

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) ▶

| | |
|--|---|
| Taxpayer's name MADHU KANDHEPI | Social security number 651-74-4419 |
| Spouse's name PRATYUSHA JALADI | Spouse's social security number 291-69-2024 |

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 | 95,835. |
| 2 Total tax | 2 | 5,735. |
| 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | 3 | 15,706. |
| 4 Amount you want refunded to you | 4 | 9,971. |
| 5 Amount you owe | 5 | |

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 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

I authorize GLOBAL TAXES LLC to enter or generate my PIN

| | | | | |
|---|---|---|---|---|
| 4 | 4 | 4 | 1 | 9 |
|---|---|---|---|---|

 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 GLOBAL TAXES LLC to enter or generate my PIN

| | | | | |
|---|---|---|---|---|
| 9 | 2 | 0 | 2 | 4 |
|---|---|---|---|---|

 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.

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication – Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| 2 | 2 | 2 | 4 | 9 | 6 | 0 | 8 | 2 | 7 | 1 |
|---|---|---|---|---|---|---|---|---|---|---|

Don't enter all zeros

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 Form – See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

For the year Jan. 1–Dec. 31, 2023, or other tax year beginning , 2023, ending , 20 See separate instructions.

Your first name and middle initial MADHU Last name KANDHEPI Your social security number 651 74 4419

If joint return, spouse's first name and middle initial PRATYUSHA Last name JALADI Spouse's social security number 291 69 2024

Home address (number and street). If you have a P.O. box, see instructions. 2401 PARKSIDE DRIVE Apt. no. Presidential Election Campaign

City, town, or post office. If you have a foreign address, also complete spaces below. FREMONT State CA ZIP code 94536 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.

Foreign country name Foreign province/state/county Foreign postal code You Spouse

Filing Status Single Married filing jointly (even if only one had income) Married filing separately (MFS) Head of household (HOH) Qualifying surviving spouse (QSS)

Digital Assets At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) Yes No

Standard Deduction Someone can claim: You as a dependent Your spouse as a dependent Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: Were born before January 2, 1959 Are blind Spouse: Was born before January 2, 1959 Is blind

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Check the box if qualifies for (see instructions): Child tax credit, Credit for other dependents. Row 1: AVYAAN S, KANDEPI, 161-33-9182, Son, [X], []

Income table with columns 1a-1z and 1a-1z. 1a Total amount from Form(s) W-2, box 1 (see instructions) 106,865. 1b Household employee wages not reported on Form(s) W-2. 1c Tip income not reported on line 1a (see instructions). 1d Medicaid waiver payments not reported on Form(s) W-2 (see instructions). 1e Taxable dependent care benefits from Form 2441, line 26. 1f Employer-provided adoption benefits from Form 8839, line 29. 1g Wages from Form 8919, line 6. 1h Other earned income (see instructions) 0. 1i Nontaxable combat pay election (see instructions). 1z Add lines 1a through 1h 106,865.

Table with columns 2a-2b, 3a-3b, 4a-4b, 5a-5b, 6a-6b. 2a Tax-exempt interest 2b Taxable interest 1. 3a Qualified dividends 4. 3b Ordinary dividends 7. 4a IRA distributions 4b Taxable amount. 5a Pensions and annuities 5b Taxable amount. 6a Social security benefits 6b Taxable amount.

Table with columns 7-15. 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here -23. 8 Additional income from Schedule 1, line 10 -11,015. 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 95,835. 10 Adjustments to income from Schedule 1, line 26. 11 Subtract line 10 from line 9. This is your adjusted gross income 95,835. 12 Standard deduction or itemized deductions (from Schedule A) 27,700. 13 Qualified business income deduction from Form 8995 or Form 8995-A 1. 14 Add lines 12 and 13 27,701. 15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income 68,134.

Attach Sch. B if required.

Standard Deduction for— Single or Married filing separately, \$13,850 Married filing jointly or Qualifying surviving spouse, \$27,700 Head of household, \$20,800 If you checked any box under Standard Deduction, see instructions.

| | | | | |
|------------------------|-----------|--|-----------|--------|
| Tax and Credits | 16 | Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____ | 16 | 7,735. |
| | 17 | Amount from Schedule 2, line 3 | 17 | |
| | 18 | Add lines 16 and 17 | 18 | 7,735. |
| | 19 | Child tax credit or credit for other dependents from Schedule 8812 | 19 | 2,000. |
| | 20 | Amount from Schedule 3, line 8 | 20 | |
| | 21 | Add lines 19 and 20 | 21 | 2,000. |
| | 22 | Subtract line 21 from line 18. If zero or less, enter -0- | 22 | 5,735. |
| | 23 | Other taxes, including self-employment tax, from Schedule 2, line 21 | 23 | 0. |
| | 24 | Add lines 22 and 23. This is your total tax | 24 | 5,735. |

