#### 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)

Тахрау	ver's name	Social secur	ty numb	ber		
PRA	MOD KASIBHATTA	731-58	-434	5		
Spouse	's name	Spouse's so	cial secu	urity number		
Par	Part I       Tax Return Information – Tax Year Ending December 31,       2023 (Enter year you are authorizing.)					
Enter	whole dollars only on lines 1 through 5.					
Note:	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.					
1	Adjusted gross income		1	252,443.		
2	Total tax		2	55,750.		
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	56,765.		
4	Amount you want refunded to you		4	1,015.		
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 perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission. (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

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

<u> </u>	I authorize	GLUDAL	IAVES	ERO firm name	to enter or generate my PIN	Er
$\mathbf{\nabla}$	l authorize	CTODAT	TAVEC	TTC	to optor or gonorate my DIN	0

8	4	3	4	5	
Ent dor	er fiv i't er	ve dig iter a	gits, all ze	but ros	as

my

as mv

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 o	one box only	
---------------	---------	--------------	--

I authorize

to enter	or	generate	my	PIN

Enter five digits, but don't enter all zeros

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

ERO firm name

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 ► C	ate 🕨	•						
Practitioner PIN Method Returns Only—continue	bel	ow						
Part III Certification and Authentication – Practitioner PIN Method Only								
<b>ERO's EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2	2	2		 0 all zer	 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 🕨	
ERO Must Retain This Don't Submit This Form to the	-		
For Paperwork Reduction Act Notice, see your tax return instructions.	BAA	REV 03/07/24 PRO	Form 8879 (Rev. 01-2021)

<b>1040</b>		artment of the Treasury—Internal Revenue Serv <b>S. Individual Income Ta</b>		turn	202	23	OMB No. 1545-	0074	IRS Use Onl	y—Do not v	rite or sta	aple in this space.
For the year Jan	. 1-Dec	c. 31, 2023, or other tax year beginning			, 2023, er	nding			, 20	See se	parate	instructions.
Your first name	and m	iddle initial	Last r	name						Your so	cial sec	curity number
PRAMOD			KAS	IBHATI	'A					731	58	4345
	pouse's	s first name and middle initial	Last r									security number
Home address	(numbe	er and street). If you have a P.O. box, see	e instruc	ctions.				A	pt. no.	Preside	ntial Ele	ection Campaigr
-		E EXPRESSWAY							218			/ou, or your
City, town, or p	ost offi	ce. If you have a foreign address, also co	omplete	spaces be	low.	Sta	ate	ZIP co				jointly, want \$3 nd. Checking a
MILPITAS						CA		950				not change
Foreign country	/ name			Foreign p	rovince/state	e/coun	ty	Foreig	n postal code	your ta		_
											∐ Yo	ou Spouse
Filing Status							Head of ho	buseh	old (HOH)			
Check only		Married filing jointly (even if only o	ne nac	income)								
one box.	L.	Married filing separately (MFS) you checked the MFS box, enter the		ofvouro	nouna lfur	ou ob	Qualifying				ild'e ne	ma if the
	-	alifying person is a child but not you		-	pouse. Il yo				55 DOX, ent		10 5 11a	
Digital		ny time during 2023, did you: (a) rec										
Assets		hange, or otherwise dispose of a dig						t)? (Se	e instructio	ons.)		es 🛛 No
Standard	_	neone can claim: 🗌 You as a de	•				a dependent					
Deduction		Spouse itemizes on a separate retur	n or yo	ou were a	dual-status	sallen	1					
Age/Blindness	s You	: 🗌 Were born before January 2, 1	959	Are b	lind <b>S</b> p	ouse	: 🗌 Was bor	n befo	ore January	2, 1959		s blind
Dependents	s (see	instructions):		(2) 5	Social securi	ty	(3) Relationshi	<sub>ip</sub> (4	) Check the I	oox if qual	fies for	(see instructions):
If more	<b>(1)</b> F	(1) First name Last name			number	number to you Child ta:				credit	Credit fo	or other dependents
than four												
dependents, see instructions	s ——								<u> </u>			
and check												
here	4.0		av 1 (a							4.		
Income	1a b	Total amount from Form(s) W-2, b Household employee wages not re				• •		• •		. 1a . 1b		273,082.
Attach Form(s)	c		•		.,	• •		• •	• • •	. 10		
W-2 here. Also attach Forms	d							. 10				
W-2G and	e	Taxable dependent care benefits from Form 2441, line 26							. 1e	-		
1099-R if tax was withheld.	f	Employer-provided adoption bene							. 1f			
lf you did not	g	Wages from Form 8919, line 6								. 1g	,	
get a Form W-2, see	h	Other earned income (see instruct	ions)							. 1h	1	0.
instructions.	i	Nontaxable combat pay election (	see ins	structions)			<b>1</b> i					
	z	Add lines 1a through 1h	• •							. 1z	:	273,082.
Attach Sch. B	2a	Tax-exempt interest	2a				axable interest			. <b>2</b> b		73.
if required.	3a	-	3a	1,	,880.		Ordinary divider				-	1,880.
Standard	4a		4a				axable amount			. 4b	-	
Deduction for—	5a		5a				axable amount			. 5b	-	
<ul> <li>Single or Married filing</li> </ul>	6a	, _	6a				axable amount	I		. 6b	)	
separately, \$13,850	c -	If you elect to use the lump-sum e						• •				2 000
<ul> <li>Married filing</li> </ul>	7 8	Capital gain or (loss). Attach Sche Additional income from Schedule		-				• •		∐ <u>7</u> . 8		-3,000.
jointly or Qualifying	8 9	Additional income from Schedule Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7								. 8		252,443.
surviving spouse, \$27,700	9 10	Add lines 12, 20, 30, 40, 50, 60, 7 Adjustments to income from Sche		-			• · · · ·		• • •	. 10		2021110.
<ul> <li>Head of household,</li> </ul>	11	Subtract line 10 from line 9. This is						• •		. 11	_	252,443.
\$20,800	12	Standard deduction or itemized	-		-					. 12		13,850.
<ul> <li>If you checked any box under</li> </ul>	13	Qualified business income deduct					95-A			. 13		,
Standard Deduction,	14	Add lines 12 and 13								. 14	-	13,850.
see instructions.	15	Subtract line 14 from line 11. If zer	ro or le	ess, enter	-0 This is	your	taxable incom	<u>e</u> .	<u> </u>	. 15		238,593.

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

Form **1040** (2023)

Form 1040 (2023	3)						Page <b>2</b>
Tax and	16	Tax (see instructions). Check if any from	Form(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3	16	55,026.
Credits	17	Amount from Schedule 2, line 3				17	
	18	Add lines 16 and 17				18	55,026.
	19	Child tax credit or credit for other depe	ndents from Scheo	lule 8812		19	
	20	Amount from Schedule 3, line 8				20	
	21	Add lines 19 and 20				21	
	22	Subtract line 21 from line 18. If zero or I	ess, enter -0			22	55,026.
	23	Other taxes, including self-employment				23	724.
	24	Add lines 22 and 23. This is your total t	ах			24	55,750.
Payments	25	Federal income tax withheld from:					
2	а	Form(s) W-2			<b>25a</b> 56,	041.	
	b	Form(s) 1099			25b		
	с	Other forms (see instructions)			25c	724.	
	d	Add lines 25a through 25c				<b>25</b> d	56,765.
If you have a	26	2023 estimated tax payments and amo	unt applied from 20	022 return		26	
qualifying child,	27	Earned income credit (EIC)			27		
attach Sch. EIC.	28	Additional child tax credit from Schedule			28		
	29	American opportunity credit from Form	8863, line 8		29		
	30	Reserved for future use			30		
	31	Amount from Schedule 3, line 15			31		
	32	Add lines 27, 28, 29, and 31. These are	your total other p	ayments and refu	undable credits	32	
	33	Add lines 25d, 26, and 32. These are yo	-			33	56,765.
Refund	34	If line 33 is more than line 24, subtract I				34	1,015.
	35a	Amount of line 34 you want refunded to					1,015.
Direct deposit?	b	Routing number 3 2 1 1 7 1			_	vings	
See instructions.	d		7 2 0 8			5	
	36	Amount of line 34 you want applied to	our 2024 estimat	ed tax	36		
Amount	37	Subtract line 33 from line 24. This is the	amount you owe	1	1 1		
You Owe	•	For details on how to pay, go to www.ir				37	
	38	Estimated tax penalty (see instructions)			38		
Third Party	Do	you want to allow another person to			See		
Designee		tructions				plete below.	× No
<b>J</b>	De	signee's	Phone	•		al identification	
	nar		no.		number	. ,	
Sign		der penalties of perjury, I declare that I have exa ief, they are true, correct, and complete. Declara					
Here			1	1		1	
	Yo	ur signature	Date	Your occupation			nt you an Identity PIN, enter it here
Joint return?				SOFTWARE H	ENGINEER	(see inst.)	
See instructions.	Sp	ouse's signature. If a joint return, <b>both</b> must sig	n. Date	Spouse's occupat		If the IRS se	nt your spouse an
Keep a copy for			, 				ection PIN, enter it here
your records.						(see inst.)	
	Ph	one no. (669) 225-9723	Email address	K.PRAMOD11	L0@GMAIL.COM		1
Paid	Pre	parer's name Preparer's s	signature			PTIN	Check if:
Preparer	SYA	M PRIYA RAM SAGAR GUPTA SYAM P	RIYA RAM SA	GAR GUPTA	04/16/2024 P	02082703	Self-employed
Use Only	Firi	n's name GLOBAL TAXES LLC				Phone no.	(678)965-9522
	Firi	n's address 245 ROONEY CT E	BRUNSWICK N	J 08816		Firm's EIN	84-3171965
Go to www.irs.go	ov/Forn	1040 for instructions and the latest information	ı.	BAA	REV 03/07/24 PRO		Form <b>1040</b> (2023)

