#### 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)

I axpayer's name	Social security number				
BHAVANA ADICHERLA	737-40-4438				
Spouse's name	Spouse's social security number				
Part I Tax Return Information – Tax Year Ending December 31, 2023 (Ent	er year you are authorizing.)				
Enter whole dollars only on lines 1 through 5.					
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.					
<b>1</b> Adjusted gross income	<b>1</b> 868.				
<b>2</b> Total tax	<b>2</b> 0.				
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3				
4 Amount you want refunded to you	4				
5 Amount you owe	· · · · <b>5</b> 0.				
Part II Taxpayer Declaration and Signature Authorization (Be sure you get and	keep a copy of your return)				
Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amende	,				
my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I ab return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, trans to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for re	mitter, or electronic return originator (ERO)				
for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the					

Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

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

X	I authorize	GLOBAL T.	AXES	LLC	to enter or generate my PIN	
				ERO firm name		

0	4	4	3	8	00 mV
Ent don	as my				

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

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

Your signature

Date

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

I authorize

to enter or generate my PIN

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

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

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

Spouse's signature	► Da	ate 🕨					 				
	Practitioner PIN Method Returns Only—continue	bel	ow								
Part III Certific	ication and Authentication – Practitioner PIN Method Only										
ERO's EFIN/PIN. En	nter your six-digit EFIN followed by your five-digit self-selected PIN.	2	2	2		6 nter a		2	7	1	

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature >						
	ERO Must Retain This Form — See Instructions Don't Submit This Form to the IRS Unless Requested To Do So					
For Paperwork Reduction Act Notice, see your tax return instruction	ons. BAA	REV 03/07/24 PRO	Form <b>8879</b> (Rev. 01-2021)			

