Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

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

Submission Identification Number (SID)

Taxpay	er's name	Social securit	ty numb	ber
SUS	HMITHA KONDA	014-85	-4043	3
Spouse	's name	Spouse's soc	ial secu	urity number
Par	Tax Return Information – Tax Year Ending December 31, 2023 (Ente	r vear vou a	re aut	thorizing.)
	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	104,710.
2	Total tax		2	15,300.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	18,047.
4	Amount you want refunded to you		4	2,747.
5	Amount you owe		5	

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

Under penalties of periury. 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

X lauthorize GLOBAL TAXES LLC to enter or generate my PIN ERO firm name

Enter five digits, but don't enter all zeros									
	5	4	0	4	3				

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 > Sushmitha konda

Spouse's PIN: check one box only

I authorize

to enter or generate my PIN

Date > 04/11/2024

		as my
er fiv n't er		

ERO firm name 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	'									
Practitioner PIN Method Returns Only—contin		2	2			6 nter a		 2	7 1	

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 ►			
	st Retain This Form — See his Form to the IRS Unless		
Fax Denergy Reduction Act Nation and your toy a			Earm 8879 (Bay 01 2021)

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 03/07/24 PRC

Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Presidential ElectionCampaign Spotse filling jointly, wards spotse fil	1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		turn	202	3	OMB No. 1545	-0074	IRS Use Only	∕—Do not w	vrite or sta	aple in this space.
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If joint return, spoule's first name and middle initial Last name Spoule's social security number Home address gruntber and attest). If you have a P.O. box, see instructions. Apr. no. Check here frou or your City, town, or post office. If you have a foreign address, also complete spaces below. State 2/P code Spouse if filing jointy, want S3 THOUSAND OAKS Single Check here frou, or your Foreign posticulate advectority Foreign posticulate advectority Foreign posticulate advectority You Spouse if filing jointy, want S3 Filing Status Single Check here is advectority Foreign posticulate advectority You Spouse if filing jointy, want S3 Foreign constructions. Married filing jointy (even if only one had income) Qualifying spouse (QSS) You You No Standard Someone can claims You as a dependent You obscked the HOH or QSS box, enter the child's name if the qualifying person is a clinical but net your you were a dual-status allen Appr. No Standard Spouse if emizes on a separater were your you were a dependent You powere advectority No Dependentific see instructions) If a total amount from Form(s) W-2, box 1 (see instructions) If a 119, 286. If a 119, 286. If a 119, 286. If a 119, 286. If a 119, 286. </td <td>Your first name</td> <td>and m</td> <td>iddle initial</td> <td>Last r</td> <td>name</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>Your so</td> <td>cial sec</td> <td>urity number</td>	Your first name	and m	iddle initial	Last r	name						Your so	cial sec	urity number
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Married filing jointly or Qualifying surviving spouse, \$27,700Additional income from Schedule 1, line 10Intercedured, check hereIntercedured, check here9Additional income from Schedule 1, line 10Intercedured, check here9104,710.9Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income9104,710.10Adjustments to income from Schedule 1, line 261011Subtract line 10 from line 9. This is your adjusted gross income1112Standard deduction or itemized deductions (from Schedule A)1213Qualified business income deduction from Form 8995 or Form 8995-A131413,850.14									• •	L [_		
Qualifying surving spouse, \$27,7009Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income9104, 710.10Adjustments to income from Schedule 1, line 2610Head of household, \$20,80011Subtract line 10 from line 9. This is your adjusted gross income11104, 710.12Standard deduction or itemized deductions (from Schedule A)1213, 850.13Qualified business income deduction from Form 8995 or Form 8995-A1314Add lines 12 and 1314	 Married filing 								• •	· · · L		+	-14.578
Starting spoord, Head of household, \$27,700 10 Adjustments to income from Schedule 1, line 26 10 Head of household, \$20,800 11 Subtract line 10 from line 9. This is your adjusted gross income 11 104,710. \$20,800 12 Standard deduction or itemized deductions (from Schedule A) 12 13,850. If you checked any box under Standard Deduction, 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 14 13,850. 14 13. 14 13,850.	Qualifying									•••			
Head of household, \$20,80011Subtract line 10 from line 9. This is your adjusted gross income11104,710.12Standard deduction or itemized deductions (from Schedule A)1213,850.13Qualified business income deduction from Form 8995 or Form 8995-A1314Add lines 12 and 1314												,	
\$20,80012Standard deduction or itemized deductions (from Schedule A)1213,850.If you checked any box under Standard Deduction,13Qualified business income deduction from Form 8995 or Form 8995-A1313ItAdd lines 12 and 131413,850.1413,850.	 Head of household. 		•										104,710.
13Qualified business income deduction from Form 8995 or Form 8995-A13Standard14Add lines 12 and 1314131413,850	\$20,800			-									
Deduction, 14 Add lines 12 and 13	any box under							5-A				-	
	Deduction,	14	Add lines 12 and 13								. 14		13,850.
	see instructions.	15	Subtract line 14 from line 11. If zer	ro or le	ss, enter	-0 This is y	our t	taxable incom	e.		. 15		90,860.