| | | | | |
|-----------------|-----------|---|------------|---------|
| Payments | 25 | Federal income tax withheld from: | | |
| | a | Form(s) W-2 | 25a | 15,706. |
| | b | Form(s) 1099 | 25b | |
| | c | Other forms (see instructions) | 25c | |
| | d | Add lines 25a through 25c | 25d | 15,706. |
| | 26 | 2023 estimated tax payments and amount applied from 2022 return | 26 | |
| | 27 | Earned income credit (EIC) <input type="checkbox"/> NO | 27 | |
| | 28 | Additional child tax credit from Schedule 8812 | 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 payments and refundable credits | 32 | |
| | 33 | Add lines 25d, 26, and 32. These are your total payments | 33 | 15,706. |

| | | | | |
|--------------------------------------|------------|---|------------|--------|
| Refund | 34 | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid | 34 | 9,971. |
| | 35a | Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/> | 35a | 9,971. |
| Direct deposit? See instructions. | b | Routing number 1 2 1 0 0 0 3 5 8 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings | | |
| | d | Account number 3 2 5 0 5 9 2 1 0 3 3 5 | | |
| | 36 | Amount of line 34 you want applied to your 2024 estimated tax | 36 | |

| | | | | |
|-----------------------|-----------|---|-----------|--|
| Amount You Owe | 37 | Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to www.irs.gov/Payments or see instructions | 37 | |
| | 38 | Estimated tax penalty (see instructions) | 38 | |

Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions **Yes**. Complete below. **No**

Designee's name _____ Phone no. _____ Personal identification number (PIN) _____

Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

| | | | |
|---|-----------------------------------|--|---|
| Your signature | Date | Your occupation AUTOMATION ENGINEER | If the IRS sent you an Identity Protection PIN, enter it here (see inst.) |
| Spouse's signature. If a joint return, both must sign. | Date | Spouse's occupation SOFTWARE ENGINEER | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) |
| Phone no. (510) 565-4616 | Email address MADHU.K11@YAHOO.COM | | |

Paid Preparer Use Only

| | | | | |
|--|---|--------------------|-------------------|---|
| Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM | Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM | Date 02/22/2024 | PTIN P02082703 | Check if: <input type="checkbox"/> Self-employed |
| Firm's name GLOBAL TAXES LLC | Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 | | | Phone no. (678) 965-9522 |
| | | | | Firm's EIN 84-3171965 |

**SCHEDULE 1
(Form 1040)**

Department of the Treasury
Internal Revenue Service

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

Attachment
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
MADHU KANDHEPI & PRATYUSHA JALADI

Your social security number
651-74-4419

Part 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 E | | 5 | -18,055. |
| 6 | Farm income or (loss). Attach Schedule F | | 6 | |
| 7 | Unemployment compensation | | 7 | 7,040. |
| 8 | Other income: | | | |
| a | Net operating loss | 8a () | | |
| b | Gambling | 8b | | |
| c | Cancellation of debt | 8c | | |
| d | Foreign earned income exclusion from Form 2555 | 8d () | | |
| e | Income from Form 8853 | 8e | | |
| f | Income from Form 8889 | 8f | | |
| g | Alaska Permanent Fund dividends | 8g | | |
| h | Jury duty pay | 8h | | |
| i | Prizes and awards | 8i | | |
| j | Activity not engaged in for profit income | 8j | | |
| k | Stock options | 8k | | |
| l | 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 | 8l | | |
| m | Olympic and Paralympic medals and USOC prize money (see instructions) | 8m | | |
| n | Section 951(a) inclusion (see instructions) | 8n | | |
| o | Section 951A(a) inclusion (see instructions) | 8o | | |
| p | Section 461(l) excess business loss adjustment | 8p | | |
| q | Taxable distributions from an ABL account (see instructions) | 8q | | |
| r | Scholarship and fellowship grants not reported on Form W-2 | 8r | | |
| s | Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d | 8s () | | |
| t | Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan | 8t | | |
| u | Wages earned while incarcerated | 8u | | |
| z | Other income. List type and amount: _____ | 8z | | |
| 9 | Total other income. Add lines 8a through 8z | | 9 | |
| 10 | Combine lines 1 through 7 and 9. This is your additional income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 | | 10 | -11,015. |

