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)

T.....

Taxpayer's name	Social security number
AKASH PUTHALATH	830-87-0688
Spouse's name	Spouse's social security number
Part I Tax Return Information – Tax Year Ending December 31, 2023 (Enter	er year you are authorizing.)
Enter whole dollars only on lines 1 through 5.	
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.	
<b>1</b> Adjusted gross income	<b>1</b> 21,942.
<b>2</b> Total tax	<b>2</b> 2,225.
<b>3</b> Federal income tax withheld from Form(s) W-2 and Form(s) 1099	<b>3</b> 3,878.
4 Amount you want refunded to you	<b>4</b> 1,653.
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	I authorize	GLOBAL	TAXES	LLC	to enter or generate my PIN	L
				ERO firm name		

7	0	6	8	8	00 001
Ent don	er fiv i't en	ve di Iter a	gits, all ze	but ros	as my

signature on the income tax return (original or amended) I am now authorizing.

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

Your signature

Date 🕨

#### Spouse's PIN: check one box only

I authorize

to	enter	or	generate	my	PIN

as mv Enter five digits, but don't enter all zeros

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 >	Da	ate 🕨				 			
Practitioner PIN Method Returns Only—co	ontinue	bel	ow						
Part III Certification and Authentication – Practitioner PIN Method	Only								
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected	PIN.	2	2	 	 6 nter a	 	2 7	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 🕨	Date 🕨						
	t Retain This Form — See Instructions s Form to the IRS Unless Requested To Do So						