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

Form **1040** (2023)

Form 1040 (2023	3)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3 🗌		16	15,300.
Credits	17	Amount from Schedule 2, lin	ie3					17	
	18	Add lines 16 and 17						18	15,300.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lin	ie8					20	1
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	15,300.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			23	0.
	24	Add lines 22 and 23. This is	your total tax					24	15 , 300.
Payments	25	Federal income tax withheld							
-	а	Form(s) W-2				25a 18	,047.		
	b	Form(s) 1099				25b			
	с	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c						25d	18 , 047.
If you have a	26	2023 estimated tax payment	ts and amount a	pplied from 20	22 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	8, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin				31			
	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. T	hese are your to	tal payments				33	18,047.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amou	nt you overpaid		34	2,747.
	35a	Amount of line 34 you want	refunded to you	J. If Form 8888	is attached, che	ck here	. 🗆	35a	2,747.
Direct deposit?	b	Routing number 0 1 1			c Type:	Checking X	Savings		
See instructions.	d	Account number 3 8 8	0 0 5 5	0 5 1 8	3 3 1				
	36	Amount of line 34 you want a	applied to your	2024 estimate	edtax	36			
Amount	37	Subtract line 33 from line 24	. This is the amo	ount you owe					
You Owe		For details on how to pay, g						37	
	38	Estimated tax penalty (see in	nstructions) .			38			
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?	See			
Designee	ins	structions	· · · · ·			🗌 Yes. C	omplete b	elow.	🗙 No
		signee's		Phone			onal identifi	cation	
<u>.</u>	na	der penalties of perjury, I declare ti	at I have exemine	no.			ber (PIN)	o boot (
Sign		ief, they are true, correct, and com							
Here	Yo	ur signature		Date	Your occupation		If the	IRS ser	nt you an Identity
	10	al signature		Duic					IN, enter it here
Joint return?					VALIDATIO	N ENGINEER	(see ir	ıst.)	
See instructions.	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupat	ion			nt your spouse an
Keep a copy for your records.							Identi (see ir		ection PIN, enter it here
,			<u></u>	_			,		
		one no. (603) 288-269	2 Preparer's signat	Email address	SUSHMITHAG	3430GMAIL.CO		—	Chook if:
Paid		eparer's name				Date	PTIN		Check if:
Preparer			SYAM PRIY	a kam SA(JAK GUP'I'A	04/11/2024	P02082		Self-employed
Use Only		m's name GLOBAL TAX			T 0001 C		Phone		678)965-9522
			Y CT E BRU	NSWICK N			Firm's	s EIN	84-3171965
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 03/07/24 PRO			Form 1040 (2023)

SCHEDULE	1
(Form 1040)	

Part 1

9

10

Department of the Treasury

Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074 2023

Sequence No. 01

Attachment

Internal Revenue Service Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number SUSHM

USF	IMITHA KONDA		014-8	35-40)43
Par	t Additional Income				
1	Taxable refunds, credits, or offsets of state and local income taxes			1	
2a	Alimony received			2a	
b	Date of original divorce or separation agreement (see instructions):				
3	Business income or (loss). Attach Schedule C			3	
4	Other gains or (losses). Attach Form 4797			4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Att	ach Sched	ule E .	5	-14 , 578
6	Farm income or (loss). Attach Schedule F.			6	
7	Unemployment compensation			7	
8	Other income:				
а	Net operating loss	8a ()		
b	Gambling	8b			
С	Cancellation of debt	8c			
d	Foreign earned income exclusion from Form 2555	8d (
е	Income from Form 8853	8e			
f	Income from Form 8889	8f			
g	Alaska Permanent Fund dividends	8g			
h	Jury duty pay	8h			
i	Prizes and awards	8i			
j	Activity not engaged in for profit income	8j			
k	Stock options	8k			
Ι	Income from the rental of personal property if you engaged in the rental				
	for profit but were not in the business of renting such property	81			
m	Olympic and Paralympic medals and USOC prize money (see				
	instructions)	8m			
n	Section 951(a) inclusion (see instructions)	8n			
0	Section 951A(a) inclusion (see instructions)	80			
р	Section 461(I) excess business loss adjustment	8p			
q	Taxable distributions from an ABLE account (see instructions)	8q			
r	Scholarship and fellowship grants not reported on Form W-2	8r			
S	Nontaxable amount of Medicaid waiver payments included on Form				
	1040, line 1a or 1d	8s ()		
t	Pension or annuity from a nonqualifed deferred compensation plan or				
	a nongovernmental section 457 plan	8t			
u	Wages earned while incarcerated	8u			
z	Other income. List type and amount:				
		8z			
9	Total other income. Add lines 8a through 8z			9	

Combine lines 1 through 7 and 9. This is your additional income. Enter here and on Form

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

Schedule 1 (Form 1040) 2023

-14,578.