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

Schedule 1 (Form 1040) 2023

Part II Adjustments to Income

| | | | | |
|------------|--|------------|------------|--|
| 11 | Educator expenses | | 11 | |
| 12 | Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 | | 12 | |
| 13 | Health savings account deduction. Attach Form 8889 | | 13 | |
| 14 | Moving expenses for members of the Armed Forces. Attach Form 3903 | | 14 | |
| 15 | Deductible part of self-employment tax. Attach Schedule SE | | 15 | |
| 16 | Self-employed SEP, SIMPLE, and qualified plans | | 16 | |
| 17 | Self-employed health insurance deduction | | 17 | |
| 18 | Penalty on early withdrawal of savings | | 18 | |
| 19a | Alimony paid | | 19a | |
| b | Recipient's SSN | | | |
| c | 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: | | | |
| a | Jury duty pay (see instructions) | 24a | | |
| b | Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit | 24b | | |
| c | Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m | 24c | | |
| d | Reforestation amortization and expenses | 24d | | |
| e | Repayment of supplemental unemployment benefits under the Trade Act of 1974 | 24e | | |
| f | Contributions to section 501(c)(18)(D) pension plans | 24f | | |
| 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) | 24h | | |
| 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 | 24i | | |
| j | Housing deduction from Form 2555 | 24j | | |
| k | Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) | 24k | | |
| z | Other adjustments. List type and amount: _____ | 24z | | |
| 25 | Total other adjustments. Add lines 24a through 24z | | 25 | |
| 26 | Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10 | | 26 | |

**SCHEDULE D
(Form 1040)**

Capital Gains and Losses

OMB No. 1545-0074

2023

Department of the Treasury
Internal Revenue Service

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.

Attachment
Sequence No. **12**

Name(s) shown on return

MADHU KANDHEPI & PRATYUSHA JALADI

Your social security number

651-74-4419

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)

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

| | (d) Proceeds (sales price) | (e) Cost (or other basis) | (g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g) | (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 Box A checked | | | | |
| 2 Totals for all transactions reported on Form(s) 8949 with Box B checked | | | | |
| 3 Totals for all transactions reported on Form(s) 8949 with Box C checked | | | | |
| 4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 | | | | 4 |
| 5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 | | | | 5 |
| 6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions | | | | 6 () |
| 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back | | | | 7 |

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

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

| | (d) Proceeds (sales price) | (e) Cost (or other basis) | (g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g) | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) |
|---|----------------------------------|---------------------------------|--|---|
| 8a 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 | | | | |
| 8b Totals for all transactions reported on Form(s) 8949 with Box D checked | 26. | 49. | | -23. |
| 9 Totals for all transactions reported on Form(s) 8949 with Box E checked | | | | |
| 10 Totals for all transactions reported on Form(s) 8949 with Box F checked | | | | |
| 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 | | | | 11 |
| 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 | | | | 12 |
| 13 Capital gain distributions. See the instructions | | | | 13 |
| 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions | | | | 14 () |
| 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III on the back | | | | 15 -23. |

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

Schedule D (Form 1040) 2023

Part III Summary

| | | | |
|-----------|--|-----------|---------|
| 16 | Combine lines 7 and 15 and enter the result | 16 | -23. |
| | <ul style="list-style-type: none"> • If line 16 is a gain, 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 loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22. • If line 16 is zero, 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 both gains? <input type="checkbox"/> Yes. Go to line 18. <input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22. | | |
| 18 | If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet | 18 | |
| 19 | If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet | 19 | |
| 20 | Are lines 18 and 19 both zero or blank and you are not filing Form 4952? <input type="checkbox"/> 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. <input type="checkbox"/> 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 smaller of: <ul style="list-style-type: none"> • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) } | 21 | (23.) |
| | 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? <input checked="" type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. <input type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR. | | |

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side

Social security number or taxpayer identification number

MADHU KANDHEPI & PRATYUSHA JALADI

651-74-4419

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 (Example: 100 sh. XYZ Co.) | (b) Date acquired (Mo., day, yr.) | (c) Date sold or disposed of (Mo., day, yr.) | (d) Proceeds (sales price) (see instructions) | (e) Cost or other basis See the Note below and see <i>Column (e)</i> in the separate instructions. | Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See the separate instructions. | | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g). |
|---|--|---|--|--|--|--|--------------------------------|--|
| | | | | | | (f) Code(s) from instructions | (g) Amount of adjustment | |
| | ROBINHOOD SECURITIES LLC | 01/01/22 | 12/31/23 | 26. | 49. | | | -23. |
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| 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) . . . | | | | 26. | 49. | | | -23. |

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.

**SCHEDULE E
(Form 1040)**

Supplemental Income and Loss

OMB No. 1545-0074

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

2023

Department of the Treasury
Internal Revenue Service

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

Attachment
Sequence No. **13**

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

Name(s) shown on return

Your social security number

MADHU KANDHEPI & PRATYUSHA JALADI

651-74-4419

Part I Income or Loss From Rental Real Estate and Royalties

Note: If you are in the business of renting personal property, use **Schedule C**. See instructions. If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

- A** Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions Yes No
B If "Yes," did you or will you file required Form(s) 1099? Yes No

1a Physical address of each property (street, city, state, ZIP code)