(see instructions):       (1) First name       Last name       (2) Opendent's identifying number       (3) Relationship to you       Child tax credit       Credit for other dependents, see instructions and check here         If more than four dependents, see instructions and check here       Image: Compact See instructions and check here       Image: Compact See instructions)       Image: Credit for other dependents, see instructions and check here       Image: Credit for other dependents, see instructions)         Income       1a       Total amount from Form(s) W-2, box 1 (see instructions)       Image: Credit for other dependents, see instructions)       Image: Credit for other dependents, see instructions and check here       Image: Credit for other dependents         Income       1a       Total amount from Form(s) W-2, box 1 (see instructions)       Image: Credit for other dependents, see instructions)       Image: Credit for other dependents         Connected       b       Household employee wages not reported on Form(s) W-2, lese instructions)       Image: Credit for other dependents       Image: Credit for other dependents         Connected       f       Employee-provided adoption benefits from Form 8839, line 29       Image: Credit for other dependents       Image: Credit for other dependents         W-2       f       Reserved for future use       Image: Credit for other dependents       Image: Credit for other dependents       Image: Credit for other dependents       Image: Credit for other dependents	<b>1040</b>	)_	VR Department of the Treasury-Inter U.S. Nonresident AI	rnal Reven	nue Service come Tax Return	n 20 <b>23</b>	OMB No.	1545-0074	or sta	Only—Do not write ple in this space.	
Your first name and middle initial       Last name       Vour first name       Vour first name         BERAVANA       ADICHERILA       737 - 40 - 44 38         Home address fumber and streell, Hyou have a foreign address, also complete spaces below.       State       21P code         5280 N LITTILE MOUNTATIN DR       Foreign province/state/ourly       Foreign postal code       21P code         SAN BERAVAEDINO       CA       State       21P code       32407         Foreign postal code       Foreign province/state/courty       Foreign postal code       212 code       22407         Filing       Single       Married illing separately (MFS)       Qualitying sunxing spouse (QSS)       Estate       Trust         Filing status       Movied illing separately (MFS)       Qualitying sunxing spouse (QSS)       Estate       Trust         Objetal Assets       At any time during 2023, did you: (a) receive (sa reward, or payment for property or service); or (b) estate for the instructions;       (d) Relationship to you       Celd tax credit or during during for the instructions;         International interest in adjutal asset (r a financial interest in a digital asset)       (d) Relationship to you       Celd tax credit or during during for the instructions;         International enterest in adjutal asset (r a financial interest in a digital asset)       (d) Relationship to you       Celd tax credit       Celd tax credit or during d	For the year Jar	ı. 1–	Dec. 31, 2023, or other tax year beginr	ning	, 2023,	ending		, 20			
BHAVANA       ADICHERLA       737-40-4438         Home address (number and streed). If you have a P.O. box, see instructions.       Act. no.         S280 N LITTLE MOUNTAIN DR       Act. no.         CR, terw, or post office. If you have a foreign address, aliso complete spaces below.       State         SAN BERNARDINO       CA       92407         Foreign country name       Foreign province/state/county       Foreign postal code         Fling       Single       Married tiling separately (MFS)       Qualifying surviving spouse (QSS)       Estate         Total amount for grant asset (or a financial interest in a diplat asset? Ree instructions.)       (Post check only on the visual space of a diptal asset (or a financial interest in a diplat asset? Ree instructions.)       (Post che both of adiptal file for test both of adiptal for test both of adiptal state (Co the dipproduct's generate) (Pietrame       (Pietrame control operations)         (Breinstructions)       (I) Fiet name       Last name       (Pietrame control operations)       (I) Conck to both of adiptal state)         (Breinstructions)       (I) Fiet name       Last name       (Pietrame control operations)       (I) Conck to both of adiptal state)         (Breinstructions)       (I) Fiet name       Last name       (Pietrame control operation of control operations)       (I) Conck to both of adiptal state)         (Breinstructions)       III       IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	Your first name	and	middle initial	Last na	ame				dentify	ing number	
Home address frumber and streety. If you have a P.O. box, see instructions.        Apt. no.         5280 N LITTLE MOUNTAIN DR       L16         City, town, or post office. If you have a foreign address, also complete spaces below.       CA         SAN: BERNARDINO       CA         Filing       Single       Married filing separately (MFS)       Cualifying service (QSS)       Estate         Filing       Status       If you checked the CSS box, enter the child's name if the qualifying person is a child but not your dependent:         One hor.       Digital Assets       At any time during 2023, dd you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or or instructions);       If yes EN to the child's name if the qualifying number         Dependents       (a) First name       Last name       (2) Depondent's dependents; see instructions);       (child tax ories)       If a         Income       1a       Total amount from Form(9) W-2, box 1 (see instructions);       1a       865.         Effectively       b       Household employee wages not reported on Form(9) W-2; box 1 (see instructions);       1b       Content of the set est; for t								(see in	,		
5280 N LITTLE MOUNTAIN DR       1.16         City town, or post office. If you have a foreign address, also complete spaces below.       State       2P code         SAN BERNARDINO       CA       92407         Foreign postal code       Foreign postal code       CA       92407         Filing       Status       Foreign postal code       CA       92407         Filing       Status       Insume       Foreign postal code       CA       92407         Crack only       Marked filing separately (MFS)       Oualifying surviving spouse (QSS)       Estate       Insut         Digital Asset       A any time during 2023, digital asset (or a financial interest in a digital asset)? (See instructions,)       (4) Check the box financial interest in a digital asset?       (4) Check the box financial interest in a digital asset?       (4) Check the box financial interest in a digital asset?       (4) Check the box financial interest in a digital asset?       (4) Check the box financial interest in a digital asset?       (4) Check the box financial interest in a digital asset?       (4) Check the box financial interest in a digital asset?       (4) Check the box financial interest in a digital asset?       (4) Check the box financial interest in a digital asset?       (4) Check the box financial interest in a digital asset?       (4) Check the box financial interest in a digital asset?       (4) Check the box financial interest in a digital asset?       (4) Check the box financial interest in a digital asset?								737	-40-4	-	
City, town, or post office. If you have a fareign address, also complete spaces below.       State       214       216 code.         SAN       BERNARDINO       CA       92407         Foreign country name       Foreign province/stata/county       Foreign postal code         Filing       Single       Married filing separately (MFS)       Qualifying surviving spoxes (QSS)       Estate       Trust         Check only       Any time during 2023, did you: (a) receive (as a reward, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions)       Image: Code Code Code Code Code Code Code Code				, see ins	tructions.						
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otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions).       \[ \cdot Peer definition of the set of	<b>Digital Assets</b>	At	any time during 2023, did you: (a) rece	ive (as a	reward, award, or paym	ent for property or	services)	; or (b) sell	, excha	nge, or	
(1) First name       (2) Dependent's identifying number       (3) Relationship to you       Child tax credit Cell for other dependents. See instructions and instructions and check here       Child tax credit Cell for other dependents. See instructions       Coll for other dependents. See instructions         1a       Total amount from Form(s) W-2, box 1 (see instructions)       1a       868.         Effectively       Household employee wages not reported on Form(s) W-2.       1b       1d         Connected       c       Tip income not reported on Form(s) W-2 (see instructions)       1c       1d         Connected       c       Tip income not reported on Form (S) W-2 (see instructions)       1d       1d         With U.S.       d       Medicaid waiver payments not reported on Form (S) W-2 (see instructions)       1d       1d         Trade or       Tax been for more Satily line 6 6       1d       1d       1d         Matach       g       Wages from Form Satily line 6 6       1d       1d         Satil Ad2: S, i       Reserved for future use       1i       1g       1d         Satil Ad2: S, i       Reserved for future use       1k       1g       1d         Satil Ad2: S, i       Reserved for future use       1k       1g       1d       1d         Satil Ad2: Satil Ad2: Satil Ad2: Satily Satily Satily In Ad2       3		oth	erwise dispose of a digital asset (or a	financial	interest in a digital asset	)? (See instruction	s.)			Yes 🔀 No	
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Income       1a       Total amount from Form(s) W-2, box 1 (see instructions)       1a       868.         Effectively       b       Household employee wages not reported on Form(s) W-2.       1b         Connected       c       Tip income not reported on line 1a (see instructions)       1c         With U.S.       d       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d         Trade or       e       Taxable dependent care benefits from Form 2841, line 26       1e         Business       f       Employer-provided adoption benefits from Form 8839, line 29       1f         Attach       h       Other earned income (see instructions)       1i       1g         SAL 1042-S,       i       Reserved for future use       1i       1g         SAL 1042-S,       i       Reserved for future use       1i       1k       1z         SAL 1042-S,       i       Reserved for future use       3a       0ualified dividends       3b       3b         ine 1(e)       2       Add lines 1a through 1h       1z       868.       2b       0         109-R1 if a was       au Qualified dividends       3a       b       Draxable amount       4b       0         19 out dividends       a was       Gualified dividends <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>											
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Trade or       e       Taxable dependent care benefits from Form 2441, line 26       1e         Business       f       Employer-provided adoption benefits from Form 8839, line 29       1f         Attach       g       Wages from Form 8919, line 6       1g         Attach       n       Other earned income (see instructions)       1g         Indexs,       i       Reserved for future use       1i         SSA-1042-S,       j       Reserved for future use       1i         RB-1042-S,       i       Reserved for future use       1i         RB-1042-S,       j       Reserved for future use       1i         Ine 1(e)       Ine 1(e)       Ine 1(e)       1k       1z         Bases/ea       k       Total income exempt by a treaty from Schedule OI (Form 1040-NR), item L, line 1(e)       1k       1z       868.         Form(s)       2a       Tax-exempt interest       2a       b       Taxable amount       1b       Taxable amount       4b       5b         If you din ot get a form was       a       Qualified dividends       a       3a       b       Taxable amount       5b       5c         If you din ot get a form was       a       Qualified form furue use       form 1040), ine 26.       forem 1040, line 26. <th< td=""><td>Connected</td><td>С</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></th<>	Connected	С									
Business Attach Form(s) W-2, 1042-S, and 228-A and 228-A tack bere. Also attach Form(s)       f       1f         Maps from Form 8919, line 6       1g         Matach Form(s) W-2, 1042-S, and 228-A here. Also attach Form(s)       Reserved for future use       1i         SSA-1042-S, IRBE-1042-S, and 228-A here. Also attach Form(s)       Reserved for future use       1i         Add lines 1a through 1h       1k       1k         Form(s)       2a       Tax-exempt interest       2a         1099-R if By ouid nor get a Form (s)       2a       ax-exempt interest       2a         1099-R if By ouid nor get a Form (s)       2a       ax-exempt interest       2b         1099-R if By ouid nor get a Form (s)       5a       b Taxable amount       4b         11       5a       Pensions and annuities       5a         6       W-2; see instructions.       7       Additional income from Schedule 1 (Form 1040), ine 10       8         9       Add lines 1z, 2b, 3b, 4b, 5b, 7, and 8. This is your total effectively connected income       9       868.         10       11       868.       10         11       868.       10       11       868.         12       Usthract line 10 from line 9. This is your adjusted gross income       11       868.         13	With U.S.	d									
Attach Form(s) W-2, 1042-S, SSA-1042-S, and 828-A here. Also       Wages from Form 8919, line 6       1g         K       Other earned income (see instructions)       11         K       Total income exempt by a treaty from Schedule OI (Form 1040-NR), item L, line 1(e)       11         K       Total income exempt by a treaty from Schedule OI (Form 1040-NR), item L, line 1(e)       1k       1z         868-Nerce. Also       attach attach       z       Add lines 1a through 1h       1z       868.         1099-R if tax was withtheld.       4a       b       Tax-exempt interest       2a       b       0 Ordinary dividends       3b         1f you did not get a Form W-2, see instructions.       5a       b       Taxable amount       5b       6         7       Capital gain or (loss). Attach Schedule D (Form 1040), line 10       5b       6       7         7       Capital gain or (loss). Attach Schedule D (Form 1040), line 10       5d       8       6         9       Add lines 12, 2b, 3b, 4b, 5b, 7, and 8. This is your total effectively connected income       9       868.         10       Adjustments to income from Schedule 1 (Form 1040), line 26. These are your total adjustments to income       11       8668.         11       Subtract line 10 from line 9. This is your adjusted gross income       11       13a       13, 850.			•						-		
