#### 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.

Social accurity number

Submission Identification Number (SID)

Taypayar'a nama

талраз		'	Social	Securit	y numbe	71		
RIS	SHIKA CHAUDHARY		869-42-5995					
Spouse	e's name	:	Spous	e's soc	ial secur	ity number		
Par	t I Tax Return Information – Tax Year Ending December 31, 2023 (E	nter y	/ear	you a	re auth	norizing.)		
Enter	whole dollars only on lines 1 through 5.							
Note	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.							
1	Adjusted gross income				1	23,465.		
2	Total tax				2	963.		
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099				3	2,173.		
4	Amount you want refunded to you				4	1,210.		
5	Amount you owe				5			
Par					y of yo	our return)		

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

Y	l authorize	GLOBAL	TAYES	LLC	to enter or generate my PIN	
	I authonze	GIUDAU	TANED		to enter or generate my Fin	Б,
				ERO firm name		

2	5	9	9	5	as my
Ent					

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 🕨	Date 🕨	
Practitioner PIN	lethod Returns Only—continue below	
Part III Certification and Authentication – I	ractitioner PIN Method Only	
ERO's EFIN/PIN. Enter your six-digit EFIN followed by	rour five-digit self-selected PIN. 2 2 2 4 9 6 0 8 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 >		Date 🕨	
	ust Retain This Form — Se his Form to the IRS Unless		
For Denominark Reduction Act Nation and your tax	roturn instructions	REV 02/07/24 RRO	Form 8879 (Pov. 01 2021)