Par	t II Adjustments to Income		
11	Educator expenses	11	
12	Certain business expenses of reservists, performing artists, and fee-basis government		
	officials. Attach Form 2106	12	
13	Health savings account deduction. Attach Form 8889	13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903	14	
15	Deductible part of self-employment tax. Attach Schedule SE	15	
16	Self-employed SEP, SIMPLE, and qualified plans	16	
17	Self-employed health insurance deduction	17	
18	Penalty on early withdrawal of savings	18	
19a	Alimony paid	19a	
b	Recipient's SSN		
С	Date of original divorce or separation agreement (see instructions):		
20	IRA deduction	20	
21	Student loan interest deduction	21	
22	Reserved for future use	22	
23	Archer MSA deduction	23	
24	Other adjustments:		
а	Jury duty pay (see instructions)		
b	Deductible expenses related to income reported on line 8I from the		
	rental of personal property engaged in for profit		
С	Nontaxable amount of the value of Olympic and Paralympic medals		
	and USOC prize money reported on line 8m	_	
d	Reforestation amortization and expenses 24d		
е	Repayment of supplemental unemployment benefits under the Trade		
	Act of 1974	_	
f	Contributions to section 501(c)(18)(D) pension plans	-	
g	Contributions by certain chaplains to section 403(b) plans 24g		
h	Attorney fees and court costs for actions involving certain unlawful		
	discrimination claims (see instructions)	_	
i	Attorney fees and court costs you paid in connection with an award		
	from the IRS for information you provided that helped the IRS detect		
	tax law violations	-	
j	Housing deduction from Form 2555	-	
K	Excess deductions of section 67(e) expenses from Schedule K-1 (Form		
	1041)	-	
Z	Other adjustments. List type and amount:		
05	Tatal athen adjustments. Add lines 04a through 04a	05	
25 06	Total other adjustments. Add lines 24a through 24z	25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10	06	
		26	
	BAA REV 03/07/24 PRO	Schedule	1 (Form 1040) 2023

			Supplementa							OMB No	o. 1545-0074
(Form	1040)	(From	rental real estate, royalties, partners	• •				trusts, REMIC	s, etc.)	20)23
	ent of the Treasury Revenue Service		Attach to Form 1040 Go to www.irs.gov/ScheduleE fo					formation		Attachm	nent ce No. 13
	shown on return								Your socia	al security	
. ,	MITHA KOND	А								5 - 4043	
Part			s From Rental Real Estate a	nd Ro	valties				011 0.		
	Note: If yo	ou are in t	the business of renting personal prope	erty, use	Schedul	e C . See	e instruc	ctions. If you ar	e an indiv	idual, rep	ort farm
			ss from Form 4835 on page 2, line 40			10000		tur eti e e e			
			ents in 2023 that would require you /ou file required Form(s) 1099?								
							• •				
1a	-		each property (street, city, state, Z		-						
	HNO 1-3-/3	2 PEDI	DAGOLLAPALLY HYDERABAD	TELAN	NGANA :	IN 50	1218				
<u>В</u> С											
 1b	Type of Prope	erty 2	For each rental real estate prop		tod		Ea	ir Rental	Person		
10	(from list below		above, report the number of fail				Ia	Days	Da		QJV
Α	3		personal use days. Check the C			Α		365		0	
В			if you meet the requirements to qualified joint venture. See instr			В					
С				uotioni	5.	С					
	of Property:										
	Single Family R			ntal	5 Land			Self-Rental			
2	Multi-Family Re	sidence	4 Commercial		6 Roya	alties	8	Other (descri	be)		
								Propertie	s:		
Incom						Α		В			С
3				3		6	501.				
4		ived .		4							
Expen 5				5							
6	0		structions)	6							
7				7		2,1	14.				
8				8		_,_					
9				9							
10			ssional fees	10							
11	Management f	ees .		11		2,4	12.				
12			to banks, etc. (see instructions)	12							
13	Other interest	• •		13							
14	a			14			57.				
15 16				15 16		2,0	58.				
17				17		2.0	041.				
18			or depletion	18			97.				
19	Othor (list)			10							
20			nes 5 through 19	20		15,1	.79.				
21			ine 3 (rents) and/or 4 (royalties). If								
	· ·		nstructions to find out if you must								
~ ~				21		-14,5	0/8.				
22			estate loss after limitation, if any, structions)	22	(1/ 5'	78 \	((١
23a		-	ported on line 3 for all rental prop		N	14,5	23a	l .	601.)
23a b			ported on line 4 for all royalty pro			:	23b				
c			ported on line 12 for all properties	-			23c				
d			ported on line 18 for all properties				23d	2,	597.		
е			ported on line 20 for all properties				23e	15,	179.		
24			amounts shown on line 21. Do no						24		
25			ses from line 21 and rental real esta							(14,578.)
26			te and royalty income or (loss).								
			d IV, and line 40 on page 2 do n 0), line 5. Otherwise, include this a						26		-14,578.
For Pa			Notice, see the separate instruction			PA		-14,578.			form 1040) 2023