SCHEDULE	1
(Form 1040)	

9

10

Department of the Treasury

## **Additional Income and Adjustments to Income**

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

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

OMB No. 1545-0074 2023

Sequence No. 01

Attachment

Your social security number

Internal Revenue Service Name(s) shown on Form 1040, 1040-SR, or 1040-NR PRAMOD

RAM	IOD KASIBHATTA	731-5	8-43	45
Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797	[	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule	ε.	5	-19,592.
6	Farm income or (loss). Attach Schedule F.		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	)		
b	Gambling			
С	Cancellation of debt			
d	Foreign earned income exclusion from Form 2555       .       .       8d	)		
е	Income from Form 8853			
f	Income from Form 8889			
g	Alaska Permanent Fund dividends			
h	Jury duty pay			
i	Prizes and awards			
j	Activity not engaged in for profit income			
k	Stock options			
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			
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)			
	Section 951(a) inclusion (see instructions)			
0	Section 951A(a) inclusion (see instructions)			
р	Section 461(I) excess business loss adjustment			
q	Taxable distributions from an ABLE account (see instructions).8qScholarship and fellowship grants not reported on Form W-2.8r			
r	Nontaxable amount of Medicaid waiver payments included on Form			
S	1040, line 1a or 1d	)		
t	Pension or annuity from a nonqualifed deferred compensation plan or	/		
•	a nongovernmental section 457 plan			
u	Wages earned while incarcerated			
	Other income. List type and amount:			
	8z			
9	Total other income. Add lines 8a through 8z		9	

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

1040, 1040-SR, or 1040-NR, line 8

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

Schedule 1 (Form 1040) 2023

-19,592.

Par	Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis	government		
	officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903		14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN			
С	Date of original divorce or separation agreement (see instructions):			
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			
а	Jury duty pay (see instructions)			
b	Deductible expenses related to income reported on line 8I from the			
	rental of personal property engaged in for profit			
С	Nontaxable amount of the value of Olympic and Paralympic medals			
	and USOC prize money reported on line 8m			
d	Reforestation amortization and expenses			
е	Repayment of supplemental unemployment benefits under the Trade			
	Act of 1974		-	
f	Contributions to section 501(c)(18)(D) pension plans		-	
g	Contributions by certain chaplains to section 403(b) plans 24g			
h	Attorney fees and court costs for actions involving certain unlawful			
	discrimination claims (see instructions)		-	
i	Attorney fees and court costs you paid in connection with an award			
	from the IRS for information you provided that helped the IRS detect tax law violations			
			-	
J	Housing deduction from Form 2555		-	
ĸ	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)			
-			-	
2	Other adjustments. List type and amount:			
25	Total other adjustments. Add lines 24a through 24z		25	
25 26	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . Enter	here and on		
20	Form 1040, 1040-SR, or 1040-NR, line 10		26	
			· · · ·	(Form 1040) 2023

**SCHEDULE 2** (Form 1040)

Department of the Treasury

## **Additional Taxes**

OMB No. 1545-0074 2023

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

	tment of the Treasury al Revenue Service <b>Go to www.ii</b>	s.gov/Form1040 for instructions and the late	st information.		Attachment Sequence No. <b>02</b>
Name	e(s) shown on Form 1040, 1040-SR, or 1	040-NR		Your soc	ial security number
PRA	AMOD KASIBHATTA			731-58	-4345
Pa	art I Tax				
1	Alternative minimum tax. Attach	Form 6251			1
2	Excess advance premium tax c	redit repayment. Attach Form 8962	2		2
3	Add lines 1 and 2. Enter here ar	nd on Form 1040, 1040-SR, or 104	0-NR, line 1	7	3
Pa	rt II Other Taxes				
4	Self-employment tax. Attach So	hedule SE			4
5	-	tax on unreported tip income.	5		
6	•	Medicare tax on wages. Attach	6		
7	Total additional social security a	and Medicare tax. Add lines 5 and	6		7
8	Additional tax on IRAs or other	tax-favored accounts. Attach Form	n 5329 if req	uired.	
	If not required check here				8

	Form 8919		
7	Total additional social security and Medicare tax. Add lines 5 and 6	7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required.		
	If not required, check here $\ldots$	8	
9	Household employment taxes. Attach Schedule H	9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required	10	
11	Additional Medicare Tax. Attach Form 8959	11	724.
12	Net investment income tax. Attach Form 8960	12	
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12	13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares	14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000	15	
16	Recapture of low-income housing credit. Attach Form 8611	16	
	(cc	ontinue	d on page 2)

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

)

Schedule 2 (Form 1040) 2023

17       Other additional taxes:       Image: a Recapture of other credits. List type, form number, and amount:       Image: number additional tax on type and type additional tax on the type additional tax on the type additional tax on the type additional type additional tax on the type additional type additional tax on the type additional tax on the type additional type additional type additional type additional tax on the type additional type additional tax on type additional tax on type additional tax on the type additional tax on type additex additaddite additional tax on type additional tax o	
bRecapture of federal mortgage subsidy, if you sold your home see instructions17acAdditional tax on HSA distributions. Attach Form 888917cdAdditional tax on an HSA because you didn't remain an eligible individual. Attach Form 888917ceAdditional tax on Archer MSA distributions. Attach Form 885317efAdditional tax on Medicare Advantage MSA distributions. Attach Form 885317egRecapture of a charitable contribution deduction related to a fractional interest in tangible personal property17fhIncome you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A17hiCompensation you received from a nonqualified deferred compensation plan described in section 457A17jjSection 72(m)(5) excess benefits tax17j	
see instructions17bcAdditional tax on HSA distributions. Attach Form 888917cdAdditional tax on an HSA because you didn't remain an eligible individual. Attach Form 888917deAdditional tax on Archer MSA distributions. Attach Form 885317efAdditional tax on Medicare Advantage MSA distributions. Attach Form 885317egRecapture of a charitable contribution deduction related to a fractional interest in tangible personal property17ghIncome you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A17hiCompensation you received from a nonqualified deferred compensation plan described in section 457A17j	
d Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 888917de Additional tax on Archer MSA distributions. Attach Form 885317ef Additional tax on Medicare Advantage MSA distributions. Attach Form 885317eg Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property17gh Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A17hi Compensation you received from a nonqualified deferred compensation plan described in section 457A17j	
<ul> <li>individual. Attach Form 8889</li></ul>	
<ul> <li>f Additional tax on Medicare Advantage MSA distributions. Attach Form 8853</li></ul>	
Form 885317fg Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property17gh Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A17hi Compensation you received from a nonqualified deferred compensation plan described in section 457A17ij Section 72(m)(5) excess benefits tax17j	
fractional interest in tangible personal property17gh Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A17hi Compensation you received from a nonqualified deferred compensation plan described in section 457A17hj Section 72(m)(5) excess benefits tax17j	
plan that fails to meet the requirements of section 409A       17h         i Compensation you received from a nonqualified deferred compensation plan described in section 457A       17i         j Section 72(m)(5) excess benefits tax       17j	
compensation plan described in section 457A       17i         j       Section 72(m)(5) excess benefits tax       17j	
k Golden parachute payments	
I Tax on accumulation distribution of trusts	
m Excise tax on insider stock compensation from an expatriated corporation	
n Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	
Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR 170	
<ul> <li><b>p</b> Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund</li> </ul>	
<b>q</b> Any interest from Form 8621, line 24	
z Any other taxes. List type and amount:	
17z	
<b>18</b> Total additional taxes. Add lines 17a through 17z <b>1</b> z <b>1</b> a	
<b>19</b> Reserved for future use <b>19</b>	
20 Section 965 net tax liability installment from Form 965-A 20	
Add lines 4, 7 through 16, and 18. These are your <b>total other taxes</b> . Enter here and	
on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b	724.

## **SCHEDULE B** (Form 1040)

Department of the Treasury Internal Revenue Service

## **Interest and Ordinary Dividends**

OMB No. 1545-0074 20 3

#### Attach to Form 1040 or 1040-SR.

Department of the T Internal Revenue Se		Go to www.irs.gov/ScheduleB for instructions and the latest information.		Attachme Sequence	nt No. <b>08</b>	8
Name(s) shown on	return			social securi	-	ber
PRAMOD KAS	SIBHA	ГТА	731	-58-434		
Part I	1	List name of payer. If any interest is from a seller-financed mortgage and the		Amo	ount	
Interest		buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address:				
(See instructions and the		ROBINHOOD SECURITIES LLC				73.
Instructions for						
Form 1040, line 2b.)						
Note: If you						
received a						
Form 1099-INT, Form 1099-OID,			1			
or substitute						
statement from a brokerage firm,						
list the firm's name as the						
payer and enter						
the total interest shown on that						
form.						
	2	Add the amounts on line 1	2			73.
	3	Excludable interest on series EE and I U.S. savings bonds issued after 1989.				
		Attach Form 8815	3			
	4	Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b	4			73.
	· ·	If line 4 is over \$1,500, you must complete Part III.		Amo	ount	
Part II	5	List name of payer: CHARLES SCHWAB & CO., INC			1,88	80.
Ordinary						
Dividends						
(See instructions						
and the Instructions for						
Form 1040,			5			
line 3b.) <b>Note:</b> If you			5			
received a						
Form 1099-DIV or substitute						
statement from						
a brokerage firm, list the firm's						
name as the						
payer and enter the ordinary	•					
dividends shown on that form.		Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b If line 6 is over \$1,500, you must complete Part III.	6		1,88	80.
Part III		nust complete this part if you (a) had over \$1,500 of taxable interest or ordinary d			d a fo	reign
Foreign	accou	nt; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreigr	rtrust			
Accounts					Yes	No
and Trusts	7a	At any time during 2023, did you have a financial interest in or signature authority of				
Caution: If required, failure t	0	account (such as a bank account, securities account, or brokerage account) locat	ed in	a foreign		.,
file FinCEN Form		country? See instructions	· ·	· · ·		X
114 may result in substantial		If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank Accounts (FBAR), to report that financial interest or signature authority? See Find				
penalties.						
Additionally, you may be required	b	If you are required to file FinCEN Form 114, list the name(s) of the foreign country(				
to file Form 8938		financial account(s) is (are) located:	,			
Statement of Specified Foreigr	ı					

During 2023, did you receive a distribution from, or were you the grantor of, or transferor to, a

foreign trust? If "Yes," you may have to file Form 3520. See instructions .