Attach       h       Other earned income (see instructions)       1         Form(s) W.2, i       Reserved for future use       1i         1042-S, and 828-A       Reserved for future use       1i         here. Also       total income exempt by a treaty from Schedule OI (Form 1040-NR), item L, interest.       1k         1099-R if       2a       Add lines 1a through 1h       1k         1099-R if       2a       Tax-exempt interest.       2a         1099-R if       2a       Tax-exempt interest.       2a         1099-R if       2a       Tax-exempt interest.       2a         1099-R if       2a       Tax-exempt interest.       2b         1099-R if       3a       Qualified dividends       3a       b         1099-R if       2a       Tax-exempt interest.       2a       b         1099-R if       3a       Qualified dividends       3a       b       Taxable amount       4b         11// statuse       Taxable amount       4b       5b       6       7         11// statuse       Reserved for future use       5a       5b       7       7         11// statuse       Reserved for future use       7       7       7         11// statuse       Reserved for f	Business										
in Reserved for future use       1i       1i         1042-5, stand 828-A in Reserved for future use       1i       1i         RB-1042-5, and 8288-A in Reserved for future use       1i       1i         RB-1042-5, and 8288-A in Reserved for future use       1i       1i         RB-1042-5, and 8288-A in Reserved for future use       1k       1k         Here, Also       1k       1k       1k         attach       z       Add lines 1a through 1h       1k       1k         1099-R if       3a       Qualified dividends       3a       b       Tax-exempt interest       2b         11       B       Form(s)       3a       b       Tax-exempt interest       2b         11       B       Form(s)       3a       b       Tax-exempt interest       2b         12       B       Form(s)       5a       B       Tax-exempt interest       3b         13       B       Form(s)       Tax-exempt interest       5a       b       Taxable amount       5b         14       Add tinos and annuities       5a       b       Taxable amount       5b       5b         16       Reserved for future use       Intrue use       Intrue use       Intrue use       Intrue use <td< td=""><td>Attach</td><td></td><td>•</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>	Attach		•								
SA-1042-S, RRB-1042-S, and 828A-here. Also       j         RRB-1042-S, and 828A-here. Also       k       Total income exempt by a treaty from Schedule OI (Form 1040-NR), item L, line 1(e)       j         Attach       z       Add lines 1a through 1h       1z       868.         Form(s)       2a       Tax-exempt interest       2a       b       b Taxable interest       2b         1099-R if       3a       Qualified dividends       3a       b       Ordinary dividends       3b         11       BA       au       b       Taxable amount       4b       4b       4b         If you did not get a Form W-2, see       Reserved for future use       5a       b       Taxable amount       5b         6       Reserved for future use       form 1040, line 10       from 1040, line 10       from trequired, check here       7         8       Additional income from Schedule 1 (Form 1040), line 10       from 1040, line 26. These are your total adjustments to income       9       868.         10       Add justments to income from Schedule 1 (Form 1040, line 26. These are your total adjustments to income       10       11       868.         11       Subtract line 10 from line 9. This is your adjusted gross income       11       868.       12       13, 850.       13a       13a       13a <td>• • •</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>. 1</td> <td>1</td> <td></td>	• • •							. 1	1		
RRB-1042-S, and 828-A and 828-A interest from Schedule OI (Form 1040-NR), item L, interest from Schedule OI (Form 1040), item Schedule OI (Form Schedule OI (Form Schedule OI (Form 1040), item Schedule OI (Form Schedule OI								1	;		
Inter Also       Ine 1(e)       Ik         here. Also       z       Add lines 1a through 1h       1z       868.         Form(s)       2a       Tax-exempt interest       2a       2b       2b         1099-R if       2a       Tax-exempt interest       3a       b       Taxable interest       2b         1099-R if       2a       Tax-exempt interest       3a       b       Taxable interest       2b         11       tax was       3a       0       b       Taxable amount       4b       4b         15       Persions and annuities       5a       b       Taxable amount       5b       6         16       Reserved for future use       5a       b       Taxable amount       7       7         17       Reserved for future use       6       Reserved for Schedule 1 (Form 1040) if required. If not required, check here       7       7         18       Additional income from Schedule 1 (Form 1040), line 10       10       10       10       10         11       Subtract line 10 from line 9. This is your adjusted gross income       11       11       868.         12       Itemized deductions (from Schedule A (Form 1040-NR)) or, for certain residents of India, standard deduction (see instructions)       11 <td< td=""><td>RRB-1042-S,</td><td></td><td></td><td></td><td></td><td>1 1</td><td></td><td></td><td></td><td></td></td<>	RRB-1042-S,					1 1					
attach Form(s)       z       Add lines 1a through 1h.       1z       868.         Form(s)       2a       Tax-exempt interest.       2a       b       Taxable interest.       2b         1099-R if       3a       Qualified dividends       3a       b       Taxable interest.       2b         it tax was       3a       Qualified dividends       3a       b       Taxable interest.       2b         if you did not get a Form       5a       Sa       b       Taxable amount.       4b         W-2, see       6       Reserved for future use.       5a       b       Taxable amount.       6         7       Capital gain or (loss). Attach Schedule D (Form 1040), line required, check here.       7       7         8       Additional income from Schedule 1 (Form 1040), line 10       8       9       868.         9       Add lines 1z, 2b, 3b, 4b, 5b, 7, and 8. This is your total effectively connected income       9       8688.         10       Adjustments to income from Schedule 1 (Form 1040), line 26. These are your total adjustments to income       10       11       868.         11       Subtract line 10 from line 9. This is your adjusted gross income       11       12       13,850.         13a       Qualified business income eduction from Form 8995 or Form 8995-A <td></td> <td>ĸ</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>		ĸ									
1099-R if tax was was withheld.       2a       2a       b       b       addle interest	attach	z						. 1:	z	868.	
tax was       3a       Qualified dividends       3a       b       Ordinary dividends       3b         withheld.       4a       IRA distributions       4a       b       Taxable amount       3b         fyou did not get a Form W-2, see instructions.       5a       Pensions and annuities       5a       b       Taxable amount       5b         6       Reserved for future use       5a       b       Taxable amount       5b       5b         7       Capital gain or (loss). Attach Schedule D (Form 1040) if required. If not required, check here       7       7         8       Additional income from Schedule 1 (Form 1040), line 10       Comment of the explored income       9       868.         9       Add lines 1z, 2b, 3b, 4b, 5b, 7, and 8. This is your total effectively connected income       9       868.         10       Adjustments to income from Schedule 1 (Form 1040), line 26. These are your total adjustments to income       10       11       868.         11       Subtract line 10 from line 9. This is your adjusted gross income       Std Pedn US/India Treaty       12       13, 850.         13a       Qualified business income deduction from Form 8995 or Form 8995-A       13a       13a       13a (ad 13b)       13a       13a       13a       13a       14       13, 850.         1		2a	Tax-exempt interest 2	a	<b>b</b> Tax	able interest		. 2	b		
If you did not get a Form W-2, see instructions.       Sa       b       Taxable amount       Sb       Sb         W-2, see instructions.       Reserved for future use       Sa       b       Taxable amount       Sb       Sb         W-2, see instructions.       Capital gain or (loss). Attach Schedule D (Form 1040) if required. If not required, check here .       Image: Capital gain or (loss). Attach Schedule 1 (Form 1040), line 10       Taxable amount		3a	Qualified dividends 3	a	b Orc	linary dividends .		. 31	<b>b</b>		
get a Form W-2, see instructions.       6         6       7         7       6         7       7         8       Additional income from Schedule 1 (Form 1040), line 10         9       Add lines 1z, 2b, 3b, 4b, 5b, 7, and 8. This is your total effectively connected income         9       Add lines 1z, 2b, 3b, 4b, 5b, 7, and 8. This is your total effectively connected income         10       Adjustments to income from Schedule 1 (Form 1040), line 26. These are your total adjustments to income         11       Subtract line 10 from line 9. This is your adjusted gross income         11       Subtract line 10 from Schedule A (Form 1040-NR)) or, for certain residents of India, standard deduction (see instructions)         13a       Qualified business income deduction from Form 8995 or Form 8995-A         13a       Qualified business income deduction from Form 8995 or Form 8995-A         13b       13c         14       Add lines 12 and 13c         15       Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income		4a							<b>)</b>		
W-2, see instructions.       Capital gain or (loss). Attach Schedule D (Form 1040) if required. If not required, check here									-		
8       Additional income from Schedule 1 (Form 1040), line 10       8         9       Add lines 1z, 2b, 3b, 4b, 5b, 7, and 8. This is your total effectively connected income       9       868.         10       Adjustments to income from Schedule 1 (Form 1040), line 26. These are your total adjustments to income       9       868.         10       Adjustments to income from Schedule 1 (Form 1040), line 26. These are your total adjustments to income       10         11       Subtract line 10 from line 9. This is your adjusted gross income       11       868.         12       Itemized deductions (from Schedule A (Form 1040-NR)) or, for certain residents of India, standard deduction (see instructions).       11       868.         13a       Qualified business income deduction from Form 8995 or Form 8995-A       13a       12       13,850.         14       Add lines 12 and 13c       14       13,850.       14       13,850.         15       Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income       15       0.	W-2, see										
9Add lines 1z, 2b, 3b, 4b, 5b, 7, and 8. This is your total effectively connected income9868.10Adjustments to income from Schedule 1 (Form 1040), line 26. These are your total adjustments to income1011Subtract line 10 from line 9. This is your adjusted gross income11868.12Itemized deductions (from Schedule A (Form 1040-NR)) or, for certain residents of India, standard deduction (see instructions).11868.13aQualified business income deduction from Form 8995 or Form 8995-A13a1213b13b13c13c14Add lines 12 and 13c13 (see instructions)14150.	instructions.				, ,	•					
10       Adjustments to income from Schedule 1 (Form 1040), line 26. These are your total adjustments to income       10         11       Subtract line 10 from line 9. This is your adjusted gross income       11       868.         12       Itemized deductions (from Schedule A (Form 1040-NR)) or, for certain residents of India, standard deduction (see instructions).       12       13         13a       Qualified business income deduction from Form 8995 or Form 8995-A.       13a       12       13,850.         14       Add lines 13a and 13b       .       .       .       .       14       13,850.         15       Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income       15       0.       0.										060	
income       10         11       Subtract line 10 from line 9. This is your adjusted gross income       11       868.         12       Itemized deductions (from Schedule A (Form 1040-NR)) or, for certain residents of India, standard deduction (see instructions).       12       13         13a       Qualified business income deduction from Form 8995 or Form 8995-A       13a       12       13,850.         15       Subtract line 11. If zero or less, enter -0 This is your taxable income       13       0									,	000.	
11       Subtract line 10 from line 9. This is your adjusted gross income       11       868.         12       Itemized deductions (from Schedule A (Form 1040-NR)) or, for certain residents of India, standard deduction (see instructions).       12       13,850.         13a       Qualified business income deduction from Form 8995 or Form 8995-A.       13a       12       13,850.         b       Exemptions for estates and trusts only (see instructions)       13b       13c       13c         14       Add lines 13a and 13b       13c       14       13,850.         15       Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income       15       0.		10		•	,		-		5		
deduction (see instructions).       Std Dedn US/India Treaty       12       13,850.         13a       Qualified business income deduction from Form 8995 or Form 8995-A       13a       13a         b       Exemptions for estates and trusts only (see instructions)       13b       13b         c       Add lines 13a and 13b       13c       13c         14       Add lines 12 and 13c       14       13,850.         15       Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income       15       0.		11							1	868.	
13a       Qualified business income deduction from Form 8995 or Form 8995-A       13a       13a         b       Exemptions for estates and trusts only (see instructions)       13b       13b         c       Add lines 13a and 13b       13c       13c         14       Add lines 12 and 13c       14       13,850.         15       Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income       15       15		12	Itemized deductions (from Schedu	ule A (Fo	rm 1040-NR)) or, for cer	tain residents of Ir	ndia, stan	dard	2	13,850.	
b       Exemptions for estates and trusts only (see instructions)       13b       13b       13b         c       Add lines 13a and 13b         13b        13c         14       Add lines 12 and 13c          14       13,850.         15       Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income        15       0.		13a									
c       Add lines 13a and 13b       13c       13c         14       Add lines 12 and 13c       14       13,850.         15       Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income       15       0.											
14       Add lines 12 and 13c       14       13,850.         15       Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income       15       0.		с	•	•	,			13	c		
		14	Add lines 12 and 13c					. 1	4	13,850.	
		15						. 1			