SCHEDULE E

Schedule E (Form 1040) 2023

		DC	NOT MAIL THIS FO	ORM TO THE FTB
TAXABLE YEAR				FORM
2023	California e-file Signature	Authorization for	Individuals	8879
Your name			Your SSN or I	ΓIN
SUSHMITHA			014-85-4	
Spouse's/RDP's nar	me		Spouse's/RDP	's SSN or ITIN
Part I Tax Ret	urn Information (whole dollars only)			
1 California adjus	sted gross income (AGI). See instructions			104710
2 Amount you ov	we. See instructions			2014
3 Refund or no a	amount due. See instructions			2014
	rer Declaration and Signature Authorization (Be sure you perjury, I declare that I have examined a copy of my indi	· · · · ·	· · · · · · · · · · · · · · · · · · ·	
income tax return. and on form FTB 8 agrees with the dir domestic partner (provider to transm to my ERO, interm return, I understan penalties. I acknow	ber (ITIN), and the amounts shown in Part I above agree If applicable, I authorize an electronic funds withdrawal of 3455, California e-file Payment Record for Individuals, or rect deposit authorization stated on my return. If I have fil (RDP) as an agent to authorize an electronic funds withdr hit my complete return to the Franchise Tax Board (FTB). I nediate service provider, and/or transmitter the reason(nd that if the FTB does not receive full and timely paymen wledge that I have read and consent to the Electronic Funda al identification number (PIN) as my signature for my elec	of the amount on line 2 and/or the e a comparable form. If applicable, I of led a joint return, this is an irrevocal awal or direct deposit. I authorize m If the processing of my return or re (s) for the delay or the date when ti t of my tax liability, I remain liable fo ds Withdrawal Consent included on	stimated tax payments as si leclare that direct deposit re ole appointment of the other y ERO, transmitter, or intern fund is delayed, I authorize ne refund was sent. If I am or the tax liability and all app the copy of my electronic in	nown on my return fund amount on line 3 spouse/registered nediate service the FTB to disclose filing a balance due licable interest and come tax return. I have
Taxpayer's PIN: cl				
	GLOBAL TAXES LLC		to enter my PIN	5 4 0 4 3
	ERO firm name			o not enter all zeros
as my signat	ure on my 2023 e-filed California individual income tax re	turn.		
	y PIN as my signature on my 2023 e-filed California indiv d using the Practitioner PIN method. The ERO must comp		box only if you are entering	your own PIN and your
Your signature		Date		
Spouse's/RDP's P	'IN: check one box only			
🗌 I authorize			to enter my PIN	
	ERO firm name			o not enter all zeros
as my signat	ure on my 2023 e-filed California individual income tax re	turn.		
	ny PIN as my signature on my 2023 e-filed California urn is filed using the Practitioner PIN method. The ERO m		k this box only if you are o	entering your own PIN
Spouse's/RDP's si	gnature 🕨	[Date 🕨	
	Practitioner PIN Metho	od Returns Only continue below		
Part III Certifi	ication and Authentication — Practitioner PIN Method C			
	Filer Identification Number (EFIN)/PIN. it EFIN followed by your five-digit self-selected PIN.	2 2 2 4 Dor	9 6 0 8 2 not enter all zeros	7 1
I certify that the all confirm that I am e-file Providers.	bove numeric entry is my PIN, which is my signature for submitting this return in accordance with the requirement	the 2023 California individual incon ts of the Practitioner PIN method a	ne tax return for the taxpay Ind FTB Pub. 1345, 2023 Ha	er(s) indicated above. I andbook for Authorized
ERO's signature	▶	Date 🕨	04/11/2024	

2023 California Resident Income Tax Return

			APE	ATTACH FEDERAL RETURN	
		35-4043 KOND AITHA KONDA		23	
69 TH(ESTBURY ST SAND OAKS CA	91360		
03-	-23	3-1995			
		Enter your county at time of filing (see inst	rotions)		
esidence	۲	VENTURA	your principal/physical residence ad	ddress at the time of filing, check this box $oldsymbol{igstar}$	
Principal Residence	۲	Street address (number and street) (If forei	gn address, see instructions.)	Apt. no/ste. no.	
	۲				
Filing Status	1 2	If your California filing status is different	4 Head of househo	old (with qualifying person). See instructions. ving spouse/RDP. Enter year spouse/RDP died.	
_	3	Married/RDP filing separately	. Enter spouse's/RDP's SSN or ITIN	above and full name here.	
	6	If someone can claim you (or your s	pouse/RDP) as a dependent, check	the box here. See instr	
Exemptions		r line 7, line 8, line 9, and line 10: Mult Personal: If you checked box 1, 3, o box 2 or 5, enter 2 in the box. If you Blind: If you (or your spouse/RDP) a if both are visually impaired, enter 2 Senior: If you (or your spouse/RDP); if both are 65 or older, enter 2. See in REV 03/05/24 PRO	r 4 above, enter 1 in the box. If you checked the box on line 6, see instr are visually impaired, enter 1; . See instructions	$1 \times \$144 = • \$ $ $1 \times \$144 = • \$ $ $1 \times \$144 = • \$ $	only 44
			175 3101234	4 Form 540 2023 Side 1	

