. See instructions. Enclose, but **do not** staple, any payment 114 .00

115 REFUND OR NO AMOUNT DUE. Subtract the sum of line 110, line 112, and line 113 from line 99. See instructions.

Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001.** ● 115 .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 115) is authorized for direct deposit into the account shown below:

Refund and Direct Deposit

● Type

● Routing number Checking Savings ● Account number ● 116 Direct deposit amount .00

The remaining amount of my refund (line 115) is authorized for direct deposit into the account shown below:

● Type

● Routing number Checking Savings ● Account number ● 117 Direct deposit amount .00

Voter Info.

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

IMPORTANT: See the instructions to find out if you should attach a copy of your complete federal tax 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)

Sign Here

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

Joint tax return? See instructions.

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

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

2022 California Adjustments — Residents

CA (540)

Important: Attach this schedule behind Form 540, Side 5 as a supporting California schedule.

Name(s) as shown on tax return: **UMA MAHESWARA RAO AND TULASI GANGUMALLA** SSN or ITIN: **038-04-9402**

Part I Income Adjustment Schedule		A Federal Amounts <small>(taxable amounts from your federal tax return)</small>	B Subtractions <small>See instructions</small>	C Additions <small>See instructions</small>
Section A – Income from federal Form 1040 or 1040-SR				
1 a	Total amount from federal Form(s) W-2, box 1. See instructions 1a	547,861		
b	Household employee wages not reported on federal Form(s) W-2 1b			
c	Tip income not reported on line 1a 1c			
d	Medicaid waiver payments not reported on federal Form(s) W-2. See instructions 1d			
e	Taxable dependent care benefits from federal Form 2441, line 26 1e			
f	Employer-provided adoption benefits from federal Form 8839, line 29 1f			
g	Wages from federal Form 8919, line 6 1g			
h	Other earned income. See instructions 1h			2,748
i	Nontaxable combat pay election. See instructions 1i			
z	Add line 1a through line 1i 1z	547,861		2,748
2	Taxable interest. a	278		
3	Ordinary dividends. See instructions. a 525	525		
4	IRA distributions. See instructions. a			
5	Pensions and annuities. See instructions. a			
6	Social security benefits. a			
7	Capital gain or (loss). See instructions 7	649		
Section B – Additional Income from federal Schedule 1 (Form 1040)				
1	Taxable refunds, credits, or offsets of state and local income taxes 1			
2a	Alimony received. See instructions 2a			
3	Business income or (loss). See instructions 3			
4	Other gains or (losses) 4			
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. 5			
6	Farm income or (loss) 6			
7	Unemployment compensation. 7			

Section B – Additional Income Continued	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
8 Other income:			
a Federal net operating loss 8a	<input checked="" type="radio"/>		
b Gambling 8b	<input checked="" type="radio"/>	<input checked="" type="radio"/>	
c Cancellation of debt 8c	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
d Foreign earned income exclusion from federal Form 2555 8d	<input checked="" type="radio"/>		<input checked="" type="radio"/>
e Income from federal Form 8853 8e	<input checked="" type="radio"/>		<input checked="" type="radio"/>
f Income from federal Form 8889 8f	<input checked="" type="radio"/>	<input checked="" type="radio"/>	
g Alaska Permanent Fund dividends 8g	<input checked="" type="radio"/>		
h Jury duty pay 8h	<input checked="" type="radio"/>		
i Prizes and awards 8i	<input checked="" type="radio"/>		
j Activity not engaged in for profit income 8j	<input checked="" type="radio"/>		
k Stock options 8k	<input checked="" type="radio"/>		<input checked="" 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 checked="" type="radio"/>		
m Olympic and Paralympic medals and USOC prize money 8m	<input checked="" type="radio"/>		
n IRC Section 951(a) inclusion 8n	<input checked="" type="radio"/>	<input checked="" type="radio"/>	
o IRC Section 951A(a) inclusion 8o	<input checked="" type="radio"/>	<input checked="" type="radio"/>	
p IRC Section 461(l) excess business loss adjustment . . 8p	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
q Taxable distributions from an ABLÉ account . . 8q	<input checked="" type="radio"/>		
r Scholarship and fellowship grants not reported on federal Form(s) W-2 8r	<input checked="" type="radio"/>		
s Nontaxable amount of Medicaid waiver payments included on federal Form 1040, line 1a or line 1d 8s	<input checked="" type="radio"/>		
t Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental IRC Section 457 plan 8t	<input checked="" type="radio"/>		
u Wages earned while incarcerated 8u	<input checked="" type="radio"/>		
z Other income. List type and amount. <input checked="" type="radio"/> _____ 8z	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>