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

Form 1040-NR (2	2023)		Page <b>2</b>
Tax and	16	Tax (see instructions). Check if any from Form(s):         1         8814         2         4972         3	16 0.
Credits	17	Amount from Schedule 2 (Form 1040), line 3	17 0.
	18	Add lines 16 and 17	18 0.
	19	Child tax credit or credit for other dependents from Schedule 8812 (Form 1040)	19
	20	Amount from Schedule 3 (Form 1040), line 8	20
	21	Add lines 19 and 20	21
	22	Subtract line 21 from line 18. If zero or less, enter -0	<b>22</b> 0.
	23a	Tax on income not effectively connected with a U.S. trade or business from	
		Schedule NEC (Form 1040-NR), line 15	
	b	Other taxes, including self-employment tax, from Schedule 2 (Form 1040),	
		line 21	
	с	Transportation tax (see instructions)	
	d	Add lines 23a through 23c	23d
	24	Add lines 22 and 23d. This is your total tax	24 0.
Payments	25	Federal income tax withheld from:	
•	а	Form(s) W-2	
	b	Form(s) 1099	
	с	Other forms (see instructions)	
	d	Add lines 25a through 25c	25d
	е	Form(s) 8805	25e
	f	Form(s) 8288-A	25f
	g	Form(s) 1042-S	25g
	26	2023 estimated tax payments and amount applied from 2022 return	26
	27	Reserved for future use	
	28	Additional child tax credit from Schedule 8812 (Form 1040) 28	
	29	Credit for amount paid with Form 1040-C	
	30	Reserved for future use	
	31	Amount from Schedule 3 (Form 1040), line 15	
	32	Add lines 28, 29, and 31. These are your total other payments and refundable credits	32
	33	Add lines 25d, 25e, 25f, 25g, 26, and 32. These are your total payments	33
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	34
	35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here	35a
Direct deposit?	b	Routing number       X       X       X       X       X       X       X       X       C Type:       C Checking       Savings	
See instructions.	d	Account number X X X X X X X X X X X X X X X X X X X	
	е	If you want your refund check mailed to an address outside the United States not shown on page 1,	
		enter it here.	
	36	enter it here Amount of line 34 you want <b>applied to your 2024 estimated tax 36</b>	
Amount	37	Subtract line 33 from line 24. This is the amount you owe.	
You Owe		For details on how to pay, go to www.irs.gov/Payments or see instructions	37 0.
	38	Estimated tax penalty (see instructions)	
Third	Do yo	bu want to allow another person to discuss this return with the IRS? See instructions. $\hfill \square$ Yes. Comp	lete below. 🛛 No
Party	Desig	nee's Phone Personal identif	ication
Designee	name	no number (PIN)	
		penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the	, 8
Sign		they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which	
Sign	Your		e IRS sent you an Identity tection PIN, enter it here
Here			e inst.)
	Phone		mot.j
<u></u>		arer's name Preparer's signature Date PTIN	Check if:
Paid	•	M PRIYA RAM SAGAR GUPTA SYAM PRIYA RAM SAGAR GUPTA 04/16/2024 P02083	
Preparer			
Use Only			(***)***
Go to warne in a		rm 10/0N/D for instructions and the latest information	Form <b>1040-NR</b> (2023)
GO 10 WWW.//S.(	<i>J</i> 0v/F0	rm1040NR for instructions and the latest information. BAA REV 03/07/24 PRO	Form 10+0-IND (2023)

### SCHEDULE NEC (Form 1040-NR)

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

OMB No. 1545-0074

%

Attach to Form 1040-NR.