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

Financial Assets.

See instructions.

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#### SCHEDULE D (Form 1040)

## **Capital Gains and Losses**

OMB No. 1545-0074

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

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

2023 Attachment Sequence No. 12

Department of the Treasury Internal Revenue Service

Name(s) shown on return

Your social security number 731-58-4345

PRAMOD KASIBHATTA

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? 
Yes No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

## Part I Short-Term Capital Gains and Losses – Generally Assets Held One Year or Less (see instructions)

lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to e dollars.	<b>(d)</b> Proceeds (sales price)	<b>(e)</b> Cost (or other basis)	<b>(g)</b> Adjustments to gain or loss f Form(s) 8949, P line 2, column	rom art I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.					
1b	Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked	0.	3,540.	- 6	60.	-3,600.
2	Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked					
3	Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked					
4	Short-term gain from Form 6252 and short-term gain or (	oss) from Forms 4	684, 6781, and 88	324	4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1				5	
6	Short-term capital loss carryover. Enter the amount, if an <b>Worksheet</b> in the instructions	y, from line 8 of y	our Capital Loss	Carryover	6	( 46.)
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise				7	-3,646.

#### Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year (see instructions)

lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to e dollars.	<b>(d)</b> Proceeds (sales price)	<b>(e)</b> Cost (or other basis)	(g) Adjustmen to gain or loss Form(s) 8949, I line 2, colum	from Part II,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)	
	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.				n (g)		
8b	Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked	27,029.	35,997.			-8,968.	
9	Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked						
10	Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked.						
11	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824		<b>v v</b>	• •	11		
12	Net long-term gain or (loss) from partnerships, S corporat	dule(s) K-1	12				
13	Capital gain distributions. See the instructions		13				
14	Long-term capital loss carryover. Enter the amount, if any <b>Worksheet</b> in the instructions	14	( )				
15	<ul> <li>15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III on the back</li></ul>						

Part	III Summary	
16	Combine lines 7 and 15 and enter the result	<b>16</b> -12,614.
	• If line 16 is a <b>gain</b> , enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.	
	• If line 16 is a <b>loss</b> , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.	
	• If line 16 is <b>zero</b> , skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.	
17	Are lines 15 and 16 <b>both</b> gains?	
	<b>No.</b> Skip lines 18 through 21, and go to line 22.	
18	If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet	18
19	If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet	19
20	<ul> <li>Are lines 18 and 19 both zero or blank and you are not filing Form 4952?</li> <li>Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below.</li> </ul>	
	□ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.	
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the <b>smaller</b> of:	
	<ul> <li>The loss on line 16; or</li> <li>(\$3,000), or if married filing separately, (\$1,500)</li> </ul>	21 ( 3,000.)
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.	
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?	
	Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16.	
	□ No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.	

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Schedule D (Form 1040) 2023

Form **8949** 

## Sales and Other Dispositions of Capital Assets

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



Department of the Treasury Internal Revenue Service Name(s) shown on return

Social security number or taxpayer identification number

PRAMOD KASIBHATTA

731-58-4345

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

**Note:** You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

X (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

C) Short-term transactions not reported to you on Form 1099-B

<b>1</b> (a) Description of property	<b>(b)</b> Date acquired	<b>(c)</b> Date sold or	<b>(d)</b> Proceeds	(e)         If you enter an amount in column (g), enter a code in column (f).         G           Yerceeds         See the Note below         See the separate instructions.         Subi		enter a code in column (f). See the separate instructions.	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	<b>(g)</b> Amount of adjustment	from column (d) and combine the result with column (g).
ROBINHOOD SECURITIES LLC	01/01/23	12/31/23	0.	3,540.	E	-60.	-3,600.
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box C	al here and inc is checked), <b>lir</b>	lude on your ne 2 (if Box B	0.	3,540.		-60.	-3,600.

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

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

Form 8949 (2023)
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Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side PRAMOD KASIBHATTA

Social security number or taxpayer identification number 731-58-4345

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

**Part II Long-Term.** Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

**Note:** You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

[] (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

(F) Long-term transactions not reported to you on Form 1099-B

1 (a) Description of property	<b>(b)</b> Date acquired	<b>(c)</b> Date sold or	<b>(d)</b> Proceeds	<b>(e)</b> Cost or other basis See the <b>Note</b> below	See the separate instructions.		<b>(h)</b> Gain or (loss) Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.			from column (d) and combine the result with column (g).	
ROBINHOOD SECURITIES LLC	01/01/22	12/31/23	0.	8,629.			-8,629.	
CHARLES SCHWAB & CO., INC	08/17/23	12/31/21	27,029.	27,368.			-339.	
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box	I here and inclusion inclusion in the second s	lude on your 1e 9 (if Box E	27,029.	35,997.			-8,968.	