Section B – Additional Income Continued	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
9 a Total other income. Add lines 8a through 8z 9a	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b1 Disaster loss deduction from form FTB 3805V 9b1		<input type="radio"/>	
b2 NOL deduction from form FTB 3805V 9b2		<input type="radio"/>	
b3 NOL from form FTB 3805Z, 3807, or 3809 . 9b3		<input type="radio"/>	
10 Total. Combine Section A, line 1z through line 7, and Section B, line 1 through line 7, and line 9a in column A and column C. Add Section A, line 1z through line 7, and Section B, line 1 through line 7, line 9a, and line 9b1 through line 9b3 in column B (as applicable). See instructions 10	<input type="radio"/> 549,313	<input type="radio"/>	<input type="radio"/> 2,748

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

11 Educator expenses 11	<input type="radio"/>	<input type="radio"/>	
12 Certain business expenses of reservists, performing artists, and fee-basis government officials 12	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13 Health savings account deduction 13	<input type="radio"/>	<input type="radio"/>	
14 Moving expenses. Attach form FTB 3913. See instructions 14	<input type="radio"/>		<input type="radio"/>
15 Deductible part of self-employment tax. See instructions 15	<input type="radio"/>	<input type="radio"/>	
16 Self-employed SEP, SIMPLE, and qualified plans 16	<input type="radio"/>		
17 Self-employed health insurance deduction. See instructions 17	<input type="radio"/>	<input type="radio"/>	
18 Penalty on early withdrawal of savings 18	<input type="radio"/>		
19 a Alimony paid. 19a	<input type="radio"/>		<input type="radio"/>
b Recipient's: SSN <input type="radio"/> _____ Last Name <input type="radio"/> _____			
20 IRA deduction 20	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21 Student loan interest deduction 21	<input type="radio"/>		<input type="radio"/>
22 Reserved for future use 22			
23 Archer MSA deduction 23	<input type="radio"/>		

Section C – Adjustments to Income Continued	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
24 Other adjustments:			
a Jury duty pay 24a	<input checked="" type="radio"/>		
b Deductible expenses related to income reported on line 8I from the rental of personal property engaged in for profit 24b	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8I 24c	<input checked="" type="radio"/>	<input checked="" type="radio"/>	
d Reforestation amortization and expenses 24d	<input checked="" type="radio"/>	<input checked="" type="radio"/>	
e Repayment of supplemental unemployment benefits under the federal Trade Act of 1974 24e	<input checked="" type="radio"/>		
f Contributions to IRC Section 501(c)(18)(D) pension plans 24f	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
g Contributions by certain chaplains to IRC Section 403(b) plans 24g	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
h Attorney fees and court costs for actions involving certain unlawful discrimination claims 24h	<input checked="" type="radio"/>		
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"/>		
z Other adjustments. List type and amount. <input checked="" type="radio"/> _____ 24z	<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"/>
26 Add line 11 through line 23 and line 25 in columns A, B, and C. See instructions 26	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
27 Total. Subtract line 26 from line 10 in columns A, B, and C. See instructions 27	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
	549,313		2,748