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

For the year Jun. 1–Dec. 31, 2023, or other tax year beginning         2023, anding         202         Bee sequences           Your If instance and middle initial         Last name         POT HALLATH         B30-87-068.8           AKASH         PUTHALATH         B30-87-068.8         PUTHALATH         B30-87-068.8           Informa address (number and streed). Hyou have a P.O. box, see instructions.         Information of the set of the second street is a digital state (Control of the second street).         State         ZP Code           SAN FRANCISCO         CA         94102         Foreign postil code         Foreign postil code           Filing         Single         Married filing separately (MFS)         Couldlying surviving spouse (QSS)         Estate         Introst           Filing status         If you checked the QSS box, enter the child's name the qualitying person is a child but not your dependent:         Introst         Introst           Operations         If you checked the QSS box, enter the child's name the qualitying number         Introst         Introst           Digital Assets         A any time during 2023, (di your (g) reading asset) (r 26e instructions.)         Introst the number of the second street to	<b>1040</b>	-	Department of the Treasury-Inte U.S. Nonresident Al	rnal Revenue Service ien Income T	ax Return	2023	OMB No. 1	545-0074		Only—Do not write ble in this space.	
Your first name and middle initial       Last name       Vour first name and middle initial         AKASII       PUTILLATII       830-87-0588         Home address further and street). If you have a forebus name are No. as an inductions.       State       ZIP code         SAN FRANCISCO       CGA       91102         Foreign province/state/county       Foreign province/state/county       Foreign postal code       91102         Filing       Single       Married fing espectately (MRS)       Qualitying sunwing postal code       91102         Check only       Fyour divected the QSS box, enter the child's name if the qualifying person is a child but not your dependent:       Estate       Trust         Digital Assets       At any time during 2023, did you: (a) receive (as areward, award, or payment for property or service); or (b) estate       (d) Check tongo, or or one box.       (d) Relationship to you       (d) Check tongo, or or one box.       (d) Relationship to you       (d) Check tongo, or or one box qualifies asset (or a financial interest in a digital asset?       (d) Relationship to you       (d) Check tongo, or or one concellate for the induction and the constitution on the cons	For the year Jan	. 1–I	Dec. 31, 2023, or other tax year begini	ning	, 2023,	ending		, 20			
AKASH         EVERIALATIT         B30-87-06.88           Home address (number and streat). If you have a P.O. box, see instructions.         Apt. no.         Apt. no.           16011 ARGENTA APRIMENTS,1 POLK STREET         CA         94102           SINE FRANCISCO         CA         94102           Freigin country name         Foreign province/state/country         Foreign post office. If you have a longin address, also complete spaces below.         CA         94102           Filing Status         Single         Married filing separately (MFS)         Caulifying surviving spouse (GSS)         Estate         I'rust           Digital Asset         A any time during 2023, ddi you. (a) receive (as a reward, arend, or payment for property or services), or (b) solid kexcharge, or cherwise dispose of a digital asset (or a financial interest in a digital asset?) (See instructions.)         (d) Check the bar if qualifying for the charge or cherwise dispose of a digital asset (or a financial interest in a digital asset?) (See instructions.)         (d) Check the bar if qualifier for home for charge or the charge or cherwise dispose of a digital asset (or a financial interest in a digital asset?) (See instructions.)         (d) Check the bar if qualifier for the charge or the charge or cherwise dispose of a digital asset (or a financial interest in a digital asset?)         (d) Check the bar if qualifier for the charge or the charge or cherwise dispose of a digital asset (or a financial interest in a digital asset?)         (d) Check the bar if qualifier for the charge or the charge           Dig transmet				1							
Home address frumber and street). If you have a PO. Dox, see instructions.       Apt. no.       Apt. no.         1601 ARGENTA APETMENTS J. POLK STREET       CA       94102         SAN FRANCISCO       CA       94102         Freigin country name       Foreign province/stata/country       Foreign postal code       94102         Filing       Single       Married filing separately (MFS)       Cualifying serving spouse (QSS)       Estate       1 rust         Filing       Status       At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or or back.       Vest R No       Vest R No         Digital Assets       At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or or cherit to after therwise dispose of a digital asset (or a financial interest in a digital asset)? Ceve instructions;       (d) Check the box of qualifies of rese rust;         Dependents       (b) Fred name       Last name       (2) Depondert       (2) Relationship to you       (d) Check the box of qualifies of rese rust;       Check the CS Soc, enter Check       Check the CS Soc, enter Check       Check the CS Soc, enter Check       Check the CS Soc, enter Chec									(see instructions)		
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City, town, or poot office. If you have a foreign address, also complete spaces below.       Stat       2/E code         SAN FRANCISCO       C2       94102         Foreign country name       Foreign province/stata/country       Foreign postal code         Filing Status       Single       Married filing separately (MFS)       Qualifying surviving spouse (QSS)       Estate       In rust         Digital Assets       At any time during 2023, dd you; (a) (occine (as a reward, oward, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset?) (See instructions.)       Image: Sell (Check the tox a qualifier for parately otherwise dispose of a digital asset (or a financial interest in a digital asset?) (See instructions.)       Image: Sell (Check the tox a qualifier for parately otherwise dispose of a digital asset (or a financial interest in a digital asset?) (See instructions.)       Image: Sell (Check the tox a qualifier for parately or (b) (Check the tox a qualifier for parately or (check the or check for dependents, see instructions and check here intervection in the 1 ace instructions)       Image: Sell (Check the Check Chec	Home address (	num	ber and street). If you have a P.O. box	, see instructions.						Apt. no.	
SAN       FRANCISCO       CA       94102         Foreign pountry name       Foreign province/state/county       Foreign postal code         Filing       Single       Married filing separately (MFS)       Qualifying surviving spouse (QSS)       Estate       In trust         Digital Assets       At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset?) (See instructions)       (d) Oteck throe send;       Credit for other send;         Dependents       (e) First name       Last name       (2) Dependents       (g) Relationship to you       (h) Check throe send;       Credit for other send;       Total amount from Form(g) W-2, box 1 (see instructions)       1a       21, 9, 42, 1       Entertion;       Total send;       Total amount from Form(g) W-2, box 1 (see inst	1601 ARGE	NT	A APRTMENTS,1 POLK STRE	ET							
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Filing Status       Single       Married filing separately (MFS)       Qualifying surviving spouse (QSS)       Estate       Trust         Check only and box.       If you checked the QSS box, enter the child's name if the qualifying person is a child but not your dependent: and box.       Image: Comparison of the qualifying serviving spouse (QSS)       Estate       Trust         Digital Assets       At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)       Image: QI operations; (a) Check the box if qualifies for generality (bee instructions)       Image: QI operations; (c) First name       Image: QI operations; (c) Fi	SAN FRANC	ISC	20				CA		9410	12	
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otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)         Image: See									-		
Dependents (see instructions)       (1) First name       Last name       (2) Dependent's identifying number       (3) Relationship to you       (4) Check the box if qualifies for identify child tax credit       Conditions and dependents, see instructions         If more than four dependents, see instructions and check here       1       Total amount from Form(s) W-2, box 1 (see instructions)       1       1       1         Income       1       Total amount from Form(s) W-2, box 1 (see instructions)       1       1       2       1,942.         Connected       t       Tip income not reported on ine 1a (see instructions)       1       1       1       1         With U.S.       d       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1       1       1       1         Subsiness       f       Employee-provided adoption benefits from Form 839, line 29       1       1       1       1         Index As       Reserved for future use       1       1       1       1       1         RB-1042-S, RRB-1042-S, RRB-1042-S, RRB-1042-S, RRB-1042-S, and 228-A       is Reserved for future use       1       1       1       1         Index As       z       Add lines 1a through 1h       z       1       1       1       2       1,942.         Index As       z	Digital Assets										
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ester Biological Control       (i) First name       Last name       identifying number       (i) Relationship to you       Child tax credit       "dependents."         If more than four dependents, see instructions and check here       I       I       I       IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	-			( <b>2</b> ) De	ependent's						
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instructions and check hare       Image: Constructions and check hare       Image: Construction and check hare											
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Connected with U.S.       c       Tip income not reported on line 1a (see instructions)       1c         With U.S.       d       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d         Trade or       e       Taxable dependent care benefits from Form 2441, line 26       1e         Business       f       Employer-provided adoption benefits from Form 8839, line 29       1f         Attach       n       Other earned income (see instructions)       1h         Form(s) W-2, i       Reserved for future use       1i       1j         RB-1042-S, RRB-1042-S, RRB-1042-S, and 288A, here. Also attach       form(s)       1k       1j         Form(s)       2       Actines 1a through 1h       1z       21,942.         Add lines 1a through 1h       1a       1k       1k       1k         Form(s)       2a       Tax-exempt interest       2a       2b       2b         Add dines 1a through 1h       1a       1a       1c       1c       1,942.         Add dines 1a through 1h       1a       1a       1b       1a       1b         Yea, see       Gualified dividends       3a       b       b       Taxable amount       4b       1b         If you did not get a Form       Sa       Add line	Income	1a	Total amount from Form(s) W-2, bo	x 1 (see instruction	s)			. 1a	1	21,942.	
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Trade or       e       Taxable dependent care benefits from Form 2441, line 26       1e         Business       f       Employer-provided adoption benefits from Form 8839, line 29       1f         Attach       g       Wages from Form 8919, line 6       1g         Attach       n       Other earned income (see instructions)       1g         Porn(s)       Reserved for future use       1i       1g         SAA.1042-S, rad 828-A       k       Total income exempt by a treaty from Schedule OI (Form 1040-NR), item L, line 1(e)       1k       1z       21, 942.         San da 828-A       k       Total income exempt by a treaty from Schedule OI (Form 1040-NR), item L, line 1(e)       1k       1z       21, 942.         San da 288-A       kas       Tax-exempt interest       2a       1a       1z       21, 942.         San da 288-A       kas       Taxable interest       2b       2b       2b         San da 288-A       kas       Total income exempt by a treaty from Schedule OI (Form 1040-NR), item L, line 1(e)       1z       21, 942.         Taxable amount       4a       b       Taxable amount       4b       5b         Form(s)       G       Reserved for future use       San       b       Taxable amount       66         Witheld.		С									
Business Attach Form(s)       f       Employer-provided adoption benefits from Form 8839, line 29       1f         Attach Form(s)       Wages from Form 8919, line 6       1g         Attach Form(s)       Other earned income (see instructions)       1i         SSA-1042-S, IRBE-1042-S, and 2888-A here. Also attach Form(s)       Reserved for future use       1i         attach Form(s)       Total income exempt by a treaty from Schedule OI (Form 1040-NR), item L, line 1(e)       1k       1k         attach Form(s)       Add lines 1a through 1h       2a       b       Taxable interest       2b         1099-R if You did not       Fax able interest       2a       b       Drawle interest       2b         1099-R if You did not       Fax able interest       2a       b       Datable interest       2b         1099-R if You did not       Fax able amount       4b       It       1z       21, 942.         1099-R if You did not       Fax able amount       4b       Fax able amount       4b       4b         11       Sa       Pensions and annuities       5a       Fax able amount       4b       4b       1f         11       Sa       Additional income from Schedule 1 (Form 1040), iine 20.       Taxable amount       4b       1f       11       21, 942.		d									