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

Status       Is single       Interfer filling separately (WFS)       Obtaining surviving spouse (QSS)       Estate       Interfer filling         Check only one box.       If you checked the QSS box, enter the child's name if the qualifying person is a child but not your dependent:         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: Child tax credit       Yes       No         Dependents       (1) First name       Last name       (2) Dependent's identifying number       (3) Relationship to you       Child tax credit       Credit for other dependents         If more than four dependents, see instructions and check here       Image: Child tax credit       Image: Child tax credit       Credit for other dependents         Income       1a       Total amount from Form(s) W-2, box 1 (see instructions)       Image: Child tax credit       Image: Child tax credit <th><b>1040</b></th> <th>)</th> <th>VR Department of the Treasury-Inter U.S. Nonresident AI</th> <th>rnal Revenu ien Inc</th> <th><sup>e Service</sup> ome Tax Retu</th> <th>rn 2</th> <th>023</th> <th>OMB N</th> <th>lo. 154</th> <th>15-0074</th> <th>IRS Use or sta</th> <th>e Only—Do not write aple in this space.</th>	<b>1040</b>	)	VR Department of the Treasury-Inter U.S. Nonresident AI	rnal Revenu ien Inc	<sup>e Service</sup> ome Tax Retu	rn 2	023	OMB N	lo. 154	15-0074	IRS Use or sta	e Only—Do not write aple in this space.	
RISHTKA         (HADDHARY         Be6 = ristructions)           Home address (number and street). If you have a P.O. box, see instructions.         [Apt. no. 523         [Spt. no. 523	For the year Jan	n. 1–	Dec. 31, 2023, or other tax year beginr	ning	, 2023	3, endin	g		,	20			
RISHEA       CHAUDHARY       869-42-5995         Home address (number and street). If you have a P.O. box, see instructions.       Apt. no.         S35 KING STREET       Apt. no.         S21       STREST       Apt. no.         S35 KING STREET       CA       94158         Foreign country name       Foreign province/state/county       Foreign postal code         Filing       Single       Married fling separately (MFS)       CA       94158         Check only       material       If you checked the QSS box, enter the child's name if the qualifying surviving spouse (QSS)       Estate       Trust         Objects       Trust       If you checked the QSS box, enter the child's name if the qualifying surviving spouse (QSS)       Estate       Trust         Objects       Otherwise dispose of a digital asset (re a innancial interost in a digital asset? (See instructions.)       (If Deck the too Si If quifter openident's dependent's depende	Your first name	and	middle initial	Last nan	ne								
33.51 KING STREET     9.23       City, town, or post office. If you have a foreign address, also complete spaces below.     State     ZP code       SAN FRANCISCO     CA     Patiss       Friing     Foreign province/state/county     Foreign postal code       Filing     If you checked the CSS box, whice the child's name if the qualifying person is a child but not your dependent:     Institution of the child but not your dependent:       Object     At any time during 2023, day out (a) receive (as a reward, award, or payment for property or services); (b) sell, exchange, or otherwise dispose of a digital asset() or a financial interest in a digital asset() Sell instructions.)     (4) Check the box if qualifies these instructions.)       Dependents     (1) First name     Last name     (2) Dependents       If more than four dependent, comparison of the control of property or services, or control of control of the control of property or services, or control of control of the control of property or services, or control of control of the control of property or services, or control of the control of property or services, or control of the control of the control of the control of property or services, or control of the control of property or services, or control of the control of property or services, or control of the control of property or services, or control of the control of property or services, or control of the control of property or services, or control of the control of t							,						
City, town, or post office. If you have a foreign address, also complete spaces below.       State       ZIP code         SAN FRANCISCO       CA       94158         Foreign country name       Foreign province/state/country       Foreign postal code         Filing       Single       Married filing separately (MFS)       Qualifying surviving spose (QSS)       Estate       Trust         Foreign country name       Reserved, context the child's name if the qualifying person is a child but not your dependent:       Trust         Digital Assets       At any time during 2023, dd you: (a) receive (as a reward, award, or payment for property or service); or (b) sell, exchange, or otherwise dispose of a digital asset() r a financial interest in a digital asset()? (See instructions.)       Immore than four otherwise dispose of a digital asset() r a financial interest in a digital asset()? (See instructions.)       Immore than four otherwise dispose of a digital asset (or a financial interest in a digital asset)?       Immore than four otherwise dispose of a digital asset (or a financial interest in a digital asset)?       Immore than four otherwise dispose of a digital asset (or a financial interest in a digital asset)?       Immore than four otherwise dispose of a digital asset (or a financial interest in a digital asset)?       Immore than four otherwise dispose of a digital asset (or a financial interest in a digital asset)?       Immore than four otherwise dispose of a digital asset (or a financial interest in a digital asset)?       Immore than four otherwise dispose of a digital asset (or a financial interest in a digital asset)?       Immore than four oth	Home address (	(nun	ber and street). If you have a P.O. box	k, see instr	ructions.							Apt. no.	
SAN_FFANCTSOO       CA       94158         Foreign powince/state/county       Foreign postal code         Filing       Status       Foreign postal code         Filing       Status       I'you checked the QS box, enter the child's name if the qualifying person is a child but not your dependent:         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 dupose of a digital asset (or a functial interest in a digital asset?) (See instructions)       (d) Check the box f qualifies for see instructions)         Dependents       (e) First name       Last name       (g) Dependents       (g) Dependents         (e) Reck the box f qualifies reported on Form(s) W-2. box 1 (see instructions)       1a       2.3, 465.         If more than four dependent, see       1a       Total amount from Form(s) W-2, box 1 (see instructions)       1a         If pincome not reported on lime ta (see instructions)       1a       2.3, 465.       1b         Connected       1a       Total amount from Form(s) W-2, box 1 (see instructions)       1a       2.3, 465.         If box assets of future use       11       1g       1g       1g         Nother assets of future use       11       1g       1g       1g         With U.S.       Medicaid waive payments not reported on Form(s) W-2 (see instructions)												523	
Foreign country name       Foreign postal code         Filing Status       Single       Married filing separately (MFS)       Qualifying surviving spouse (QSS)       Estate       Trust         Check only one box.       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: Check only otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions)       Check only otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions)       Image: Check only otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions)       Check only otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions)       Image: Check bab or genating of the order disported on in a displet asset (or a financial interest in a digital asset)? (See instructions)       Image: Check bab or genating of the order disported on in a displet asset (or a financial interest in a digital asset)? (See instructions)       Image: Check bab or genating of the order disported on in a displet asset (or a financial interest in a digital asset)? (See instructions)       Image: Check bab or genating of the order disported on in a displet asset (or a financial interest in a digital asset)?       Image: Check bab or genating of the order disported on in a displet asset (or a financial interest in a digital asset)?       Image: Check bab or genating of the order disported on in a displet asset (or a financial interest in a digital asset)?       Image: Check bab or genating of the order </td <td>City, town, or po</td> <td>ost d</td> <td>ffice. If you have a foreign address, al</td> <td>so comple</td> <td>ete spaces below.</td> <td></td> <td></td> <td>Stat</td> <td>e</td> <td></td> <td>ZIP c</td> <td>ode</td>	City, town, or po	ost d	ffice. If you have a foreign address, al	so comple	ete spaces below.			Stat	e		ZIP c	ode	
Filing       Status       Single       Married filing separately (MFS)       Qualifying surviving 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).				1				_				58	
Status       A single       Indirect ling separately (wrs)       Codarying southing sponse (css)       Easter       Inst.         Check only       If you checked the OSS box, enter the child's name (if the qualifying person is a child but not your dependent:       Image: Check only       Image: Chec	Foreign country	nan	ne	Foreign	province/state/county	/		Fore	eign p	ostal co	ode		
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instructions and check here       Image: Constructions and check here       Image: Construction and check here													
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Connected view       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       h       Other earned income (see instructions)       1n         Form(s) W-2, in Reserved for future use       1i       1j         RB-1042-S, RRB-1042-S, RRB-1042-S, RRB-1042-S, RRB-1042-S, and 2883-A, line 1(e)       1k       1j         Attach       lines 1a through 1h       1k       1k         Form(s)       2a       Tax-exempt interest       2a       2b         attach       Gualified dividends       3a       b       b       Taxable interest       2b         attach       Gualified dividends       3a       b       Taxable amount       4b       1c       23,465.         Yeau       Reserved for future use       Sa       b       Taxable amount       4b       5b       6       23,465.         form(s)       again or (loss). Attach Schedule 1 (Form 1040), line 26. These are your total adjustments to income       9       23,465.<		b	Household employee wages not rep	orted on F	Form(s) W-2					11	<b>)</b>		
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Business Attach Form(s) W-2, 1042-S, and 288-A 1042-S, and 288-A tach Form(s)       f       1f         Mages from Form 8919, line 6       1g         Form(s) W-2, 1042-S, and 288-A here. Also attach Form(s)       1i       1g         RBE-1042-S, and 288-A here. Also attach Form(s)       Reserved for future use       1i       1j         Form(s) 1099-R if tax was withheld.       Total income exempt by a treaty from Schedule OI (Form 1040-NR), item L, line 1(e)       1k       1k         for units of the state of form(s)       Z Add lines 1a through 1h       1k       1k       23, 465.         1099-R if tax was withheld.       and Qualified dividends       3a       b Taxable interest       2b         11       Sa       b Taxable amount       4b       4b       4b         190-Q at fif you did not get a Form W-2; see instructions.       Feesrved for future use       b Taxable amount       4b       5b         7       Capital gain or (loss). Attach Schedule D (Form 1040), line 10       7       8       23, 465.         10       Add lines 1z, 2b, 3b, 4b, 5b, 7, and 8. This is your total effectively connected income       9       23, 465.         10       Add lines 1z, 2b, 3b, 4b, 5b, 7, and 8. This is your adjusted gross income       11       23, 465.         11       Subtract line 10 from line 9. This is your adjusted gross income <t< td=""><td>With U.S.</td><td>d</td><td>Medicaid waiver payments not repo</td><td>rted on Fo</td><td>orm(s) W-2 (see instru</td><td>ctions)</td><td></td><td></td><td></td><td>. 10</td><td>ł</td><td></td></t<>	With U.S.	d	Medicaid waiver payments not repo	rted on Fo	orm(s) W-2 (see instru	ctions)				. 10	ł		