Part II 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 <input checked="" type="radio"/>	1		
2 Enter amount from federal Form 1040 or 1040-SR, line 11. <input checked="" type="radio"/> 549,313	2 549,313		
3 Multiply line 2 by 7.5% (0.075) <input checked="" type="radio"/> 41,198	3 41,198		
4 Subtract line 3 from line 1. If line 3 is more than line 1, enter 0 <input checked="" type="radio"/>	4 <input checked="" type="radio"/>		<input checked="" type="radio"/>
Taxes You Paid			
5 a State and local income tax or general sales taxes <input checked="" type="radio"/> 5a	<input checked="" type="radio"/> 47,210	<input checked="" type="radio"/> 47,210	
b State and local real estate taxes <input checked="" type="radio"/> 5b	<input checked="" type="radio"/> 18,460		
c State and local personal property taxes <input checked="" type="radio"/> 5c	<input checked="" type="radio"/> 41		
d Add line 5a through line 5c <input checked="" type="radio"/> 5d	<input checked="" type="radio"/> 65,711		
e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) in column A. Enter the amount from line 5a, column B in line 5e, column B. Enter the difference from line 5d and line 5e, column A in line 5e, column C <input checked="" type="radio"/> 5e	<input checked="" type="radio"/> 10,000	<input checked="" type="radio"/> 47,210	<input checked="" type="radio"/> 55,711
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 <input checked="" type="radio"/> 7	<input checked="" type="radio"/> 10,000	<input checked="" type="radio"/> 47,210	<input checked="" type="radio"/> 55,711
Interest You Paid			
8 a Home mortgage interest and points reported to you on federal Form 1098 <input checked="" type="radio"/> 8a	<input checked="" type="radio"/> 20,636		<input checked="" type="radio"/> 6,879
b Home mortgage interest not reported to you on federal Form 1098 <input checked="" type="radio"/> 8b	<input checked="" type="radio"/>		<input checked="" type="radio"/>
c Points not reported to you on federal Form 1098 <input checked="" type="radio"/> 8c	<input checked="" type="radio"/>		<input checked="" type="radio"/>
d Reserved for future use <input checked="" type="radio"/> 8d	<input checked="" type="radio"/>		<input checked="" type="radio"/>
e Add line 8a through line 8c <input checked="" type="radio"/> 8e	<input checked="" type="radio"/> 20,636	<input checked="" type="radio"/>	<input checked="" type="radio"/> 6,879
9 Investment interest <input checked="" type="radio"/> 9	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
10 Add line 8e and line 9 <input checked="" type="radio"/> 10	<input checked="" type="radio"/> 20,636	<input checked="" type="radio"/>	<input checked="" type="radio"/> 6,879

Part II Adjustments to Federal Itemized Deductions Continued	A Federal Amounts (from federal Schedule A (Form 1040))	B Subtractions See instructions	C Additions See instructions
Gifts to Charity			
11 Gifts by cash or check 11	2,001		
12 Other than by cash or check 12			
13 Carryover from prior year 13			
14 Add line 11 through line 13 14	2,001		
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	32,637	47,210	62,590

18 Total. Combine line 17 column A less column B plus column C 18 48,017

Job Expenses and Certain Miscellaneous Deductions

19 Unreimbursed employee expenses: job travel, union dues, job education, etc. Attach federal Form 2106 if required. See instructions 19			
20 Tax preparation fees 20			
21 Other expenses: investment, safe deposit box, etc. List type 21			
22 Add line 19 through line 21 22			
23 Enter amount from federal Form 1040 or 1040-SR, line 11 23	549,313		
24 Multiply line 23 by 2% (0.02). If less than zero, enter 0 24		10,986	
25 Subtract line 24 from line 22. If line 24 is more than line 22, enter 0 25			
26 Total Itemized Deductions. Add line 18 and line 25 26			48,017
27 Other adjustments. See instructions. Specify 27			
28 Combine line 26 and line 27 28			48,017
29 Is your federal AGI (Form 540, line 13) more than the amount shown below for your filing status?			
Single or married/RDP filing separately		\$229,908	
Head of household		\$344,867	
Married/RDP filing jointly or qualifying surviving spouse/RDP		\$459,821	
No. Transfer the amount on line 28 to line 29.			
Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540), line 29 29			42,647
30 Enter the larger of the amount on line 29 or your standard deduction listed below			
Single or married/RDP filing separately. See instructions		\$5,202	
Married/RDP filing jointly, head of household, or qualifying surviving spouse/RDP		\$10,404	
Transfer the amount on line 30 to Form 540, line 18 30			42,647

2022

Alternative Minimum Tax and Credit Limitations — Residents

P (540)

Attach this schedule to Form 540.

Name(s) as shown on Form 540

Your SSN or ITIN

UMA MAHESWARA RAO AND TULASI GANGUMALLA

038-04-9402

Part I Alternative Minimum Taxable Income (AMTI) Important: See instructions for information regarding California/federal differences.