g       Wages from Form 8919, line 6       1g         Attach       h       Other earned income (see instructions)       1h         Form(s) W-2, 1042-S, 128A-1042-S, and 828-A       iReserved for future use       1i       i         SAL-1042-S, SAL-1042-S, and 828-A       iReserved for future use       1i       i         here. Also       z       Add lines 1a through 1h       1k       i         form(s)       2a       b       Taxable interest       2b         109-R if       2a       b       Taxable interest       2b         109-R if       2a       b       Taxable interest       2b         11       12       21, 942.       2b       2b         12       21, 942.       3a       b       0rdinary dividends       3b         14       Tax-exempt interest       2a       b       Daxable amount       4b         15       Pensions and annuities       5a       b       Taxable amount       4b         17       Capital gain or (loss). Attach Schedule D (Form 1040), if required. If not required, check here       7       7         16       Reserved for future use       7       7       1       21, 942.         10       Additional income from Schedule 1 (Form 1040)			•								
Attach Form(s) W-2, set and 228-A, Bres. Add Lines 1a through 1h       1h         Total income exempt by a treaty from Schedule OI (Form 1040-NR), item L, line 1(e)       1i       1j         Tax-exempt interest       2a       b       Taxable interest       2b         109-R if tax was withheld.       4a       b       Taxable amount       4b         16       Reserved for future use       5a       b       Taxable amount       4b         17       Capital gain or (loss). Attach Schedule D (Form 1040), line 10       5b       6       7         10       Add lines 1z, 2b, 3b, 4b, 5b, 7, and 8. This is your total effectively connected income       9       21, 942.         10       Adjustments to income from Schedule 1 (Form 1040), line 26. These are your total adjustments to income       11       21, 942.         11       Subtract line 10 from line 9. This is your adjusted gross income       11       12, 574.         12       <	Business										
in Reserved for future use       1i       1i         SSA-1042-S, stand 8288-A in Reserved for future use       in come exempt by a treaty from Schedule OI (Form 1040-NR), item L, income exempt by a treaty from Schedule OI (Form 1040-NR), item L, income exempt by a treaty from Schedule OI (Form 1040-NR), item L, income exempt by a treaty from Schedule OI (Form 1040-NR), item L, income exempt by a treaty from Schedule OI (Form 1040-NR), item L, income exempt by a treaty from Schedule OI (Form 1040-NR), item L, income exempt by a treaty from Schedule OI (Form 1040-NR), item L, income exempt by a treaty from Schedule OI (Form 1040-NR), item L, income exempt interest       1z       21,942.         1099-R if tax was       3a       b Taxable interest       2b         1099-R if tax was       3a       b Ordinary dividends       3b         3a       Ualified dividends       3a       b Ordinary dividends       3b         4a       b Taxable amount       4b       5b       5b         9 Pensions and annuities       5a       b Taxable amount       5b       5b         9 Add lines 1z, 2b, 3b, 4b, 5b, 7, and 8. This is your total effectively connected income       9       21, 942.         10       Adjustments to income from Schedule 1 (Form 1040), line 26. These are your total adjustments to income from Schedule 1 (Form 1040-NR)) or, for certain residents of India, standard deduction (see instructions).       11       21, 942.         11       Subtract line 10 from line 9. This is your adjusted gross income	Attach										
SAL-1042-S, RRB-1042-S, and 8288-A       j         RRB-1042-S, and 8288-A       total income exempt by a treaty from Schedule OI (Form 1040-NR), item L, line 1(e)       1k         1       1k		n ;						. If	1		
RRB-1042-S, and 8288-A intervent by a treaty from Schedule OI (Form 1040-NR), item L, itk       1k         here. Also attach       z       Add lines 1a through 1h       1z       21,942.         Form(s)       2a       Tax-exempt interest       2a       b       b       Taxable interest       2b         1099-R if       2a       Tax-exempt interest       2a       b       D'ordinary dividends       2b         1099-R if       2a       Tax-exempt interest       2a       b       D'ordinary dividends       2b         1099-R if       2a       Tax-exempt interest       2a       b       D'ordinary dividends       2b         1099-R if       4a       IRA distributions       4a       b       D'axable amount       4b       4b         16 you did not get a Form       5a       b       Taxable amount       5b       6         17 you did not       5a       Reserved for future use       5a       b       Taxable amount       6         18 you git a gain or (loss). Attach Schedule D (Form 1040), line 10       5b       6       7       7         18 Additional income from Schedule 1 (Form 1040), line 26. These are your total adjustments to income from Schedule 1 (Form 1040), line 26. These are your total adjustments to income from Schedule A (Form 1040-NR)) or, for certain residents of India, st		;									
Inter Also       Ine 1(e)       Ik         here. Also       z       Add lines 1a through 1h       1z       21,942.         Form(s)       2a       Tax-exempt interest       2a       b       Taxable interest       2b         1099-R if       2a       Calified dividends       3a       b       Taxable interest       2b         1099-R if       2a       Qualified dividends       3a       b       Taxable amount       3b         withheld.       4a       Ad       b       Taxable amount       4b       4b         fyou did not       5a       5a       b       Taxable amount       5b       6         get a Form       6       Reserved for future use       5b       5b       6       7         W-2, see       7       Capital gain or (loss). Attach Schedule D (Form 1040) if required. If not required, check here       7       7         8       Additional income from Schedule 1 (Form 1040), line 10       8       9       21,942.         10       Adjustments to income from Schedule 1 (Form 1040, line 26. These are your total adjustments to income       10       11         11       Subtract line 10 from line 9. This is your adjusted gross income       11       21,942.       10         12	RRB-1042-S,	ע ע				1 1		· _ ',			
attach       z       Add lines 1a through 1h.       1z       21,942.         Form(s)       2a       Tax-exempt interest.       2a       b       Taxable interest.       2b         109-R if       2a       Qualified dividends       3a       b       Taxable interest.       2b         it ax was       3a       Qualified dividends       3a       b       Taxable interest.       2b         if you did not get a Form       5a       Pensions and annuities       5a       b       Taxable amount.       4b         W2, see       6       Reserved for future use.       5a       b       Taxable amount.       6         7       Capital gain or (loss). Attach Schedule D (Form 1040), line 10       7       7         8       Additional income from Schedule 1 (Form 1040), line 10       8       9       21,942.         10       Adjustments to income from Schedule 1 (Form 1040), line 26. These are your total adjustments to income       10       11       21,942.         11       Subtract line 10 from line 9. This is your adjusted gross income       11       21,942.       10         12       Itemized deductions (from Schedule A (Form 1040-NRP)) or, for certain residents of India, standard deduction (see instructions)       11       21,574.         13a       Qualif		ĸ									
Form(s) 1099-R if tax was       2a       Tax-exempt interest       2a       b       Taxable interest       2b         itax was       3a       Qualified dividends       3a       b       Output to tax was       3b         withheld.       4a       IRA distributions       4a       b       Output to tax was       3b         withheld.       4a       IRA distributions       4a       b       Draxable amount       3b         If you did not get a Form W-2, see instructions.       5a       Pensions and annuities       5a       b       Taxable amount       5b         6       Reserved for future use		z				L		. 12	2	21,942.	
Tubes A in tax was a multical dividends and tax was withheld.       3a       3a       3a       3a       3a       3b       3b         withheld.       4a       IRA distributions	• •		-	1	1					·	
withheld.       4a       b       Taxable amount		3a		a	<b>b</b> Ord	inary dividends .		. 3t	)		
get a Form W-2, see       6       Reserved for future use		4a	IRA distributions 4	a	b Tax	able amount		. 4k	)		
W-2, see instructions.       Capital gain or (loss). Attach Schedule D (Form 1040) if required. If not required, check here		5a	Pensions and annuities 5	a	<b>b</b> Tax	able amount		. 5t	)		
instructions.       7       Capital gain or (loss). Attach Schedule D (Form 1040) if required. If not required, check here		6	Reserved for future use					. 6			
9Add lines 1z, 2b, 3b, 4b, 5b, 7, and 8. This is your total effectively connected income921,942.10Adjustments to income from Schedule 1 (Form 1040), line 26. These are your total adjustments to income1011Subtract line 10 from line 9. This is your adjusted gross income1121,942.12Itemized deductions (from Schedule A (Form 1040-NR)) or, for certain residents of India, standard deduction (see instructions).121,574.13aQualified business income deduction from Form 8995 or Form 8995-A13a13abExemptions for estates and trusts only (see instructions)13b13c14Add lines 12 and 13c141,574.15Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income1520,368.		7	Capital gain or (loss). Attach Sched	ule D (Form 1040) i	f required. If no	ot required, check	here				
10       Adjustments to income from Schedule 1 (Form 1040), line 26. These are your total adjustments to income       10         11       Subtract line 10 from line 9. This is your adjusted gross income       11       21,942.         12       Itemized deductions (from Schedule A (Form 1040-NR)) or, for certain residents of India, standard deduction (see instructions).       12       1,574.         13a       Qualified business income deduction from Form 8995 or Form 8995-A.       13a       12       1,574.         14       Add lines 13a and 13b       .       .       13b       .       14         14       Add lines 12 and 13c       .       .       14       1,574.         15       Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income       15       20,368.		8	Additional income from Schedule 1	(Form 1040), line 1	0			. 8			
income       10         11       Subtract line 10 from line 9. This is your adjusted gross income       11       21,942.         12       Itemized deductions (from Schedule A (Form 1040-NR)) or, for certain residents of India, standard deduction (see instructions).       12       1,574.         13a       Qualified business income deduction from Form 8995 or Form 8995-A       13a       13a         b       Exemptions for estates and trusts only (see instructions)       13b       13c         c       Add lines 13a and 13b       13c       14       1,574.         15       Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income       15       20,368.		9	Add lines 1z, 2b, 3b, 4b, 5b, 7, and	8. This is your <b>tota</b>	I effectively co	onnected income		. 9		21,942.	
12       Itemized deductions (from Schedule A (Form 1040-NR)) or, for certain residents of India, standard deduction (see instructions).       12       1,574.         13a       Qualified business income deduction from Form 8995 or Form 8995-A.       13a       13a         b       Exemptions for estates and trusts only (see instructions)       13b       13b         c       Add lines 13a and 13b       13c       13c         14       Add lines 12 and 13c       14       1,574.         15       Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income       15       20,368.		10				-	-		)		
deduction (see instructions).       1       1,574.         13a       Qualified business income deduction from Form 8995 or Form 8995-A       13a         b       Exemptions for estates and trusts only (see instructions)       13b         c       Add lines 13a and 13b       13c         14       Add lines 12 and 13c       14         15       Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income       15		11	Subtract line 10 from line 9. This is	your <b>adjusted gro</b> s	ss income			. 11		21,942.	
13a       Qualified business income deduction from Form 8995 or Form 8995-A       13a       13a         b       Exemptions for estates and trusts only (see instructions)       13b       13b         c       Add lines 13a and 13b       13c       13c         14       Add lines 12 and 13c       14       1,574.         15       Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income       15       20,368.		12		•					2	1,574.	
c       Add lines 13a and 13b       13c         14       Add lines 12 and 13c       14       1,574.         15       Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income       15       20,368.		13a									
14       Add lines 12 and 13c       14       1,574.         15       Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income       15       20,368.		b	Exemptions for estates and trusts of	nly (see instruction	s)	<b>13</b> b					
15       Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income       15       20,368.		с	Add lines 13a and 13b					. 13	c		
		14	Add lines 12 and 13c					. 14			