Υοι	ır naı	me:	KON	DA		Your SSN	or ITIN:	014-8	35-4043				
	10	Depen	dents:		ot include yoursel Dependent 1	f or your spouse/RE		ndent 2			Dependent 3		
Exemptions		First	Name	۲			• Dehei						
		Last	Name	igodoldoldoldoldoldoldoldoldoldoldoldoldol			•						
			. See										
		Depe	ructions. endent's tionship	•			•						
		to yo	ou .	0									
	Tota	l deper	ndent e	xemp	otions			• • • •	10 X	\$446 = (\$		
	11	Exem	nption a	amou	Int: Add line 7 thro	ugh line 10. Transfe	r this amo	ount to line	9 32	• 1	1\$	14	14
	12	State Form	wages I(s) W-2	from 2, box	n your federal x 16	••••••••••••	2		119288	. 00			
	13	Enter	⁻ federa	l adju	usted gross incom	e from federal Form	1040 or 1	040-SR, I	ine 11	. 🖲 13		104710	. 00
	14					ns. Enter the amoun				. • 14			- 00
е	15					s than zero, enter th				. 15		104710	. 00
ncon	16	Califo	ornia ad	ljustn	ments – additions.	Enter the amount fr	om Sched	ule CA (54	40),				. 00
Taxable Income	17					Combine line 15 and						104710	. 00
Тах	18		(•					```			- <u>00</u>
	10	Enter the 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											
					-	P filing separately. Ily, Head of household							
	19	If Married/RDP filing separately or the box on line 6 is checked, STOP . See instructions. • 18 5363 .00 Subtract line 18 from line 17. This is your taxable income .											
	15									. 🖲 19		99347	. 00
					×	Tax Table	Тах	Rate Sch	adula				
	31	Tax. (Check t	he bo	ox if from:]						5888	. 00
	32					」FTB 3800 ● nt from line 11. If yo	ur federal	AGI is mo		••••			
Тах		\$237	,035, s	ee ins	structions					. 🖲 32		144	<u>00</u>
	33	Subti	ract line	e 32 f	from line 31. If les	s than zero, enter -0			·····	. 🖲 33		5744	. 00
	34	Tax. S	See inst	tructi	ions. Check the bo	x if from: • S	chedule G-	-1 •	FTB 5870A	• 34			. 00
	35	Add I	line 33 a	and li	ine 34					. 🖲 35		5744	. 00
ŝ			, .										
Special Credits	40					t Care Expenses Cre]	struction:					• 00
scial (43	Enter	credit	name	e		」code ●		and amount	• 43			<u> 00</u>
Spe	44	Enter	^r credit	name	e		code		and amount	• 44	REV 03/05/24 PR	20	- 00
		Side 2	? Form	540	2023	175	310	2234			NEV 03/03/24 PF		

You	ır nar	me: KONDA Your SSN or ITIN: 014-85-4043	
s	45	To claim more than two credits, see instructions. Attach Schedule P (540) • 45	. 00
Credit	46	Nonrefundable Renter's Credit. See instructions	. 00
Special Credits	47	Add line 40 through line 46. These are your total credits	. 00
Spe	48	Subtract line 47 from line 35. If less than zero, enter -0	. 00
axes			. 00
	61	Alternative Minimum Tax. Attach Schedule P (540)	
Other Taxes	62	Mental Health Services Tax. See instructions	• 00
ō	63	Other taxes and credit recapture. See instructions	• 00
	64	Add line 48, line 61, line 62, and line 63. This is your total tax	. 00
	71	California income tax withheld. See instructions	. 00
	72	2023 California estimated tax and other payments. See instructions	. 00
	73	Withholding (Form 592-B and/or Form 593). See instructions	. 00
Payments	74	Excess SDI (or VPDI) withheld. See instructions	. 00
Payn	75	Earned Income Tax Credit (EITC). See instructions	. 00
	76	Young Child Tax Credit (YCTC). See instructions	. 00
	77 78	Foster Youth Tax Credit (FYTC). See instructions 77 Add line 71 through line 77. These are your total payments. 78 See instructions 7758	• 00 • 00
Тах	91	Use Tax. Do not leave blank. See instructions	
Use Tax		If line 91 is zero, check if: • 🗙 No use tax is owed. • You paid your use tax obligation directly to CDTFA.	
ISR Penaltv	92	If you and your household had full-year health care coverage, check the box. See instructions. Medicare Part A or C coverage is qualifying health care coverage	
ے م		Individual Shared Responsibility (ISR) Penalty. See instructions • 92	
er	93	Payments balance. If line 78 is more than line 91, subtract line 91 from line 78	• 00
lax Dı	94	Use Tax balance. If line 91 is more than line 78, subtract line 78 from line 91	. 00
Tax/T	95	Payments after Individual Shared Responsibility Penalty. If line 93 is more than line 92, subtract line 92 from line 93	. 00
Overpaid Tax/Tax Due	96	Individual Shared Responsibility Penalty Balance. If line 92 is more than line 93, subtract line 93 from line 92	. 00
Ove	97	Overpaid tax. If line 95 is more than line 64, subtract line 64 from line 95	. 00
		REV 03/05/24 PRO	_
		175 3103234 Form 540 2023 Side 3	

