Department of the Treasury—Internal Revenue Service
U.S. Individual Income Tax Return

2022

OMB No. 1545-0074

IRS Use Only-Do not write or staple in this space.

Filing Status Check only	<b>X</b> S	Single Married filing jointly	Marrie	ed filing separately	(MFS)	Head of	house	ehold (HOH	l)		ifying survi ise (QSS)	iving	
one box.		u checked the MFS box, enter the r on is a child but not your dependen		our spouse. If you	checke	ed the HOH or	r QSS	box, ente	r the c	hild's	name if the	e qualifying	
Your first name	and mi	ddle initial	Last na	me					Yo	ur so	cial security	/ number	
Baltripa	at		Sing	h					7	74-5	53-6804	ŀ	
If joint return, s	pouse's	first name and middle initial	Last name							Spouse's social security number			
		er and street). If you have a P.O. box, see	e instruction	ons.				Apt. no.				n Campaign	
<u>5664 E E</u>							$\perp$				ere if you, o if filing joint		
City, town, or p	ost offic	ce. If you have a foreign address, also co	omplete s	paces below.	Stat			code	to		this fund. (		
Fresno					CA		<del>                                     </del>	7278802			ow will not	change	
Foreign country	/ name			Foreign province/state	e/count	у	Fore	gn postal co	de yo	ur tax	or refund.	Spouse	
Digital		ny time during 2022, did you: (a) red										V N	
Assets		ange, gift, or otherwise dispose of					asse	:)? (See ins	struction	ons.)	Yes	⊠ No	
Standard Deduction		eone can claim:	•			a dependent							
Age/Blindness	You:	Were born before January 2,	1958 [	Are blind Sp	ouse:	☐ Was bo		ore Janua	•		Is bli		
Dependents	s (see	instructions):		(2) Social securi	ty	(3) Relationsh	nip (	4) Check th	e box if	qualif	ies for (see i	nstructions):	
If more	<b>(1)</b> Fi	rst name Last name		number	number to you Child tax cre					redit Credit for other depe			
than four dependents,													
see instructions	s ——												
and check	, —												
here													
Income	1a	Total amount from Form(s) W-2, k	,	,						1a		2,301.	
Attach Form(s)	b	Household employee wages not r					٠			1b			
W-2 here. Also	C C	Tip income not reported on line 1:	•	,			•		•	1c			
attach Forms W-2G and	d	Medicaid waiver payments not re Taxable dependent care benefits	•	` ,	mstru	ctions)	•		•	1d			
1099-R if tax	e f	•		· ·	 0		•			1e			
was withheld.		Employer-provided adoption bene Wages from Form 8919, line 6.					•			_			
If you did not get a Form	g h	Other earned income (see instructions)					•		•	1g 1h		0.	
W-2, see	i	Nontaxable combat pay election	,				ιÌ		•			<u></u>	
instructions.	z	Add lines 1a through 1h	(300 111311	uotions)						1z	10	2,301.	
Attach Sch. B		Tax-exempt interest	2a		h Ta	axable interes	t.			2b			
if required.	3a	Qualified dividends	3a			rdinary divide				3b			
	4a	IRA distributions	4a			axable amoun				4b			
Standard	5a	Pensions and annuities	5a			axable amoun				5b			
Deduction for-	6a	Social security benefits	6a			axable amoun				6b			
Single or Married filing	С	If you elect to use the lump-sum	election r	method, check here	e (see i	instructions)							
separately, \$12,950	7	Capital gain or (loss). Attach Sche	edule D if	required. If not red	quired,	check here				7		1,162.	
Married filing	8	Other income from Schedule 1, lir	ne 10 .							8		0.	
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	7, and 8.	This is your <b>total ir</b>	ncome					9	10	3,463.	
surviving spouse, \$25,900	10	Adjustments to income from Sche	edule 1, l	ine 26						10			
Head of	11	Subtract line 10 from line 9. This i	s your <b>a</b> c	djusted gross inco	ome					11	10	3,463.	
household, \$19,400	12	Standard deduction or itemized	l deducti	ions (from Schedul	e A)					12	1	2,950.	
If you checked any box under	13	Qualified business income deduc-								13	1		
Standard	14	Add lines 12 and 13								14		2,950.	
Deduction, see instructions.	15	Subtract line 14 from line 11. If ze		15	9	0,513.							