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

Form **1040-NR** (2023)

Form 1040-NR (2	2023)			Page <b>2</b>
Tax and	16	Tax (see instructions). Check if any from Form(s):         1         8814         2         4972         3	16	2,225.
Credits	17	Amount from Schedule 2 (Form 1040), line 3	17	0.
	18	Add lines 16 and 17	18	2,225.
	19	Child tax credit or credit for other dependents from Schedule 8812 (Form 1040)	19	
	20	Amount from Schedule 3 (Form 1040), line 8	20	
	21	Add lines 19 and 20	21	
	22	Subtract line 21 from line 18. If zero or less, enter -0	22	2,225.
	23a	Tax on income not effectively connected with a U.S. trade or business from         Schedule NEC (Form 1040-NR), line 15		
	b	Other taxes, including self-employment tax, from Schedule 2 (Form 1040), line 21		
	с	Transportation tax (see instructions)         .	-	
	d	Add lines 23a through 23c	23d	
	24	Add lines 22 and 23d. This is your <b>total tax</b>	24	2,225.
Payments	25	Federal income tax withheld from:	27	2,223.
Payments	25 a	Form(s) W-2		
	b	Form(s) 1099	-	
		Other forms (see instructions)	-	
	c d	Add lines 25a through 25c         . <th>25d</th> <th>3,878.</th>	25d	3,878.
		Form(s) 8805	25u	5,070.
	e ₄	Form(s) 8288-A	25e	
	f			
	g	Form(s) 1042-S	25g 26	
	26	2023 estimated tax payments and amount applied from 2022 return	20	
	27	Reserved for future use       27         Additional child tax credit from Schedule 8812 (Form 1040)       28	-	
	28		-	
	29 20	Credit for amount paid with Form 1040-C		
	30	Reserved for future use         30           Amount from Orboticle 0 (Form 1040) line 15         24	-	
	31	Amount from Schedule 3 (Form 1040), line 15		
	32 33	Add lines 28, 29, and 31. These are your total other payments and refundable credits	32 33	2 070
Defined	34	Add lines 25d, 25e, 25f, 25g, 26, and 32. These are your total payments	33	3,878.
Refund	34 35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here	35a	<u>1,653.</u> 1,653.
Direct deposit?		Routing number $\begin{vmatrix} 3 \\ 2 \\ 2 \\ 2 \\ 2 \\ 2 \\ 7 \\ 1 \\ 6 \\ 2 \\ 7 \\ 1 \\ 6 \\ 2 \\ 7 \\ c Type: \square Checking \square Savings$	358	1,055.
See instructions.	b d	Account number 8 6 7 0 9 9 6 7 0		
	е	If you want your refund check mailed to an address outside the United States not shown on page 1, enter it here. Amount of line 34 you want <b>applied to your 2024 estimated tax 36</b>		
	36	Amount of line 34 you want applied to your 2024 estimated tax 36		
Amount	37	Subtract line 33 from line 24. This is the <b>amount you owe</b> .		
You Owe		For details on how to pay, go to www.irs.gov/Payments or see instructions	37	
	38	Estimated tax penalty (see instructions)		
Third	Do yo	ou want to allow another person to discuss this return with the IRS? See instructions.	lete below.	🗙 No
Party Designee	Desig name		fication	
		penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which		
Sign	Your	signature Date Your occupation If the	ne IRS sent you	u an Identity
Here			tection PIN, er	nter it here
-			e inst.)	
	Phon			
Paid	•	arer's name Preparer's signature Date PTIN	Chec	
Preparer	SYAN	1 PRIYA RAM SAGAR GUPTA   SYAM PRIYA RAM SAGAR GUPTA   04/07/2024   P0208	2703 🗌 S	elf-employed
Use Only		s name GLOBAL TAXES LLC Phone n	( = : = ) =	65-9522
	Firm's	s address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's E		71965
Go to www.irs.g	gov/Fo	rm1040NR for instructions and the latest information. BAA REV 03/07/24 PRO	Form <b>10</b>	40-NR (2023)

SCHE	DULE A
(Form	1040-NR)

## **Itemized Deductions**

Attach to Form 1040-NR.

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form1040NR for instructions and the latest information.

Caution: If you are claiming a net qualified disaster loss on Form 4684, see instructions for line 7.

2023 Attachment Sequence No. 7A

Name shown on Fo	rm 104	40-NR		Your iden	tifying	number
AKASH PUTH	IALA	TH		830-8	7-06	88
Taxes You Paid	1a	State and local income taxes	<b>1a</b> 1	,574.		
	b	Enter the smaller of line 1a or \$10,000 (\$5,000 if married filing separately	1b	1,574.		
Gifts to U.S. Charities	2	Gifts by cash or check. If you made any gift of \$250 or more, see instructions	2			
Caution: If you made a gift and got	3	Other than by cash or check. If you made any gift of \$250 or more, see instructions. You <b>must</b> attach Form 8283 if over \$500	3			
a benefit for it. see	4	Carryover from prior year	4			
instructions.	5	Add lines 2 through 4			5	
Casualty and Theft Losses	6	Casualty and theft loss(es) from a federally declared disaster (other disaster losses). Attach Form 4684 and enter the amount from line instructions	er than net q	ualified	6	
Other Itemized Deductions	7	Other—from list in instructions. List type and amount:		 	7	
Total Itemized Deductions	8	Add the amounts in the far right column for lines 1b through 7. Also, Form 1040-NR, line 12	enter this amo	ount on	8	1,574.
For Paperwork I	Reduc	ction Act Notice, see the Instructions for Form 1040-NR. BAA	REV 03/07/24 PR	O Sche	dule A	(Form 1040-NR) 2023

## SCHEDULE NEC (Form 1040-NR)

Department of the Treasury

Internal Revenue Service

## Tax on Income Not Effectively Connected With a U.S. Trade or Business

OMB No. 1545-0074

23

Attach to Form 1040-NR.

Go to www.irs.gov/Form1040NR for instructions and the latest information.