Attach Form(s) W-2, 1042-S, SSA-1042-S, and 828-A here. Also       Wages from Form 8919, line 6       1g         K       Other earned income (see instructions)       1i         K       Total income exempt by a treaty from Schedule OI (Form 1040-NR), item L, line 1(e)       1i         K       Total income exempt by a treaty from Schedule OI (Form 1040-NR), item L, line 1(e)       1k       1z         23, 465.       Z       Add lines 1 a through 1h       1z       23, 465.         199-R if tax was withheld.       4a       b       Tax-exempt interest       2b         199-R if tax was withheld.       4a       b       Ordinary dividends       3b         199 a form W-2, see       Pensions and annuities       5a       b       Taxable amount       4b         19 a form W-2, see       Feserved for future use       5a       b       Taxable amount       5b         7       Capital gain or (loss). Attach Schedule D (Form 1040), line 10       5b       6       7         8       Additional income from Schedule 1 (Form 1040), line 26. These are your total adjustments to income       11       23, 465.         10       Adjustments to income from Schedule 1 (Form 1040, Nine 26. These are your total adjustments to income       11       23, 465.         11       Subtract line 10 from line 9. This is your adjusted gross income <td>Trade or</td> <td>е</td> <td>Taxable dependent care benefits from</td> <td>om Form 2</td> <td>441, line 26</td> <td></td> <td></td> <td></td> <td></td> <td>. 10</td> <td>•</td> <td></td>	Trade or	е	Taxable dependent care benefits from	om Form 2	441, line 26					. 10	•		
Attach Form(s) W-2, 1042-S, i       h       Other earned income (see instructions)       1h         1042-S, i       Reserved for future use       1i       1i         RB-1042-S, and 828-A here. Also       i       Total income exempt by a treaty from Schedule OI (Form 1040-NR), item L, ine 1(e)       1j         28-4042-S, and 828-A here. Also       t       Total income exempt by a treaty from Schedule OI (Form 1040-NR), item L, ine 1(e)       1k       1k         29-7       Za Add lines 1a through 1h       1a       1k       23, 465.         1099-R if tax was withheld.       Za Add lines 1a through 1h       1z       23, 465.         20       Tax-exempt interest       2a       b       Taxable interest       2b         11       Tax-exempt interest       3a       b       Taxable amount       4b         17       Pensions and annuities       5a       b       Taxable amount       4b         17       Capital gain or (loss). Attach Schedule D (Form 1040) if required, lif not required, check here       7       7         18       Add lines 1z, 2b, 3b, 4b, 5b, 7, and 8. This is your total effectively connected income       9       23, 465.         10       Itemized deductions (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	Business	f	Employer-provided adoption benefi	ts from Fo	rm 8839, line 29 .					. 11	F		
Form(s) W-2, inspective of products	Attack	g	Wages from Form 8919, line 6							. 10	3		
1042-S,       i       Reserved for future use       1i       1i         SSA-1042-S,       j       Reserved for future use       1j         RB-1042-S,       and 8288-A       Ine 1(e)       1k       1j         here, Also       attach       z       Add lines 1a through 1h       1k       1k         form(s)       2a       Tax-exempt interest       2a       b       Ordinary dividends       3b         1999-R if       2a       Tax-exempt interest       2a       b       Ordinary dividends       3b         withheld.       4a       IRA distributions       4a       b       Ordinary dividends       3b         fyou did not get a Form       5a       b       Taxable amount       4b       5b         get a Form       6       Reserved for future use       5a       b       Taxable amount       5b         W-2, see       7       Capital gain or (loss). Attach Schedule D (Form 1040), line 10       7       7         8       Additional income from Schedule 1 (Form 1040), line 26. These are your total adjustments to income       9       23, 465.         10       Adjustments to income from Schedule 1 (Form 1040), line 26. These are your total adjustments to income       10       11       23, 465.         11		h	Other earned income (see instructio	ons)						. <u>1</u> 1	۱ <u> </u>		
RRB-1042-S, and 8288-A here. Also attach bree. Also attach bree. Also attach forms (a) 109-R if (a) 109-	1042-S,	i	Reserved for future use				1i						
and 8288-A here. Also       k       Total income exempt by a treaty from Schedule OI (Form 1040-NR), item L, line 1(e)       1k       1k         attach Form(s)       z       Add lines 1a through 1h.       1z       23,465.         1099-R if tax was       3a       b       Tax-exempt interest.       2b         1099-R if tax was       3a       b       Ordinary dividends       3b         12       23,465.       2b       3b       3b         13a       Ualified dividends       3a       b       Ordinary dividends       3b         14       18A distributions       4a       b       Taxable amount       4b       5b         16       Pensions and annuities       5a       b       Taxable amount       5b       5b         6       Reserved for future use       5a       b       Taxable amount       5b       5b         7       Capital gain or (loss). Attach Schedule D (Form 1040) if required, check here       7       7       7         8       Additional income from Schedule 1 (Form 1040), line 10       8       9       23,465.       10         11       Subtract line 10 from line 9. This is your adjusted gross income       11       23,465.       10         12       Itemized deductions (from Sche		j	Reserved for future use				$\cdot$ $\cdot$ $\cdot$ $\cdot$		•	. 1	i		
Form(s) 1099-R if tax was withheld.       2a       Tax-exempt interest       2a       b       Taxable interest       2b         109-R if tax was withheld.       3a       3a       b       Outlified dividends       3a       3a       3b       3b         withheld.       4a       3a       b       Dratable interest       3b       3b       3b         If you did not get a Form W-2, see instructions.       5a       9       Pensions and annuities       5a       b       Taxable amount       5b       6         7       6       Reserved for future use       5a       b       Taxable amount       7       6         8       Additional income from Schedule D (Form 1040), if required. If not required, check here       7       7       7         8       Additional income from Schedule 1 (Form 1040), line 10       6       9       23, 465.       9         10       Add lines 1z, 2b, 3b, 4b, 5b, 7, and 8. This is your adjusted gross income       11       23, 465.       10         11       Subtract line 10 from line 9. This is your adjusted gross income       11       23, 465.       10         12       Itemized deductions (from Schedule A (Form 1040-NR)) or, for certain residents of India, standard deduction (see instructions).       11       23, 465. <t< td=""><td>and 8288-A</td><td>k</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	and 8288-A	k											
1099-R if tax was was withheld.       2a       2a       b       b       adadie interest		z	Add lines 1a through 1h							. 12	z	23,465.	
tax was       3a       Qualified dividends       3a       b       Ordinary dividends       3b         withheld.       4a       IRA distributions       4a       b       Taxable amount       3b         fyou did not get a Form W-2, see instructions.       5a       Pensions and annuities       5a       Pensions and annuities       5a       b       Taxable amount       5b         6       Reserved for future use       5a       5a       b       Taxable amount       7         6       Reserved for future use       5a       5a       b       Taxable amount       7         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       .       .       7         8       Additional income from Schedule 1 (Form 1040), line 26. These are your total adjustments to income       9       23,465.         10       Adjustments to income from Schedule A (Form 1040-NR)) or, for certain residents of India, standard deduction (see instructions).       11       23,465.         11       Subtract line 10 from line 9. This is your adjusted gross income       11       23,465.         13a       Qualified business income deduction from Form 8995 or Form 8995 A.       13a       13		2a	Tax-exempt interest 2	a	b Ta	axable i	nterest			21	<b>)</b>		
If you did not get a Form W-2, see instructions.       Sa       b       Taxable amount       Sb       Sb         W-2, see instructions.       Reserved for future use       Sa       b       Taxable amount       Sb       Sb         W-2, see instructions.       Capital gain or (loss). Attach Schedule D (Form 1040) if required. If not required, check here .       7       Sb       Sb         8       Additional income from Schedule 1 (Form 1040), line 10       .       .       9       23,465.         9       Add lines 1z, 2b, 3b, 4b, 5b, 7, and 8. This is your total effectively connected income       9       23,465.         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       23,465.         12       Itemized deductions (from Schedule A (Form 1040-NR)) or, for certain residents of India, standard deduction (see instructions).       11       23,465.         13a       Qualified business income deduction from Form 8995 or Form 8995-A       13a       13a       13a         14       Add lines 12 and 13c       .       14       13,850.       14       13,850.         15       Subtract line 14 from line 11. If zero or less, enter -0. This is your taxable income       15       9,615.		3a	Qualified dividends 3	a	<b>b</b> O	rdinary	dividends .			. 3ł	<b>)</b>		
get a Form W-2, see instructions.       6         7       Capital gain or (loss). Attach Schedule D (Form 1040), if required. If not required, check here	withheld.	4a	IRA distributions 4	a	b Ta	axable a	mount			4	>		
W-2, see instructions.       7       Capital gain or (loss). Attach Schedule D (Form 1040) if required. If not required, check here		5a	Pensions and annuities 5	a	b Ta	axable a	mount		•	. 5ł	>		
instructions.       7       Capital gain or (loss). Attach Schedule D (Form 1040) if required. If not required, check here	•	6											
9Add lines 1z, 2b, 3b, 4b, 5b, 7, and 8. This is your total effectively connected income923, 465.10Adjustments 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 income1123, 465.12Itemized deductions (from Schedule A (Form 1040-NR)) or, for certain residents of India, standard deduction (see instructions).1123, 465.13aQualified business income deduction from Form 8995 or Form 8995-A13a1213, 850.14Add lines 12 and 13c13c1413, 850.15Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income159, 615.				•	, ,								
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       23,465.         12       Itemized deductions (from Schedule A (Form 1040-NR)) or, for certain residents of India, standard deduction (see instructions).       12       13,850.         13a       Qualified business income deduction from Form 8995 or Form 8995-A.       13a       12         14       Add lines 12 and 13b       13c       13c         14       Add lines 12 and 13c       11. If zero or less, enter -0 This is your taxable income       15       9,615.													
income       10         11       Subtract line 10 from line 9. This is your adjusted gross income       11       23,465.         12       Itemized deductions (from Schedule A (Form 1040-NR)) or, for certain residents of India, standard deduction (see instructions).       12       13         13a       Qualified business income deduction from Form 8995 or Form 8995-A       13a       13a       12         13b       Image: Compton 13a and 13b       Image: Compton 13a and 13b       13c       13c         14       Add lines 12 and 13c       14       13,850.       15       9,615.				-	-							23,465.	
12       Itemized deductions (from Schedule A (Form 1040-NR)) or, for certain residents of India, standard deduction (see instructions).       12       13,850.         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       13c         14       Add lines 12 and 13c       14       13,850.         15       Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income       15       9,615.		10				-		-			)		
deduction (see instructions).       Std Dedn US/India Treaty       12       13,850.         13a       Qualified business income deduction from Form 8995 or Form 8995-A       13a       13a       13a         b       Exemptions for estates and trusts only (see instructions)       13b       13b       13c         c       Add lines 13a and 13b       13c       14       13,850.         14       Add lines 12 and 13c       14       13,850.         15       Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income       15       9,615.		11	Subtract line 10 from line 9. This is	your <b>adjus</b>	ted gross income					1		23,465.	
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       13,850.         15       Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income       15       9,615.		12									2	13,850.	
b       Exemptions for estates and trusts only (see instructions)       13b       13b         c       Add lines 13a and 13b         13b          14       Add lines 12 and 13c         14       13,850.         15       Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income        15       9,615.		13a											
14       Add lines 12 and 13c       13       14       13,850.         15       Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income       15       9,615.		b	Exemptions for estates and trusts o	nly (see in	structions)		13b						
15       Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income       15       9,615.		с	Add lines 13a and 13b							13	с		
		14	Add lines 12 and 13c							14	1	13,850.	
		15			· · · · · ·		income .			. 1			