A SATHUPALLY (MANDAL) KHAMMAM TELANGANA IN 507303

B
C

| 1b Type of Property (from list below) | 2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions. | Fair Rental Days | | Personal Use Days | QJV |
|---------------------------------------|--|------------------|---|-------------------|--------------------------|
| | | A | B | C | |
| A 3 | | 365 | | 0 | <input type="checkbox"/> |
| B | | | | | <input type="checkbox"/> |
| C | | | | | <input type="checkbox"/> |

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: | Properties: | | |
|---|-----------------------|---|---|
| | A | B | C |
| 3 Rents received | 3 1,055. | | |
| 4 Royalties received | 4 | | |
| Expenses: | | | |
| 5 Advertising | 5 | | |
| 6 Auto and travel (see instructions) | 6 | | |
| 7 Cleaning and maintenance | 7 2,499. | | |
| 8 Commissions | 8 729. | | |
| 9 Insurance | 9 | | |
| 10 Legal and other professional fees | 10 | | |
| 11 Management fees | 11 2,957. | | |
| 12 Mortgage interest paid to banks, etc. (see instructions) | 12 | | |
| 13 Other interest | 13 | | |
| 14 Repairs | 14 5,197. | | |
| 15 Supplies | 15 4,948. | | |
| 16 Taxes | 16 | | |
| 17 Utilities | 17 3,846. | | |
| 18 Depreciation expense or depletion | 18 | | |
| 19 Other (list) _____ | 19 | | |
| 20 Total expenses. Add lines 5 through 19 | 20 20,176. | | |
| 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 -19,121. | | |
| 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) | 22 (18,055.) | | |
| 23a Total of all amounts reported on line 3 for all rental properties | 23a 1,055. | | |
| b Total of all amounts reported on line 4 for all royalty properties | 23b | | |
| c Total of all amounts reported on line 12 for all properties | 23c | | |
| d Total of all amounts reported on line 18 for all properties | 23d | | |
| e Total of all amounts reported on line 20 for all properties | 23e 20,176. | | |
| 24 Income. Add positive amounts shown on line 21. Do not include any losses | 24 | | |
| 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here | 25 (18,055.) | | |
| 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 | 26 -18,055. | | |

**SCHEDULE 8812
(Form 1040)**

**Credits for Qualifying Children
and Other Dependents**

OMB No. 1545-0074

2023

Attachment
Sequence No. **47**

Department of the Treasury
Internal Revenue Service

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

Go to www.irs.gov/Schedule8812 for instructions and the latest information.

Name(s) shown on return

Your social security number

MADHU KANDHEPI & PRATYUSHA JALADI

651-74-4419

Part I Child Tax Credit and Credit for Other Dependents

| | | | | |
|-----------|---|-----------|----------|---------|
| 1 | Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR | | 1 | 95,835. |
| 2a | Enter income from Puerto Rico that you excluded | 2a | | |
| b | Enter the amounts from lines 45 and 50 of your Form 2555 | 2b | 0. | |
| c | Enter the amount from line 15 of your Form 4563 | 2c | | |
| d | Add lines 2a through 2c | 2d | 0. | |
| 3 | Add lines 1 and 2d | 3 | 95,835. | |
| 4 | Number of qualifying children under age 17 with the required social security number | 4 | 1 | |
| 5 | Multiply line 4 by \$2,000 | 5 | 2,000. | |
| 6 | Number of other dependents, including any qualifying children who are not under age 17 or who do not have the required social security number | 6 | 0 | |
| | Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4. | | | |
| 7 | Multiply line 6 by \$500 | 7 | | |
| 8 | Add lines 5 and 7 | 8 | 2,000. | |
| 9 | Enter the amount shown below for your filing status. • Married filing jointly—\$400,000 } • All other filing statuses—\$200,000 } | 9 | 400,000. | |
| 10 | Subtract line 9 from line 3. • If zero or less, enter -0-. • If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc. } | 10 | 0. | |
| 11 | Multiply line 10 by 5% (0.05) | 11 | 0. | |
| 12 | Is the amount on line 8 more than the amount on line 11? | 12 | 2,000. | |
| | <input type="checkbox"/> No. STOP. You cannot take the child tax credit, credit for other dependents, or additional child tax credit. Skip Parts II-A and II-B. Enter -0- on lines 14 and 27. | | | |
| | <input checked="" type="checkbox"/> Yes. Subtract line 11 from line 8. Enter the result. | | | |
| 13 | Enter the amount from Credit Limit Worksheet A | 13 | 7,735. | |
| 14 | Enter the smaller of line 12 or line 13. This is your child tax credit and credit for other dependents | 14 | 2,000. | |

Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.

If the amount on line 12 is more than the amount on line 14, you may be able to take the **additional child tax credit** on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-NR through line 27 (also complete Schedule 3, line 11) before completing Part II-A.