Tax and Credits	16	Tax (see instructions). Check i	f any fram Farm	(-) 4 D 004	4 0 0 4070	2 🗆		40	1 -	<u> </u>
Credits		Tust (000 mondomono). Omoone	ii any ironii Form	(s): <b>1</b> 🔛 881	4 <b>2</b> <u> </u>	ა ∐		16	Т2	,562.
	17	Amount from Schedule 2, line	e3					17		
	18	Add lines 16 and 17						18	15	,562.
	19	Child tax credit or credit for c	other dependen	ts from Sched	ule 8812			19		
	20	Amount from Schedule 3, line	e8					20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18.	If zero or less,	enter -0				22	15	,562.
	23	Other taxes, including self-er	nployment tax,	from Schedule	e 2, line 21 .			23		0.
	24	Add lines 22 and 23. This is y	our <b>total tax</b>					24	15	,562.
Payments	25	Federal income tax withheld								
•	а	Form(s) W-2				<b>25a</b> 15	5,253.			
	b	Form(s) 1099				25b				
	С	Other forms (see instructions	)			25c				
	d	Add lines 25a through 25c .						25d	15	,253.
If you have a	26	2022 estimated tax payments	s and amount a	pplied from 20	21 return			26		
qualifying child,	27	Earned income credit (EIC) .			No .	27				
attach Sch. EIC.	28	Additional child tax credit from	n Schedule 8812			28				
	29	American opportunity credit	from Form 8863	3, line 8		29				
	30	Reserved for future use				30				
	31	Amount from Schedule 3, line								
	32	Add lines 27, 28, 29, and 31.	These are your	total other pa	ayments and ref	undable credits		32		
	33	Add lines 25d, 26, and 32. Th	nese are your <b>to</b>	tal payments				33	15	,253.
Refund	34	If line 33 is more than line 24						34		
neiuliu	35a	Amount of line 34 you want r	efunded to you	ı. If Form 8888	s is attached, che	ck here	🗆	35a		
Direct deposit?	b	Routing number X X X								
See instructions.	d	Account number X X X	X X X X	X X X X	<b>c</b> Type: ☐ ⟨ X   X   X   X		· ·			
	36	Amount of line 34 you want a	pplied to your	2023 estimate	ed tax	36				
Amount You Owe	37	Subtract line 33 from line 24. For details on how to pay, go						37		309.
	38	Estimated tax penalty (see in	structions) .			38				
Third Party Designee		you want to allow another tructions	person to disc	cuss this retur	n with the IRS?		omplete k	pelow.	X No	
_		signee's		Phone			onal identi	fication		
	nan			no.			iber (PIN)			
Sign Here		der penalties of perjury, I declare the ief, they are true, correct, and comp			, , ,		,		,	0
TICIC	You	ur signature		Date	Your occupation		Prote	ection P	nt you an Ide IN, enter it h	
Joint return?					Engineer		,	inst.)		
See instructions. Keep a copy for your records.	Spo	ouse's signature. If a joint return, <b>b</b>	oth must sign.	Date	Spouse's occupat	ion		tity Prote	nt your spou ection PIN, e	
	———Pho	one no. (559)917-0134	1	Email address	1		ı			
		eparer's name	Preparer's signat			Date	PTIN		Check if:	
Paid		•	. 0						l —	mployed
Preparer	———	m's name Self-Pre	nared			1	Phor	ne no.		
Use Only		n's address	Parca					's EIN		
Co to warm in a		n1040 for instructions and the lates	t information		BAA	REV 03/22/23 Intuit.cg.cfp.sp	1	J ⊏.! ¥	F 4	040 (2022)

# SCHEDULE D (Form 1040)

Department of the Treasury

Internal Revenue Service

# **Capital Gains and Losses**

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.

OMB No. 1545-0074

2022

Attachment Sequence No. **12** 

	Ltripat Singh					6804
	ou dispose of any investment(s) in a qualified opportunity	fund during the ta	x year?			
-	es," attach Form 8949 and see its instructions for additiona	_	•	ain or loss.		
Par	Short-Term Capital Gains and Losses—Ger	nerally Assets I	Held One Year	or <b>Less</b> (se	e ins	tructions)
lines This	nstructions for how to figure the amounts to enter on the below.  form may be easier to complete if you round off cents to	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustmen to gain or loss Form(s) 8949,	from Part I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result
	e dollars.			line 2, colum	n (g)	with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.					
1b	Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked					
2	Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked	1,162.	0.			1,162.
3	Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked					
	Short-term gain from Form 6252 and short-term gain or (lo	•			4	
	Net short-term gain or (loss) from partnerships, Schedule(s) K-1				5	
6	Short-term capital loss carryover. Enter the amount, if an <b>Worksheet</b> in the instructions	y, from line 8 of y	our <b>Capital Loss</b>	Carryover	6	( )
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise			e any long-	7	1,162.
Par	<u> </u>			One Year		l .
	nstructions for how to figure the amounts to enter on the	(41)	(6)	(g)	to.	(h) Gain or (loss)
This	below. form may be easier to complete if you round off cents to e dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	Adjustmen to gain or loss Form(s) 8949, I line 2, colum	from Part II,	Subtract column (e) from column (d) and combine the result with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.					
8b	Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked					
9	Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked					
10	Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked					
11	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824		0 0	, ,	11	
	Net long-term gain or (loss) from partnerships, S corporati	ons, estates, and	trusts from Scheo	dule(s) K-1	12	
	Capital gain distributions. See the instructions				13	
					14	( )
15	Net long-term capital gain or (loss). Combine lines 8a	through 14 in co	lumn (h). Then, go	to Part III	15	

BAA

Schedule D (Form 1040) 2022 Page 2

### Part III **Summary** 16 Combine lines 7 and 15 and enter the result 16 1,162. • 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 • 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? ☐ **Yes.** Go to line 18. 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 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? ☐ 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. and 22 below. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 21 • (\$3,000), or if married filing separately, (\$1,500) Note: When figuring which amount is smaller, treat both amounts as positive numbers. Do you have gualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.

## Sales and Other Dispositions of Capital Assets

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. OMB No. 1545-0074 Attachment Sequence No. 12A

Name(s) shown on return Baltripat Singh

Department of the Treasury

Internal Revenue Service

Social security number or taxpayer identification number

774-53-6804

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.

<ul><li>☐ (A) Short-term transactions</li><li>☒ (B) Short-term transactions</li><li>☐ (C) Short-term transactions</li></ul>	reported on	Form(s) 1099	9-B showing bas				<b>e</b> )
(a) Description of property	(b) Date acquired	(c) Date sold or	<b>(d)</b> Proceeds	(e) Cost or other basis See the <b>Note</b> below	If you enter an enter a co	f any, to gain or loss amount in column (g), ode in column (f). arate instructions.	(h) Gain or (loss) Subtract column (e)
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	<b>(g)</b> Amount of adjustment	from column (d) and combine the result with column (g).
TESLA INC COMMON STOCK 1	09/05/22	09/07/22	275.	0.			275.
TESLA INC COMMON STOCK 1.25	12/05/22	12/06/22	223.	0.			223.
TESLA INC COMMON STOCK 2.25	12/05/22	12/06/22	401.	0.			401.
TESLA INC COMMON STOCK 1.5	12/05/22	12/07/22	263.	0.			263.
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box 6).	al here and inc is checked), <b>lir</b>	lude on your ne 2 (if Box B	1.162.	0.			1.162.

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.