/our nar	ne:	KONDA	Your SSN or ITIN:	014-85-4043			
, <u>e</u> 98	Amo	unt of line 97 you want applied to yo	ur 2024 estimated tax		98	0	00
Tax/Tax Due 66 66 00	Over	paid tax available this year. Subtract	line 98 from line 97		99	2014	. 00
Š ~~ ₩ 100	Tax o	due. If line 95 is less than line 64, sub	otract line 95 from line 6 [,]	4	100		00
					<u>Code</u>	Amount	
	Califo	ornia Seniors Special Fund. See instru	uctions		• 400		. 00
	Alzhe	eimer's Disease and Related Dementia	a Voluntary Tax Contribu	tion Fund	• 401		. 00
	Rare	and Endangered Species Preservatio	n Voluntary Tax Contribu	ution Program	• 403		. 00
	Califo	ornia Breast Cancer Research Volunta	ary Tax Contribution Fund	d	• 405		. 00
	Califo	ornia Firefighters' Memorial Voluntary	/ Tax Contribution Fund .		• 406		. 00
	Emer	gency Food for Families Voluntary Ta	ax Contribution Fund		• 407		. 00
	Califo	ornia Peace Officer Memorial Founda	tion Voluntary Tax Contri	ibution Fund	• 408		. 00
	Califo	ornia Sea Otter Voluntary Tax Contrib	ution Fund		• 410		. 00
tions	Califo	ornia Cancer Research Voluntary Tax	Contribution Fund		• 413		. 00
Contributions	Scho	ol Supplies for Homeless Children Vo	oluntary Tax Contributior	ו Fund	• 422		. 00
õ	State	Parks Protection Fund/Parks Pass P	urchase		• 423		. 00
	Prote	ect Our Coast and Oceans Voluntary 1	Fax Contribution Fund		• 424		. 00
	Кеер	Arts in Schools Voluntary Tax Contri	bution Fund		• 425		. 00
	Califo	ornia Senior Citizen Advocacy Volunta	ary Tax Contribution Fun	d	• 438		. 00
	Nativ	e California Wildlife Rehabilitation Vo	oluntary Tax Contribution	1 Fund	• 439		. 00
	Rape	Kit Backlog Voluntary Tax Contributi	on Fund		• 440		. 00
	Suici	de Prevention Voluntary Tax Contribu	Ition Fund		• 444		. 00
	Ment	al Health Crisis Prevention Voluntary	Tax Contribution Fund.		• 445		. 00
110	Add	amounts in code 400 through code 4	45. This is your total co	ntribution	• 110		. 00

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You	r nan	ne:	KONI				Your SSN or			5-4043		•		
Amount You Owe	111	AMO Mail Pay (to: FF Online –	U OWE. If ANCHISE Go to ftb	f you d TAX I .ca.go	o not have an BOARD, PO E DV/pay for mo	amount on line 9 30X 942867, SA pre information.	/9, add I CRAME	line 94, line 9 ENTO CA 94	96, line 100, an 267-0001	d line 110. • ● 111	See instructions. E	Do not send cash.	. 00
Interest and Penalties	113	Unde Chec	erpayme	ent of estin	mated	tax. B 5805 attac	yment penalties hed • Final Fi	TB 5805	5F attached		• 113			- 00 - 00
							t the sum of line					e instructions.		
							X 942840, SACF						2014	. 00
Refund and Direct Deposit		Fill in the information to authorize direct See instructions. Have you verified the All or the following amount of my refun • Type • Routing number		verified the r of my refund pe	outing and acco	unt nur horized	nbers? Use	whole dollars	only.	nown below:	k or a deposit slip deposit amount			
ind and I			1140		×	Checking Savings	38800550		33				2014	. 00
Refu		The I	remainir	ng amoun	t of m • Ty		e 115) is authoriz	ed for c	direct depos	sit into the acc	ount showr	n below:		
		• F	Routing	number		Checking Savings	Account nun	nber				• 117 Direct o	deposit amount	. 00
Voter Info.		For v	/oter reç	gistration	inform	ation, check	the box and go t	.0 SOS.C	ca.gov/elec	t ions . See inst	ructions			
Health Care Coverage Info.		-					ow-cost health ca 1 your tax return			-		0	Yes	No

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Sign your tax return on Side 6

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Your	name:	KON
YOUI	name.	