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

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Department of the Transvol         Attach to Form 1040, 1040-SR, 1040-NR, or 1041.         Comments         Description           Namedy attach to Form 1040, 1040-SR, 1040-NR, or 1041.         Total second secon	(Form	1040)	(Froi	m rer	ntal real esta	te, royalties, pa	artnersl	nips, S	corporat	ions, es	states,	trusts, REM	Cs, etc.)	90	79	3
Nerreign biom on stum         Your scalar exactly number           PRAMOD KASTERIATYA         731-58-4345           Part I         Income or Loss From Rental Real Estate and Royatties Note: If you are an individual, report farm           A         Did you make any payments in 2025 that would require you to file Form(s) 1099? See instructions.         If yes. X individual, report farm           A         Did you make any payments in 2025 that would require you to file Form(s) 1099? See instructions.         If yes. X individual, report farm           B         C         Image Family Residence         State, ZIP code)           A         NEAR L.I.C.OFFICE SAJJAPURAM //REST GODAVARI DIST, TANUKU IN 534211         B           C         Image Family Residence         2         For each rental real estate property listed above, report the number of fair rental and qualified joint venture. See instructions.         Fair Rental Days         Personal Use Days         OJV           Type of Property:         1 Single Family Residence         3 Vacation/Short-Term Rental qualified joint venture. See instructions.         6 Royaties         7 Self-Rental         Personal Use Days         OJV           S Advortising         5         A         B         C         G           1 Multi-Family Residence         3 Vacation/Short-Term Rental 9 0         9 0         G         G           A tota dravel (see instructions)					Go to waway							formation		Attachn	ッ <b>ム</b> nent	12
PRAND         731-58-4345           Part         Income or Loss From Rental Real Estate and Royalties Netel I/Youre in the basines of retting parced and property.         Schedule C. See instructions. If you are an individual, report farm Netel I/Youre in the basines of retting parce line 40.           A         Did you make any payments in 2023 that would require you to file Form(\$) 10997 See instructions. If you are an individual, report farm Netel I/Your and the required Form(\$) 10997         Image: Imag					GO LO WWW.	lis.gov/Schedu		instru			ilesi ii	normation.	Vour cooi			
Income or Loss From Rental Real Estate and Royalities			ጦጦአ											-		
Note: If you are in the busines of renting personal property, use Schedule C. See instructions. If you are an individual, report farm rental income or lass from Form 433 or page 2, line 40.           A         Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions				266	From Bont	tal Roal Fet:	ato an	d Ro	valtiae				/31-3	0-4545		
B       H**Yes," did you or will you file required Form(s) 10997       Yes       No         1a       Physical address of each property (street, city, state, ZIP code)       A       No       No         A       INC.C.OFFICE       SAUJAPURAM WEST GODAVARI       DIST, TANUKU IN 534211       B         C       Inc.C.OFFICE       SAUJAPURAM WEST GODAVARI       DIST, TANUKU IN 534211       B         C       Inc.C.OFFICE       SAUJAPURAM WEST GODAVARI       DIST, TANUKU IN 534211       Days       QUV         A       3       E       Inc.C.OFFICE       SAUJAPURAM WEST GODAVARI       DIST, TANUKU IN 534211       Days       QUV         A       3       Epronal use days. Check the QUV box only in you meet the requirements to file as a qualified joint venture. See instructions.       A       365       0       Inc.C.OFFICE         1 Single Family Residence       3 Vacation/Short-Term Rental       5 Land       7 Self-Rental       8 Other (describe)       Inc.C.OF         1 Royalities received       4       C       South (describe)       Inc.C.OF       Section (describe)       Inc.C.OF         2 Advertising       5       A vato and travel (see instructions)       5       6       Inc.C.OF       Section (describe)       Inc.C.OF         3 Commissions       8       Inc.C.OF		Note: If yo rental inco	ou are i ome or	n the loss	business of r from <b>Form 48</b>	renting personal <b>335</b> on page 2, li	l proper ine 40.	ty, use	Schedule							
In Physical address of each property (street, city, state, ZIP code)         A       NRAR L.I.C.OFFICE SAJJAPURAM WEST GODAVARI DIST, TANUKU IN 534211         B       C         Ib       Type of Property (from list below)         B       Solution of the number of fair rontal and personal use days. Check the QJV box only if you met the requirements to file as a qualified joint venture. See instructions.       Fair Rental       Personal Use Days       QuV         Type of Property:       Solution of the number of fair rontal and personal use days. Check the QJV box only if you met the requirements to file as a qualified joint venture. See instructions.       Fair Rental       Personal Use Days       QuV         Type of Property:       Solution of the property is a colspan="2">Solution of the properties:         Income:       3       Vacation/Short-Term Rental       5       Properties:         Income:       3       Vacation/Short-Term Rental       5       Adventising         6       Properties:         Income:       3       Vacation/Short-Term Rental       5         6       Adventising         6       Colspan="2"																
B       C       Fair Rental Add Days       Personal Use Days       QuV         A       3       above, report the number of fair rental and personal use days. Check the QV box only if you meet the requirements to file as a qualified joint venture. See instructions.       A       365       0       0         Type of Property:       1       Single Family Residence       3 Vacation/Short-Term Rental       5 Land       7 Self-Rental       0       0         Income:       3       A       8       0       0       0       0       0         Income:       3       A B       C       3       950.       0																
C         Image: Construction of the construction of t	Α	NEAR L.I.	C.OF	FIC	E SAJJAP	URAM WEST	GODA	VARI	I DIST,	/ TAN	UKU	IN 53421	1			
Type of Property (from list below)       Per social use days. Check the QUV box only       Fair Rental and pays       Personal Use Days       QUV         B       C       A       3       65       0       C         Type of Property:       1 Single Family Residence       3 Vacation/Short-Term Rental 2 Multi-Family Residence       3 Vacation/Short-Term Rental 4 Commercial       5 Land 6 Royatties       7 Self-Rental 8 Other (describe)       0         Income:       A       B       C       7       Self-Rental 8 Other (describe)       0         Income:       A       B       C       7       Self-Rental 8 Other (describe)       0         Income:       A       B       C       7       Self-Rental 8 Other (describe)       0         Income:       A       B       C       7       1       4       8       0         Income:       A       B       C       3       950.       4       8       0       1         Commissions																
(from list below)         above, report the number of fair refital and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.         Days         Days <thdays< th=""> <thdays< th="">         &lt;</thdays<></thdays<>													-			
Image: Image of the section of the sectin sectin of the section of the section of the section o	1b			i	above, repo	rt the number	of fair	rental	and		Fa	_	1		Q	JV
B         Qualified joint venture. See instructions.         B         C         I           Type of Property:         1 Single Family Residence         3 Vacation/Short-Term Rental         5 Land         7 Self-Rental         8 Other (describe)           Income:         4 Commercial         6 Royalties         8 Other (describe)	Α	3								Α		365		0		
C         C         C           Type of Property:         1 Single Family Residence         3 Vacation/Short-Term Rental         5 Land         7 Self-Rental           2 Multi-Family Residence         4 Commercial         6 Royalties         8 Other (describe)           Income:         A         B         C           3 Rents received         4         950.         4           4 Royalties received         4         950.         4           Expenses:         5         6         -           6 Auto and travel (see instructions)         5         6         -           7 Cleaning and maintenance         7         1, 458.         -           9         10         14, 458.         -         -           10 Legal and other professional fees         10         -         -         -           11 Management fees         11         1, 558.         -         -         -           12         - <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>																
1 Single Family Residence       3 Vacation/Short-Term Rental       5 Land       7 Self-Rental         2 Multi-Family Residence       4 Commercial       6 Royalties       8 Other (describe)         Income:       A       B       C         3 Rents received       4       4       -         4 Royalties received       4       -       -         5 Advertising       4       -       -         6 Auto and travel (see instructions)       6       -       -         7 Cleaning and maintenance       7       1, 458       -       -         8 Commissions       9       -       -       -       -         9 Insurance       9       -       -       -       -       -         10 Legal and other professional fees       11       1, 558       -       -       -       -         13 Other interest       13       -					, ,					С						
Income:       A       B       C         3       Rents received       3       950.       4         4       Royalties received       4	1	Single Family R					m Ren	tal					ribe)			
3       Rents received       3       950.         4       Royalties received       4         Expenses:       5       Advertising       5         5       Advertising       5       6         6												Propert	ies:			
4       Royalties received       4         Expenses:       5       Advertising         5       Adventising       5         6       Auto and travel (see instructions)       6         7       Cleaning and maintenance       7         10       Legal and other professional fees       9         11       Management fees       10         12       11       1, 558         13       Other interest       11         14       A, 258       15         15       Supplies       15         16       17       3, 125         17       Utilities       16         18       Depreciation expenses or depletion       18         19       Other (list)       19         20       20, 542       21         21       -19, 592       23a         22       (19, 592 - )( ()(         23a       950       23a         23a       950	Incom	ne:								Α		В			С	
Expenses:       5       Advertising	3							3		ç	50.					
5       Advertising       5       6         6       Auto and travel (see instructions)       6       6         7       Cleaning and maintenance       7       1, 458.         8       9       9       9         10       Legal and other professional fees       10       11         11       Management fees       10       11       1, 558.         12       Mortgage interest paid to banks, etc. (see instructions)       12       13         13       Other interest       13       14         14       Repairs       15       4, 369.         15       Supplies       15       4, 369.         16       17       3, 125.       18         19       Depreciation expense or depletion       18       5, 774.         19       Other (list)       19       20       20, 542.         21       -19, 592.       21       -19, 592.       22         22       (10, 592)(()       ()       ()         23a       Total of all amounts reported on line 3 for all rental properties       23a       950.         23a       Total of all amounts reported on line 12 for all properties       23a       250.         23a			ived .			<u> </u>	•	4								
6       Auto and travel (see instructions)       6       7       1,458.         7       1,458.       7       1,458.         8       9       9       9         9       9       9       9         10       10       11       1,558.         11       1,558.       11       1,558.         12       11       1,558.       12         13       14       4,258.       14         14       4,258.       15       4,369.         15       5.0pplies       16       17         14       4,258.       16       17         17       3,125.       16       17         18       5,774.       19       19         0 Cher (list)       19       10       10         21       -19,592.       21       -19,592.         22       19,592.       12       19       10         23a       Total of all amounts reported on line 3 for all rental properties       23a       950.         23a       Total of all amounts reported on line 12 for all properties       23a       950.         23a       Total of all amounts reported on line 12 for all properties       23a																
7       Cleaning and maintenance       7       1, 458.         8       0       0         9       0       0         10       Legal and other professional fees       0         11       Management fees       0         12       0       0         13       0       0         14       Repairs       11         15       Supplies       12         16       14       4, 258.         17       Utilities       16         18       5, 774.       19         19       0ther (list)       19         20       20, 542.       21         21       -19, 592.       1         22       (19, 592.)(		•						-								
8       Commissions       8       9         9       1       1         9       1       1         10       1       1         11       1       1       1         12       Mortgage interest paid to banks, etc. (see instructions)       11       1       1         13       11       1       1       5       1         14       4, 258       1       1       1       1       1         16       12       1 <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>-</td><td></td><td>1 /</td><td>F 0</td><td></td><td></td><td></td><td></td><td></td></td<>								-		1 /	F 0					
9       Insurance       9       1         10       Legal and other professional fees       1       1         11       Management fees       1       1       1       5         12       Mortgage interest paid to banks, etc. (see instructions)       11       1       1       5         13       Other interest       11       1       5       12       11       1		-								1,4	58.					
10       Legal and other professional fees       1         11       Management fees       1         12       11       1,558.         13       12       13         14       4,258.       14         15       5 Upplies       14       4,258.         16       14       4,369.       16         17       Utilities       16       17         18       Depreciation expense or depletion       18       5,774.         19       Other (list)       19       20         20       Total expenses. Add lines 5 through 19       20       20,542.         21       Subtract line 20 from line 3 (rents) and/or 4 (royatiles). If result is a (loss), see instructions to find out if you must file Form 6198       21       -19,592.         22       Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)       22       19,592.       ()()()()()()()()()()()()()()()()()()()								-								
11       Management fees       11       1,558.         12       11       1,558.         13       12       13         14       4,258.       15         15       4,369.       16         16       17       3,125.         17       0ther (list)       18         19       19       10         20       20,542.       20         21       Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198       21         21       Subtract line 20 from line 3 for all rental properties       22         22       19,592.       (         23a       Total of all amounts reported on line 4 for all royatly properties       23a         23a       Total of all amounts reported on line 18 for all properties       23a         23d       5,774.       23b         23d       5,774.       23a         23d       5,774.       23a <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>-</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>								-								
12       Mortgage interest paid to banks, etc. (see instructions)         13       0ther interest         14       Repairs         15       Supplies         16       14         17       Ja 258         18       Depreciation expense or depletion         19       Other (list)         19       0ther (list)         10       Total expenses. Add lines 5 through 19         19       20         10       Total expenses. Add lines 5 through 19         11       Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198         10       Form 8582 (see instructions)         10       Total of all amounts reported on line 3 for all rental properties         11       19         12       -19, 592.         13       21         19, 592.       (19, 592.)(         10       (19, 592.)(         11       (20, 542.         12       -19, 592.         13       -19, 592.         14       -19, 592.         15       -19, 592.         16       -19, 592.         17       -19, 592.         18       -19,		-	•							1 5	5.8					
13       Other interest       13       14       4, 258.         14       4, 258.       15       34, 369.       16         15       Supplies       15       4, 369.       16         16       17       Utilities       16       17         17       Utilities       17       3, 125.       18         18       Depreciation expense or depletion       18       5, 774.       19         20       Total expenses. Add lines 5 through 19       20       20, 542.       21         21       Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198       21       -19, 592.         22       Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)       22       (19, 592)(         23a       Total of all amounts reported on line 3 for all ropatity properties       23a       950.         23b       C       23b       23b       23c         c       Total of all amounts reported on line 12 for all properties       23d       5,774.         23b       Z2       23d       5,774.       23e       20,542.         24       Income. Add positive amounts shown on line 21. Do not include any losses       24       24 <td></td> <td>•</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>±, .</td> <td>50.</td> <td></td> <td></td> <td></td> <td></td> <td></td>		•								±, .	50.					
14       Repairs       14       4,258.         15       Supplies       15       4,369.         16       15       4,369.         17       Utilities       17       3,125.         18       Depreciation expense or depletion       17       3,125.         19       Other (list)       19       19         20       Total expenses. Add lines 5 through 19       19       20         20       20,542.       20       20,542.         21       Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198       21       -19,592.         22       Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)       22       19,592.         23a       Total of all amounts reported on line 3 for all rental properties       23a       950.         b       Total of all amounts reported on line 12 for all properties       23a       950.         c       Total of all amounts reported on line 18 for all properties       23a       5,774.         e       Total of all amounts reported on line 20 for all properties       23a       20,542.         24       Income. Add positive amounts shown on line 21. Do not include any losses       24						•										
15       Supplies       15       4,369.         16       17       Utilities       16         17       Utilities       17       3,125.         18       Depreciation expense or depletion       18       5,774.         19       Other (list)       19       20         20       Total expenses. Add lines 5 through 19       19       20         20       Total expenses. Add lines 5 through 19       20       20,542.         21       Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198       21       -19,592.         22       Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)       22       (19,592.)(())()         23a       Othar of all amounts reported on line 3 for all rental properties       23a       950.         b       Total of all amounts reported on line 12 for all properties       23a       950.         c       Total of all amounts reported on line 18 for all properties       23d       5,774.         e       Total of all amounts reported on line 20 for all properties       23d       5,774.         24       Income. Add positive amounts shown on line 21. Do not include any losses       24										4.2	58.					
16       Taxes       16       17       13, 125.         17       Utilities       17       3, 125.       18         18       5, 774.       19       18       5, 774.         19       Other (list)       19       20       20, 542.         21       Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198       21       -19, 592.         22       Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)       22       (19, 592.)(())()         23a       Total of all amounts reported on line 3 for all rental properties       23a       950.         b       Total of all amounts reported on line 12 for all properties       23a       950.         c       Total of all amounts reported on line 12 for all properties       23a       23b         c       Total of all amounts reported on line 12 for all properties       23a       23c         d       Total of all amounts reported on line 20 for all properties       23a       20, 542.         24       Income. Add positive amounts shown on line 21. Do not include any losses       24																
17 Utilities   18 Depreciation expense or depletion   19 Other (list)   19 Other (list)   20 Total expenses. Add lines 5 through 19   21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198   22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)   23a Total of all amounts reported on line 3 for all rental properties   b Total of all amounts reported on line 12 for all properties   c Total of all amounts reported on line 18 for all properties   c Total of all amounts reported on line 18 for all properties   c Total of all amounts reported on line 18 for all properties   c Total of all amounts reported on line 20 for all properties   c Total of all amounts reported on line 12 for all properties   c Total of all amounts reported on line 20 for all properties   c Total of all amounts reported on line 20 for all properties   c Total of all amounts reported on line 20 for all properties   c Total of all amounts reported on line 20 for all properties   c Total of all amounts reported on line 20 for all properties   c Total of all amounts reported on line 20 for all properties   c Total of all amounts reported on line 20 for all properties   c Total of all amounts shown on line 21. Do not include any losses								16								
19       Other (list)       19       20         20       Total expenses. Add lines 5 through 19       20       20, 542.         21       Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198       21       -19, 592.         22       Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)       21       -19, 592.         23a       Total of all amounts reported on line 3 for all rental properties       23a       950.         23b       C       23c       23c         c       Total of all amounts reported on line 12 for all properties       23d       5,774.         e       Total of all amounts reported on line 20 for all properties       23e       20,542.         24       Income. Add positive amounts shown on line 21. Do not include any losses       24	17							17		3,1	25.				-	
<ul> <li>20 Total expenses. Add lines 5 through 19</li> <li>21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198</li></ul>	18	Depreciation e	xpens	se or	depletion .			18		5,7	74.					
<ul> <li>20 Total expenses. Add lines 5 through 19</li> <li>20 20,542.</li> <li>21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198</li></ul>	19	` ′						-								
<ul> <li>result is a (loss), see instructions to find out if you must file Form 6198</li> <li>22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)</li> <li>23a Total of all amounts reported on line 3 for all rental properties</li> <li>b Total of all amounts reported on line 4 for all royalty properties</li> <li>c Total of all amounts reported on line 12 for all properties</li> <li>d Total of all amounts reported on line 18 for all properties</li> <li>e Total of all amounts reported on line 20 for all properties</li> <li>23d 5,774.</li> <li>23e 20,542.</li> <li>24</li> </ul>	20	Total expense	s. Adc	l line	s 5 through	19	•	20		20,5	42.					
on Form 8582 (see instructions)22( 19,592. )( )( )(23aTotal of all amounts reported on line 3 for all rental properties23a950.bTotal of all amounts reported on line 4 for all royalty properties23b23bcTotal of all amounts reported on line 12 for all properties23c23ddTotal of all amounts reported on line 18 for all properties23d5,774.eTotal of all amounts reported on line 20 for all properties23e20,542.24Income. Add positive amounts shown on line 21. Do not include any losses24	21	result is a (los	s), see	e inst	ructions to f	find out if you	must	21		-19 <b>,</b> 5	92.					
<ul> <li>b Total of all amounts reported on line 4 for all royalty properties</li></ul>	22							22	(	19,59	92.)	(	)	(		)
<ul> <li>c Total of all amounts reported on line 12 for all properties</li></ul>				•			• •				-		950.			
dTotal of all amounts reported on line 18 for all properties23d5,774.eTotal of all amounts reported on line 20 for all properties23e20,542.24Income. Add positive amounts shown on line 21. Do not include any losses24											-					
e       Total of all amounts reported on line 20 for all properties       23e       20,542.         24       Income. Add positive amounts shown on line 21. Do not include any losses       24											-		5 77/			
24       Income. Add positive amounts shown on line 21. Do not include any losses				-												
				•							236		· · ·			
	25								•		nter to			(	19,5	92.)