1/5		
Date	Acce	ptec

# DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEA  2022		fornia Online e-f ndividuals	file Retur	n Auth	orizatio	n	8453- <b>0L</b>
Your first name	and initial		Last name			Suffix	Your SSN or ITIN
BALTRIPA	ΔT	SIN	IGH				774-53-6804
If filing jointly, sp	pouse's/RDP's firs	t name and initial	Last name			Suffix	Spouse's/RDP's SSN or ITIN
Street address	(number and stree	et) or PO box	Ant	no./ste. no.	PMB/privat	e mailhox	Daytime telephone number
	LORENCE A		, tpt.	110./310.110.	T Wib/privat	o manbox	(559)917-0134
City	LORDINGE 1	1 4 1				State	ZIP code
FRESNO						CA	93727-8802
Foreign country	name		Fore	eign province	state/county		Foreign postal code
Part I	ax Return Info	ormation (whole dollars only	y)				
1 Californi	a adiusted gro	oss income. See instructions					
	,	due. See instructions					
							3
		count Electronically for Ta					<del>_</del>
<b>4</b> ⊠ Direc	t deposit of re	efund					
	•	ithdrawal <b>5a</b> Amount		5b ∨\	ithdrawal date	(mm/dd/	vvv)
						-	for the current amount you owe
Part III	viang Latillati	First Payment	Second Pay		Third Pa		Fourth Payment
		4/18/2023	6/15/202		9/15/2		1/16/2024
6 Amount							
7 Withdra	wal date						
Part IV	Banking Info	rmation (Have you verified	your banking info	ormation?	)		<u>'</u>
		e directly deposited			maining amou		efund
	number 121						
10 Account	number 325	5088230247					
<b>11</b> Type of a	account: 🗷 C	hecking $\square$ Savings					□ Savings
Part V	Declaration of	f Taxpayer(s)					
I authorize r Part IV agree listed on line joint return, authorize an Under pena software, in amounts sh	my account to es with the aut e 5a and any e this is an irrev n electronic fun Ities of perjur Icluding my no own in Part I a	be settled as designated in thorization stated on my retuestimated payment amounts vocable appointment of the onds withdrawal.  y, I declare that the information, address, and social subove, agrees with the information.	urn. If I check Par s listed on line 6 other spouse/reg ation I provided ecurity number on nation and amou	t II, box 5, from the b istered do to the Fra (SSN) or i nts shown	I authorize an ank account li mestic partner nchise Tax Bo ndividual taxp on the corresp	electronic sted on lin (RDP) as ard (FTB), ayer ident bonding lir	ect deposit refund information in funds withdrawal for the amount es 9, 10, and 11. If I have filed a an agent to receive the refund of either directly or through e-file ification number (ITIN), and the less of my 2022 California income
that if the Fi penalties. It software. <b>If</b>	ΓB does not re authorize my <b>the processin</b>	ceive full and timely payme return and accompanying s g of my return or refund is or the delay or the date wh	nt of my tax liabi chedules and sta delayed, I autho	lity, I rema atements t <b>rize the F1</b>	in liable for th o be transmitt	e tax liabil ed to the f	balance due return, I understand ity and all applicable interest and TB directly or through the e-file her directly or through the e-file
		RDP's signature. If filing joint		n.		Date	

TAXABLE YEAR

FORM

# **2022 California Resident Income Tax Return**

540

API

ATTACH FEDERAL RETURN

774-53-6804 SING BALTRIPAT SINGH 22

5664 E FLORENCE AVE

FRESNO CA 93727-8802

10-26-1996

		Enter your county at time of filing (see instructions)										
e S	•	ALAMEDA										
<u>len</u>		f your address above is the same as your principal/physical residence address at the time of filing, check this box •										
Sic		f not, enter below your principal/physical residence address at the time of filing.										
Ä		Street address (number and street) (If foreign address, see instructions.)  Apt. no/ste. no.										
Principal Residence	•	6034 RADCLIFFE AVE										
rin		City State ZIP code										
_	•											
		NEWARK OCA 94560										
		If your California filing status is different from your federal filing status, check the box here										
ıtns	1	X Single 4 Head of household (with qualifying person). See instructions.										
Filing Status	2	Married/RDP filing jointly. See instr. 5 Qualifying surviving spouse/RDP. Enter year spouse/RDP died.										
Ē		See instructions.										
	3	Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here.										
	6	If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See instr										
$\overline{}$	Fo	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.										
2	7	Personal: If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked										
tion		box 2 or 5, enter 2 in the box. If you checked the box on line 6, see instructions. $\odot$ 7   1   X \$140 = $\odot$ \$   140										
Exemptions	8	Blind: If you (or your spouse/RDP) are visually impaired, enter 1;										
Exe	if both are visually impaired, enter 2											
	9	Senior: If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2. See instructions										
		PEV (19/18/23 INT) IT CC CED 99										

Υοι	ır na	me:	SINC	ЗH					Your	SSN	or ITII	N: [	774-	53-	-6804							
	10	Depen	dents: I			lude y ndent 1		lf or y	our spo	use/RE		enend	lent 2					D	ependent 3			
		First	Name	•							•								<u> </u>			
SU		Last	Name	•							•							)				
Exemptions			. See uctions.	•							•							Ī				
Exer		Depo relat	endent's cionship	•							•							) [				
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	12	State Form	wages (s) W-2	from 2, box	ı you x 16	r feder 	al 			. • 1	2				10230	)1 .	00					
	13	Enter	federal	adju	ısted	gross	incom	e fron	n federa	l Form	1040	or 10	40-SR,	, line	11	(	<ul><li>13</li></ul>			103463	<b>.</b> [0	00
	14								nter the							(	<b>1</b> 4			0	_[0	00
e e	15	Part I, line 27, column B													103463	_[0	00					
Incon	16								the am						, 		<b>■</b> 16				_[0	00
Taxable Income	17																	Ī		103463	] .[0	$\neg$
Ta	18	Enter	(	-	-										rt II, line		`					_
		Iarger of Your California standard deduction shown below for your filing status:  • Single or Married/RDP filing separately																				
			l	• Ma	rried/	RDP fili	ing join	tly, Hea	ad of hou	ısehold	, or Qu	alifyin	g surviv	ing s	pouse/RE	DP. \$10	,404	Γ		5202	] .[0	
	19	Subt	If Married/RDP filing separately or the box on line 6 is checked, <b>STOP</b> . See instructions • <b>18</b> btract line 18 from line 17. This is your <b>taxable income</b> . ess than zero, enter -0												98261	, • <u> </u>	_					
		If les	s than z	ero,	enter	-0											<b>•</b> ) 19			90201	0	0
	31	Tay	Check tl	na ho	ny if f	rom:	X	Tax	Table			Tax F	Rate Sc	hedu	ıle							
	01	iax.	JIIGUK LI	טע פו	/A II I	10III. <b></b>		FTE	3800	•		FTB 3	3803				<ul><li>31</li></ul>			5895	_[0	00
×	32								m line 1	-					than 	(	<ul><li>32</li></ul>			140		00
Tax	33	Subt	ract line	32 f	rom	line 31	. If les	s than	ı zero, e	nter -0						(	<ul><li>33</li></ul>			5755	_[0	00
	34								om: ●						FTB 587							
	35																			5755		
		nau I		and II	-10 0																	<u> </u>
edits	40	Nonr	efundab	ole Cl	nild a	nd De	oender	nt Care	e Expens	ses Cre	edit. Se	ee ins	tructio	ns			<b>40</b>				0	10
Special Credits	43	Enter	credit	name	<u> </u>						code	•		ar	ıd amour	nt (	<b>4</b> 3				0	10
Spec	44	Enter	credit	name	э 🗌						code	e • [		ar	ıd amouı	nt (	• 44				.0	0
																		F	REV 03/18/23 INTUIT.CG.CFP.SI			