Name shown on Form 1040-NR

Sequence No. 7B Your identifying number

6

7

Attachment

830-87-0688

AKASH PUTHALATH

ANA	Sh FUTHALATH						030-07-00	000
Enter a	amount of income under the appropriate rate of tax. See instructions.							
	Nature of Income			(-) 100/	(h) 150/	(-) 000/	(d) Other	(specify)
	Nature of income			<b>(a)</b> 10%	<b>(b)</b> 15%	(c) 30%	%	%
1	Dividends and dividend equivalents:							
а	Dividends paid by U.S. corporations		1a					
b	Dividends paid by foreign corporations		1b					
с	Dividend equivalent payments received with respect to section 871(m) trans	sactions	1c					
2	Interest:							
а	Mortgage		2a					
b	Paid by foreign corporations		2b					
С	Other		2c					
3	Industrial royalties (patents, trademarks, etc.)		3					
4	Motion picture or TV copyright royalties		4					
5	Other royalties (copyrights, recording, publishing, etc.)		5					
6	Real property income and natural resources royalties		6					
7	Pensions and annuities		7					
8	Social security benefits		8					
9	Capital gain from line 18 below		9					
10	Gambling—Residents of Canada only. Enter net income in column (c). If zero or less, enter -0							
а	Winnings							
b	Losses		10c					
11	Gambling—Residents of countries other than Canada. Note: Enter winnings only. Losses aren't allowed		11					
12	Other (specify):							
			12					
13	Add lines 1a through 12 in columns (a) through (d)		13					
14	Multiply line 13 by rate of tax at top of each column		14					
15	Tax on income not effectively connected with a U.S. trade or business. A						-NR, line 23a <b>15</b>	
	Capital Gains and L	osses l	-rom	Sales or Excha	inges of Proper	ty	1	
losses f exchan within t	Enter only the capital gains and losses from property sales or exchanges that are from sources within the United States and not (if necessary, attach statement of descriptive details not shown below) (b) Date acqu mm/dd/yyy			<b>(c)</b> Date sold mm/dd/yyyy	(d) Sales price	(e) Cost or other basis	(f) LOSS If (e) is more than (d), subtract (d) from (e).	<b>(g) GAIN</b> If (d) is more than (e), subtract (e) from (d).
	ely connected with a U.S. ss. Do not include a gain							
or loss	on disposing of a U.S. real yinterest; report these							
gains a	nd losses on Schedule D							
(Form 1	040).				1			

Report property sales or exchanges that are effectively connected with a U.S. business on Schedule D (Form 1040), Form 4797, or both.

**17** Add columns (f) and (g) of line 16

18

. .

17 (

## SCHEDULE OI (Form 1040-NR)

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## **Other Information**

Attach to Form 1040-NR.

Go to www.irs.gov/Form1040NR for instructions and the latest information.

OMB No. 1545-0074 2023

	ent of the Treasury GO Revenue Service	to www.irs.gov/Form1040N Ans	Wer all questions and	the latest information	•	Attachment Sequence N	o. 7C
Name sł	nown on Form 1040-NR				Your identify		
AKAS	H PUTHALATH				830-87-	-0688	
Α	Of what country or countries						
в	In what country did you clain	n residence for tax purpose	es during the tax year?	' United States			
С	Have you ever applied to be a						🛛 No
D	Were you ever:						
1.	A U.S. citizen?					. 🗌 Yes	🔀 No
2.	A green card holder (lawful pe					. 🗌 Yes	🗙 No
	If you answer "Yes" to (1) or (						
E	If you had a visa on the last immigration status on the last			didn't have a visa, en	-		
F	Have you ever changed your If you answered "Yes," indica		atus) or U.S. immigratio			. 🗌 Yes	🗙 No
G	List all dates you entered and	I left the United States durin					
	Note: If you're a resident of				ient intervals	з,	
	check the box for Canada o	r Mexico and skip to item I	<u>H .</u> <u></u>	🗌 Canada	Mexic	0	
	Date entered United States mm/dd/yy	Date departed United Stat mm/dd/yy	tes Da	ate entered United State mm/dd/yy	s Date de	eparted Unite mm/dd/yy	d States
н	Give number of days (including 2021	g vacation, nonworkdays, and , 2022				J:	
I	Did you file a U.S. income tax If "Yes," give the latest year a	return for any prior year? .				. 🗌 Yes	🛛 No
J	Are you filing a return for a tru	ust?				. 🗌 Yes	🗙 No
	If "Yes," did the trust have a U.S. person, or receive a con	U.S. or foreign owner under	er the grantor trust rul	es, make a distribution	n or loan to	а	No
к	Did you receive total compen	sation of \$250,000 or more	during the tax year? .			_	
	If "Yes," did you use an alterr						
L	Income Exempt From Tax- complete (1) through (3) below	If you are claiming exempt	tion from income tax	under a U.S. income			i country,
1.	Enter the name of the country amount of exempt income in t				claimed the	treaty benefi	it, and the
	(a) Co		(b) Tax treaty article	(c) Number of month	ns (d)	Amount of exe	empt
	(-)		(,,,	claimed in prior tax ye		ne in current ta	•
	(e) Total. Enter this amount of		-		-		
	Were you subject to tax in a f						∐ No
3.	Are you claiming treaty benef	•	•			. 🗌 Yes	🗙 No
	If "Yes," attach a copy of the	Competent Authority deterr	mination letter to your	return.			
M	Check the applicable box if:	naking an alaction to the -t in	acomo from real more	why looptod in the life it	od States	offoothich: -	opposte -
1.	This is the first year you are n with a U.S. trade or business	under section 871(d). See in	nstructions	erty located in the Unit	-u States as	· enectively c	

2. You have made an election in a previous year that has not been revoked, to treat income from real property located in the United States as effectively connected with a U.S. trade or business under section 871(d). See instructions . . . . . . . . . . .

BAA

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

REV 03/07/24 PRO Schedule OI (Form 1040-NR) 2023

TAXABLE YEAR			FORM
2023	California e-file Signature Aut	horization for Individuals	8879
Your name		Your SSN or ITIN	
AKASH PUTHA	ALATH	830-87-068	8
Spouse's/RDP's name	e	Spouse's/RDP's SS	SN or ITIN
Part I Tax Retur	rn Information (whole dollars only)		
1 California adjust	ed gross income (AGI). See instructions	1	21942
2 Amount you owe	e. See instructions	2	1002
	nount due. See instructions		1293
	r Declaration and Signature Authorization (Be sure you obtain perjury, I declare that I have examined a copy of my individual ind		
income tax return. It and on form FTB 84 agrees with the dire domestic partner (R provider to transmit to my ERO, interme return, I understand penalties. I acknowl	er (ITIN), and the amounts shown in Part I above agree with the f applicable, I authorize an electronic funds withdrawal of the am 155, California e-file Payment Record for Individuals, or a compa ct deposit authorization stated on my return. If I have filed a join RDP) as an agent to authorize an electronic funds withdrawal or of tmy complete return to the Franchise Tax Board (FTB). If the procediate service provider, and/or transmitter the reason(s) for the I that if the FTB does not receive full and timely payment of my tard the the reason of the proceduate the proceduate to the construction funds withdrawal or of the transmitter the reason(s) for the I that if the FTB does not receive full and timely payment of my tard the transmitter provider.	nount on line 2 and/or the estimated tax payments as shown rable form. If applicable, I declare that direct deposit refund at return, this is an irrevocable appointment of the other spo direct deposit. I authorize my ERO, transmitter, or intermedi <b>bcessing of my return or refund is delayed, I authorize the</b> <b>e delay or the date when the refund was sent.</b> If I am filing ax liability, I remain liable for the tax liability and all applicat are a consent included on the copy of my electronic incom	n on my return I amount on line 3 use/registered ate service FTB to disclose g a balance due ble interest and e tax return. I hav
Taxpayer's PIN: che	identification number (PIN) as my signature for my electronic in eck one box only	icome tax return and, it applicable, my Electronic Funds wit	ndrawal Consent.
_	LOBAL TAXES LLC	to enter my PIN 7	0 0 6 8
	ERO firm name		t enter all zeros
as my signatur	re on my 2023 e-filed California individual income tax return.		
	PIN as my signature on my 2023 e-filed California individual inc using the Practitioner PIN method. The ERO must complete Part		r own PIN and you
Your signature		Date	
Spouse's/RDP's PIN	N: check one box only		
		to enter my PIN	
	ERO firm name		t enter all zeros
as my signatur	re on my 2023 e-filed California individual income tax return.		
	y PIN as my signature on my 2023 e-filed California individua n is filed using the Practitioner PIN method. The ERO must com		ring your own Pl
Spouse's/RDP's sig	nature	Date	
	Practitioner PIN Method Return	ns Only continue below	
Part III Certifica	ation and Authentication — Practitioner PIN Method Only		
ERO's Electronic Fi	ation and Authentication — Practitioner PIN Method Unly Ier Identification Number (EFIN)/PIN. EFIN followed by your five-digit self-selected PIN.	2 2 2 4 9 6 0 8 2 7	1
ERO's Electronic Fi Enter your six-digit	ler Identification Number (EFIN)/PIN.	Do not enter all zeros 3 California individual income tax return for the taxpayer(s)	) indicated above.