Part II-A Additional Child Tax Credit for All Filers

Caution: If you file Form 2555, you cannot claim the additional child tax credit.

| | | | |
|------------|--|--------------------------|---------------|
| 15 | Check this box if you do not want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 | <input type="checkbox"/> | |
| 16a | Subtract line 14 from line 12. If zero, stop here ; you cannot take the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 | | 16a 0. |
| b | Number of qualifying children under 17 with the required social security number: _____ x \$1,600. Enter the result. If zero, stop here ; you cannot claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 | | 16b |
| | TIP: The number of children you use for this line is the same as the number of children you used for line 4. | | |
| 17 | Enter the smaller of line 16a or line 16b | | 17 |
| 18a | Earned income (see instructions) | 18a | |
| b | Nontaxable combat pay (see instructions) | 18b | |
| 19 | Is the amount on line 18a more than \$2,500? <input type="checkbox"/> No. Leave line 19 blank and enter -0- on line 20. <input type="checkbox"/> Yes. Subtract \$2,500 from the amount on line 18a. Enter the result | 19 | |
| 20 | Multiply the amount on line 19 by 15% (0.15) and enter the result Next. On line 16b, is the amount \$4,800 or more? <input type="checkbox"/> No. If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the smaller of line 17 or line 20 on line 27. <input type="checkbox"/> Yes. If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21. | 20 | |

Part II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Residents of Puerto Rico

| | | | |
|-----------|--|-----------|--|
| 21 | Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, or if you are a bona fide resident of Puerto Rico, see instructions. | 21 | |
| 22 | Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13 | 22 | |
| 23 | Add lines 21 and 22 | 23 | |
| 24 | 1040 and 1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27, and Schedule 3 (Form 1040), line 11. } 1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11. } | 24 | |
| 25 | Subtract line 24 from line 23. If zero or less, enter -0- | 25 | |
| 26 | Enter the larger of line 20 or line 25 Next, enter the smaller of line 17 or line 26 on line 27. | 26 | |

Part II-C Additional Child Tax Credit

| | | | |
|-----------|--|-----------|--|
| 27 | This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28 | 27 | |
|-----------|--|-----------|--|

Qualified Business Income Deduction Simplified Computation

Department of the Treasury
Internal Revenue Service

Attach to your tax return.

Attachment
Sequence No. **55**

Go to www.irs.gov/Form8995 for instructions and the latest information.

Name(s) shown on return

MADHU KANDHEPI & PRATYUSHA JALADI

Your taxpayer identification number

651-74-4419

Note. You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.
Use this form if your taxable income, before your qualified business income deduction, is at or below \$182,100 (\$364,200 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

| 1 | (a) Trade, business, or aggregation name | (b) Taxpayer identification number | (c) Qualified business income or (loss) |
|-----|---|------------------------------------|---|
| i | | | |
| ii | | | |
| iii | | | |
| iv | | | |
| v | | | |
| 2 | Total qualified business income or (loss). Combine lines 1i through 1v, column (c) | 2 | |
| 3 | Qualified business net (loss) carryforward from the prior year | 3 | () |
| 4 | Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0- | 4 | |
| 5 | Qualified business income component. Multiply line 4 by 20% (0.20) | | 5 |
| 6 | Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions) | 6 | 3. |
| 7 | Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year | 7 | () |
| 8 | Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0- | 8 | 3. |
| 9 | REIT and PTP component. Multiply line 8 by 20% (0.20) | | 9 |
| 10 | Qualified business income deduction before the income limitation. Add lines 5 and 9 | | 10 |
| 11 | Taxable income before qualified business income deduction (see instructions) | 11 | 68,135. |
| 12 | Enter your net capital gain, if any, increased by any qualified dividends (see instructions) | 12 | 4. |
| 13 | Subtract line 12 from line 11. If zero or less, enter -0- | 13 | 68,131. |
| 14 | Income limitation. Multiply line 13 by 20% (0.20) | | 14 |
| 15 | Qualified business income deduction. Enter the smaller of line 10 or line 14. Also enter this amount on the applicable line of your return (see instructions) | | 15 |
| 16 | Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0- | | 16 |
| 17 | Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0- | | 17 |

Paid Preparer's Due Diligence Checklist

*Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC),
Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and
Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status*

**To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.
Go to www.irs.gov/Form8867 for instructions and the latest information.**

OMB No. 1545-0074

For tax year
20 23

Attachment
Sequence No. **70**

| | | |
|---|--|---|
| Taxpayer name(s) shown on return MADHU KANDHEPI & PRATYUSHA JALADI | | Taxpayer identification number 651-74-4419 |
| Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM | | Preparer tax identification number P02082703 |