You	r nar	ne:	SINGH	Your SSN or ITIN:	774-53-6804		_		
ts	45	To cla	aim more than two credits. See instr	uctions. Attach Schedule	P (540)	• 45	5		00
Credi	46	Nonr	efundable Renter's Credit. See instru	octions		• 40	6		00
Special Credits	47	Add I	line 40 through line 46. These are yo	ur total credits		• 47	7		. 00
Sp	48	Subt	ract line 47 from line 35. If less than	zero, enter -0		• 48	В	5755	00
es	61	Alter	native Minimum Tax. Attach Schedul	e P (540)		• 6	1		<b>.</b> 00
Other Taxes	62	Ment	al Health Services Tax. See instruction	ons		• 62	2		00
Othe	63	Othe	r taxes and credit recapture. See inst	ructions		• 63	3		00
	64	Add I	line 48, line 61, line 62, and line 63.	• 64	4	5755	_ 00		
	71	Califo	ornia income tax withheld. See instru	octions		• 7	1	6666	00
	72	2022	California estimated tax and other p	ayments. See instructior	18	• 72	2		00
	73	With	holding (Form 592-B and/or Form 59	93). See instructions		• 73	3		00
ents	74	Exce	ss SDI (or VPDI) withheld. See instru	uctions		• 74	4		00
Payments	75		ed Income Tax Credit (EITC). See ins						00
	76		g Child Tax Credit (YCTC). See instru						00
									00
	77 78	Add I	er Youth Tax Credit (FYTC). See instruine 71 through line 77. These are yonstructions	ur total payments.					00
Use Tax	91		Tax. Do not leave blank. See instruct e 91 is zero, check if: ● X No	ionsuse tax is owed.	_	se tax obliç	0 00 gation directly to CDTFA.		
ISR Penalty	92	See i	u and your household had full-year h instructions. Medicare Part A or C co u did not check the box, see instructi	verage is qualifying heal		• [	×		
	•	Indiv	idual Shared Responsibility (ISR) Pe	nalty. See instructions	• 92		00		
en (	93	Paym	nents balance. If line 78 is more than	line 91, subtract line 91	from line 78	• 93	3	6666	<b>.</b> 00
Overpaid Tax/Tax Due	94 95	Paym	Tax balance. If line 91 is more than leads after Individual Shared Respon act line 92 from line 93	sibility Penalty. If line 93	is more than line 92,			6666	<b>.</b> 00
erpaid T	96	Indiv	idual Shared Responsibility Penalty I ract line 93 from line 92	Balance. If line 92 is mor	e than line 93,				00
õ	97		paid tax. If line 95 is more than line 6	64, subtract line 64 from	line 95	• 97	7	911	00

175 3103224

Form 540 2022 **Side 3** 

Your name:		ne:	SINGH	Your SSN or ITIN:	774-53-6804		ı			
e a	98	Amo	unt of line 97 you want applied to you	ır <b>2023</b> estimated tax		98		<b>.</b> 0	0	
Overpaid Tax/Tax Due	99	Over	paid tax available this year. Subtract I	ine 98 from line 97		99	911	<b>.</b> 0	0	
o'x ■   	100	Tax o	lue. If line 95 is less than line 64, sub	tract line 95 from line 64	4(	100		<b>.</b> 0	0	
						<u>Code</u>	<u>Amount</u>			
			ornia Seniors Special Fund. See instru			<b>400</b>		0	_	
		Alzhe	imer's Disease and Related Dementia	● 401		-0	_			
		Rare	and Endangered Species Preservation	n Voluntary Tax Contribu	ition Program	403		<u>0</u>		
		Califo	ornia Breast Cancer Research Volunta	<b>405</b>		<u>0</u>	0			
		Califo	ornia Firefighters' Memorial Voluntary	Tax Contribution Fund .		<b>406</b>		<u>0</u>	0	
		Emer	gency Food for Families Voluntary Ta	x Contribution Fund		<b>407</b>		.0	0	
		Califo	ornia Peace Officer Memorial Foundat	<b>408</b>		.0	0			
	California Sea Otter Voluntary Tax Contribution Fund									
		Califo	ornia Cancer Research Voluntary Tax (	Contribution Fund		• 413		.0	0	
itions		Scho	ol Supplies for Homeless Children Vo	luntary Tax Contribution	Fund	• 422		<u>0</u>	0	
Contributions		State	Parks Protection Fund/Parks Pass Pr	urchase		<b>423</b>		. 0	0	
ပိ		Prote	ct Our Coast and Oceans Voluntary T	ax Contribution Fund		• 424		<u>0</u>	0	
		Keep	Arts in Schools Voluntary Tax Contril	oution Fund		<b>425</b>		.0	0	
		Preve	ention of Animal Homelessness and C	ruelty Voluntary Tax Cor	ntribution Fund	• 431		.0	0	
		Califo	ornia Senior Citizen Advocacy Volunta	ry Tax Contribution Fund	d	<b>438</b>		. 0	0	
		Nativ	e California Wildlife Rehabilitation Vo	luntary Tax Contribution	Fund	• 439		<u> </u>	0	
		Rape	Kit Backlog Voluntary Tax Contribution	on Fund		• 440		. 0	0	
		Suici	de Prevention Voluntary Tax Contribu	tion Fund		• 444		. 0	0	
		Ment	al Health Crisis Prevention Voluntary	Tax Contribution Fund		• 445		<u> </u>	0	
		Califo	ornia Community and Neighborhood 7	Tree Voluntary Tax Contr	ibution Fund	• 446		. 0	0	
	110	Add	amounts in code 400 through code 4	46. This is your total cor	ntribution	<b>110</b>		<u> </u>	0	
Amount You Owe	111	Mail	UNT YOU OWE. If you do not have an a to: FRANCHISE TAX BOARD, PO Bo Online – Go to ftb.ca.gov/pay for mo	OX 942867, SACRAMEN			See instructions. <b>Do not send cash.</b> REV 03/18/23 INTUIT.CG.CFP.SP	. 0	10	