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DO NOT MAIL THIS FORM TO THE FTB

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# 2023 California Resident Income Tax Return

											_		
				I	APE		DO	NOT	ATT	TACH	[ ]	FEDERAL	RETURN
	0-8 ASI	37-0688 H	PUTH PUTHALATH				23						
		ARGENTA FRANCISC	APRTMENTS1 PO O CA 941		REET								
05	-25	5-1995											
			at time of filing (see instructions	)									
ence	۲	SAN FRAI	above is the same as your p	rincipal/phy	ysical resid	ence address a	it the tim	e of filin	g, chec	k this	bo>	x • ×	
eside			ow your principal/physical re										
Principal Residence	~	Street address (nu	umber and street) (If foreign addr	ress, see inst	tructions.)					Apt. no	/ste	e. no.	
incip	igodoldoldoldoldoldoldoldoldoldoldoldoldol												
P		City								State	-	ZIP code	
	۲												
		lf your Califor	nia filing status is different fr	rom your fe	deral filing	status, check t	he box h	iere					
sn	1	× Single		4	Head of	household (wit	h qualify	ing perso	on). Se	e instr	ruct	tions.	
Filing Status	2	Married	/RDP filing jointly (even if	5	_ Qualifvin	g surviving spo	ouse/RD	P. Enter v	vear so	ouse/F	RDF	P died.	
iling	_	only on	e spouse/RDP had income).						,				 
ш		See Insi	ructions.		See insti								
	3	Married	/RDP filing separately. Enter	spouse's/F	RDP's SSN	or ITIN above a	and full n	iame her	e.				
	6	lf someone ca	n claim you (or your spouse	/RDP) as a	dependent	, check the box	k here. S	ee instr		• 6			
_	. Fo		ne 9, and line 10: Multiply the	,	•							line	
ls Is	<b>7</b>	Personal: If yo	ou checked box 1, 3, or 4 abo	ove, enter 1	in the box	. If you checked	d_ r	_		r		Whol	e dollars only
ptior	8		er 2 in the box. If you checke or your spouse/RDP) are visi				. •7	1 X \$1	44 =	●\$			144
Exemptions		if both are visu	ally impaired, enter 2. See ir	nstructions			. • 8	X \$1	44 =	•\$			
ш	9		(or your spouse/RDP) are 65 or older, enter 2. See instruct				. • 9	X \$1	44 =	•\$			

REV 03/05/24 PRO

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You	ir nai	me:	PUT	HAI	LATH		Y	′our SSN	or ITIN:	830-	87-06	88					
	10	Depen	dents:		ot include Dependent	-	or your	spouse/R		endent 2				Dependent 3	1		
		Firs	t Name	$oldsymbol{igstar}$	Dependent				• <b>•</b>								
S		Lasi	t Name	$oldsymbol{O}$													
Exemptions			I. See	•					•								
Exen		Dep	ructions. endent's tionship														
		to ye	ou .	-													
	Tota				otions								446 = 🤇				
	11	Exen	nption a	imou	Int: Add lin	e 7 throi	ugh line <sup>-</sup>	10. Transf	er this am	ount to lii	ne 32			1\$		14	4
	12	State Form	e wages n(s) W-2	from 2, box	n your fede x 16	ral			12		21	942	.00				
	13				usted gross								• 13		2	1942	. 00
	14	Calif	ornia ad	justn	ments – sul Iumn B	otraction	is. Enter	the amou	nt from Se	chedule C	A (540),						. 00
0	15	Subt	ract line	e 14 f	from line 1	3. If less	than zer	o, enter th	ne result i	n parenthe	eses.				2	1942	.00
Taxable Income	16	Calif	ornia ad	justn	ments – ade	ditions. I	Enter the	amount f	rom Sche	dule CA (S	540),		15				
ble In				,	lumn C											1942	• 00
Таха	17		(		ed gross in								)		4	1942	<b>.</b> 00
	18	Enter the Vour California <b>itemized deductions</b> from Schedule CA (540), Part II, line 30; <b>OR</b> <b>larger</b> of Your California <b>standard deduction</b> shown below for your filing status: • Single or Married/RDP filing separately															
					ngle or Maı arried/RDP fi		-							[			
	4.0			lf Ma	arried/RDP fi	ling sepai	rately or tl	he box on li	ne 6 is che							5363	. 00
	19				from line 1 enter -0-								• 19		1	6579	. 00
						×	Tay Tak		Пт	v Doto Co	hadula						
	31	Tax.	Check t	he bo	ox if from:		Tax Tab			x Rate Sc						228	
	32	Exen	nption c	redit	s. Enter the	e amoun	FTB 38 t from lir						• 31				• <u>00</u>
Тах		\$237	,035, s	ee ins	structions.								32			144	<u>00</u>
	33	Subt	ract line	932 f	from line 3	1. If less	than zer	o, enter -(	)	· · · · · · · · · · · · · · · · · · ·			• 33			84	• 00
	34	Tax.	See inst	tructi	ions. Checł	the box	if from:	• 5	Schedule (	G-1 ●	FTB	5870A	• 34				. 00
	35	Add	line 33	and li	ine 34								• 35			84	- 00
s							<u> </u>										
Credit	40				hild and De	pendent	Care Ex	penses Cr			]						• 00
Special Credits	43	Entei	r credit	name	e				_ code ●		」and an ]	nount	• 43				- <u>00</u>
Spe	44	Ente	r credit	name	e				_ code (		and an	nount	• 44	REV 03/05/24	PRO		<b>.</b> 00
		Side 2	<b>?</b> Form	540	2023		1	75	31(	)2234	Γ						

You	r nar	name: PUTHALATH Your SSN or ITIN: 830-87-0688		
6	45	5 To claim more than two credits, see instructions. Attach Schedule P (540)	_ 0	)0
Special Credits	46	6 Nonrefundable Renter's Credit. See instructions	. 0	)0
cial C	47	7 Add line 40 through line 46. These are your total credits	. 0	)0
Spe	48		84 .0	)0
				— 一
(es	61	1 Alternative Minimum Tax. Attach Schedule P (540)	• [0	)0
Other Taxes	62	2 Mental Health Services Tax. See instructions	0	)0
Oth	63	3 Other taxes and credit recapture. See instructions	[	)0
	64	<b>4</b> Add line 48, line 61, line 62, and line 63. This is your total tax	84 .0	)0
	71	1 California income tax withheld. See instructions	1377 .0	00
	72			00
	73			
ents	74			
Payments				
Δ.	75			
	76		0	
	77 78		1377 .0	
хе	91	<b>1</b> Use Tax. Do not leave blank. See instructions. $\bullet$ 91 0 .00		—
Use Tax	91	1 Use Tax. Do not leave blank. See instructions		
	92			
ISR Penaltv		See instructions. Medicare Part A or C coverage is qualifying health care coverage		
Pen		Individual Shared Responsibility (ISR) Penalty. See instructions		
	00		1377	00
Due	93			
Overpaid Tax/Tax Due	94 95	5 Payments after Individual Shared Responsibility Penalty. If line 93 is more than line 92,	1377	
aid Tá	96			
Dverp		subtract line 93 from line 92	1000	00
5	97	<ul> <li>7 Overpaid tax. If line 95 is more than line 64, subtract line 64 from line 95</li> <li>97</li> <li>REV 03/05/24 PRO</li> </ul>	1293 .0	00
		175 3103234 Form 540 2023	Side 3	