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

Department of the Treasury Internal Revenue Service Name shown on Form 1040-NR

Interest:

Sequence No. 7B Your identifying number

2

Attachment

737-40-4438

BHAVANA ADICHERLA

Enter amount of income under the appropriate rate of tax. See instructions. (d) Other (specify) Nature of Income (a) 10% (b) 15% (c) 30% % Dividends and dividend equivalents: Dividends paid by U.S. corporations 1a . . . . . . . . . . . . . 1b Dividend equivalent payments received with respect to section 871(m) transactions 1c 2a Paid by foreign corporations 2b 2c 3 4

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6

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If zero or less, enter -0-. Winnings 10c Losses Gambling-Residents of countries other than Canada. Note: Enter winnings only. Losses aren't allowed . . . . . . . . . . . 11 Other (specify): 12 13 14 Tax on income not effectively connected with a U.S. trade or business. Add columns (a) through (d) of line 14. Enter the total here and on Form 1040-NR, line 23a Capital Gains and Losses From Sales or Exchanges of Property

Enter only the capital gains and losses from property sales or exchanges that are from sources within the United States and not	16	(a) Kind of property and description (if necessary, attach statement of descriptive details not shown below)	<b>(b)</b> Date acquired mm/dd/yyyy	<b>(c)</b> Date sold mm/dd/yyyy	(d) Sales price	<b>(e)</b> Cost or other basis	(f) LOSS If (e) is more than (d), subtract (d) from (e).	<b>(g) GAIN</b> If (d) is more than (e), subtract (e) from (d).
effectively connected with a U.S. business. Do not include a gain								
or loss on disposing of a U.S. real								
property interest; report these gains and losses on Schedule D								
(Form 1040).								
Report property sales or exchanges that are effectively								
connected with a U.S. business on Schedule D (Form 1040),	17 /	Add columns (f) and (g) of line 16 .				17	( )	
Form 4797. or both.	18 (	Capital gain. Combine columns (f) and	(a) of line 17. Ente	r the net gain here	e and on line 9 abo	ove. If a loss. ente	r-0 <b>18</b>	

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

Other royalties (copyrights, recording, publishing, etc.) . . . . . . . . . . . .

Gambling-Residents of Canada only. Enter net income in column (c).

Real property income and natural resources royalties

### SCHEDULE OI (Form 1040-NR)

### **Other Information**

Attach to Form 1040-NB

OMB No. 1545-0074 0000

	ent of the Treasury Revenue Service	Go t	o www.irs.gov/Form1040NI Ansy	R for instructions an wer all questions.	nd the latest information.		Attachment Sequence N	
	nown on Form 1040	-NR		-		Your identifyir		
BHAV	VANA ADICHE	RLA				737-40-	4438	
Α	Of what country	y or countries v	vere you a citizen or nationa	al during the tax yea	r? INDIA			
в	In what country	, did you claim	residence for tax purposes	s during the tax yea	r? United States			
С	Have you ever	applied to be a	green card holder (lawful p	ermanent resident)	of the United States? .		<b>Yes</b>	🛛 No
D	Were you ever:							
1.	A U.S. citizen?						🗌 Yes	🗙 No
2.	A green card he	older (lawful pe	rmanent resident) of the Un	ited States?			🗌 Yes	🛛 No
		., .	2), see Pub. 519, chapter 4,	•				
E	If you had a visitimmigration sta	sa on the last of tus on the last of	day of the tax year, enter y day of the tax year. <u>F1</u>	our visa type. If yo	u didn't have a visa, ent	er your U.S.		
F	Have you ever	changed your v	visa type (nonimmigrant stat te the date and nature of the	us) or U.S. immigra	tion status?		Yes	🗙 No
G	List all dates yo	ou entered and	left the United States during	g 2023. See instruct	ions.		•	
			anada or Mexico AND con		•	ent intervals,		
	check the box	for Canada or	Mexico and skip to item H	<u>I.</u> <u>.</u>	🗌 Canada	Mexico		
		United States dd/yy	Date departed United State mm/dd/yy	es I	Date entered United States mm/dd/yy	Date de	parted Unite mm/dd/yy	d States
н			vacation, nonworkdays, and, 2022					
I	Did you file a U	.S. income tax	return for any prior year? . nd form number you filed:				Yes	🛛 No
J	Are you filing a	return for a true	 st?				Yes	🗙 No
	If "Yes," did th	e trust have a	U.S. or foreign owner unde	r the grantor trust r	ules, make a distribution	or loan to a	L	
	U.S. person, or	receive a cont	ribution from a U.S. person	?			Yes	🗌 No
κ	Did you receive	total compens	ation of \$250,000 or more	during the tax year?			🗌 Yes	🛛 No
			ative method to determine t		-			🗌 No
L			f you are claiming exempti /. See Pub. 901 for more inf			ax treaty wi	th a foreign	i country,
1.			the applicable tax treaty art			claimed the t	reaty benefi	t, and the
		<b>(a)</b> Cou	intry	(b) Tax treaty article	e (c) Number of months claimed in prior tax yea		mount of exe e in current ta	
	(e) Total. Ente	r this amount o	n Form 1040-NR, line 1k. D	o not enter it anywh	ere else on line 1			
2.			preign country on any of the	-			<b>Yes</b>	No
3.			ts pursuant to a Competent					🗙 No
			Competent Authority determ	-				
М	Chook the appl		· ·	,				

Check the applicable box if: м

1. This is the first year you are making an election to treat income from real property located in the United States as effectively connected 

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

BAA

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

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

175		DO NOT MAIL THIS FOR	M TO THE FTB
TAXABLE YEAR			FORM
2023	California e-file Signature Au	Ithorization for Individuals	8879
Your name		Your SSN or ITIN	l
BHAVANA AD	DICHERLA	737-40-44	38
Spouse's/RDP's nam	ne	Spouse's/RDP's S	SSN or ITIN
	Irn Information (whole dollars only)		
	sted gross income (AGI). See instructions		
	ve. See instructions		
	er Declaration and Signature Authorization (Be sure you obta perjury, I declare that I have examined a copy of my individual		anto for the tax year
income tax return. and on form FTB 84 agrees with the dire domestic partner (I provider to transmi <b>to my ERO</b> , <b>interm</b> return, I understand penalties. I acknow	ber (ITIN), and the amounts shown in Part I above agree with t If applicable, I authorize an electronic funds withdrawal of the 455, California e-file Payment Record for Individuals, or a corr ect deposit authorization stated on my return. If I have filed a j RDP) as an agent to authorize an electronic funds withdrawal d it my complete return to the Franchise Tax Board (FTB). If the rediate service provider, and/or transmitter the reason(s) for d that if the FTB does not receive full and timely payment of m /ledge that I have read and consent to the Electronic Funds Wil I identification number (PIN) as my signature for my electronic	amount on line 2 and/or the estimated tax payments as show parable form. If applicable, I declare that direct deposit refun- oint return, this is an irrevocable appointment of the other sp or direct deposit. I authorize my ERO, transmitter, or interme processing of my return or refund is delayed, I authorize the the delay or the date when the refund was sent. If I am fili y tax liability, I remain liable for the tax liability and all applic thdrawal Consent included on the copy of my electronic inco	wn on my return nd amount on line 3 bouse/registered diate service ne FTB to disclose ng a balance due able interest and me tax return. I have
Taxpayer's PIN: ch			
X Lauthorize G	LOBAL TAXES LLC	to enter my PIN 0	4 4 3 8
<u> </u>	ERO firm name		ot enter all zeros
as my signatu	ure on my 2023 e-filed California individual income tax return.		
	y PIN as my signature on my 2023 e-filed California individual using the Practitioner PIN method. The ERO must complete P		ur own PIN and your
Your signature		Date	
Spouse's/RDP's Pl	IN: check one box only		
I authorize		to enter my PIN	
	ERO firm name		ot enter all zeros
as my signatu	ure on my 2023 e-filed California individual income tax return.		
	ny PIN as my signature on my 2023 e-filed California indivior rn is filed using the Practitioner PIN method. The ERO must co		tering your own PIN
Spouse's/RDP's siç	gnature 🕨	Date	
	Practitioner PIN Method Ret	urns Only continue below	
Part III Certific	cation and Authentication — Practitioner PIN Method Only	5	
	iler Identification Number (EFIN)/PIN. t EFIN followed by your five-digit self-selected PIN.	2   2   2   4   9   6   0   8   2   Do not enter all zeros	7 1
I certify that the ab confirm that I am s e-file Providers.	pove numeric entry is my PIN, which is my signature for the 2 submitting this return in accordance with the requirements of	023 California individual income tax return for the taxpayer(	s) indicated above. I book for Authorized
ERO's signature	•	Date > 04/16/2024	