You	r nan	ne:	SINGH			Your SS	N or ITIN:	774-53	-6804					
Interest and Penalties	113	Unde	est, late return pe erpayment of estin	mated tax.  FTB 5805	attach	ned •	FTB 580	5F attached		• 1	12			.00
_			amount due. See								14			
	115		JND OR NO AMO to: <b>Franchise T</b>	See inst	ructions.	91	1 .00							
ct Deposit		Fill in the information to authorize direct deposit of your refund into one or two accounts. <b>Do not</b> attach a verse instructions. <b>Have you verified the routing and account numbers?</b> Use whole dollars only.  All or the following amount of my refund (line 115) is authorized for direct deposit into the account shown											or a deposit s	slip.
Refund and Direct Deposit		● Routing number X Checking 121000358 Savings ● Account number 325088230247									116 Direct de	eposit amoun 91	$\neg$	
Be			remaining amoun	Type  Check	king	Account		direct deposit	into the	account sh			eposit amoun	oo .
Our pto loc	ORTA orivacy cate FT	NT: S notice B 113	voter registration in See the instruction to can be found in ann to EN-SP, Franchise To for perjury, I declare and complete.	ns to find out rual tax booklet ax Board Privac	if you s s or onli cy Notice	should attac ne. Go to <b>ftb.</b> e on Collection	ch a copy o ca.gov/priva n. To request	f your complet cy to learn about this notice by m	e federal our privac ail, call 800	tax return. sy policy state 0.338.0505 ar	ment, or g	o to <b>ftb.ca.gov</b> , rm code <b>948</b> wl	hen instructed.	
Your	signat	ure					Date		Spou	use's/RDP's s	ignature (i	if a joint tax retu	urn, both must	sign)
c:	~~		Your email ad	dress. Enter or	nly one e	email address	S.					7 Ĕ	rred phone nun	
	gn ere		Paid preparer's s	ignature (decla	aration	of preparer i	s based on	all information	of which	preparer has	s any kno	wledge)		
	unlaw	/ful	SELF-PR	EPARED										
to fo spor RDF	rge a use's/ P's		Firm's name (or y	yours, if self-en	nployed	)							● PTIN	
Join retu			Firm's address										● Firm's FE	IN
See instr	uction	ns.	Do you want to allow another person to discuss this tax return with us? See instructions  Print Third Party Designee's Name									Yes	× No	
				="										
												REV 03/18/23 INT	UIT.CG.CFP.SP	

Form 540 2022 **Side 5** 

# **2022** California Adjustments — Residents

**CA (540)** 

_	portant: Attach this schedule behind Form 540,	), Side 5 as a supporting Cali	fornia schedule.						
	Name(s) as shown on tax return								
В.	ALTRIPAT SINGH			774536804					
Pá Se	art I Income Adjustment Schedule ction A – Income from federal Form 1040 or 1040-SR	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	<b>C</b> Additions See instructions					
1	a Total amount from federal Form(s) W-2, box 1. See instructions 1a	<ul><li>102301</li></ul>	•	•					
	<ul><li>b Household employee wages not reported on federal Form(s) W-2</li></ul>	•	•	•					
	c Tip income not reported on line 1a 1c	•	•	•					
	<ul><li>d Medicaid waiver payments not reported on federal Form(s) W-2. See instructions 1d</li></ul>	•	•	•					
	e Taxable dependent care benefits from federal Form 2441, line 26 1e		lacksquare	•					
	f Employer-provided adoption benefits from federal Form 8839, line 29	•	•	•					
	g Wages from federal Form 8919, line 61g	•	•	•					
	h Other earned income. See instructions 1h	0	•	•					
	i Nontaxable combat pay election. See instructions			•					
	z Add line 1a through line 1i1z	<ul><li>102301</li></ul>	•	•					
		•	•	•					
	Ordinary dividends. See instructions. a   3b	•	•	•					
4	IRA distributions. See instructions. a • 4b	•	•	•					
5	Pensions and annuities. See instructions. a • 5b	•	•	•					
6	Social security benefits. a • 6b	•	•						
	Capital gain or (loss). See instructions	1	•	•					
	ction B – Additional Income from federal Schedule 1	(Form 1040)							
1	Taxable refunds, credits, or offsets of state and local income taxes	<ul><li>0</li></ul>	<ul><li>0</li></ul>						
2	a Alimony received. See instructions 2a	•		•					
3	Business income or (loss). See instructions $\bf 3$	•	•	•					
	Other gains or (losses)	•	•	•					
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc	•	•	•					
6	Farm income or (loss)	•	•	•					
7	Unemployment compensation	•	•						