1	If you itemized deductions, go to line 2. If you did not itemize deductions, enter your standard deduction from Form 540, line 18, and go to line 6	1		00
2	Medical and dental expenses. Enter the smaller of federal Schedule A (Form 1040), line 4, or 2½% (.025) of federal Form 1040 or 1040-SR, line 11	<input checked="" type="radio"/>	2	00
3	Personal property taxes and real property taxes. See instructions	<input checked="" type="radio"/>	3	18,501 00
4	Certain interest on a home mortgage not used to buy, build, or improve your home. See instructions	<input checked="" type="radio"/>	4	27,515 00
5	Miscellaneous itemized deductions. See instructions	<input checked="" type="radio"/>	5	00
6	Refund of personal property taxes and real property taxes. See instructions Do not include your state income tax refund on this line.	<input checked="" type="radio"/>	6	() 00
7	Investment interest expense adjustment. See instructions	<input checked="" type="radio"/>	7	00
8	Post-1986 depreciation. See instructions	<input checked="" type="radio"/>	8	00
9	Adjusted gain or loss. See instructions	<input checked="" type="radio"/>	9	00
10	Incentive stock options (ISOs) and California qualified stock options (CQSOs). See instructions	<input checked="" type="radio"/>	10	00
11	Passive activities adjustment. See instructions	<input checked="" type="radio"/>	11	00
12	Beneficiaries of estates and trusts. Enter the amount from Schedule K-1 (541), line 12a	<input checked="" type="radio"/>	12	00
13	Other adjustments and preferences. Enter the amount, if any, for each item, a through l. See instructions.			
	a Circulation expenditures <input checked="" type="radio"/>		00	
	b Depletion <input checked="" type="radio"/>		00	
	c Installment sales <input checked="" type="radio"/>		00	
	d Intangible drilling costs <input checked="" type="radio"/>		00	
	e Long-term contracts <input checked="" type="radio"/>		00	
	f Loss limitations <input checked="" type="radio"/>		00	
	g Mining costs <input checked="" type="radio"/>		00	
	h Patron's adjustment <input checked="" type="radio"/>		00	
	i Pollution control facilities <input checked="" type="radio"/>		00	
	j Research and experimental <input checked="" type="radio"/>		00	
	k Tax shelter farm activities <input checked="" type="radio"/>		00	
	l Related adjustments <input checked="" type="radio"/>		00	
	Add amounts on line a through line l, and enter total here	<input checked="" type="radio"/>	13	00
14	Total Adjustments and Preferences. Combine line 1 through line 13	<input checked="" type="radio"/>	14	46,016 00
15	Enter taxable income from Form 540, line 19. See instructions	<input checked="" type="radio"/>	15	509,414 00
16	Net operating loss (NOL) deductions from Schedule CA (540), Part I, Section B, line 9b1, line 9b2, and line 9b3, column B. Enter as a positive amount	<input checked="" type="radio"/>	16	00
17	AMTI exclusion. See instructions	<input checked="" type="radio"/>	17	() 00
18	If your federal adjusted gross income (AGI) is less than the amount for your filing status (listed below), skip this line and go to line 19. If you itemized deductions and your federal AGI is more than the amount for your filing status, see instructions.	<input checked="" type="radio"/>	18	(5,370) 00
	Single or married/RDP filing separately			\$229,908
	Married/RDP filing jointly or qualifying surviving spouse/RDP			\$459,821
	Head of household			\$344,867
19	Combine line 14 through line 18	<input checked="" type="radio"/>	19	550,060 00
20	Alternative minimum tax NOL deduction. See instructions	<input checked="" type="radio"/>	20	00
21	Alternative Minimum Taxable Income. Subtract line 20 from line 19 (if married/RDP filing separately and line 21 is more than \$436,827, see instructions)	<input checked="" type="radio"/>	21	550,060 00

Part II Alternative Minimum Tax (AMT)

22	Exemption Amount. (If this schedule is for a certain child under age 24, see instructions.)			
	If your filing status is:	And line 21 is not over:	Enter on line 22:	
	Single or head of household	\$317,062	\$84,550	} <input checked="" type="radio"/> 22
	Married/RDP filing jointly or qualifying surviving spouse/RDP	\$422,750	\$112,734	
	Married/RDP filing separately	\$211,371	\$56,364	
	If Part I, line 21 is more than the amount shown above for your filing status, see instructions.			
23	Subtract line 22 from line 21. If zero or less, enter -0-. See instructions		23	469,154 00
24	Tentative Minimum Tax. Multiply line 23 by 7.0% (.07)		<input checked="" type="radio"/> 24	32,841 00
25	Regular tax before credits from Form 540, line 31		<input checked="" type="radio"/> 25	40,882 00
26	Alternative Minimum Tax. Subtract line 25 from line 24. If zero or less, enter -0- here and on Form 540, line 61. If more than zero, enter here and on Form 540, line 61. If you make estimated tax payments for taxable year 2023, enter amount from line 26 on the 2023 Form 540-ES, California Estimated Tax Worksheet, line 16. (Exception: If you have carryover credit for solar energy or commercial solar energy, first enter the result on Side 2, Part III, Section C, line 23 or 24)		<input checked="" type="radio"/> 26	00



Part III Credits that Reduce Tax Note: Be sure to attach your credit forms to Form 540.