# ~~~~

	202	23	Californ	ia Resid	ent In	come	Tax	Retu	rn				540
						APE			DO	NOT	ATTACH	FEDERAL	RETURN
73' BH2		0-44 NA		DICHERLA					23				
			TTLE MOU RDINO		407		APT	L16	5				
04	-26	-200	2										
	l	Enter your	county at time of f	ling (see instruction	ns)								
lce	- 1		BERNARDI							- of filing			
Principal Residence			ldress above is t ter below your p						e tim	e ot tilini	g, check this d	0X 🖉 👗	
l Res			ress (number and :					i iiiig.			Apt. no/s	ste. no.	
cipa	$\odot$												
Prin	(	City									State	ZIP code	
	$\odot$												
		lf your (	California filing s	tatus is different	from your f	ederal filing	g status,	check the I	box h	ere			
s	1	×s	ingle		4	Head of	househo	old (with a	ualifvi	na nersa	on). See instru	ctions	
Filing Status	-		-					、 .	5	01	,		
ing 9	2		Married/RDP filing jointly (even if <b>5</b> Qualifying surviving spouse/RDP. Enter year spouse/RDP died.										
Ē			see instructions.			See inst	tructions						
	3	N	Arried/RDP filin	g separately. Ente	er spouse's/	RDP's SSN	or ITIN a	above and	full n	ame her	e.		
	6	If some	one can claim yo	u (or your spous	se/RDP) as a	a dependen	t, check	the box he	re. Se	e instr	• 6		

	FC	or line 7, line 8, line 9, and line 10: Multiply the number you enter in the box by the pre-printed dollar amount for that line.	Whole dollars only
S	7	Personal: If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked	whole utilats they
<u>io</u>		box 2 or 5, enter 2 in the box. If you checked the box on line 6, see instructions. $\odot 7$ 1 X \$144 = $\odot$ \$	144
Exempt	8	Blind: If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2. See instructions	
ш	9	Senior: If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2. See instructions	

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REV 03/05/24 PRO

Υοι	ır naı	me:	ADI	CHE	ERLA		Υοι	ur SSN o	or ITIN:	737-	40-443	38					
	10	Depen	dents:		ot include y Dependent <sup>-</sup>	•	or your sp	ouse/RD		ndent 2				Dependent	3		
		First	Name	۲		-									-		
ns		Last	Name	۲					•								
Exemptions			. See uctions.	•					•				•				
Exe		relat	endent's ionship	۲					•								
	Tota	to yo I deper		xemr	otions						10	X \$4	 146 = (•	\$			
	11				Int: Add line								-			14	14
	12	State	wages	from	n your fedei x 16	ral						868	00				
												•				868	
	13 14				usted gross ments – sut							(	•) 13			000	• 00
	15				lumn B from line 13								<b>1</b> 4				<u>00</u>
some	16												15			868	<u>00</u>
Taxable Income					lumn C								<b>1</b> 6				<u>00</u>
Taxat	17		(		ed gross inc								)			868	<b>.</b> 00
-	18	Enter <b>large</b>			r California r California					. ,							
					ngle or Mar arried/RDP fil			-									
	10	0		lf Ma	arried/RDP fil	ing separa	tely or the	box on lin	e 6 is chec							5363	. 00
	19				from line 17 enter -0								19			0	- 00
						×	Tax Table	[	Тау	Rate Scl	ماييلمور						
	31	Tax. (	Check t	he bo	ox if from:		FTB 3800						- 04			0	. 00
	32		•		s. Enter the	amount	from line	11. If you	ur federal	AGI is m	ore than					144	
Тах					structions.								32			0	• 00
	33				from line 31			enter -0-	• • • • • • • • •				•) 33			0	<u>00</u>
	34	Tax. S	See inst	tructi	ions. Check	the box i	if from: ●	Sc	hedule G	-1 ●	FTB 5	870A	34				<u>00</u>
	35	Add I	ine 33	and li	ine 34								35			0	<u>   00    </u>
dits	40	Nonr	efundal	ble Cl	hild and De	pendent (	Care Expe	nses Cre	dit. See ir	nstructior	IS		<b>4</b> 0				. 00
al Cre	43	Enter	credit	name	e				code ●		and am	ount	43				. 00
Special Credits	44	Enter	<sup>.</sup> credit	name	e				code ●		and am	ount	• 44				. 00
		Side 2	Form	540	2023		17	5	310	2234	Г			REV 03/05/2	24 PRO		

You	r nar	ADICHERLA Your SSN or ITIN: 737-40-4438	
s	45	To claim more than two credits, see instructions. Attach Schedule P (540)	. 00
Credit	46	Nonrefundable Renter's Credit. See instructions	. 00
Special Credits	47	Add line 40 through line 46. These are your total credits	. 00
Spe	48	Subtract line 47 from line 35. If less than zero, enter -0	. 00
xes	61	Alternative Minimum Tax. Attach Schedule P (540)       61	• 00
Other Taxes	62	Mental Health Services Tax. See instructions	• 00
Oth	63	Other taxes and credit recapture. See instructions	. 00
	64	Add line 48, line 61, line 62, and line 63. This is your total tax	. 00
	71	California income tax withheld. See instructions	. 00
	72	2023 California estimated tax and other payments. See instructions	. 00
	73	Withholding (Form 592-B and/or Form 593). See instructions	. 00
lents	74	Excess SDI (or VPDI) withheld. See instructions	. 00
Payments	75	Earned Income Tax Credit (EITC). See instructions	. 00
	76	Young Child Tax Credit (YCTC). See instructions	. 00
	77 78	Foster Youth Tax Credit (FYTC). See instructions       77         Add line 71 through line 77. These are your total payments.       78	• 00 • 00
Тах	91	Use Tax. Do not leave blank. See instructions	
Use Tax		If line 91 is zero, check if:  X No use tax is owed.	
ISR Penaltv	92	If you and your household had full-year health care coverage, check the box. See instructions. Medicare Part A or C coverage is qualifying health care coverage • × If you did not check the box, see instructions.	
		Individual Shared Responsibility (ISR) Penalty. See instructions • 92	
oue	93	Payments balance. If line 78 is more than line 91, subtract line 91 from line 78	. 00
Overpaid Tax/Tax Due	94 95	Use Tax balance. If line 91 is more than line 78, subtract line 78 from line 91       94         Payments after Individual Shared Responsibility Penalty. If line 93 is more than line 92, subtract line 92 from line 93       95	- <u>00</u>
erpaid T	96	Individual Shared Responsibility Penalty Balance. If line 92 is more than line 93, subtract line 93 from line 92	. 00
õ	97	Overpaid tax. If line 95 is more than line 64, subtract line 64 from line 95  97	. 00
		REV 03/05/24 PRO	