tion B – Additional Income Continued	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
Other income: a Federal net operating loss8a			•
b Gambling81	•	•	
c Cancellation of debt		•	•
d Foreign earned income exclusion from federal Form 2555	<b>(</b> )		•
e Income from federal Form 8853 8e	•		•
f Income from federal Form 88898f	•	•	
g Alaska Permanent Fund dividends8g	•		
h Jury duty pay8h	•		
i Prizes and awards	•		
j Activity not engaged in for profit income 8j	•		
k Stock options8k	•		•
Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property 81	•		
m Olympic and Paralympic medals and USOC prize money	•		
n IRC Section 951(a) inclusion8n	•	•	
o IRC Section 951A(a) inclusion80	•	•	
p IRC Section 461(I) excess business loss adjustment 8p	•	•	•
q Taxable distributions from an ABLE account 8q			
r Scholarship and fellowship grants not reported on federal Form(s) W-28r	•		
s Nontaxable amount of Medicaid waiver payments included on federal Form 1040, line 1a or line 1d8s	• ( )		
t Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental IRC Section 457 plan 8t	•		
u Wages earned while incarcerated8u	•		
z Other income. List type and amount.			
<b>●</b> 8z	•	•	•

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	•	•	•
<b>b1</b> Disaster loss deduction from form FTB 3805V <b>9b1</b>		•	
<b>b2</b> NOL deduction from form FTB 3805V 9b2		•	
<b>b3</b> NOL from form FTB 3805Z, 3807, or 3809 <b>9b3</b>		•	
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	<ul><li>103463</li></ul>	<ul><li>0</li></ul>	•
Section C – Adjustments to Income from federal Schedule 1 (Form 1040)			
<b>11</b> Educator expenses	•	•	
12 Certain business expenses of reservists, performing artists, and fee-basis government officials 12	•	•	•
13 Health savings account deduction	•	•	
<b>14</b> Moving expenses. Attach form FTB 3913. See instructions	•		•
15 Deductible part of self-employment tax. See instructions	•	•	
16 Self-employed SEP, SIMPLE, and qualified plans16	lacksquare		
17 Self-employed health insurance deduction. See instructions	•	•	
18 Penalty on early withdrawal of savings 18	•		
<b>19</b> a Alimony paid	•		•
<b>b</b> Recipient's: SSN <b>●</b>			
Last Name			
<b>20</b> IRA deduction	•	•	•
21 Student loan interest deduction21	•		•
22 Reserved for future use			
<b>23</b> Archer MSA deduction	•		

Section C – Adjustments to Income Continued	A	Federal Amounts (taxable amounts from your federal tax return)		<b>B</b> Subtractions See instructions	C Additions See instructions
24 Other adjustments: a Jury duty pay	•				
<ul> <li>b Deductible expenses related to income reported on line 8I from the rental of personal property engaged in for profit</li></ul>	•		•		•
c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	•		•		
d Reforestation amortization and expenses24d	•		•		
e Repayment of supplemental unemployment benefits under the federal Trade Act of 1974 24e	•				
f Contributions to IRC Section 501(c)(18)(D) pension plans	•		•		•
g Contributions by certain chaplains to IRC Section 403(b) plans	•		•		•
h Attorney fees and court costs for actions involving certain unlawful discrimination claims	•				
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	•		•		
j Housing deduction from federal Form 2555 <b>24</b> j	•		•		
k Excess deductions of IRC Section 67(e) expenses from federal Schedule K-1 (Form 1041)24k	•				
<b>z</b> Other adjustments. List type and amount.					
	•		•		•
Total other adjustments. Add line 24a through line 24z	•		•		•
6 Add line 11 through line 23 and line 25 in columns A, B, and C. See instructions	•		•		•
7 Total. Subtract line 26 from line 10 in columns A, B, and C. See instructions	•	103463	•	0	•

### Part II Adjustments to Federal Itemized Deductions

Check the box if you did NOT itemize for federal but will itemize for California . . . . . . . . . . . . Federal Amounts (from federal Schedule A (Form 1040)) Subtractions Additions See instructions See instructions Medical and Dental Expenses See instructions. Medical and dental expenses . . . . • 2 Enter amount from federal Form 1040 103463 **2** or 1040-SR, line 11.. 3 Multiply line 2 7760 **3** by 7.5% (0.075).... Subtract line 3 from line 1. **Taxes You Paid** 7790 7790 • **5** a State and local income tax or general sales taxes. .**5a** 0 7790 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, 7790 7790 0 (**•**) (**•**) 6 Other taxes. List type 

6 7790 7790 0 (**•**) (**•**) Interest You Paid a Home mortgage interest and points reported to  $\odot$ **b** Home mortgage interest not reported to you  $\odot$ c Points not reported to you on federal Form 1098. .8c  $\odot$  $\odot$  $\odot$ (**•**) (**•**) 

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**10** Add line 8e and line 9......**10** 

 $\odot$ 

(**•**)

Га	rt II Adjustments to Federal Itemized Deductions Continued	A Federal Amounts (from federal Schedule A (Form 1040))		ubtractions ee instructions		itions nstructions
Gif	s to Charity					
11	Gifts by cash or check	•	•	(		
12	Other than by cash or check	•	•	(		
13	Carryover from prior year13	•	•	(		
14	Add line 11 through line 13	•	•			
	cualty and Theft Losses Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions15	•	•	(		
0th	er Itemized Deductions					
16	Other—from list in federal instructions	•	•			
17	Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C	<ul><li>7790</li></ul>	0 •	7790		O
18	Total. Combine line 17 column A less column B plus co	olumn C			8	0
Job	Expenses and Certain Miscellaneous Deductions					
20	Unreimbursed employee expenses: job travel, union du Attach federal Form 2106 if required. See instructions  Tax preparation fees  Other expenses: investment, safe deposit box, etc. List type		<ul><li>19</li><li>20</li><li>21</li></ul>	0		
00						
	Add line 19 through line 21  Enter amount from federal Form 1040		<b>②</b> 22	0		
	or 1040-SR, line 11	103463				
24	Multiply line 23 by 2% (0.02). If less than zero, enter 0 $^{\circ}$		<b>②</b> 24	2069		
25	Subtract line 24 from line 22. If line 24 is more than line	e 22, enter 0		<u>•</u> 2	5	0
26	<b>Total Itemized Deductions.</b> Add line 18 and line 25			<b>©</b> 2	6	0
27	Other adjustments. See instructions. Specify.			<b>©</b> 2	7	
28	Combine line 26 and line 27					
29	Is your federal AGI (Form 540, line 13) more than the Single or married/RDP filing separately Head of household Married/RDP filing jointly or qualifying surviving s No. Transfer the amount on line 28 to line 29.  Yes. Complete the Itemized Deductions Worksheet in the	spouse/RDP	\$229,908 \$344,867 \$459,821		9	0
30	Enter the larger of the amount on line 29 or your stand Single or married/RDP filing separately. See instru Married/RDP filing jointly, head of household, or go	dard deduction listed below	: \$5,202			