1	Enter the amount from Form 540, line 35	<input checked="" type="radio"/> 1	40,448	00
2	Enter the tentative minimum tax from Side 1, Part II, line 24	<input checked="" type="radio"/> 2	32,841	00

	(a) Credit amount	(b) Credit used this year	(c) Tax balance that may be offset by credits	(d) Credit carryover
Section A – Credits that reduce excess tax.				
3	Subtract line 2 from line 1. If zero or less enter -0- and see instructions. This is your excess tax which may be offset by credits		<input checked="" type="radio"/> 7,607	
A1 Credits that reduce excess tax and have no carryover provisions.				
4	Code: 162 Prison inmate labor credit (FTB 3507)	<input checked="" type="radio"/>		
5	Code: 232 Child and dependent care expenses credit (FTB 3506)	<input checked="" type="radio"/>		
A2 Credits that reduce excess tax and have carryover provisions. See instructions.				
6	Code: <input checked="" type="radio"/> Credit Name: _____	<input checked="" type="radio"/>		<input checked="" type="radio"/>
7	Code: <input checked="" type="radio"/> Credit Name: _____	<input checked="" type="radio"/>		<input checked="" type="radio"/>
8	Code: <input checked="" type="radio"/> Credit Name: _____	<input checked="" type="radio"/>		<input checked="" type="radio"/>
9	Code: <input checked="" type="radio"/> Credit Name: _____	<input checked="" type="radio"/>		<input checked="" type="radio"/>
10	Code: 188 Credit for prior year alternative minimum tax	<input checked="" type="radio"/>		<input checked="" type="radio"/>
Section B – Credits that may reduce tax below tentative minimum tax.				
11	If Part III, line 3 is zero, enter the amount from line 1. If line 3 is more than zero, enter the total of line 2 and the last entry in column (c).		<input checked="" type="radio"/> 40,448	
B1 Credits that reduce net tax and have no carryover provisions.				
12	Code: 170 Credit for joint custody head of household	<input checked="" type="radio"/>		
13	Code: 173 Credit for dependent parent	<input checked="" type="radio"/>		
14	Code: 163 Credit for senior head of household	<input checked="" type="radio"/>		
15	Nonrefundable renter's credit.	<input checked="" type="radio"/>		
B2 Credits that reduce net tax and have carryover provisions. See instructions.				
16	Code: <input checked="" type="radio"/> Credit Name: _____	<input checked="" type="radio"/>		<input checked="" type="radio"/>
17	Code: <input checked="" type="radio"/> Credit Name: _____	<input checked="" type="radio"/>		<input checked="" type="radio"/>
18	Code: <input checked="" type="radio"/> Credit Name: _____	<input checked="" type="radio"/>		<input checked="" type="radio"/>
19	Code: <input checked="" type="radio"/> Credit Name: _____	<input checked="" type="radio"/>		<input checked="" type="radio"/>
B3 Other state tax credit.				
20	Code: 187 Other state tax credit	<input checked="" type="radio"/>		
B4 Pass-through entity elective tax credit. See instructions.				
21	Code: 242 Pass-through entity elective tax credit	<input checked="" type="radio"/>		<input checked="" type="radio"/>
Section C – Credits that may reduce alternative minimum tax.				
22	Enter your alternative minimum tax from Side 1, Part II, line 26		<input checked="" type="radio"/>	
23	Code: 180 Solar energy credit carryover from Section B2, column (d)	<input checked="" type="radio"/>		<input checked="" type="radio"/>
24	Code: 181 Commercial solar energy credit carryover from Section B2, column (d)	<input checked="" type="radio"/>		<input checked="" type="radio"/>
25	Adjusted AMT. Enter the balance from line 24, column (c) here and on Form 540, line 61		<input checked="" type="radio"/>	



2022

Wage and Tax Statement

W-2

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*Employee's social security number, name, and address must be the same as the information on federal Form(s) W-2.