**Supplemental Income and Loss** 

SCHEDULE E

Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 25 26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 .

-19,592.

26

Schedule E (Form 1040) 2023

-19,592.

OMB No. 1545-0074

Form **8959** 

Department of the Treasury

Internal Revenue Service

Name(s) shown on return

## **Additional Medicare Tax**

If any line does not apply to you, leave it blank. See separate instructions. Attach to Form 1040, 1040-SR, 1040-NR, or 1040-SS.

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

OMB No. 1545-0074

Your social security number

PRAN	IOD KASIBHATTA		731-5	8-43	45
Part	Additional Medicare Tax on Medicare Wages				
1	Medicare wages and tips from Form W-2, box 5. If you have more than one				
	Form W-2, enter the total of the amounts from box 5	1 28	30,475.		
2	Unreported tips from Form 4137, line 6	2	,		
3	Wages from Form 8919, line 6         .	3			
4	Add lines 1 through 3		30,475.		
		4 20	50,473.		
5	Enter the following amount for your filing status:				
	Married filing jointly				
	Married filing separately				
	Single, Head of household, or Qualifying surviving spouse \$200,000	5 2	00,000.		
6	Subtract line 5 from line 4. If zero or less, enter -0			6	80,475.
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009).	Enter here a	nd ao to		
	Part II			7	724.
Part	I Additional Medicare Tax on Self-Employment Income			-	
8	Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you				
0	had a loss, enter -0	8			
•		0			
9	Enter the following amount for your filing status:				
	Married filing jointly				
	Married filing separately				
	Single, Head of household, or Qualifying surviving spouse \$200,000	9			
10	Enter the amount from line 4	10			
11	Subtract line 10 from line 9. If zero or less, enter -0	11			
12	Subtract line 11 from line 8. If zero or less, enter -0			12	
13	Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0				
10	go to Part III			13	
Part	Additional Medicare Tax on Railroad Retirement Tax Act (RRTA		ation	10	
14	Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14				
	(see instructions)	14			
15	Enter the following amount for your filing status:				
	Married filing jointly				
	Married filing separately				
	Single, Head of household, or Qualifying surviving spouse \$200,000	15			
16	Subtract line 15 from line 14. If zero or less, enter -0			16	
17	Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply lin	e 16 by 0.9%	6 (0.009).		
	Enter here and go to Part IV			17	
Part	V Total Additional Medicare Tax			<u> </u>	
18	Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), li	ne 11 (Form	1040-55		
10	filers, see instructions), and go to Part V			18	724.
Part	V Withholding Reconciliation			10	724.
19	Medicare tax withheld from Form W-2, box 6. If you have more than one Form $W_{2}^{2}$ onter the total of the amounts from have 6	10	4 7 4 1		
	W-2, enter the total of the amounts from box 6	19	4,791.		
20	Enter the amount from line 1	<b>20</b> 28	30,475.		
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax				
	withholding on Medicare wages	21	4,067.		
22	Subtract line 21 from line 19. If zero or less, enter -0 This is your Add	itional Medi	care Tax		
	withholding on Medicare wages			22	724.
23	Additional Medicare Tax withholding on railroad retirement (RRTA) compensation	n from Form	W-2. box		
	14 (see instructions)			23	
24	Total Additional Medicare Tax withholding. Add lines 22 and 23. Also inclu				
27	federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c				
				24	
Ear D-	nonverte Deduction Act Nation, and your toy return instructions			24	724.
FOR Pa	perwork Reduction Act Notice, see your tax return instructions. BAA	REV	03/07/24 PRO		Form <b>8959</b> (2023)

8960 Form

Department of the Treasury

# Net Investment Income Tax— Individuals, Estates, and Trusts

OMB No. 1545-2227 20

3

Attach to your tax return.