our nar	ne:	PUTHALATH	Your SSN or ITIN:	830-87-0688			
e 98	Amo	unt of line 97 you want applied to yo	ur <b>2024</b> estimated tax .		98	0	- 00
Q 86 Q 99	Over	unt of line 97 you want applied to you paid tax available this year. Subtract l due. If line 95 is less than line 64, sub	ine 98 from line 97		99	1293	. 00
, ₩ 100	Tax	due. If line 95 is less than line 64, sub	tract line 95 from line 6	64	100		. 00
					<u>Code</u>	<u>Amount</u>	
	Calif	ornia Seniors Special Fund. See instru	ictions		400		. 00
	Alzhe	eimer's Disease and Related Dementia	a Voluntary Tax Contribu	Ition Fund	<b>401</b>		. 00
	Rare	and Endangered Species Preservatio	n Voluntary Tax Contrib	ution Program	403		. 00
	Calif	ornia Breast Cancer Research Volunta	ry Tax Contribution Fun	ıd	<b>4</b> 05		. 00
	Calif	ornia Firefighters' Memorial Voluntary	r Tax Contribution Fund		<b>406</b>		. 00
	Eme	rgency Food for Families Voluntary Ta	x Contribution Fund		<b>407</b>		- 00
	Calif	ornia Peace Officer Memorial Foundat	ion Voluntary Tax Contr	ibution Fund	<b>408</b>		. 00
	Calif	ornia Sea Otter Voluntary Tax Contrib	ution Fund		<b>410</b>		- 00
	Calif	ornia Cancer Research Voluntary Tax	Contribution Fund		• 413		. 00
	Scho	ol Supplies for Homeless Children Vo	oluntary Tax Contributio	n Fund (	• 422		- 00
3	State	Parks Protection Fund/Parks Pass P	urchase		• 423		. 00
	Prote	ect Our Coast and Oceans Voluntary 1	ax Contribution Fund		• 424		- 00
	Keep	Arts in Schools Voluntary Tax Contri	bution Fund		• 425		. 00
	Calif	ornia Senior Citizen Advocacy Volunta	ry Tax Contribution Fur	ıd	• 438		. 00
	Nativ	re California Wildlife Rehabilitation Vo	luntary Tax Contribution	n Fund	• 439		. 00
	Rape	Kit Backlog Voluntary Tax Contributi	on Fund		• 440		. 00
	Suic	de Prevention Voluntary Tax Contribu	tion Fund		• 444		. 00
	Men	tal 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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		ame: PUTHALATH Your SSN or ITIN: 830-87-0688									
unt	111	11 AMOUNT YOU OWE. If you do not have an amount on line 99, add line 94, line 96, line 100, and line 110. Se	e instructions. Do not send cash.	_							
		<ul> <li>AMOUNT YOU OWE. If you do not have an amount on line 99, add line 94, line 96, line 100, and line 110. Se Mail to: FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001 • 111</li> <li>Pay Online – Go to ftb.ca.gov/pay for more information.</li> </ul>		. 00							
~>		Pay Online – Go to <b>ftb.ca.gov/pay</b> for more information.									
73	112	Interest, late return penalties, and late payment penalties									
t and ties	113	13 Underpayment of estimated tax.									
Interest and Penalties		Check the box: • FTB 5805 attached • FTB 5805F attached • 113									
	114	14 Total amount due. See instructions. Enclose, but do not staple, any payment		.00							
	115	15 REFUND OR NO AMOUNT DUE. Subtract the sum of line 110, line 112, and line 113 from line 99. See i	nstructions.								
		Mail to: FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001 • 115	1293	. 00							
Refund and Direct Deposit		Fill in the information to authorize direct deposit of your refund into one or two accounts. <b>Do not</b> attach a voided check or a dep See 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 below:									
Direc		<ul> <li>Type</li> <li>Routing number</li> <li>Checking</li> <li>Account number</li> </ul>	• <b>116</b> Direct deposit amount								
I pui		$\begin{array}{ c c c c c c } \hline $	1293	. 00							
ind a		Savings	1275	∎ <u>[UU</u> ]							
Refu		The remaining amount of my refund (line 115) is authorized for direct deposit into the account shown below: <ul> <li>Type</li> </ul>									
			• 117 Direct deposit amount								
				. 00							
		Savings									
For voter registration information, check the box and go to <b>sos.ca.gov/elections</b> . See instructions											
Health Care Coverage Info.		Do you want information on no-cost or low-cost health care coverage? By checking the "Yes" box, you a the FTB to share limited information from your tax return with Covered California. See instructions		No							

Sign your tax return on Side 6

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Your name:	PUTHALATH

Your SSN or ITIN: 83	0-87-0688
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IMPORTANT:	See the instructions to find out if you should attach a copy of your complete federal tax return.	
	e can be found in annual tax booklets or online. Go to <b>ftb.ca.gov/privacy</b> to learn about our privacy policy statement, or go to <b>ftb.c</b> a 1 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form code <b>9</b>	
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 best and complete.	of my knowledge and belief, it
Your signature	Date Spouse's/RDP's signature (if a joint ta	x return, both must sign)
	Your email address. Enter only one email address.	Preferred phone number
Sign		
Here	Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge)	
	SYAM PRIYA RAM SAGAR GUPTA	
It is unlawful to forge a spouse's/	Firm's name (or yours, if self-employed)	PTIN
RDP's	GLOBAL TAXES LLC	P02082703
signature.	Firm's address	Firm's FEIN
Joint tax return?	245 ROONEY CT E BRUNSWICK NJ 08816	843171965
See instructions.	Do you want to allow another person to discuss this tax return with us? See instructions	s × No
	Print Third Party Designee's Name Telep	phone Number

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CA (540)