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	<b>16</b> 963.
Credits	17	Amount from Schedule 2 (Form 1040), line 3	17 0.
	18	Add lines 16 and 17	<b>18</b> 963.
	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	<b>22</b> 963.
	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>	<b>24</b> 963.
Payments	25	Federal income tax withheld from:	
-	а	Form(s) W-2	
	b	Form(s) 1099	
	с	Other forms (see instructions)	
	d	Add lines 25a through 25c	<b>25d</b> 2,173.
	е	Form(s) 8805	25e
	f	Form(s) 8288-A	25f
	g	Form(s) 1042-S	25g
	26	2023 estimated tax payments and amount applied from 2022 return	26
	27	Reserved for future use	
	28	Additional child tax credit from Schedule 8812 (Form 1040) 28	1
	29	Credit for amount paid with Form 1040-C	1
	30	Reserved for future use	
	31	Amount from Schedule 3 (Form 1040), line 15	1
	32	Add lines 28, 29, and 31. These are your total other payments and refundable credits	32
	33	Add lines 25d, 25e, 25f, 25g, 26, and 32. These are your total payments	<b>33</b> 2,173.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	34 1,210.
	35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here	<b>35a</b> 1,210.
Direct deposit?	b	Routing number         3         2         2         7         1         6         2         7         c         Type:         C         Checking         Savings	
See instructions.	d	Account number 8 6 5 5 5 0 2 7 8	
	е	If you want your refund check mailed to an address outside the United States not shown on page 1,	
		enter it here.	
	36	enter it here Amount of line 34 you want <b>applied to your 2024 estimated tax 36</b>	
Amount	37	Subtract line 33 from line 24. This is the amount you owe.	
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	bu want to allow another person to discuss this return with the IRS? See instructions. $\hfill \square$ Yes. Comp	lete below. X No
Party	Desig	nee's Phone Personal identif	rication
Designee	name	no number (PIN)	
		penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the	
Sign	belief,	they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which	, , ,
Sign	Your		e IRS sent you an Identity
Here			tection PIN, enter it here e inst.)
-	Dhon		1150.
	Phone	e no. Email address arer's name Preparer's signature Date PTIN	Check if:
Paid	•		
Preparer			
Use Only		s name <u>GLOBAL TAXES LLC</u> Phone r	(****/********
		s address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's E	
GO TO WWW.Irs.	jov/Foi	rm1040NR for instructions and the latest information. BAA REV 03/07/24 PRO	Form <b>1040-NR</b> (2023)