IDA	
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Your SSN or ITIN:	014-85-4043



IMPORTANT:	See the instructions to find out if you should attach a copy of your complete federal tax return.								
Our privacy notic to locate FTB 113	e can be found in annual tax booklets or online. Go to ftb.ca.gov/privacy to learn about our privacy policy statement, or go to ftb. 1 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form code	ca.gov/forms and search for 1131 948 when instructed.							
Under penalties is true, correct, a	of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the bes Ind complete.	st of my knowledge and belief, it							
Your signature	Date Spouse's/RDP's signature (if a joint	tax return, both must sign)							
	Your email address. Enter only one email address.) Preferred phone number							
Sign	6	032882692							
Here	Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge)								
	SYAM PRIYA RAM SAGAR GUPTA								
It is unlawful to forge a	Firm's name (or yours, if self-employed)	PTIN							
spouse's/ RDP's	GLOBAL TAXES LLC	P02082703							
signature.	Firm's address	Firm's FEIN							
Joint tax return?	245 ROONEY CT E BRUNSWICK NJ 08816	843171965							
See instructions.	Do you want to allow another person to discuss this tax return with us? See instructions	Yes × No							
	Print Third Party Designee's Name	lephone Number							

CA (540)

2023 California Adjustments — Residents

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

Nar	ne(s) as shown on tax return			SSN or ITIN
SU	JSHMITHA KONDA			014854043
Pa Se	rt I Income Adjustment Schedule stion A – Income from federal Form 1040 or 1040-SR	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
1	a Total amount from federal Form(s) W-2, box 1. See instructions 1 a	• 119288	۲	۲
	 b Household employee wages not reported on federal Form(s) W-2	۲	۲	۲
	c Tip income not reported on line 1a 1c	۲	\odot	\odot
	d Medicaid waiver payments not reported on federal Form(s) W-2. See instructions 1d	۲	۲	۲
	e Taxable dependent care benefits from federal Form 2441, line 26 1e	۲	۲	۲
	f Employer-provided adoption benefits from federal Form 8839, line 291f	٢	۲	۲
	g Wages from federal Form 8919, line 6 1g	۲	۲	۲
	\boldsymbol{h} Other earned income. See instructions $\ldots\ldots$. 1 \boldsymbol{h}	• 0		\odot
	i Nontaxable combat pay election. See instructions			۲
	z Add line 1a through line 1i1z	• 119288	۲	۲
2	Taxable interest. a • 2b	۲		۲
3	Ordinary dividends. See instructions. a • 3b	\odot	\odot	۲
	IRA distributions. See instructions. a • 4b	۲	۲	۲
	Pensions and annuities. See instructions. a • 5b	۲	۲	۲
	Social security benefits. a • 6 b	۲	۲	
	Capital gain or (loss). See instructions	(Form 1040)	۲	۲
	ction B – Additional Income from federal Schedule 1 Taxable refunds, credits, or offsets of state			
	and local income taxes	٢	۲	
2	a Alimony received. See instructions2a	٢		۲
3	Business income or (loss). See instructions 3	۲	۲	۲
	Other gains or (losses)	۲	۲	۲
	Rental real estate, royalties, partnerships, S corporations, trusts, etc	• -14578	۲	۲
6	Farm income or (loss)6	۲	۲	۲
7	Unemployment compensation7	۲	۲	

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Section B – Additional Income Continued	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
8 Other income: a Federal net operating loss	• ()		۲
b Gambling 8b	۲	۲	
c Cancellation of debt 8c	\odot	\odot	\odot
d Foreign earned income exclusion from federal Form 2555	• ()		۲
e Income from federal Form 8853 8e	۲		۲
f Income from federal Form 8889	۲	۲	
g Alaska Permanent Fund dividends	۲		
h Jury duty pay 8h	۲		
i Prizes and awards8i	۲		
j Activity not engaged in for profit income8j	۲		
k Stock options8k	۲		
I Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property 81	۲		
m Olympic and Paralympic medals and USOC prize money	۲		
n IRC Section 951(a) inclusion 8 n	۲	۲	
o IRC Section 951A(a) inclusion	۲	۲	
p IRC Section 461(I) excess business loss adjustment 8p	۲	۲	۲
q Taxable distributions from an ABLE account 8q	۲		
r Scholarship and fellowship grants not reported on federal Form(s) W-28r	۲		
s Nontaxable amount of Medicaid waiver payments included on federal Form 1040, line 1a or line 1d8s	• ()		
t Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental IRC Section 457 plan 8t	۲		
u Wages earned while incarcerated 8 u	\odot		
z Other income. List type and amount.			
• 8z	۲	\odot	\bullet



Se	ction 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	$oldsymbol{O}$		۲		۲
	b1 Disaster loss deduction from form FTB 3805V 9b1			۲		
	b2 NOL deduction from form FTB 3805V 9b2			ullet		
	b3 NOL deduction from form FTB 3805Z, 3807, or 3809			۲		
10	Total. Combine Section A, line 1z through line 7, and Section B, line 1 through line 7, and line 9a in column A and column C. Add Section A, line 1z through line 7, and Section B, line 1 through line 7, line 9a, and line 9b1 through line 9b3 in column B (as applicable). See instructions	۲	104710	۲		۲
	ction C – Adjustments to Income m federal Schedule 1 (Form 1040)					
11	Educator expenses			۲		
12	Certain business expenses of reservists, performing artists, and fee-basis government officials 12			۲		۲
13	Health savings account deduction13			۲		
	Moving expenses. Attach form FTB 3913. See instructions					۲
15	Deductible part of self-employment tax. See instructions			۲		
16	Self-employed SEP, SIMPLE, and qualified plans16	ullet				
17	Self-employed health insurance deduction. See instructions	$oldsymbol{O}$		۲		
18	Penalty on early withdrawal of savings					
19	a Alimony paid 19a					۲
	b Recipient's: SSN •					
	Last Name 🖲					
20	IRA deduction			•		۲
21	Student loan interest deduction					۲
22	Reserved for future use					
23	Archer MSA deduction	$oldsymbol{igo}$				