W-2 Information

a. Employee's social security number* 038049402
c. Employer's name INTEL CORPORATION
b. Employer identification number (EIN) 941672743
Employer's address 2200 MISSION COLLEGE BLVD
City SANTA CLARA State CA ZIP code 95054

e. Employee's first name* UMAMAHESWAR Initial* Last name* GANGUMALLA Suffix*
f. Employee's address* 1450 OLYMPIC DR
City* MILPITAS State* CA ZIP code* 95035

1. Wages, tips, other compensation
2. Federal income tax withheld
3. Social security wages
4. Social security tax withheld
5. Medicare tax withheld
6. Social security tips
7. Allocated tips (not included in box 1)
8. Dependent care benefits
9. Nonqualified plans
10.
11.

12. Codes and amounts

12a. Code Amount
12b. Code Amount
12c. Code Amount
12d. Code Amount

13. Check the appropriate box for: Statutory employee, Retirement plan, or Third-party sick pay

Statutory employee Retirement plan Third-party sick pay

14. SDI, VPD, or CA SDI (from federal Form W-2, box 14 or 19)

Type Amount

15. State and employer's state ID number

State CA Employer's state ID number 196-09882

16. State wages, tips, etc.

17. State income tax

Franchise Tax Board Privacy Notice on Collection

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2022

Wage and Tax Statement

W-2

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*Employee's social security number, name, and address must be the same as the information on federal Form(s) W-2.

W-2 Information

a. Employee's social security number* 038049402

c. Employer's name CLOUDERA INC

b. Employer identification number (EIN) 262922329

Employer's address 395 PAGE MILL ROAD

City PALO ALTO State CA ZIP code 94306

e. Employee's first name* UMAMAHESWAR Initial* Initial* Last name* GANGUMALLA Suffix* Suffix*

f. Employee's address* 1450 OLYMPIC DR

City* MILPITAS State* CA ZIP code* 95035

1. <input type="radio"/> Wages, tips, other compensation <input type="radio"/> 521,401	4. <input type="radio"/> Social security tax withheld <input type="radio"/> 9,114	8. <input type="radio"/> Allocated tips (not included in box 1) <input type="radio"/>
2. <input type="radio"/> Federal income tax withheld <input type="radio"/> 97,235	6. <input type="radio"/> Medicare tax withheld <input type="radio"/> 10,453	10. <input type="radio"/> Dependent care benefits <input type="radio"/>
3. <input type="radio"/> Social security wages <input type="radio"/> 147,000	7. <input type="radio"/> Social security tips <input type="radio"/>	11. <input type="radio"/> Nonqualified plans <input type="radio"/>

12. Codes and amounts

12a. <input type="radio"/> Code <input type="radio"/> C Amount <input type="radio"/> 205	12c. <input type="radio"/> Code <input type="radio"/> AA Amount <input type="radio"/> 20,500
12b. <input type="radio"/> Code <input type="radio"/> W Amount <input type="radio"/> 2,748	12d. <input type="radio"/> Code <input type="radio"/> DD Amount <input type="radio"/> 19,074

13. Check the appropriate box for: Statutory employee, Retirement plan, or Third-party sick pay

Statutory employee Retirement plan Third-party sick pay

14. SDI, VPDI, or CA SDI (from federal Form W-2, box 14 or 19)

Type VPDI Amount 1,310

16. State wages, tips, etc. 524,149

15. State and employer's state ID number

State CA Employer's state ID number 290-5771-8

17. State income tax 45,475

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2022

Wage and Tax Statement

W-2

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*Employee's social security number, name, and address must be the same as the information on federal Form(s) W-2.

W-2 Information

a. Employee's social security number* 038049402
c. Employer's name CLOUDERA INC
b. Employer identification number (EIN) 262922329
Employer's address 395 PAGE MILL ROAD
City PALO ALTO State CA ZIP code 94306

e. Employee's first name* UMAMAHESWAR Initial* Last name* GANGUMALLA Suffix*

f. Employee's address* 1450 OLYMPIC DR
City* MILPITAS State* CA ZIP code* 95035

1. Wages, tips, other compensation
2. Federal income tax withheld
3. Social security wages
4. Social security tax withheld
5. Medicare tax withheld
6. Social security tips
7. Allocated tips (not included in box 1)
8. Dependent care benefits
9. Nonqualified plans
10.
11.