Your nai	me:	ADICHERLA	Your SSN or ITIN:	737-40-4438		•	
_ e 98	Amo	unt of line 97 you want applied to yo	ur <b>2024</b> estimated tax		• 98		. 00
erpaic ax Du 66 Du	Over	paid tax available this year. Subtract	line 98 from line 97		• 99		. 00
Overpaid Tax/Tax Due 001 66 86	Tax	due. If line 95 is less than line 64, sul	otract line 95 from line 64	4	• 100	0	. 00
					<u>Code</u>	Amount	
	Calif	ornia Seniors Special Fund. See instr	uctions		• 400		. 00
	Alzhe	eimer's Disease and Related Dementi	a Voluntary Tax Contribut	tion Fund	• 401		- 00
	Rare	and Endangered Species Preservatio	on Voluntary Tax Contribu	ition Program	• 403		. 00
	Calif	ornia Breast Cancer Research Volunta	ary Tax Contribution Fund	d	• 405		. 00
	Calif	ornia Firefighters' Memorial Voluntar	y Tax Contribution Fund .		• 406		. 00
	Eme	rgency Food for Families Voluntary Ta	ax Contribution Fund		• 407		. 00
	Calif	ornia Peace Officer Memorial Founda	tion Voluntary Tax Contri	bution Fund	• 408		. 00
	Calif	ornia Sea Otter Voluntary Tax Contrib	ution Fund		• 410		. 00
itions	Calif	ornia Cancer Research Voluntary Tax	Contribution Fund		• 413		. 00
Contributions	Scho	ol Supplies for Homeless Children V	oluntary Tax Contribution	1 Fund	• 422		. 00
ပိ	State	Parks Protection Fund/Parks Pass F	Purchase		• 423		. 00
	Prote	ect Our Coast and Oceans Voluntary	Tax Contribution Fund		• 424		. 00
	Кеер	Arts in Schools Voluntary Tax Contr	ibution Fund		• 425		. 00
	Calif	ornia Senior Citizen Advocacy Volunt	ary Tax Contribution Fund	d	• 438		. 00
	Nativ	e California Wildlife Rehabilitation Vo	oluntary Tax Contribution	Fund	• 439		. 00
	Rape	Kit Backlog Voluntary Tax Contribut	ion Fund		• 440		. 00
	Suic	de Prevention Voluntary Tax Contribu	ution Fund		• 444		. 00
	Men	al Health Crisis Prevention Voluntary	Tax Contribution Fund		• 445		. 00
110	Add	amounts in code 400 through code 4	145. This is your total cor	ntribution	• 110		. 00

REV 03/05/24 PRO

	r nan		ADICHERL		Your SSN or ITIN:	737-40-				
unt	111	AMO	UNT YOU OWE. If	f you do not have an a	amount on line 99, add li	ne 94, line 96,	line 100, and lin	ne 110. Se	ee instructions. <b>Do not send cash.</b>	
Amo ou C		Mail	to: FRANCHISE	TAX BOARD, PO BO	DX 942867, SACRAME	NTO CA 9426	7-0001	111	ee instructions. <b>Do not send cash.</b>	. 00
		Pay C	Unline – Go to <b>itb</b>	.ca.gov/pay for mor	e information.					
σ	112	Intere	est, late return pe	enalties, and late pay	ment penalties			112		. 00
t and ties	113	Unde	rpayment of estin	mated tax.						_
Interest and Penalties		Chec	k the box:	FTB 5805 attache	ed 🕢 📕 FTB 5805	F attached .		113		. 00
Ξđ	444	Tatal	amagunt dura. Car	instructions Engles	- hut de met stanle au					. 00
	114	Total	amount due. See	e instructions. Enclos	se, but <b>do not</b> staple, ar	ly payment		114		.00
	115	REFU	JND OR NO AMO	UNT DUE. Subtract 1	the sum of line 110, line	e 112, and lin	e 113 from line	99. See	instructions.	
		Mail	to: FRANCHISE T	AX BOARD, PO BOX	( 942840, SACRAMENT	O CA 94240-	0001	115	0	. 00
sit		Fill in	the information	to authorize direct de	eposit of your refund in	ito one or two	accounts. <b>Do r</b>	not attacl	n a voided check or a deposit slip.	
epo				•	uting and account num			-		
ct Ct		All Of	the following an		line 115) is authorized t	for direct dep	osit into the acc	count she		
Refund and Direct Deposit		• R	outing number	• Type Checking	Account number				• 116 Direct deposit amount	
and										. 00
pun				Savings						
Ref		The r	emaining amoun	-	115) is authorized for d	irect deposit i	into the accoun	t shown	below:	
		• R	outing number	• Type Checking	Account number				• 117 Direct deposit amount	
										. 00
				Savings		]				
fo.										
Voter Info.		For v	oter registration	information, check th	he box and go to <b>sos.ca</b>	a.gov/election	<b>ns</b> . See instruct	tions		
Vot										
Health Care Coverage Info.	)	Πο γ	ou want informat	ion on no-cost or low	<i>v</i> -cost health care cove	rade2 By che	cking the "Vec" I	μον νου		_
ealtl					your tax return with Co					No
тô										
_										

Sign your tax return on Side 6

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Vour	name.	AD:
Y ( )	паше	

Γ

Vour	CCVI	or	ITIN:	
1 ( ) ( ) (	11111	UII.		

737-40-4438



IMPORTANT:	See the instructions to find out if you should attach a copy of your complete federal tax return.	
Our privacy notice to locate FTB 113	e can be found in annual tax booklets or online. Go to <b>ftb.ca.gov/privacy</b> to learn about our privacy policy statement, or go to <b>ftb.c</b> 1 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form code <b>4</b>	a.gov/forms and search for 1131 948 when instructed.
Under penalties of is true, correct, a	of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the best nd complete.	of my knowledge and belief, it
Your signature	Date Spouse's/RDP's signature (if a joint ta	ax return, both must sign)
	Your email address. Enter only one email address.	Preferred phone number
Sign		
Here	Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge)	
	SYAM PRIYA RAM SAGAR GUPTA	
It is unlawful to forge a spouse's/	Firm's name (or yours, if self-employed)	PTIN
RDP's signature.	GLOBAL TAXES LLC	P02082703
0	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	es × No
	Print Third Party Designee's Name Tele	phone Number

REV 03/05/24 PRO

CA (540)

# **2023 California Adjustments — Residents**

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

Na	me(s) as shown on tax return			SSN or ITIN
B	HAVANA ADICHERLA			737404438
	art I Income Adjustment Schedule ction A – Income from federal Form 1040 or 1040-SR	A Federal Amounts (taxable amounts from your federal tax return)	<b>B</b> Subtractions See instructions	<b>C</b> Additions See instructions
1	<b>a</b> Total amount from federal Form(s) W-2, box 1. See instructions <b>1a</b>	• 868	۲	$\odot$
	<ul> <li>b Household employee wages not reported on federal Form(s) W-2</li></ul>	۲	۲	۲
	<b>c</b> Tip income not reported on line 1a <b>1</b> c	۲	۲	۲
	<b>d</b> Medicaid waiver payments not reported on federal Form(s) W-2. See instructions <b>1d</b>	۲	۲	۲
	e Taxable dependent care benefits from federal Form 2441, line 26 <b>1e</b>	$\odot$	۲	$\odot$
	f Employer-provided adoption benefits from federal Form 8839, line 29 1f	۲	۲	۲
	<b>g</b> Wages from federal Form 8919, line 6 <b>1g</b>	۲	۲	•
	$h$ Other earned income. See instructions $\ldots\ldots$ . 1h	۲	۲	$\odot$
	i Nontaxable combat pay election. See instructions1i			۲
	z Add line 1a through line 1i1z	• 868	۲	۲
2	Taxable interest. a • 2b	۲	$\odot$	۲
3	Ordinary dividends. See instructions. a • 3b	۲	۲	۲
4	IRA distributions. See instructions. a • 4b	۲	۲	۲
5	Pensions and annuities. See instructions. <b>a</b> • 5 <b>b</b>	۲		۲
6	Social security benefits. <b>a</b> • 6b	۲	۲	
		(Fourse 10.40)	۲	۲
	<b>ction B – Additional Income</b> from federal Schedule 1 Taxable refunds, credits, or offsets of state	(FUIIII 1040)		
	and local income taxes	•	۲	
2	<b>a</b> Alimony received. See instructions <b>2a</b>	٢		٢
3	Business income or (loss). See instructions <b>3</b>	•	۲	۲
	Other gains or (losses)	۲	۲	۲
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc <b>5</b>	۲	۲	۲
6	Farm income or (loss) <b>6</b>	۲	۲	۲
7	Unemployment compensation7	۲	۲	