### SCHEDULE NEC (Form 1040-NR)

Department of the Treasury

on Schedule D (Form 1040),

Form 4797, or both.

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

OMB No. 1545-0074

3

Attach to Form 1040-NR.

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

Internal Revenue Service Name shown on Form 1040-NR

Sequence No. 7B Your identifying number

ഹ

72

Attachment

869-42-5995

RISHIKA CHAUDHARY

Enter amount of income under the appropriate rate of tax. See instructions.

Nature of Income			<b>(a)</b> 10%	<b>(b)</b> 15%	(c) 30%	(d) Other	(specify)
	Nature of Income	(a) 10%	( <b>d</b> ) 15%	( <b>c)</b> 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) transactions	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. <b>Note:</b> 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. Add colur					-NR, line 23a <b>15</b>	
	Capital Gains and Losses	From	Sales or Excha	inges of Proper	ty		
losses exchan	Inly the capital gains and from property sales or ges that are from sources he United States and not       16       (a) Kind of property and description (if necessary, attach statement of descriptive details not shown below)       (b) Date acc mm/dd/y		<b>(c)</b> Date sold mm/dd/yyyy	(d) Sales price	<b>(e)</b> Cost or other basis	(f) LOSS If (e) is more than (d), subtract (d) from (e).	(g) GAIN If (d) is more than (e), subtract (e) from (d).
effectiv	ely connected with a U.S. ss. Do not include a gain						
or loss	on disposing of a U.S. real						
gains a	y interest; report these nd losses on Schedule D						
(Form 1							
	property sales or ges that are effectively						
	ted with a U.S. business <b>17</b> Add columns (f) and (g) of line 16				17	(	

| 17 (

18 Capital gain. Combine columns (f) and (g) of line 17. Enter the net gain here and on line 9 above. If a loss, enter -0- . . .

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

### SCHEDULE OI (Form 1040-NR)

### **Other Information**

Attach to Form 1040-NR.

OMB No. 1545-0074 2023

	nent of the Treasury Go t Revenue Service	o www.irs.gov/Form1040N Ans	IR for instructions and wer all questions.	the latest information		Attachment Sequence N	
	hown on Form 1040-NR	Allo			Your identifyi		0.70
	IIKA CHAUDHARY				869-42-	•	
A	Of what country or countries v	vere vou a citizen or nation	al during the tax year?	P INDIA			
В	In what country did you claim	residence for tax purpose	s during the tax year?	' United States			
С	Have you ever applied to be a	green card holder (lawful p	permanent resident) of	the United States? .		Ves	🛛 No
D	Were you ever:						
1.	A U.S. citizen?					Ves	🗙 No
2.	A green card holder (lawful pe					Yes	🔀 No
_	If you answer "Yes" to (1) or (2						
E	If you had a visa on the last of immigration status on the last of	day of the tax year. $F1$					
F	Have you ever changed your w If you answered "Yes," indicat	e the date and nature of th	itus) or U.S. immigratione change:	on status?		∐ Yes	🗙 No
G	List all dates you entered and		ng 2023. See instructio	ons.			
	Note: If you're a resident of C						
	check the box for Canada or						
	Date entered United States mm/dd/yy	Date departed United Stat mm/dd/yy	les Da	ate entered United State mm/dd/yy	s Date de	parted Unite mm/dd/yy	d States
				, , , , , , , , , , , , , , , , , , ,			
н	Give number of days (including					:	
	2021	, 2022	, and 20	23 365	· · ·		_
I	Did you file a U.S. income tax						No
	If "Yes," give the latest year ar Are you filing a return for a true	na form number you filea:	104	40NR		- Yes	🗙 No
J	If "Yes," did the trust have a l						X NO
	U.S. person, or receive a contr						🗌 No
к	Did you receive total compens						⊠ No
	If "Yes," did you use an alterna						
L	Income Exempt From Tax-If			•			n country,
	complete (1) through (3) below	. See Pub. 901 for more in	formation on tax treat	ies.			
1.	Enter the name of the country,				claimed the	treaty benefi	it, and the
	amount of exempt income in th						
	<b>(a)</b> Cou	intry	(b) Tax treaty article	(c) Number of month claimed in prior tax ye	ns (d) A	mount of exe in current t	
							un yeai
	(e) Total. Enter this amount o		-				
	Were you subject to tax in a for						No No
3.	Are you claiming treaty benefit	•	•			∐ Yes	🔀 No
	If "Yes," attach a copy of the C	Competent Authority deter	mination letter to your	return.			
м 1.	Check the applicable box if: This is the first year you are m	aking an election to treat in	come from roal prope	arty located in the Unit	ad States es	offactivoly a	onnected
1.	with a U.S. trade or business u						

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 Authorization for Indiv	viduals 8879
Your name	Your SSN or ITIN
RISHIKA CHAUDHARY	869-42-5995
Spouse's/RDP's name	Spouse's/RDP's SSN or ITIN
Part I Tax Return Information (whole dollars only)	
1 California adjusted gross income (AGI). See instructions	
<ul> <li>2 Amount you owe. See instructions</li></ul>	
Part II Taxpayer Declaration and Signature Authorization (Be sure you obtain and keep a copy of your return.)	
Under penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying se ending December 31, 2023, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare electronic return originator (ERO), transmitter, or intermediate service provider, including my name, address, and social si dentification number (ITIN), and the amounts shown in Part I above agree with the information and amounts shown on t income tax return. If applicable, I authorize an electronic funds withdrawal of the amount on line 2 and/or the estimated t and on form FTB 8455, California e-file Payment Record for Individuals, or a comparable form. If applicable, I declare tha agrees with the direct deposit authorization stated on my return. If I have filed a joint return, this is an irrevocable appoin domestic partner (RDP) as an agent to authorize an electronic funds withdrawal or direct deposit. I authorize my ERO, tra provider to transmit my complete return to the Franchise Tax Board (FTB). If the processing of my return or refund is de to my ERO, intermediate service provider, and/or transmitter the reason(s) for the delay or the date when the refund return, I understand that if the FTB does not receive full and timely payment of my tax liability, I remain liable for the tax I penalties. I acknowledge that I have read and consent to the Electronic Funds Withdrawal Consent included on the copy of selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, my	that the information I provided to my ecurity number (SSN) or individual tax he corresponding lines of my electronic ax payments as shown on my return t direct deposit refund amount on line 3 ement of the other spouse/registered nsmitter, or intermediate service layed, I authorize the FTB to disclose was sent. If I am filing a balance due ability and all applicable interest and f my electronic income tax return. I have
Taxpayer's PIN: check one box only	
I authorize GLOBAL TAXES LLC to e	nter my PIN 5 5 9 9 5
ERO firm name	Do not enter all zeros
as my signature on my 2023 e-filed California individual income tax return.	
I will enter my PIN as my signature on my 2023 e-filed California individual income tax return. Check this box <b>only</b> in return is filed using the Practitioner PIN method. The ERO must complete Part III below.	you are entering your own PIN and your
Your signature  Date  Date	
Spouse's/RDP's PIN: check one box only	
Lauthorizeto e	nter my PIN
ERO firm name	Do not enter all zeros
as my signature on my 2023 e-filed California individual income tax return.	
I will enter my PIN as my signature on my 2023 e-filed California individual income tax return. Check this box and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.	only if you are entering your own PIN
Spouse's/RDP's signature Date Date	
Practitioner PIN Method Returns Only continue below	
Part III Certification and Authentication — Practitioner PIN Method Only	
ERO's Electronic Filer Identification Number (EFIN)/PIN.         Enter your six-digit EFIN followed by your five-digit self-selected PIN.         2       2       2       4       9       6         Do not enter a	
I certify that the above numeric entry is my PIN, which is my signature for the 2023 California individual income tax retronfirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and FTB Pre- e-file Providers.	Irn for the taxpayer(s) indicated above.
ERO's signature Date 03/28	/2024