Department of the Treasury—Internal Revenue Service
U.S. Individual Income Tax Return

OMB No. 1545-0074

IRS Use Only-Do not write or staple in this space.

Filing Status Check only one box.	If yo	Single  Married filing jointly [ u checked the MFS box, enter the r on is a child but not your depender	name of y	ed filing separatel		<del>_</del>		•	. –	spou	se (QS	S)	•
Your first name			Last na	mo						OUR SOC	cial secu	urity i	numbor
		udie ililiai										-	lullibei
Baltripa		first name and middle initial	Sing Last na								3-68		ity number
ii joint return, s	pouse s	instriaine and middle initial	Lastria	me					١	pouse s	Social	secui	ity ilullibei
Home address	(numbe	r and street). If you have a P.O. box, see	e instruction	ons.			A	pt. no.	P	residen	ntial Elec	ction	Campaign
5664 E I	lore	ence Ave									ere if yo		
		ce. If you have a foreign address, also c	omplete s	paces below.	Sta	te	ZIP co	ode					, want \$3
Fresno					CA		937	27880	<b>~</b> Ⅰ	0	ms fund w will n		necking a nange
Foreign country	y name		F	oreign province/sta	ate/count	у	Foreig	n postal co			or refur		J.
											You	]	Spouse
Digital Assets		ny time during 2022, did you: (a) rec ange, gift, or otherwise dispose of									☐ Ye	s [	⊠ No
Standard		eone can claim: You as a de				a dependent							
Deduction		Spouse itemizes on a separate retu	rn or you	were a dual-stat	us alien	•							
Age/Blindness	You:	Were born before January 2,	1958	Are blind	Spouse	: Was bo	rn befo	re Janua	ırv 2.	1958	□ Is	blinc	t
Dependents				(2) Social secu	•	(3) Relationsh	1						structions):
If more		rst name Last name		number to you Child tax cr		ax crec	credit Credit for other		other	dependents			
than four													
dependents,													
see instruction: and check	5 —												
here	]												
Income	1a	Total amount from Form(s) W-2, k	oox 1 (se	e instructions) .						1a		102	301.
	b	Household employee wages not r								1b	↓		
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a (see instructions)							1c	<b>↓</b>			
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)						1d	┼				
W-2G and 1099-R if tax	е	Taxable dependent care benefits from Form 2441, line 26						1e	┼				
was withheld.	f	Employer-provided adoption bene	mployer-provided adoption benefits from Form 8839, line 29							1f	┼		
If you did not	g		96							1g	₩		
get a Form W-2, see	h	·	,	tions)						1h	$\vdash$		0.
instructions.	i	Nontaxable combat pay election	(see instr								4		
	Z	Add lines 1a through 1h								1z	+	T02	,301.
Attach Sch. B	2a	Tax-exempt interest	2a			axable interes				2b	+-		
if required.	3a	Qualified dividends	3a			rdinary divide				3b	+-		
	4a	IRA distributions	4a			axable amoun				4b	+-	—	
Standard Deduction for—	5a	Pensions and annuities	5a			axable amoun				5b	+		
Single or	6a	Social security benefits	6a			axable amoun	it			6b	$\vdash$		
Married filing separately,	c	If you elect to use the lump-sum e		•	,	,			. 📙	-	4	1	1.00
\$12,950	7	Capital gain or (loss). Attach School		•					. ⊔	7	+-		,162.
Married filing jointly or	8	Other income from Schedule 1, lin								8	+-	100	0.
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7								9	+	<u> 103</u>	,463.
\$25,900	10	Adjustments to income from Scho	•							10	+-		
Head of household,	11	Subtract line 10 from line 9. This i	•	-						11	+		,463.
\$19,400	12	Standard deduction or itemized								12	+-	<u> 12</u>	,950.
If you checked any box under	13	Qualified business income deduc								13	+-	1.0	050
Standard Deduction,	14 15	Add lines 12 and 13								15	+-		1,950.
see instructions.	13	Subtract line 14 from line 11. If zero or less, enter -0 This is your <b>taxable income</b>							13	_	90	,513.	