REV 03/05/24 PRO

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Section B – Additional Income Continued	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	<b>C</b> Additions See instructions
8 Other income: a Federal net operating loss8a	• ( )		۲
b Gambling	۲	۲	
c Cancellation of debt	$\odot$	$\odot$	$\odot$
<b>d</b> Foreign earned income exclusion from federal Form 2555	• ( )		۲
e Income from federal Form 8853 8e	۲		۲
f Income from federal Form 8889	۲	۲	
g Alaska Permanent Fund dividends	۲		
h Jury duty pay8h	۲		
i Prizes and awards8i	۲		
j Activity not engaged in for profit income 8j	۲		
k Stock options8k	۲		
I Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property 81	۲		
m Olympic and Paralympic medals and USOC prize money	$\textcircled{\textbf{O}}$		
<b>n</b> IRC Section 951(a) inclusion 8 <b>n</b>	۲	۲	
<b>o</b> IRC Section 951A(a) inclusion	۲	$\odot$	
p IRC Section 461(I) excess business loss adjustment 8p	۲	۲	۲
<b>q</b> Taxable distributions from an ABLE account <b>8q</b>	$\odot$		
r Scholarship and fellowship grants not reported on federal Form(s) W-2 8r	۲		
s Nontaxable amount of Medicaid waiver payments included on federal Form 1040, line 1a or line 1d8s	• ( )		
t Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental IRC Section 457 plan 8t	۲		
<b>u</b> Wages earned while incarcerated8 <b>u</b>	$\textcircled{\bullet}$		
z Other income. List type and amount.			
• 8z	۲	۲	$\bullet$



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
<b>9</b> a T	Total other income. Add lines 8a through 8z <b>9a</b>	۲		۲		۲
<b>b1</b> [	Disaster loss deduction from form FTB 3805V 9b1			۲		
<b>b2</b> N	NOL deduction from form FTB 3805V 9b2			۲		
	NOL deduction from form FTB 3805Z, 3807, or 3809			۲		
and S in co throu line S	I. Combine Section A, line 1z through line 7, Section B, line 1 through line 7, and line 9a lumn A and column C. Add Section A, line 1z ugh line 7, and Section B, line 1 through line 7, Ja, and line 9b1 through line 9b3 in column B pplicable). See instructions		868	۲		۲
	<b>C – Adjustments to Income</b> Ieral Schedule 1 (Form 1040)					
<b>11</b> Edu	cator expenses			۲		
	ain business expenses of reservists, performing sts, and fee-basis government officials <b>12</b>	۲		۲		۲
<b>13</b> Hea	Ith savings account deduction	۲		۲		
	ving expenses. Attach form FTB 3913. instructions					۲
15 Ded See	uctible part of self-employment tax. instructions <b>15</b>	۲		۲		
16 Self	-employed SEP, SIMPLE, and qualified plans16					
17 Self See	-employed health insurance deduction. instructions	۲		۲		
<b>18</b> Pena	Ity on early withdrawal of savings					
<b>19 a</b> A	limony paid <b>19a</b>	۲				۲
<b>b</b> R	lecipient's: SSN •					
L	ast Name 🖲					
20 IRA (	deduction	ullet		۲		۲
<b>21</b> Stud	ent loan interest deduction					۲
<b>22</b> Rese	erved for future use					
23 Arch	er MSA deduction					

L



tection C – Adjustments to Income Continued	A	Federal Amounts (taxable amounts from your federal tax return)		<b>Subtractions</b> See instructions	C	Additions See instructions
Other adjustments: a Jury duty pay						
<ul> <li>b Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit</li></ul>					۲	
c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m24c			۲			
d Reforestation amortization and expenses240						
e Repayment of supplemental unemployment benefits under the federal Trade Act of 1974 246						
f Contributions to IRC Section 501(c)(18)(D) pension plans24f			۲		۲	
g Contributions by certain chaplains to IRC Section 403(b) plans			۲		۲	
h Attorney fees and court costs for actions involving certain unlawful discrimination claims						
i Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations <b>24i</b>			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)						
<b>z</b> Other adjustments. List type and amount.						
					۲	
i Total other adjustments. Add line 24a through line 24z			۲		۲	
Add line 11 through line 23 and line 25 in columns A, B, and C. See instructions			۲		۲	
7 Total. Subtract line 26 from line 10 in columns A, B, and C. See instructions		868	۲		۲	

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Pa	rt II Adjustments to Federal Itemized Deductions				
Che	eck the box if you did NOT itemize for federal but will iter	nize	e for California •		
			A Federal Amounts (from federal Schedule A (Form 1040))	B Subtractions See instructions	<b>C</b> Additions See instructions
Ме	dical and Dental Expenses See instructions.				
1	Medical and dental expenses •	1			
2	Enter amount from federal Form 1040 or 1040-SR, line 11 • 868	2			
3	Multiply line 2 by 7.5% (0.075) • 65				
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter 0		$\odot$		•
	<b>a</b> State and local income tax or general sales taxes.	.5a		۲	
	<b>b</b> State and local real estate taxes	.5b			
	<b>c</b> State and local personal property taxes	.5c			
	<b>d</b> Add line 5a through line 5c	.5d			
	<ul> <li>e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) in column A.</li> <li>Enter the amount from line 5a, column B in line 5e, column B.</li> <li>Enter the difference from line 5d and line 5e,</li> </ul>				
	column A in line 5e, column C	.5e	• • 0		$\bullet$
6	Other taxes. List type •	6	۲	۲	۲
7	Add line 5e and line 6	.7	• 0	۲	۲
	<ul> <li>a Home mortgage interest and points reported to you on federal Form 1098</li> </ul>	.8a			۲
	<b>b</b> Home mortgage interest not reported to you on federal Form 1098	.8b			۲
	c Points not reported to you on federal Form 1098.	.8c			۲
	d Reserved for future use	.8d			
	e Add line 8a through line 8c	.8e			

0

0

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

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Pa	rt II Adjustments to Federal Itemized Deductions Continued	A	Federal Amounts (from federal Schedule A (Form 1040))		Subtractions See instructions		<b>C</b> Additions See instructions
Gif	ts to Charity		<u> </u>				
	Gifts by cash or check					•	
12	Other than by cash or check	$   \mathbf{O} $		•		•	
13	Carryover from prior year13			•		•	
	Add line 11 through line 1314			۲		۲	
	casualty and Theft Losses Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions <b>15</b>			۲		۲	
Oth	er Itemized Deductions						
	Other—from list in federal instructions <b>16</b>					$oldsymbol{O}$	
17	Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C <b>17</b>		0	$\odot$		$oldsymbol{igodol}$	0
18	Total. Combine line 17 column A less column B plus co	lumn	C			18	0
Job	Expenses and Certain Miscellaneous Deductions						
19	Unreimbursed employee expenses: job travel, union due Attach federal Form 2106 if required. See instructions .	es, jo	b education, etc.	0 19			
20	Tax preparation fees			20			
21	Other expenses: investment, safe deposit box, etc. List type			21	0		
22	Add line 19 through line 21			0 22	0		
			····· ·		0		
23	Enter amount from federal Form 1040		969				
	or 1040-SR, line 11		000				
24	Multiply line 23 by 2% (0.02). If less than zero, enter 0.			24	17		
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.			\$237,035 \$355,558	s?		
	Yes. Complete the Itemized Deductions Worksheet in th	e ins	tructions for Schedule CA	A (540), line :	29	29	0
30	Enter the larger of the amount on line 29 or your stand Single or married/RDP filing separately. See instru						
	Married/RDP filing jointly, head of household, or qu						
	Transfer the amount on line 30 to Form 540, line 18					20	FDCD
	nansier the aniount on the so to form 540, the 18					JU	5363
					REV 03/05/24 PRO		
	<b>Side 6</b> Schedule CA (540) 2023 175	1	7726224				
	<b>Side 6</b> Schedule CA (540) 2023 175	I	7736234	1			