12. Codes and amounts

12a. Code Amount
12b. Code Amount
12c. Code Amount
12d. Code Amount

13. Check the appropriate box for: Statutory employee, Retirement plan, or Third-party sick pay
Statutory employee Retirement plan Third-party sick pay

14. SDI, VPD, or CA SDI (from federal Form W-2, box 14 or 19)

Type Amount

16. State wages, tips, etc.

15. State and employer's state ID number

State CA Employer's state ID number 290-5771-8

17. State income tax

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2022

Wage and Tax Statement

W-2

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*Employee's social security number, name, and address must be the same as the information on federal Form(s) W-2.

W-2 Information

a. Employee's social security number* 892039737

c. Employer's name CONFLUX SYSTEMS INC

b. Employer identification number (EIN) 471824387

Employer's address 11539 PARK WOOD CIR STE

City ALPHARETTA State GA ZIP code 30005

e. Employee's first name* TULASI Initial* Last name* GANGUMALLA Suffix*

f. Employee's address* 1450 OLYMPIC DR

City* MILPITAS State* CA ZIP code* 95035

1. <input checked="" type="radio"/> Wages, tips, other compensation 26,460	4. <input checked="" type="radio"/> Social security tax withheld 1,641	8. <input checked="" type="radio"/> Allocated tips (not included in box 1)
2. <input checked="" type="radio"/> Federal income tax withheld 2,002	6. <input checked="" type="radio"/> Medicare tax withheld 384	10. <input checked="" type="radio"/> Dependent care benefits
3. <input checked="" type="radio"/> Social security wages 26,460	7. <input checked="" type="radio"/> Social security tips	11. <input checked="" type="radio"/> Nonqualified plans

12. Codes and amounts

12a. <input checked="" type="radio"/> Code <input type="text"/> Amount <input type="text"/>	12c. <input checked="" type="radio"/> Code <input type="text"/> Amount <input type="text"/>
12b. <input checked="" type="radio"/> Code <input type="text"/> Amount <input type="text"/>	12d. <input checked="" type="radio"/> Code <input type="text"/> Amount <input type="text"/>

13. Check the appropriate box for: Statutory employee, Retirement plan, or Third-party sick pay

Statutory employee Retirement plan Third-party sick pay

14. SDI, VPD, or CA SDI (from federal Form W-2, box 14 or 19)

Type CA SDI Amount 291

16. State wages, tips, etc. 26,460

15. State and employer's state ID number

State CA Employer's state ID number 020-69375

17. State income tax 1,444

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Wage and Tax Statement

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*Employee's social security number, name, and address must be the same as the information on federal Form(s) W-2.

W-2 Information

a. Employee's social security number* 038049402

c. Employer's name

b. Employer identification number (EIN)

Employer's address

City State ZIP code

e. Employee's first name* UMAMAHESWAR Initial* Last name* GANGUMALLA Suffix*

f. Employee's address* 1450 OLYMPIC DR

City* MILPITAS State* CA ZIP code* 95035

1. <input checked="" type="radio"/> Wages, tips, other compensation <input type="text"/>	4. <input checked="" type="radio"/> Social security tax withheld <input type="text"/>	8. <input checked="" type="radio"/> Allocated tips (not included in box 1) <input type="text"/>
2. <input checked="" type="radio"/> Federal income tax withheld <input type="text"/>	6. <input checked="" type="radio"/> Medicare tax withheld <input type="text"/>	10. <input checked="" type="radio"/> Dependent care benefits <input type="text"/>
3. <input checked="" type="radio"/> Social security wages <input type="text"/>	7. <input checked="" type="radio"/> Social security tips <input type="text"/>	11. <input checked="" type="radio"/> Nonqualified plans <input type="text"/>

12. Codes and amounts

12a. <input checked="" type="radio"/> Code <input type="text"/> Amount <input type="text"/>	12c. <input checked="" type="radio"/> Code <input type="text"/> Amount <input type="text"/>
12b. <input checked="" type="radio"/> Code <input type="text"/> Amount <input type="text"/>	12d. <input checked="" type="radio"/> Code <input type="text"/> Amount <input type="text"/>

13. Check the appropriate box for: Statutory employee, Retirement plan, or Third-party sick pay

Statutory employee Retirement plan Third-party sick pay

14. SDI, VPD, or CA SDI (from federal Form W-2, box 14 or 19)

Type Amount

16. State wages, tips, etc.

15. State and employer's state ID number

State CA Employer's state ID number

17. State income tax

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