DO NOT MAIL THIS FORM TO THE FTB

540

# 2023 California Resident Income Tax Return

	APE	DO NOT ATTACH	FEDERAL RETURN
869-42-5995 CHAU RISHIKA CHAUDHARY		23	
353 KING STREET SAN FRANCISCO CA 94158	APT 52	3	
05-21-1999			

		Enter your county at time of filing (see instructions)
ð	$oldsymbol{igo}$	SAN FRANCISCO
enc		If your address above is the same as your principal/physical residence address at the time of filing, check this box 🖲 🗙
sid		If not, enter below your principal/physical residence address at the time of filing.
Principal Residence		Street address (number and street) (If foreign address, see instructions.) Apt. no/ste. no.
	۲	
Pri		City State ZIP code
	ullet	
		If your California filing status is different from your federal filing status, check the box here
SL	1	× Single 4 Head of household (with qualifying person). See instructions.
Filing Status		
s gr	2	Married/RDP filing jointly (even if <b>5</b> Qualifying surviving spouse/RDP. Enter year spouse/RDP died.
Fili		See instructions. See instructions.
	3	Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here.
	6	If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See instr
	- Fo	r line 7, line 8, line 9, and line 10: Multiply the number you enter in the box by the pre-printed dollar amount for that line. Whole dollars only
ns	7	Personal: If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked
otio	8	box 2 or 5, enter 2 in the box. If you checked the box on line 6, see instructions. $\bigcirc 7 \ 1 \ X \ \$144 = \bigcirc \$ \ 144$ Blind: If you (or your spouse/RDP) are visually impaired, enter 1;
Exemptions	0	if both are visually impaired, enter 2. See instructions
ШŇ	9	Senior: If you (or your spouse/RDP) are 65 or older, enter 1;
		if both are 65 or older, enter 2. See instructions
		REV 03/05/24 PRO
		175 3101234 Form 540 2023 <b>Side 1</b>

You	r nai	ne:	CHA	UDH	IARY		Your	r SSN o	r ITIN:	869-	42-59	995						
	10	Depen	dents:		ot include y Dependent 1		r your spo	use/RDF		ndent 2				Dono	ndent 3			
		First	Name	۲					• Dehe						ilueilt 3			7
s		Last	Name	۲					•									]
Exemptions		SSN	. See															
xem		Depe	uctions. endent's	•														
		relat to yo	ionship u	۲					•									
	Tota	l depei	ndent e	xemp	otions					(	● 10	X S	\$446 = 🤇	\$				
	11	Exem	ption a	amou	Int: Add line	7 throug	h line 10.	Transfer	this am	ount to li	ne 32		🖲 1	1\$			144	:
	12	State	wages	from	n your federa	al					<u>م</u>	3465						
					x 16								. 00			0.2.4.6	- <b>-</b> ]	
	13 14				usted gross i nents – subi								• 13			2346	.5	. 00
		Part	I, line 2	7, co	lumn B								• 14					00
me	15				rom line 13								15			2346	55	00
Incol	16				nents – addi Iumn C								• 16					00
Taxable Income	17	Califo	ornia ac	liuste	ed gross inco	ome. Cor	nbine line 1	15 and li	ine 16				• 17			2346	55	. 00
Ta)	18	Enter	(		•													
		larger of Your California standard deduction shown below for your filing status:																
		Single or Married/RDP filing separately\$5,363     Married/RDP filing jointly, Head of household, or Qualifying surviving spouse/RDP. \$10,726											F 2 (	]				
	19	Subt	ract line		rried/RDP fili from line 17.	0 1	2			ked, <b>STOI</b>	P. See inst	tructions	• 18			536		. 00
	10				enter -0								• 19			1810	.2	00
						× .	Tax Table	Γ	Та	Rate Sc	hodulo							
	31	Tax. (	Check t	he bo	ox if from:			_ [								25	. 0	
	32	Exem	ption c	credit	s. Enter the		TB 3800 rom line 1	• L 1. If you				 1	• 31					. 00
Тах		\$237	,035, s	ee ins	structions								32			14	•4	00
-	33	Subt	ract line	e 32 f	rom line 31	. If less th	nan zero, e	enter -0-			· · · · · · · ·		<b>③ 33</b>			11	.4	00
	34	Tax. S	See ins <sup>.</sup>	tructi	ons. Check	the box i	from:	Scl	hedule G	-1 ●	FTB	5870A	• 34					00
	35	Add I	ine 33	and li	ine 34								• 35			11	4	00
Special Credits	40	Nonr	efundal	ble Cl	hild and Dep	oendent C	are Expen	ses Crec	lit. See i	nstructio	ns		• 40				•	. 00
sial C	43	Enter	credit	name	e				code 🗨		and ar	mount	• 43				•	00
Spec	44	Enter	<sup>r</sup> credit	name	e				code 🗨		and ar	mount	• 44				•	00
		Side 2	Form	1 540	2023		175	5	310	2234	ſ			REV	03/05/24 PRO			