	Internation of the Treasury Attach to your tax return. Revenue Service Go to www.irs.gov/Form8960 for instructions and the late	st information.		At Se	tachment equence No. 72
	shown on your tax return		Your socia		urity number or EIN
	MOD KASIBHATTA		731-58		•
Part	<b>Investment Income</b> Section 6013(g) election (see instructions)				
	Section 6013(h) election (see instructions)				
	Regulations section 1.1411-10(g) election (see ir	structions)			
1	Taxable interest (see instructions)		1	1	73.
2	Ordinary dividends (see instructions)		2	2	1,880.
3	Annuities (see instructions)		3	3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, trades or businesses, etc. (see instructions)	<b>4a</b> -19,	592.		
b	Adjustment for net income or loss derived in the ordinary course of a non- section 1411 trade or business (see instructions)	4b			
С	Combine lines 4a and 4b		4	c	-19,592.
5a	Net gain or loss from disposition of property (see instructions)	<b>5a</b> −3,	000.		
b	Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)	5b			
С	Adjustment from disposition of partnership interest or S corporation stock (see				
	instructions)	5c			
d	Combine lines 5a through 5c			d	-3,000.
6	Adjustments to investment income for certain CFCs and PFICs (see instructions)			6	
7	Other modifications to investment income (see instructions)			7	
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7.			8	-20,639.
Part		cations			
9a	Investment interest expenses (see instructions)	9a	_		
b	State, local, and foreign income tax (see instructions)	9b			
c	Miscellaneous investment expenses (see instructions)	9c			
d	Add lines 9a, 9b, and 9c			d	
10	Additional modifications (see instructions)			-	
11	Total deductions and modifications. Add lines 9d and 10		1	1	
Part			o		
12	Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, Estates and trusts, complete lines 18a–21. If zero or less, enter -0			<u> </u>	0
	Individuals:		· ·	2	0.
10		<b>13</b> 252,	112		
13 14	Modified adjusted gross income (see instructions)	-	443.		
15	Subtract line 14 from line 13. If zero or less, enter -0		443.		
16	Enter the smaller of line 12 or line 15			6	0.
17	Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). En			•	<u>.</u>
.,	on your tax return (see instructions)			7	0.
	Estates and Trusts:			-	
18a	Net investment income (line 12 above)	18a			
b	Deductions for distributions of net investment income and charitable deductions (see instructions)	18b			
с	Undistributed net investment income. Subtract line 18b from line 18a (see instructions). If zero or less, enter -0-	18c			
19a	Adjusted gross income (see instructions)	19a			
b	Highest tax bracket for estates and trusts for the year (see instructions)	19b			
c	Subtract line 19b from line 19a. If zero or less, enter -0-	19c			
20	Enter the smaller of line 18c or line 19c		2	0	
21	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.			+	
	include on your tax return (see instructions)		2	1	Form <b>8960</b> (2023)
I VI Fd	perwork Reduction Act Notice, see your tax return instructions. BAA	REV 03/07/24 PRO			(2023)

TAX	ABLE YEAR	FORM
l	2023 California e-file Signature Authorization for Individua	ls 8879
Your		SSN or ITIN
PR	AMOD KASIBHATTA 731-	-58-4345
Spou	use's/RDP's name Spous	e's/RDP's SSN or ITIN
Par	rt I Tax Return Information (whole dollars only)	
1 (	California adjusted gross income (AGI). See instructions	<b>1</b> 252443
<b>2</b> A	Amount you owe. See instructions	2
<b>3</b> F	Refund or no amount due. See instructions	3 4421
Par	rt II Taxpayer Declaration and Signature Authorization (Be sure you obtain and keep a copy of your return.)	
incol and agre dom prov <b>to m</b> retur pena	tification number (ITIN), and the amounts shown in Part I above agree with the information and amounts shown on the corresp me tax return. If applicable, I authorize an electronic funds withdrawal of the amount on line 2 and/or the estimated tax paymen on form FTB 8455, California e-file Payment Record for Individuals, or a comparable form. If applicable, I declare that direct de ses with the direct deposit authorization stated on my return. If I have filed a joint return, this is an irrevocable appointment of th testic partner (RDP) as an agent to authorize an electronic funds withdrawal or direct deposit. I authorize my ERO, transmitter, v rider to transmit my complete return to the Franchise Tax Board (FTB). If the processing of my return or refund is delayed, I and the <b>ERO</b> , intermediate service provider, and/or transmitter the reason(s) for the delay or the date when the refund was sent. rn, I understand that if the FTB does not receive full and timely payment of my tax liability, I remain liable for the tax liability and alties. I acknowledge that I have read and consent to the Electronic Funds Withdrawal Consent included on the copy of my elect cted a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, my Electronic	Its as shown on my return posit refund amount on line 3 ne other spouse/registered or intermediate service <b>uthorize the FTB to disclose</b> If I am filing a balance due I all applicable interest and ronic income tax return. I have
	rager's PIN: check one box only	; runus withurawai consent.
X	l authorize GLOBAL TAXES LLC to enter my PI	N 8 4 3 4 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> if you are e return is filed using the Practitioner PIN method. The ERO must complete Part III below.	ntering your own PIN and you
Your	r signature 🕨 Date 🕨	
Spor	use's/RDP's PIN: check one box only	
	I authorizeto enter my PI	N
	I authorizeto enter my Pl 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> if ye and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.	ou are entering your own PII
Spoi	use's/RDP's signature 🕨 Date 🕨	
	Practitioner PIN Method Returns Only continue below	
Par	rt III Certification and Authentication — Practitioner PIN Method Only	
	's Electronic Filer Identification Number (EFIN)/PIN. r your six-digit EFIN followed by your five-digit self-selected PIN. Do not enter all zeros	3 2 7 1
conf	tify that the above numeric entry is my PIN, which is my signature for the 2023 California individual income tax return for the Firm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and FTB Pub. 1345, 2 Providers.	
ERO	's signature ▶ Date ▶04/16/2024	

DO NOT MAIL THIS FORM TO THE FTB

# 2023 California Resident Income Tax Return

				A	PE	ATTACH	FEDERAL	RETURN
73 PR		58-4345 DD	KASI KASIBHAT	ГТА		23		
		MONTAGUE I TAS	EXPRESSWAY CA S	95035	APT	218		
07	-11	1-1992						
Principal Residence	•	SANTA CI If your address If not, enter belo	at time of filing (see instru LARA above is the same as yo ow your principal/physi mber and street) (If foreign	our principal/phy ical residence adc	Iress at the time of		Apt. no/ste	
Filing Status	<ul> <li>1</li> <li>2</li> <li>3</li> </ul>	× Single Married, only one See inst	ia filing status is differ (RDP filing jointly (ever spouse/RDP had inco ructions. (RDP filing separately. I	4 n if 5 me).	Head of household Qualifying survivir See instructions.	l (with qualifying pers ng spouse/RDP. Enter	son). See instruct year spouse/RDF	
Exemptions	6 Fo 7 8 9	r line 7, line 8, lir <b>Personal:</b> If yo box 2 or 5, ento <b>Blind:</b> If you (o if both are visu <b>Senior:</b> If you	n claim you (or your sp ne 9, and line 10: Multip u checked box 1, 3, or er 2 in the box. If you c r your spouse/RDP) ar ally impaired, enter 2. Se (or your spouse/RDP) a r older, enter 2. See in 24 PRO	ly the number you 4 above, enter 1 checked the box o re visually impaire See instructions . are 65 or older, en	u enter in the box by in the box. If you ch n line 6, see instruc ed, enter 1; 	the pre-printed dollar ecked tions. $\bigcirc 7$ 1 X \$ $\bigcirc 8$ X \$		ine. Whole dollars only 144
				175	3101234		Form	n 540 2023 <b>Side 1</b>

Υοι	ır na	me: KASIE	ВНАТТА	Your SSN or ITIN:	731-58-4345	-		
	10	Dependents: Do	not include yourself or y Dependent 1	•	endent 2	Dependent 3	8	
		First Name	-					
su		Last Name						
Exemptions		SSN. See instructions.				•		
Exe		Dependent's relationship to you						
	Tota		mptions		• 10 X	\$446 = • \$		
	11	Exemption am	ount: Add line 7 through l	ne 10. Transfer this am	ount to line 32	( 11 \$	14	4
	12	State wages fro Form(s) W-2, b	om your federal box 16	• 12	273082	. 00		
	13				1040-SR, line 11	• 13	252443	. 00
	14	California adjus	stments – subtractions. Er	nter the amount from So				. 00
Ø	15	Subtract line 14	4 from line 13. If less thar	zero, enter the result ir			252443	. 00
ncom	16	California adjus	stments – additions. Enter	the amount from Sche				.00
Taxable Income	17						252443	.00
Тах	18	( v	-		CA (540), Part II, line 30; <b>(</b>			.00
	10	larger of Yo	our California <b>standard de</b>	<b>duction</b> shown below fo	( )	ļ		
			-		ving surviving spouse/RDP. \$1		5363	
	19		Married/RDP filing separately 8 from line 17. This is you		cked, <b>STOP</b> . See instructions	• 18		. 00
		If less than zero	ro, enter -O			• 19	247080	.00
	31	Tax. Check the	hav if from:	Table Tax	x Rate Schedule			
	31	Tax. Glieck life		3800 • FT	В 3803	• 31	19631	. 00
×	32		dits. Enter the amount from instructions.		I AGI is more than	• 32	102	. 00
Тах	33						19529	. 00
	34		ictions. Check the box if fr					. 00
	35						19529	. 00
redits	40	Nonrefundable	Child and Dependent Care	e Expenses Credit. See i	nstructions	• 40		. 00
Special Credits	43	Enter credit nar	me	code	and amount	• 43		. 00
Spec	44	Enter credit na	me	code	and amount			. 00
		Side 2 Form 54	40 2023	175 310	)2234	REV 03/05/24	rκU	