Part I Due Diligence Requirements

Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I-V for the benefit(s) claimed (check all that apply). EIC CTC/ACTC/ODC AOTC HOH

| | Yes | No | N/A |
|---|-------------------------------------|-------------------------------------|--------------------------|
| 1 Did you complete the return based on information for the applicable tax year provided by the taxpayer or reasonably obtained by you? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 2 If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Schedule 8812 (Form 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. • Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. • Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of any credit(s) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 4 Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| a Did you make reasonable inquiries to determine the correct, complete, and consistent information? | <input type="checkbox"/> | <input type="checkbox"/> | |
| b Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.) | <input type="checkbox"/> | <input type="checkbox"/> | |
| 5 Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in question 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure the amount(s) of the credit(s) List those documents provided by the taxpayer, if any, that you relied on: _____ _____ _____ | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 6 Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 7 Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| a Did you complete the required recertification Form 8862? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8 If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Part II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go to Part III.)

| | Yes | No | N/A |
|---|--------------------------|--------------------------|--------------------------|
| 9a Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.) | <input type="checkbox"/> | <input type="checkbox"/> | |
| b Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year? | <input type="checkbox"/> | <input type="checkbox"/> | |
| c Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Part III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)

| | Yes | No | N/A |
|---|-------------------------------------|--------------------------|--------------------------|
| 10 Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 11 Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12 Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Part IV Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC, go to Part V.)

| | Yes | No |
|--|--------------------------|--------------------------|
| 13 Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC? | <input type="checkbox"/> | <input type="checkbox"/> |

Part V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing status, go to Part VI.)

| | Yes | No |
|--|--------------------------|--------------------------|
| 14 Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person? | <input type="checkbox"/> | <input type="checkbox"/> |

Part VI Eligibility Certification

You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:

- A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s);
- B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;
- C. Submit Form 8867 in the manner required; **and**
- D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention*.
 - 1. A copy of this Form 8867.
 - 2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
 - 3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
 - 4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
 - 5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).

If you have not complied with all due diligence requirements, you may have to pay a penalty for each failure to comply related to a claim of an applicable credit or HOH filing status (see instructions for more information).

| | Yes | No |
|---|-------------------------------------|--------------------------|
| 15 Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Passive Activity Loss Limitations

See separate instructions.
 Attach to Form 1040, 1040-SR, or 1041.
 Go to www.irs.gov/Form8582 for instructions and the latest information.

Name(s) shown on return: **MADHU KANDHEPI & PRATYUSHA JALADI**
 Identifying number: **651-74-4419**

Part I 2023 Passive Activity Loss

Caution: Complete Parts IV and V before completing Part I.

Rental Real Estate Activities With Active Participation (For the definition of active participation, see **Special Allowance for Rental Real Estate Activities** in the instructions.)

| | | | | |
|--|-----------|-------------|--|----------|
| 1a Activities with net income (enter the amount from Part IV, column (a)) | 1a | 0. | | |
| b Activities with net loss (enter the amount from Part IV, column (b)) | 1b | (19,121.) | | |
| c Prior years' unallowed losses (enter the amount from Part IV, column (c)) | 1c | () | | |
| d Combine lines 1a, 1b, and 1c | 1d | | | -19,121. |

All Other Passive Activities

| | | | | |
|---|-----------|-----|--|--|
| 2a Activities with net income (enter the amount from Part V, column (a)) | 2a | | | |
| b Activities with net loss (enter the amount from Part V, column (b)) | 2b | () | | |
| c Prior years' unallowed losses (enter the amount from Part V, column (c)) | 2c | () | | |
| d Combine lines 2a, 2b, and 2c | 2d | | | |

| | | | | |
|--|----------|--|--|----------|
| 3 Combine lines 1d and 2d and subtract any prior year unallowed CRD. See instructions. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Report the losses on the forms and schedules normally used | 3 | | | -19,121. |
|--|----------|--|--|----------|

If line 3 is a loss and:
 • Line 1d is a loss, go to Part II.
 • Line 2d is a loss (and line 1d is zero or more), skip Part II and go to line 10.

Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, **do not** complete Part II. Instead, go to line 10.

Part II Special Allowance for Rental Real Estate Activities With Active Participation

Note: Enter all numbers in Part II as positive amounts. See instructions for an example.

| | | | |
|---|----------|----------|---------|
| 4 Enter the smaller of the loss on line 1d or the loss on line 3 | 4 | | 19,121. |
| 5 Enter \$150,000. If married filing separately, see instructions | 5 | 150,000. | |
| 6 Enter modified adjusted gross income, but not less than zero. See instructions Note: If line 6 is greater than or equal to line 5, skip lines 7 and 8 and enter -0- on line 9. Otherwise, go to line 7. | 6 | 113,890. | |
| 7 Subtract line 6 from line 5 | 7 | 36,110. | |
| 8 Multiply line 7 by 50% (0.50). Do not enter more than \$25,000. If married filing separately, see instructions | 8 | | 18,055. |
| 9 Enter the smaller of line 4 or line 8. If line 3 includes any CRD, see instructions | 9 | | 18,055. |