You	r nar	me: CHAUDHARY Your SSN or ITIN: 869-42-5995	-	
6	45	To claim more than two credits, see instructions. Attach Schedule P (540) • 4	15	. 00
Special Credits	46	Nonrefundable Renter's Credit. See instructions • 4	16	. 00
	47	Add line 40 through line 46. These are your total credits	17	. 00
Spe	48	Subtract line 47 from line 35. If less than zero, enter -0- $\ldots$ 47		114 .00
kes	61	Alternative Minimum Tax. Attach Schedule P (540) 6	51	• 00
Other Taxes	62	Mental Health Services Tax. See instructions	52	<u> </u>
Oth	63	Other taxes and credit recapture. See instructions	53	. 00
	64	Add line 48, line 61, line 62, and line 63. This is your total tax	64	114 .00
	71	California income tax withheld. See instructions	71	899.00
	72	2023 California estimated tax and other payments. See instructions	12	. 00
	73	Withholding (Form 592-B and/or Form 593). See instructions	73	. 00
ents	74	Excess SDI (or VPDI) withheld. See instructions	74	. 00
Payments	75	Earned Income Tax Credit (EITC). See instructions		. 00
	76	Young Child Tax Credit (YCTC). See instructions		. 00
	77	Foster Youth Tax Credit (FYTC). See instructions		. 00
	78	Add line 71 through line 77. These are your total payments. See instructions		899 .00
X	01		0 00	
Use Tax	91	Use Tax. Do not leave blank. See instructions● 91 If line 91 is zero, check if: ● × No use tax is owed. ● You paid your use tax obli		
_				
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 If you did not check the box, see instructions.	×	
Pen		Individual Shared Responsibility (ISR) Penalty. See instructions • 92	.00	
	00	Doumante balance if line 70 is more than line 01 subtract line 01 from line 70	12	899 .00
Due	93	Payments balance. If line 78 is more than line 91, subtract line 91 from line 78		
Overpaid Tax/Tax Due	94 95	Use Tax balance. If line 91 is more than line 78, subtract line 78 from line 91		899 <u>00</u>
aid T	96	Individual Shared Responsibility Penalty Balance. If line 92 is more than line 93,		.00
Overp	<b>a</b> –		96	
-	97	Overpaid tax. If line 95 is more than line 64, subtract line 64 from line 95 • 9	97	785 .00
		175 3103234	Form 540 2023	Side 3

our nar	ne:	CHAUDHARY	Your SSN or ITIN:	869-42-5995			
<u>ම</u> 98	Amo	unt of line 97 you want applied to you	ur <b>2024</b> estimated tax		• 98	0	. 00
D 89	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	785	. 00
5 100 H	Tax o	due. If line 95 is less than line 64, sub	tract line 95 from line 64	4	100		. 00
					<u>Code</u>	<u>Amount</u>	
	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	ry Tax Contribution Fund	d	• 405		. 00
	Califo	ornia Firefighters' Memorial Voluntary	v Tax Contribution Fund .		• 406		- 00
	Emei	rgency Food for Families Voluntary Ta	x Contribution Fund		• 407		- 00
	Califo	ornia Peace Officer Memorial Foundat	ion Voluntary Tax Contri	bution Fund	• 408		- 00
	Califo	ornia Sea Otter Voluntary Tax Contrib	ution Fund		• 410		- 00
	Califo	ornia Cancer Research Voluntary Tax	Contribution Fund		• 413		- 00
	Scho	ol Supplies for Homeless Children Vo	oluntary Tax Contributior	1 Fund	• 422		- 00
2	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
	Califo	ornia Senior Citizen Advocacy Volunta	ry Tax Contribution Fun	d	• 438		. 00
	Nativ	e California Wildlife Rehabilitation Vo	luntary Tax Contribution	Fund	• 439		- 00
	Rape	Kit Backlog Voluntary Tax Contributi	on Fund		• 440		. 00
	Suici	de Prevention Voluntary Tax Contribu	tion 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

REV 03/05/24 PRO

		ame: CHAUDHARY Your SSN or ITIN: 869-42-5995	-								
unt Dwe	111	<b>1 AMOUNT YOU OWE.</b> If you do not have an amount on line 99, add line 94, line 96, line 100, and line	ne 110. See instructions. Do not send cash.								
Amo 'ou C		11 AMOUNT YOU OWE. If you do not have an amount on line 99, add line 94, line 96, line 100, and line Mail to: FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001 Pay Online – Go to ftb.ca.gov/pay for more information.	• 111 .	00							
		Pay Online – Go to <b>ftb.ca.gov/pay</b> for more information.		_							
σ	112	2 Interest, late return penalties, and late payment penalties	112	00							
t an ties	113	3 Underpayment of estimated tax.									
Interest and Penalties		Check the box:  FTB 5805 attached  FTB 5805F attached									
	114	4 Total amount due. See instructions. Enclose, but <b>do not</b> staple, any payment	114	00							
	115	5 REFUND OR NO AMOUNT DUE. Subtract the sum of line 110, line 112, and line 113 from line	e 99. See instructions.								
		Mail to: FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001	• 115 785 .	00							
Refund and Direct Deposit		Fill in the information to authorize direct deposit of your refund into one or two accounts. <b>Do</b> See instructions. <b>Have you verified the routing and account numbers?</b> Use whole dollars onl All or the following amount of my refund (line 115) is authorized for direct deposit into the ac	ly.								
Direc		<ul> <li>Type</li> <li>Routing number</li> <li>Checking</li> <li>Account number</li> </ul>	• <b>116</b> Direct deposit amount								
I pue		• Routing number     ×     Checking     • Account number       322271627     •     865550278		00							
ind å		Savings		00							
Refu		The remaining amount of my refund (line 115) is authorized for direct deposit into the accoun <ul> <li>Type</li> </ul>	nt shown below:								
		Routing number     Checking     Account number	• 117 Direct deposit amount								
				00							
		Savings									
Voter Info.		For voter registration information, check the box and go to <b>sos.ca.gov/elections</b> . See instruct	tions								
Health Care Coverage Info.		Do you want information on no-cost or low-cost health care coverage? By checking the "Yes" the FTB to share limited information from your tax return with Covered California. See instruc		No							

Sign your tax return on Side 6

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Your name:	Your name:	CHAUDHAF
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CHA	UD	HA	RY

Your SSN or ITIN:	869-42-5995
YOUL SON OF FLUX.	



<b>IMPORTANT:</b>	See the instructions to find out if you should attach a copy	of your complete fe	ederal tax return.						
	e can be found in annual tax booklets or online. Go to <b>ftb.ca.gov/priv</b> 1 EN-SP, Franchise Tax Board Privacy Notice on Collection. To reques								
Under penalties is true, correct, a	of perjury, I declare that I have examined this tax return, including ind complete.	accompanying sche	dules and statements, and to the	e best of m	ly knowledge and belief, it				
Your signature	Date		Spouse's/RDP's signature (if a	joint tax re	turn, both must sign)				
	Your email address. Enter only one email address.			Prefe	erred 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	Firm's name (or yours, if self-employed)				• PTIN				
spouse's/ RDP's signature.	GLOBAL TAXES LLC				P02082703				
-	Firm's address		Firm's FEIN						
Joint tax return?	245 ROONEY CT E BRUNSWICK N								
See instructions.	Do you want to allow another person to discuss this tax	return with us? Se	e instructions	Yes	× No				
	Print Third Party Designee's Name			Telephor	ne 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.