# **2023 California Adjustments — Residents**

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

Name(s) as shown on tax return SSN or ITIN								
Al	KASH PUTHALATH		830870688					
	<b>rt I Income Adjustment Schedule</b> ction A – Income from federal Form 1040 or 1040-SR	A	Federal Amounts (taxable amounts from your federal tax return)	<b>B</b> Subtractions See instructions	C Additions See instructions			
1	<b>a</b> Total amount from federal Form(s) W-2, box 1. See instructions <b>1a</b>		21942	۲	$\odot$			
	<ul> <li>b Household employee wages not reported on federal Form(s) W-2 1b</li> </ul>	$   \mathbf{O} $		۲	۲			
	<b>c</b> Tip income not reported on line 1a <b>1c</b>	ullet		۲	۲			
	<b>d</b> Medicaid waiver payments not reported on federal Form(s) W-2. See instructions <b>1d</b>	$   \mathbf{O} $		۲	•			
	e Taxable dependent care benefits from federal Form 2441, line 26 1e	$   \mathbf{O} $		$\odot$	$\odot$			
	f Employer-provided adoption benefits from federal Form 8839, line 29 1f	$   \mathbf{O} $		۲	۲			
	<b>g</b> Wages from federal Form 8919, line 6 <b>1g</b>	ullet		۲				
	$\boldsymbol{h}$ Other earned income. See instructions $\ldots\ldots$ . 1 $\boldsymbol{h}$	ullet		$\odot$	۲			
	i Nontaxable combat pay election. See instructions <b>1</b> i				۲			
	z Add line 1a through line 1i1z	$   \mathbf{O} $	21942	۲	۲			
2	Taxable interest. a • 2b			$\odot$	$\begin{tabular}{ l l l l l l l l l l l l l l l l l l l$			
3	Ordinary dividends. See instructions. a • 3b	$   \mathbf{O} $		۲	$\odot$			
4	IRA distributions. See instructions. a • 4b	$   \mathbf{O} $		۲	•			
5	Pensions and annuities. See instructions. <b>a</b> • <b>5b</b>			$\odot$	۲			
6	Social security benefits. a • 6b	ullet		۲				
	Capital gain or (loss). See instructions			۲	۲			
	<b>ction B – Additional Income</b> from federal Schedule 1 Taxable refunds, credits, or offsets of state	(For	m 1040)					
'	and local income taxes	۲		۲				
2	a Alimony received. See instructions 2a	۲			•			
3	Business income or (loss). See instructions <b>3</b>	۲		۲	•			
	Other gains or (losses)	۲		۲	•			
Ð	Rental real estate, royalties, partnerships, S corporations, trusts, etc5	ullet		۲	•			
6	Farm income or (loss)6	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	<b>C</b> Additions See instructions
8 Other income: a Federal net operating loss	• ( )		۲
b Gambling	۲	۲	
c Cancellation of debt	$\odot$	$\odot$	$\odot$
<b>d</b> Foreign earned income exclusion from federal Form 2555	• ( )		۲
e Income from federal Form 8853 8e	۲		۲
f Income from federal Form 8889	۲	۲	
g Alaska Permanent Fund dividends	۲		
h Jury duty pay8h	۲		
i Prizes and awards8i	۲		
j Activity not engaged in for profit income 8j	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	$\textcircled{\textbf{O}}$		
<b>n</b> IRC Section 951(a) inclusion 8 <b>n</b>	۲	۲	
<b>o</b> IRC Section 951A(a) inclusion	۲	$\odot$	
p IRC Section 461(I) excess business loss adjustment 8p	۲	۲	۲
<b>q</b> Taxable distributions from an ABLE account <b>8q</b>	$\odot$		
r Scholarship and fellowship grants not reported on federal Form(s) W-2 8r	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		
<b>u</b> Wages earned while incarcerated8 <b>u</b>	$\textcircled{\bullet}$		
z Other income. List type and amount.			
• 8z	۲	۲	$\bullet$



Se	ction B – Additional Income Continued	A	Federal Amounts (taxable amounts from your federal tax return)		B Subtractions See instructions	<b>C</b> Additions See instructions
9	a Total other income. Add lines 8a through 8z 9a			۲		۲
	b1 Disaster loss deduction from form FTB 3805V 9b1			۲		
	<b>b2</b> NOL deduction from form FTB 3805V 9b2			۲		
	<b>b3</b> NOL deduction from form FTB 3805Z, 3807, or 3809			۲		
10	<b>Total.</b> 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		21942	۲		۲
	<b>ction C – Adjustments to Income</b> m federal Schedule 1 (Form 1040)					
11	Educator expenses			۲		
12	Certain business expenses of reservists, performing artists, and fee-basis government officials <b>12</b>			۲		۲
13	Health savings account deduction			۲		
14	Moving expenses. Attach form FTB 3913. See instructions					۲
15	Deductible part of self-employment tax. See instructions	$   \mathbf{O} $		۲		
16	Self-employed SEP, SIMPLE, and qualified plans16	$oldsymbol{igodol}$				
17	Self-employed health insurance deduction. See instructions	$oldsymbol{O}$		۲		
18	Penalty on early withdrawal of savings	$oldsymbol{igodol}$				
19	a Alimony paid19a	$oldsymbol{ightarrow}$				۲
	<b>b</b> Recipient's: SSN •					
	Last Name 🖲					
20	IRA deduction			۲		۲
21	Student loan interest deduction	$oldsymbol{O}$				۲
22	Reserved for future use					
23	Archer MSA deduction					

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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	۲				
<ul> <li>b Deductible expenses related to income reported on line 8I from the rental of personal property engaged in for profit</li></ul>	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	$\overline{ullet}$	۲	۲		
h Attorney fees and court costs for actions involving certain unlawful discrimination claims 24h	$\odot$				
i Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations24i	۲	۲			
j Housing deduction from federal Form 2555 <b>24</b> j	$\odot$				
k Excess deductions of IRC Section 67(e) expenses from federal Schedule K-1 (Form 1041)24k	۲				
z Other adjustments. List type and amount.					
<u>و</u>	$\odot$	$\odot$	$\odot$		
25    Total other adjustments. Add line 24a through line 24z	۲	۲	۲		
<b>26</b> Add line 11 through line 23 and line 25 in columns A, B, and C. See instructions <b>26</b>	۲	۲	۲		
27 Total. Subtract line 26 from line 10 in columns A, B, and C. See instructions27	• 21942	۲	۲		

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Part II	Adjustments	to	Federal	Itemized	Deductions
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					]		
Che	ck the box if you did NOT itemize for federal but will itemiz	e for C	California   Federal Amounts (from federal Schedule A (Form 1040))		B Subtractions See instructions	(	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 (•) 21942 2						
3	Multiply line 2 by 7.5% (0.075) (•) 1646 3						
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter 0					•	
	a State and local income tax or general sales taxes5	a 💽	1574	۲	1574		
	<b>b</b> State and local real estate taxes	b 💽					
	${\bf c}~$ State and local personal property taxes $\ldots\ldots{\bf 5}$						
	d Add line 5a through line 5c	d 💽	1574				
	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 C5		1574		1574		0
6	Other taxes. List type • 6	-		•		•	
	Add line 5e and line 6		1574		1574	•	0
	erest You Paid						
	a Home mortgage interest and points reported to	a 💿					
	b Home mortgage interest not reported to you on federal Form 1098	b				۲	
	c Points not reported to you on federal Form 10988	c 💽				۲	
	d Reserved for future use8	d					
	e Add line 8a through line 8c	e 💽		۲		۲	
9	Investment interest	$   \mathbf{O} $		۲		۲	
10	Add line 8e and line 9 <b>10</b>	۲		۲		۲	



Pa	rt II Adjustments to Federal Itemized Deductions Continued	A	Federal Amounts (from federal Schedule A (Form 1040))		B Subtractions See instructions		<b>C</b> Additions See instructions
Gif	ts to Charity						
	Gifts by cash or check			۲			
12	Other than by cash or check					۲	
13	Carryover from prior year					۲	
	Add line 11 through line 1314					۲	
	sualty and Theft Losses Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions15			۲			
Oth	er Itemized Deductions						
	Other—from list in federal instructions <b>16</b>	۲		۲		۲	
17	Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C <b>17</b>		1574		1574	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, jo 	b education, etc.	19_			
20	Tax preparation fees			20			
21	Other expenses: investment, safe deposit box, etc. List type				0		
	Add line 19 through line 21 Enter amount from federal Form 1040 or 1040-SR, line 11			22 _	0		
24	Multiply line 23 by 2% (0.02). If less than zero, enter 0.			24	439		
25	Subtract line 24 from line 22. If line 24 is more than line	9 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	7,035 5,558		
	Yes. Complete the Itemized Deductions Worksheet in th	e ins	tructions for Schedule CA	A (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 Transfer the amount on line 30 to Form 540, line 18	uctior ualifyi	ngng surviving spouse/RDP	· · · . \$8 2 · \$10	0,726	30	5363
	<b>Side 6</b> Schedule CA (540) 2023 175	1	7736234	Γ	REV 03/05/24 PRO		