Part III Total Losses Allowed

| | | | |
|---|-----------|--|---------|
| 10 Add the income, if any, on lines 1a and 2a and enter the total | 10 | | 0. |
| 11 Total losses allowed from all passive activities for 2023. Add lines 9 and 10. See instructions to find out how to report the losses on your tax return | 11 | | 18,055. |

Part IV Complete This Part Before Part I, Lines 1a, 1b, and 1c. See instructions.

| Name of activity | Current year | | Prior years | Overall gain or loss | |
|---|--------------------------|------------------------|------------------------------|----------------------|----------|
| | (a) Net income (line 1a) | (b) Net loss (line 1b) | (c) Unallowed loss (line 1c) | (d) Gain | (e) Loss |
| SATHUPALLY (MANDAL) | 0. | 19,121. | | | 19,121. |
| | | | | | |
| | | | | | |
| | | | | | |
| Total. Enter on Part I, lines 1a, 1b, and 1c | 0. | 19,121. | | | |

Part V Complete This Part Before Part I, Lines 2a, 2b, and 2c. See instructions.

| Name of activity | Current year | | Prior years | Overall gain or loss | |
|---|--------------------------|------------------------|------------------------------|----------------------|----------|
| | (a) Net income (line 2a) | (b) Net loss (line 2b) | (c) Unallowed loss (line 2c) | (d) Gain | (e) Loss |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Total. Enter on Part I, lines 2a, 2b, and 2c | | | | | |

Part VI Use This Part if an Amount Is Shown on Part II, Line 9. See instructions.

| Name of activity | Form or schedule and line number to be reported on (see instructions) | (a) Loss | (b) Ratio | (c) Special allowance | (d) Subtract column (c) from column (a). |
|---------------------|---|----------|-------------|-----------------------|--|
| SATHUPALLY (MANDAL) | E Ln 22 | 19,121. | 1.00000000 | 18,055. | 1,066. |
| | | | | | |
| | | | | | |
| | | | | | |
| Total | | 19,121. | 1.00 | 18,055. | 1,066. |

Part VII Allocation of Unallowed Losses. See instructions.

| Name of activity | Form or schedule and line number to be reported on (see instructions) | (a) Loss | (b) Ratio | (c) Unallowed loss |
|---------------------|---|----------|-------------|--------------------|
| SATHUPALLY (MANDAL) | E Ln 22 | 1,066. | 1.00000000 | 1,066. |
| | | | | |
| | | | | |
| | | | | |
| Total | | 1,066. | 1.00 | 1,066. |

Part VIII Allowed Losses. See instructions.

| Name of activity | Form or schedule and line number to be reported on (see instructions) | (a) Loss | (b) Unallowed loss | (c) Allowed loss |
|---------------------|---|----------|--------------------|------------------|
| SATHUPALLY (MANDAL) | E Ln 22 | 19,121. | 1,066. | 18,055. |
| | | | | |
| | | | | |
| | | | | |
| Total | | 19,121. | 1,066. | 18,055. |

TAXABLE YEAR

FORM

2023

California e-file Signature Authorization for Individuals

8879

Table with 2 columns: Name (Your name, Spouse's/RDP's name) and SSN/ITIN (Your SSN or ITIN, Spouse's/RDP's SSN or ITIN). Rows include MADHU KANDHEPI and PRATYUSHA JALADI.

Part I Tax Return Information (whole dollars only)

Table with 2 columns: Line number and Amount. Rows include California adjusted gross income (AGI), Amount you owe, and Refund or no amount due.

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

Under penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2023, and to the best of my knowledge and belief, it is true, correct, and complete.

Taxpayer's PIN: check one box only

- I authorize GLOBAL TAXES LLC to enter my PIN 4 4 4 1 9 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.

Your signature Date

Spouse's/RDP's PIN: check one box only

- I authorize GLOBAL TAXES LLC to enter my PIN 9 2 0 2 4 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.

Spouse's/RDP's signature Date

Practitioner PIN Method Returns Only -- continue below

Part III Certification and Authentication — Practitioner PIN Method Only

ERO's Electronic Filer Identification Number (EFIN)/PIN.

Enter your six-digit EFIN followed by your five-digit self-selected PIN.

2 2 2 4 9 6 0 8 2 7 1

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the 2023 California individual income tax return for the taxpayer(s) indicated above.

ERO's signature Date 02/22/2024

2023 California Resident Income Tax Return

540

APE

ATTACH FEDERAL RETURN

651-74-4419 KAND 291-69-2024
MADHU KANDHEPI
PRATYUSHA JALADI

23

2401 PARKSIDE DRIVE
FREMONT CA 94536

02-11-1986 07-19-1988

Principal Residence

Enter your county at time of filing (see instructions)

SAN FRANCISCO

If your address above is the same as your principal/physical residence address at the time of filing, check this box

If not, enter below your principal/physical residence address at the time of filing.

Street address (number and street) (If foreign address, see instructions.)

Apt. no/ste. no.