Section C – Adjustments to Income Continued	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
4 Other adjustments: a Jury duty pay24a	۲		
 b Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit	۲	۲	۲
c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m24c	۲	۲	
d Reforestation amortization and expenses24d			
e Repayment of supplemental unemployment benefits under the federal Trade Act of 1974 24e	•		
f Contributions to IRC Section 501(c)(18)(D) pension plans24f	۲	۲	•
g Contributions by certain chaplains to IRC Section 403(b) plans	\odot	۲	۲
h Attorney fees and court costs for actions involving certain unlawful discrimination claims	۲		
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 24 i	۲	۲	
j Housing deduction from federal Form 2555 24 j			
k Excess deductions of IRC Section 67(e) expenses from federal Schedule K-1 (Form 1041)24k	•		
z Other adjustments. List type and amount.			
<u>و</u> 24z	\odot	\odot	\odot
5 Total other adjustments. Add line 24a through line 24z	۲	۲	۲
5 Add line 11 through line 23 and line 25 in columns A, B, and C. See instructions	۲	۲	۲
7 Total. Subtract line 26 from line 10 in columns A, B, and C. See instructions	• 104710	۲	۲

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Part II Adjustments to Federal Itemized Deducti

01			alifornia				
Une	eck the box if you did NOT itemize for federal but will itemize	A	Federal Amounts (from federal Schedule A (Form 1040))		B Subtractions See instructions		C Additions See instructions
Me	dical and Dental Expenses See instructions.						
1	Medical and dental expenses • 1						
2	Enter amount from federal Form 1040 or 1040-SR, line 11 104710 2						
3	Multiply line 2 by 7.5% (0.075) • 7853 3						
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter 04					۲	
	a State and local income tax or general sales taxes5a		8832	۲	8832		
	b State and local real estate taxes 5 t						
	c State and local personal property taxes5c						
	d Add line 5a through line 5c		8832				
	 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		8832		8832		0
6	Other taxes. List type • 6			۲		۲	
7	Add line 5e and line 67		8832		8832	۲	0
	 a Home mortgage interest and points reported to you on federal Form 1098 						
	b Home mortgage interest not reported to you on federal Form 10988k					۲	
	c Points not reported to you on federal Form 10988c					۲	
	d Reserved for future use80						
	e Add line 8a through line 8c8e			$ \mathbf{O} $		۲	
9	Investment interest			$ \mathbf{O} $		۲	
10	Add line 8e and line 910	۲				۲	



Pa	rt II Adjustments to Federal Itemized Deductions Continued	A	Federal Amounts (from federal Schedule A (Form 1040))		B Subtractions See instructions		C Additions See instructions
Gif	ts to Charity		N				
	Gifts by cash or check			۲		۲	
12	Other than by cash or check			۲		۲	
13	Carryover from prior year			•		۲	
14	Add line 11 through line 1314			۲		۲	
	cualty and Theft Losses Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions 15					۲	
Oth	er Itemized Deductions						
16	Other—from list in federal instructions 16			۲		۲	
17	Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C 17		8832		8832	۲	0
18	Total. Combine line 17 column A less column B plus co	lumn	C			18	0
Job	Expenses and Certain Miscellaneous Deductions						
19	Unreimbursed employee expenses: job travel, union due Attach federal Form 2106 if required. See instructions .	es, jol	b education, etc.)19			
20	Tax preparation fees) 20			
21	Other expenses: investment, safe deposit box, etc. List type		•) 21	0		
	Add line 19 through line 21 Enter amount from federal Form 1040) 22	0		
	or 1040-SR, line 11		104710				
24	Multiply line 23 by 2% (0.02). If less than zero, enter 0.			24	2094		
25	Subtract line 24 from line 22. If line 24 is more than line	22, (enter 0			25	0
26	Total Itemized Deductions. Add line 18 and line 25					26	0
27	Other adjustments. See instructions. Specify.					27	
28	Combine line 26 and line 27					28	0
29	Is your federal AGI (Form 540, line 13) more than the Single or married/RDP filing separately Head of household Married/RDP filing jointly or qualifying surviving s No. Transfer the amount on line 28 to line 29.			. \$237, . \$355.	035 558		
	Yes. Complete the Itemized Deductions Worksheet in th	e ins	tructions for Schedule CA	(540),	line 29	29	0
30	Enter the larger of the amount on line 29 or your stand Single or married/RDP filing separately. See instru Married/RDP filing jointly, head of household, or qu	iction ialifyi	ng surviving spouse/RDP	\$10,	726		
	Transfer the amount on line 30 to Form 540, line 18 \ldots					30	5363
					REV 03/05/24 PRO		
	Side 6 Schedule CA (540) 2023 175	1	7736234				