You	ır nar	ne:	KASIBHATTA	] Your SSN or ITIN:	731-58-4345	-	•		
Ś	45	To cl	aim more than two credits, see instr	uctions. Attach Schedule	P (540)	• 45			. 00
Special Credits	46	Nonr	efundable Renter's Credit. See instru	uctions		• 46			. 00
ecial (	47	Add	line 40 through line 46. These are yo	our total credits		• 47			. 00
Spe	48	Subt	ract line 47 from line 35. If less than	zero, enter -0		• 48		19529	. 00
	61	Altor	native Minimum Tax. Attach Schedul	le P (510)		<b>6</b> 1			. 00
axes	62		al Health Services Tax. See instruction						. 00
Other Taxes	63		r taxes and credit recapture. See inst						. 00
Ò								19529	
	64	Add	line 48, line 61, line 62, and line 63.	This is your total tax		• 64		19929	. 00
	71	Calif	ornia income tax withheld. See instru	uctions		• 71		23950	. 00
	72	2023	California estimated tax and other p	ayments. See instructior	18	• 72			. 00
	73	With	holding (Form 592-B and/or Form 59	93). See instructions		• 73			. 00
Payments	74	Exce	ss SDI (or VPDI) withheld. See instru	uctions		• 74			. 00
Payn	75	Earn	ed Income Tax Credit (EITC). See ins	structions		• 75			. 00
	76	Youn	ig Child Tax Credit (YCTC). See instru	uctions		• 76			. 00
	77 78	Add	er Youth Tax Credit (FYTC). See instr line 71 through line 77. These are yo nstructions	our total payments.		0		23950	• 00 • 00
Tax	91	Use	Tax. Do not leave blank. See instruct	tions	• 91		0		
Use Tax		lf lin	e 91 is zero, check if:	use tax is owed.	You paid your u	use tax obliga	ation directly to CDTFA		
ISR Penaltv	92	See	u and your household had full-year h instructions. Medicare Part A or C cc u did not check the box, see instruct	overage is qualifying heal		• >	×		
		Indiv	idual Shared Responsibility (ISR) Pe	enalty. See instructions	· · · · · · • 92		• 00		
Jue	93	Payn	nents balance. If line 78 is more than	n line 91, subtract line 91	from line 78	• 93		23950	. 00
Overpaid Tax/Tax Due	94 95	Payn	Tax balance.       If line 91 is more than         nents after Individual Shared Respon         ract line 92 from line 93	nsibility Penalty. If line 93	is more than line 92,	<u> </u>		23950	• 00 • 00
erpaid T	96	Indiv	idual Shared Responsibility Penalty ract line 93 from line 92	Balance. If line 92 is mor	e than line 93,	-			. 00
ŇŎ	97		paid tax. If line 95 is more than line ( / 03/05/24 PRO	64, subtract line 64 from	line 95			4421	. 00
			·	175 3103	3234	_	Form 540 202	23 Side 3	

our na	me:	KASIBHATTA	Your SSN or ITIN:	731-58-4345		I	
, e 98	Amo	unt of line 97 you want applied to yo	ur <b>2024</b> estimated tax	•••••••	98	0	. 00
D X D 99	Over	unt of line 97 you want applied to yo paid tax available this year. Subtract due. If line 95 is less than line 64, sut	line 98 from line 97	••••••••••••••••••	99	4421	. 00
/ax 100 T	Tax o	due. If line 95 is less than line 64, sub	otract line 95 from line 6	4	) 100		. 00
					<u>Code</u>	Amount	
	Califo	ornia Seniors Special Fund. See instru	uctions	••••••••••••••••••••••••••••••••	400		.00
	Alzhe	eimer's Disease and Related Dementia	a Voluntary Tax Contribu	tion Fund •	401		. 00
	Rare	and Endangered Species Preservatio	n Voluntary Tax Contribu	ution Program •	403		. 00
	Califo	ornia Breast Cancer Research Volunta	ary Tax Contribution Fund	d •	405		. 00
	Califo	ornia Firefighters' Memorial Voluntary	/ Tax Contribution Fund .	•••••••••••••••••••••••••••••••	406		. 00
	Emer	rgency Food for Families Voluntary Ta	ax Contribution Fund	•••••••••••••••••••••••••••••••	407		. 00
	Califo	ornia Peace Officer Memorial Founda	tion Voluntary Tax Contri	ibution Fund	408		. 00
	Califo	ornia Sea Otter Voluntary Tax Contrib	ution Fund	••••••••••••••••••••••••	410		. 00
lions	Califo	ornia Cancer Research Voluntary Tax	Contribution Fund		413		. 00
Contributions	Scho	ol Supplies for Homeless Children Vo	oluntary Tax Contributior	n Fund •	422		. 00
00	State	Parks Protection Fund/Parks Pass P	urchase		423		. 00
	Prote	ect Our Coast and Oceans Voluntary 1	Fax Contribution Fund		424		. 00
	Кеер	Arts in Schools Voluntary Tax Contri	bution Fund		425		. 00
	Califo	ornia Senior Citizen Advocacy Volunt	ary Tax Contribution Fun	d •	438		. 00
	Nativ	re California Wildlife Rehabilitation Vo	oluntary Tax Contribution	ı Fund •	439		- 00
	Rape	Kit Backlog Voluntary Tax Contributi	on Fund		440		. 00
	Suici	de Prevention Voluntary Tax Contribu	ution Fund		444		. 00
	Ment	al Health Crisis Prevention Voluntary	Tax Contribution Fund.		445		. 00
110	Add	amounts in code 400 through code 4	45. This is your total co	ntribution	110		. 00

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	r nan	ne: KASIBHATTA	Your SSN or ITIN: 731-58	8-4345	
Amount You Owe	111	•		96, line 100, and line 110. See instructions. <b>Do not send cash.</b>	
Amo You (		Mail to: <b>FRANCHISE TAX BOARD</b> , <b>PO</b> Pay Online – Go to <b>ftb.ca.gov/pay</b> for m		267-0001 • 111	. 00
		Pay Unline – Go to <b>ttb.ca.gov/pay</b> for m	lore information.		
	112	Interest, late return penalties, and late p	ayment penalties	112	. 00
t and ties	113	Underpayment of estimated tax.			
Interest and Penalties		Check the box:      FTB 5805 attact	ched • FTB 5805F attached	I • 113	. 00
	114	Total amount due. See instructions. Enc	lose, but <b>do not</b> staple, any payment	t 114	. 00
	115	REFUND OR NO AMOUNT DUE. Subtrac	ct the sum of line 110, line 112, and l	line 113 from line 99. See instructions.	
		Mail to: FRANCHISE TAX BOARD, PO B	OX 942840, SACRAMENTO CA 9424	<b>40-0001● 115</b> 4421	. 00
Refund and Direct Deposit		Fill in the information to authorize direct See instructions. <b>Have you verified the</b> All or the following amount of my refund	routing and account numbers? Use		
irec		• Type	• Account number		
ם פר		Routing number     K     Checking	Account number	• 116 Direct deposit amount	
id ai		321171184 Savings	42017472087	4421	.00
Refur		The remaining amount of my refund (lin	e 115) is authorized for direct deposi	sit into the account shown below:	
		Type     Routing number     Checking	Account number	• 117 Direct deposit amount	
		Checking			
		Savings			.00
Voter Info.		For voter registration information, check	< the box and go to <b>sos.ca.gov/elect</b> i	tions. See instructions	
Health Care Coverage Info.		Do you want information on no-cost or the FTB to share limited information from			No

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Sign your tax return on Side 6



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You	r r	nam	le.	

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KASIBHATTA
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Your SSN or ITIN: 731-58-4345



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 g 1 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter for		
Under penalties is true, correct, a	of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to and complete.	the best of n	ny knowledge and belief, it
Your signature	Date Spouse's/RDP's signature (i	f a joint tax re	eturn, both must sign)
	Your email address. Enter only one email address.	Pref	erred phone number
Sign		6692	2259723
Here	Paid preparer's signature (declaration of preparer is based on all information of which preparer has any know	vledge)	
	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 NJ 08816		843171965
See instructions.	Do you want to allow another person to discuss this tax return with us? See instructions. $\ldots$ . $igoplus$	Yes	× No
	Print Third Party Designee's Name	Telepho	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	ne(s) as shown on tax return					SSN or	TIN
PI	RAMOD KASIBHATTA					731	584345
<b>P</b> a Se	<b>Int I Income Adjustment Schedule</b> <b>Stion A – Income</b> from federal Form 1040 or 1040-SR	A	Federal Amounts (taxable amounts from your federal tax return)	E	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>		273082	۲		۲	
	b Household employee wages not reported on federal Form(s) W-2 1b	۲		۲		۲	
	c Tip income not reported on line 1a 1c	$   \mathbf{O} $		۲		۲	
	<b>d</b> Medicaid waiver payments not reported on federal Form(s) W-2. See instructions <b>1d</b>			۲		۲	
	e Taxable dependent care benefits from federal Form 2441, line 26 1e	$   \mathbf{O} $		۲		۲	
	f Employer-provided adoption benefits from federal Form 8839, line 29 1f	$   \mathbf{O} $		۲			
	<b>g</b> Wages from federal Form 8919, line 6 <b>1g</b>			۲		۲	
	${\bf h}~$ Other earned income. See instructions $\ldots \ldots . {\bf 1} {\bf h}$	ullet	0	۲		۲	
	i Nontaxable combat pay election. See instructions					۲	
	z Add line 1a through line 1i1z	•	273082	۲		۲	
2	Taxable interest. a • 2b	ullet	73			۲	
3	Ordinary dividends. See instructions. a • 1880 3b		1880	۲			
4	IRA distributions. See instructions. a • 4b	$   \mathbf{O} $		۲		۲	
	Pensions and annuities. See instructions. <b>a</b> • <b>5b</b>					۲	
6	Social security benefits. a • 6b	$   \mathbf{O} $		۲			
_	······································	۲	-3000	۲		۲	
	ction B – Additional Income from federal Schedule 1	(For	m 1040)	1			
1	Taxable refunds, credits, or offsets of state and local income taxes	ullet		۲			
2	a Alimony received. See instructions 2a	۲				۲	
3	Business income or (loss). See instructions <b>3</b>	۲		۲		۲	
	Other gains or (losses)	۲		۲		۲	
J	Rental real estate, royalties, partnerships, S corporations, trusts, etc <b>5</b>	۲	-19592	۲		۲	
6	Farm income or (loss)6	۲		۲		۲	
7	Unemployment compensation7	۲		۲			