Tax and Credits	16	Tax (see instructions). Check i	f any fram Farm	(-) 4 D 004	4 0 0 4070	2 🗆		40	1 -	<u> </u>
Credits		Tust (000 mondomono). Omoone	ii any ironii Form	(s): <b>1</b> 🔛 881	4 <b>2</b> <u> </u>	ა ∐		16	12	,562.
	17	Amount from Schedule 2, line	e3					17		
	18	Add lines 16 and 17						18	15	,562.
	19	Child tax credit or credit for c	other dependen	ts from Sched	ule 8812			19		
	20	Amount from Schedule 3, line	e8					20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18.	If zero or less,	enter -0				22	15	,562.
	23	Other taxes, including self-er	nployment tax,	from Schedule	e 2, line 21 .			23		0.
	24	Add lines 22 and 23. This is y	our <b>total tax</b>					24	15	,562.
Payments	25	Federal income tax withheld								
•	а	Form(s) W-2				<b>25a</b> 15	5,253.			
	b	Form(s) 1099				25b				
	С	Other forms (see instructions	)			25c				
	d	Add lines 25a through 25c .						25d	15	,253.
If you have a	26	2022 estimated tax payments	s and amount a	pplied from 20	21 return			26		
qualifying child,	27	Earned income credit (EIC) .			No .	27				
attach Sch. EIC.	28	Additional child tax credit from	n Schedule 8812			28				
	29	American opportunity credit	from Form 8863	3, line 8		29				
	30	Reserved for future use				30				
	31	Amount from Schedule 3, line								
	32	Add lines 27, 28, 29, and 31.	32							
	33	Add lines 25d, 26, and 32. These are your <b>total payments</b>							15	,253.
Refund	34	If line 33 is more than line 24						34		
neiuliu	35a	Amount of line 34 you want r	efunded to you	ı. If Form 8888	s is attached, che	ck here	🗆	35a		
Direct deposit?	b	Routing number X X X	$X \mid X \mid X \mid X$	XX	<b>c</b> Type:	Checking	Savings			
See instructions.	d	Account number X X X X X X X X X X X X X X X X X X X								
	36	Amount of line 34 you want a	pplied to your	2023 estimate	ed tax	36				
Amount You Owe	37	Subtract line 33 from line 24. For details on how to pay, go						37		309.
	38	Estimated tax penalty (see in	structions) .			38				
Third Party Designee		you want to allow another tructions	person to disc	cuss this retur	n with the IRS?		omplete b	elow.	X No	
_		signee's		Phone			onal identif	ication		
	nan			no.			ber (PIN)			
Sign Here		der penalties of perjury, I declare the ief, they are true, correct, and comp			, , ,		,		,	0
TICIC	You	ur signature		Date	Your occupation		Prote	ection P	nt you an Ide IN, enter it h	
Joint return?				Engineer			(see			
See instructions. Keep a copy for your records.	Spo	Spouse's signature. If a joint return, <b>both</b> must sign.		' '   10				ity Prote	nt your spous ection PIN, e	
	———Pho	one no. (559)917-0134	1	Email address	1					
		eparer's name	Preparer's signat			Date	PTIN		Check if:	
Paid		•	. 0						l —	nployed
Preparer	———	m's name Self-Pre	nared			1	Phon	ie no.		. ,
Use Only		n's address	Parca					s EIN		
Co to warm in a		n1040 for instructions and the lates	t information		BAA	REV 03/22/23 Intuit.cg.cfp.sp	1	- L.I.V	F 41	040 (2022)

# SCHEDULE D (Form 1040)

Department of the Treasury

Internal Revenue Service

Name(s) shown on return

## **Capital Gains and Losses**

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.

OMB No. 1545-0074

2022

Attachment Sequence No. **12** 

Your social security number

Bal	tripat Singh			774	-53-	6804
-	ou dispose of any investment(s) in a qualified opportunity is," attach Form 8949 and see its instructions for additional	_	-	_		
Par	t I Short-Term Capital Gains and Losses—Ge	nerally Assets I	Held One Year	or Less (se	e ins	tructions)
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)  (or other basis)  (g) Adjustments to gain or loss from (sales price)  (or other basis)  (in) Adjustments to gain or loss from (sales price)  (or other basis)  (in) Adjustments to gain or loss from (sales price)  (or other basis)  (in) Adjustments to gain or loss from (sales price)  (or other basis)						(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (q)
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.			line 2, colum	(g)	with column (g)
	Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked					
	Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked	1,162.	0.			1,162.
3	Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked					
4	Short-term gain from Form 6252 and short-term gain or (I	oss) from Forms 4	684, 6781, and 88	324	4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1	,			5	
6	Short-term capital loss carryover. Enter the amount, if an <b>Worksheet</b> in the instructions	Carryover	6	(		
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwis	through 6 in colu	ımn (h). If you hav	e any long-	7	1,162.
Par						
See i	nstructions for how to figure the amounts to enter on the below.	(d) Proceeds	(e)	<b>(g)</b> Adjustmer		(h) Gain or (loss) Subtract column (e)
	form may be easier to complete if you round off cents to e dollars.	Cost (or other basis)	to gain or loss Form(s) 8949, line 2, colum	Part II,	from column (d) and combine the result with column (g)	
	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.					
8b	Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked					
	Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked					
10	Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked					
	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824				11	
	Net long-term gain or (loss) from partnerships, S corporat				12	
	Capital gain distributions. See the instructions				13	
	Long-term capital loss carryover. Enter the amount, if any <b>Worksheet</b> in the instructions	-	-		14	(
15	Net long-term capital gain or (loss). Combine lines 8s	a through 14 in co	olumn (h). Then, go	to Part III	15	

BAA

Schedule D (Form 1040) 2022 Page 2

### Part III **Summary** 16 Combine lines 7 and 15 and enter the result 16 1,162. • 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 • 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? ☐ **Yes.** Go to line 18. 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 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? ☐ 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. and 22 below. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 21 • (\$3,000), or if married filing separately, (\$1,500) Note: When figuring which amount is smaller, treat both amounts as positive numbers. Do you have gualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.

## Sales and Other Dispositions of Capital Assets

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. OMB No. 1545-0074 Attachment Sequence No. 12A

Name(s) shown on return Baltripat Singh

Department of the Treasury

Internal Revenue Service

Social security number or taxpayer identification number

774-53-6804

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.

<ul><li>☐ (A) Short-term transactions</li><li>☒ (B) Short-term transactions</li><li>☐ (C) Short-term transactions</li></ul>	reported on	Form(s) 1099	9-B showing bas				<b>e</b> )
(a) Description of property	(b) Date acquired	(c) Date sold or	<b>(d)</b> Proceeds	(e) Cost or other basis See the <b>Note</b> below	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)
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)		Amount of	from column (d) and combine the result with column (g).	
TESLA INC COMMON STOCK 1	09/05/22	09/07/22	275.	0.			275.
TESLA INC COMMON STOCK 1.25	12/05/22	12/06/22	223.	0.			223.
TESLA INC COMMON STOCK 2.25	12/05/22	12/06/22	401.	0.			401.
TESLA INC COMMON STOCK 1.5	12/05/22	12/07/22	263.	0.			263.
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box 6).	al here and inc is checked), <b>lir</b>	lude on your ne 2 (if Box B	1.162.	0.			1.162.

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.