Na	me(s) as shown on tax return			SSN or ITIN
R	ISHIKA CHAUDHARY			869425995
	art I Income Adjustment Schedule ction A – Income from federal Form 1040 or 1040-SR	A Federal Amounts (taxable amounts from your federal tax return)	<b>B</b> Subtractions See instructions	<b>C</b> Additions See instructions
1	<b>a</b> Total amount from federal Form(s) W-2, box 1. See instructions <b>1a</b>	• 23465	$\odot$	$\odot$
	b Household employee wages not reported on federal Form(s) W-2 1b	$\odot$	$\odot$	$\odot$
	c Tip income not reported on line 1a 1c	۲	۲	۲
	d Medicaid waiver payments not reported on federal Form(s) W-2. See instructions 1d	$\odot$	$\odot$	$\odot$
	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 29 1f	٢	۲	۲
	<b>g</b> Wages from federal Form 8919, line 6 <b>1g</b>	$\odot$	۲	
	$h$ Other earned income. See instructions $\ldots\ldots$ . 1h	۲	$\odot$	۲
	i Nontaxable combat pay election. See instructions1i			۲
	z Add line 1a through line 1i1z	• 23465	۲	۲
2	Taxable interest. a • 2b	۲		
3	Ordinary dividends. See instructions. a • 3b	۲	۲	۲
4	IRA distributions. See instructions. a • 4b	۲	۲	۲
5	Pensions and annuities. See instructions. a • 5b	$\odot$	۲	۲
6	Social security benefits. a • 6b	۲	۲	
		(Forme 1040)	$\odot$	۲
	<b>ction B – Additional Income</b> from federal Schedule 1 Taxable refunds, credits, or offsets of state			
	and local income taxes	۲	۲	
2	a Alimony received. See instructions	٢		•
3	Business income or (loss). See instructions <b>3</b>	۲	•	•
	Other gains or (losses)	۲	۲	۲
D	Rental real estate, royalties, partnerships, S corporations, trusts, etc <b>5</b>	۲	۲	•
6	Farm income or (loss)6	۲	۲	۲
7	Unemployment compensation7	۲	۲	

REV 03/05/24 PRO

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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 loss8a	• ( )		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	$\odot$		
<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	tion 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	<b>a</b> Total other income. Add lines 8a through 8z <b>9a</b>			۲		۲
	<b>b1</b> Disaster loss deduction from form FTB 3805V <b>9b1</b>			۲		
	<b>b2</b> NOL deduction from form FTB 3805V 9b2			ullet		
	<b>b3</b> NOL deduction from form FTB 3805Z, 3807, or 3809			۲		
	<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	۲	23465	۲		۲
	t <b>ion C – Adjustments to Income</b> n 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	$oldsymbol{O}$		ullet		
14	Moving expenses. Attach form FTB 3913. See instructions					۲
15	Deductible part of self-employment tax. See instructions			ullet		
16	Self-employed SEP, SIMPLE, and qualified plans16	$oldsymbol{O}$				
17	Self-employed health insurance deduction. See instructions			۲		
18	Penalty on early withdrawal of savings <b>18</b>	ullet				
19	<b>a</b> Alimony paid <b>19a</b>					$\odot$
	<b>b</b> Recipient's: SSN •					
	Last Name 🖲					
20	IRA deduction			۲		۲
21	Student loan interest deduction					۲
22	Reserved for future use					
23	Archer MSA deduction	$oldsymbol{igo}$				

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Section C – Adjustments to Income Continued	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	<b>C</b> 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>	$\odot$	۲	۲
c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	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	•	۲	$\bullet$
h Attorney fees and court costs for actions involving certain unlawful discrimination claims	$\odot$		
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	$\textcircled{\bullet}$		
k Excess deductions of IRC Section 67(e) expenses from federal Schedule K-1 (Form 1041)24k	•		
<b>z</b> Other adjustments. List type and amount.			
۰ 24z	$\bullet$	$\odot$	۲
	۲	۲	۲
<b>26</b> Add line 11 through line 23 and line 25 in columns A, B, and C. See instructions	۲	۲	۲
27 Total. Subtract line 26 from line 10 in columns A, B, and C. See instructions27	• 23465	۲	۲

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REV 03/05/24 PRO

Part II	Adjustments	to	Federal	Itemized	Deductions
---------	-------------	----	---------	----------	------------

					7		
Che	ck the box if you did NOT itemize for federal but will item	ze foi	California	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 • 23465	2					
3	Multiply line 2 by 7.5% (0.075) (•) 1760	3					
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter 0	4				۲	
	<b>a</b> State and local income tax or general sales taxes	5a 🤇	1050	۲	1050		
	<b>b</b> State and local real estate taxes	5b 🤇					
	<b>c</b> State and local personal property taxes	5c 🤇					
	<b>d</b> Add line 5a through line 5c	5d 🤇	1050				
	<ul> <li>e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) in column A.</li> <li>Enter the amount from line 5a, column B in line 5e, column B.</li> <li>Enter the difference from line 5d and line 5e,</li> </ul>		1050		1050		0
	column A in line 5e, column C	5e 🤇	1050		1050	•	0
6	Other taxes. List type ④	6				۲	
7	Add line 5e and line 6	7	1050		1050		0
	<ul> <li>a Home mortgage interest and points reported to you on federal Form 1098</li> </ul>	Ba 🤇				۲	
	<b>b</b> Home mortgage interest not reported to you on federal Form 1098	Bb 🤇				۲	
	c Points not reported to you on federal Form 1098.	Bc 🤇				۲	
	<b>d</b> Reserved for future use	Bd					
	e Add line 8a through line 8c	Be				۲	
9	Investment interest	9		•		۲	
10	Add line 8e and line 91			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					•	
12	Other than by cash or check						
13	Carryover from prior year			•		۲	
	Add line 11 through line 1314					۲	
	casualty and Theft Losses Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions15			۲		۲	
Oth	er Itemized Deductions						
	Other—from list in federal instructions <b>16</b>	۲				۲	
17	Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C <b>17</b>		1050		1050	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.	9 19 _			
20	Tax preparation fees			20			
	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	469		
25	Subtract line 24 from line 22. If line 24 is more than line	e 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.		· · · · · · · · · · · · · · · · · · ·	\$23 \$35	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	ng surviving spouse/RDP	\$10	0,726	30	5363
					BEL/ 00/00/00 - 00 - 00		
	<b>Side 6</b> Schedule CA (540) 2023 175	1	7736234	Γ	REV 03/05/24 PRO		