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ection B – Additional Income Continued	A Federal Amounts (taxable amounts from your federal tax return)	<b>B</b> Subtractions See instructions	<b>C</b> Additions See instructions
Other income: <b>a</b> Federal net operating loss			۲
<b>b</b> Gambling		۲	
c Cancellation of debt 8			$\odot$
d Foreign earned income exclusion from federal Form 2555			۲
e Income from federal Form 8853 86			۲
f Income from federal Form 88898f	•	۲	
g Alaska Permanent Fund dividends			
h Jury duty pay8h			
i Prizes and awards8i	•		
j Activity not engaged in for profit income 8j	•		
k Stock options			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	$\odot$		
m Olympic and Paralympic medals and USOC prize money	n		
n IRC Section 951(a) inclusion 8r		۲	
o IRC Section 951A(a) inclusion 80		۲	
p IRC Section 461(I) excess business loss adjustment 8p	۲	۲	۲
<b>q</b> Taxable distributions from an ABLE account 80			
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		
u Wages earned while incarcerated8			
<b>z</b> Other income. List type and amount.			
82     82			

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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	
9	a Total other income. Add lines 8a through 8z 9a	$   \mathbf{O} $	,	۲		۲	
	b1 Disaster loss deduction from form FTB 3805V 9b1			۲			
	<b>b2</b> NOL deduction from form FTB 3805V 9b2						
	<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	۲	252443	۲		۲	
	<b>tion 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>	$   \mathbf{O} $		۲		۲	
13	Health savings account deduction						
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						
17	Self-employed health insurance deduction. See instructions	$   \mathbf{O} $		۲			
18	Penalty on early withdrawal of savings						
19	a Alimony paid19a					۲	
	<b>b</b> Recipient's: SSN •						
	Last Name 🖲						
20	IRA deduction	$   \mathbf{O} $		۲		۲	
21	Student loan interest deduction	$   \mathbf{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	<b>C</b> Additions See instructions	
24 Other adjustments: a Jury duty pay				
<ul> <li>b Deductible expenses related to income reported on line 8I from the rental of personal property engaged in for profit</li></ul>		•	•	
c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m24c	۲	۲		
d Reforestation amortization and expenses 24d				
e Repayment of supplemental unemployment benefits under the federal Trade Act of 1974 24e	۲			
f Contributions to IRC Section 501(c)(18)(D) pension plans24f	۲	۲	۲	
g Contributions by certain chaplains to IRC Section 403(b) plans	•	۲	•	
<ul> <li>h Attorney fees and court costs for actions involving certain unlawful discrimination claims 24h</li> </ul>	•			
i Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations <b>24</b> i	۲	۲		
j Housing deduction from federal Form 2555 <b>24</b> j				
k Excess deductions of IRC Section 67(e) expenses from federal Schedule K-1 (Form 1041)24k	٢			
<b>z</b> Other adjustments. List type and amount.				
<u>و</u> 24z	$\odot$	$\textcircled{\bullet}$	۲	
<b>25</b> 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	$\odot$	۲	$\odot$	
27 Total. Subtract line 26 from line 10 in columns A, B, and C. See instructions27	• 252443	۲	$\bigcirc$	

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## Part II Adjustments to Federal Itemized Deductions

Che	ck the box if you did NOT itemize for federal but will itemiz	e for C	Federal Amounts		<b>B</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 (•) 252443 2						
3	Multiply line 2 by 7.5% (0.075) (•) 18933 <b>3</b>						
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter 0	۲				۲	
	<b>a</b> State and local income tax or general sales taxes5	a 💽	23950	۲	23950		
	<b>b</b> State and local real estate taxes <b>5</b>	b 💽					
	c State and local personal property taxes5	C 💽					
	d Add line 5a through line 5c	d	23950				
	<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, column A in line 5e, column C5</li> </ul>		10000		23950		13950
6	Other taxes. List type • 6					۲	
7	Add line 5e and line 67	$   \mathbf{O} $	10000	$   \mathbf{O} $	23950	۲	13950
	<ul> <li>a Home mortgage interest and points reported to you on federal Form 1098</li></ul>	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 use	d					
	e Add line 8a through line 8c	e 💽				۲	
9	Investment interest	۲		۲		۲	
10	Add line 8e and line 9	۲		۲		۲	

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Pa	rt II Adjustments to Federal Itemized Deductions Continued	A	Federal Amounts (from federal Schedule A (Form 1040))		<b>B</b> Subtractions See instructions		<b>C</b> Additions See instructions
Gif	ts to Charity		(				
	Gifts by cash or check11	$   \mathbf{O} $		•		۲	
12	Other than by cash or check	$   \mathbf{O} $				۲	
13	Carryover from prior year <b>13</b>	$   \mathbf{O} $				۲	
	Add line 11 through line 1314	۲		۲		۲	
	sualty and Theft Losses Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions15	۲		۲		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	$   \mathbf{O} $	10000		23950	۲	13950
18	Total. Combine line 17 column A less column B plus co	lumr	n C			)18	0
Joł	Expenses and Certain Miscellaneous Deductions						
19	Unreimbursed employee expenses: job travel, union due Attach federal Form 2106 if required. See instructions			)19_			
	Tax preparation fees		@	20			
21	Other expenses: investment, safe deposit box, etc. List type			21	0		
	Add line 19 through line 21		@	22	0		
23	Enter amount from federal Form 1040 or 1040-SR, line 11 •		252443				
24	Multiply line 23 by 2% (0.02). If less than zero, enter 0 .			24	5049		
25	Subtract line 24 from line 22. If line 24 is more than line	22,	enter 0			) 25	0
26	Total Itemized Deductions. Add line 18 and line 25					) 26	0
27	Other adjustments. See instructions. Specify.					) 27	
28	Combine line 26 and line 27					) 28	0
29	Is your federal AGI (Form 540, line 13) more than the Single or married/RDP filing separately Head of household Married/RDP filing jointly or qualifying surviving s No. Transfer the amount on line 28 to line 29.			. \$237 . \$355	,035 .558		
	Yes. Complete the Itemized Deductions Worksheet in th	e ins	tructions for Schedule CA	(540),	line 29	) 29	0
30	Enter the larger of the amount on line 29 or your stand Single or married/RDP filing separately. See instru Married/RDP filing jointly, head of household, or qu	ictioi ialify	ns ing surviving spouse/RDP	\$10	,726		
	Transfer the amount on line 30 to Form 540, line 18					) <b>30</b>	5363
		1		-	REV 03/05/24 PRO		
	<b>Side 6</b> Schedule CA (540) 2023 175	1	7736234	1			

#### TAXABLE YEAR **California Capital Gain or Loss Adjustment** 2023

SCHEDULE

D (540)

Do not complete this schedule if all of your California gains (losses) are the same as your federal gains (losses).

	ne(s) as shown on return			SSN or 17 73158		
<u>PR.</u>	AMOD KASIBHATTA (a) Description of property Example: 100 shares of "Z" Co.	(b) Sales price	(c) Cost or other basis	(d) Loss If (c) is more than (b), subtract (b) from (c)	(e) Gain If (b) is more than (c), subtract (c) from (b)	
а	• ROBINHOOD SECURITIES LLC	• 0	3600	3600	•	
b	• ROBINHOOD SECURITIES LLC	• 0	8629	8629	۲	
C	• CHARLES SCHWAB & CO., INC	<ul><li>27029</li></ul>	27368	339	٢	
d	۲	۲	۲	۲	۲	
e	۲	۲	۲	۲	۲	
f	۲	۲	۲	۲	٢	
g	۲	۲	۲	۲	۲	
h	۲	۲	۲	۲	۲	
i	٢	۲	۲	$\odot$	$\odot$	
j	۲	۲	۲	۲	۲	
k	٢	۲	$\odot$	$\odot$	•	
I	٢	۲	۲	۲	۲	
m	0	۲	$\odot$	$\odot$		
n	۲	۲	۲	$\odot$		
0	٢	۲	۲	۲	۲	
р	٢	۲	$\odot$	$\odot$		
q	•	۲	۲	۲	۲	
r	۲	۲	۲	$\odot$	•	
S	٢	۲	۲	۲	۲	
t	•	۲	۲	۲	۲	
u	$\textcircled{\textbf{0}}$	۲	۲	۲	٢	
V	$\odot$	۲	۲	۲	۲	
2	Net gain or (loss) shown on California Schedule(s	) K-1 (100S, 541, 565, a	nd 568) <b>2</b>	$\textcircled{\bullet}$	$\odot$	
3	Capital gain distributions (federal Form 1099-DIV, box 2a)					
4	Total 2023 gains from all sources. Add column (e)	amounts of line 1, line	2, and line 3	• 4		
5	2023 loss. Add column (d) amounts of line 1 and					
6	California capital loss carryover from 2022, if any.					
7	Total 2023 loss. Add line 5 and line 6					

For Privacy Notice, get FTB 1131 EN-SP.

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8	8 Net gain or (loss). Combine line 4 and line 7. If a loss, go to line 9. If a gain, go to line 10					
9	If line 8 is a loss, enter the smaller of:					
		<b>b</b> \$3,000 (\$1,500 if married/RDP filing separate). See instructions	• 9 <u>(</u>	-3000)		
10	Enter the gain or (loss) from federal Forr	n 1040 or 1040-SR, line 7	• 10	-3000		
11	Enter the California gain from line 8 or (l	oss) from line 9	• 11	-3000		
12	,	he difference here and on Schedule CA (540), Part I,	• 12a			
		e difference here and on Schedule CA (540), Part I,	• 12b	0		
	REV 03/05/24 PRO					