City

State

ZIP code

If your California filing status is different from your federal filing status, check the box here

Filing Status

- 1 Single
- 2 Married/RDP filing jointly (even if only one spouse/RDP had income). See instructions.
- 3 Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here.
- 4 Head of household (with qualifying person). See instructions.
- 5 Qualifying surviving spouse/RDP. Enter year spouse/RDP died.

6 If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See instr.

Exemptions

▶ For 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

- 7 **Personal:** If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2 in the box. If you checked the box on line 6, see instructions. 7 X \$144 = \$
- 8 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2. See instructions. 8 X \$144 = \$
- 9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2. See instructions. 9 X \$144 = \$

Your name: Your SSN or ITIN:

10 Dependents: Do not include yourself or your spouse/RDP.

| | Dependent 1 | Dependent 2 | Dependent 3 |
|---------------------------------|---------------------------------|-----------------------|-----------------------|
| First Name | <input type="radio"/> AVYAAN S | <input type="radio"/> | <input type="radio"/> |
| Last Name | <input type="radio"/> KANDEPI | <input type="radio"/> | <input type="radio"/> |
| SSN. See instructions. | <input type="radio"/> 161339182 | <input type="radio"/> | <input type="radio"/> |
| Dependent's relationship to you | <input type="radio"/> SON | <input type="radio"/> | <input type="radio"/> |

Total dependent exemptions ● 10 X \$446 = ● \$

11 Exemption amount: Add line 7 through line 10. Transfer this amount to line 32 ● 11 \$

12 State wages from your federal Form(s) W-2, box 16 ● 12 .00

13 Enter federal adjusted gross income from federal Form 1040 or 1040-SR, line 11 ● 13 .00

14 California adjustments – subtractions. Enter the amount from Schedule CA (540), Part I, line 27, column B. ● 14 .00

15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions 15 .00

16 California adjustments – additions. Enter the amount from Schedule CA (540), Part I, line 27, column C. ● 16 .00

17 California adjusted gross income. Combine line 15 and line 16 ● 17 .00

18 Enter the larger of { Your California **itemized deductions** from Schedule CA (540), Part II, line 30; **OR** Your California **standard deduction** shown below for your filing status:
 • Single or Married/RDP filing separately. \$5,363
 • Married/RDP filing jointly, Head of household, or Qualifying surviving spouse/RDP. \$10,726
 If Married/RDP filing separately or the box on line 6 is checked, **STOP**. See instructions. . . ● 18 .00

19 Subtract line 18 from line 17. This is your **taxable income**. If less than zero, enter -0- ● 19 .00

31 Tax. Check the box if from: Tax Table Tax Rate Schedule

● FTB 3800 ● FTB 3803 ● 31 .00

32 Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$237,035, see instructions. ● 32 .00

33 Subtract line 32 from line 31. If less than zero, enter -0- ● 33 .00

34 Tax. See instructions. Check the box if from: ● Schedule G-1 ● FTB 5870A. . . ● 34 .00

35 Add line 33 and line 34 ● 35 .00

40 Nonrefundable Child and Dependent Care Expenses Credit. See instructions. ● 40 .00

43 Enter credit name code ● and amount. . . ● 43 .00

44 Enter credit name code ● and amount. . . ● 44 .00

Your name: Your SSN or ITIN:

| | | | | | | |
|------------------------|----|---|----------------------------------|----|-----------------------------------|-----|
| Special Credits | 45 | To claim more than two credits, see instructions. Attach Schedule P (540) | <input type="radio"/> | 45 | <input type="text"/> | .00 |
| | 46 | Nonrefundable Renter's Credit. See instructions | <input type="radio"/> | 46 | <input type="text"/> | .00 |
| | 47 | Add line 40 through line 46. These are your total credits | <input checked="" type="radio"/> | 47 | <input type="text"/> | .00 |
| | 48 | Subtract line 47 from line 35. If less than zero, enter -0- | <input checked="" type="radio"/> | 48 | <input type="text" value="1198"/> | .00 |

| | | | | | | |
|--------------------|----|---|-----------------------|----|-----------------------------------|-----|
| Other Taxes | 61 | Alternative Minimum Tax. Attach Schedule P (540) | <input type="radio"/> | 61 | <input type="text"/> | .00 |
| | 62 | Mental Health Services Tax. See instructions | <input type="radio"/> | 62 | <input type="text"/> | .00 |
| | 63 | Other taxes and credit recapture. See instructions | <input type="radio"/> | 63 | <input type="text"/> | .00 |
| | 64 | Add line 48, line 61, line 62, and line 63. This is your total tax. | <input type="radio"/> | 64 | <input type="text" value="1198"/> | .00 |

| | | | | | | |
|-----------------|----|---|----------------------------------|----|-----------------------------------|-----|
| Payments | 71 | California income tax withheld. See instructions | <input type="radio"/> | 71 | <input type="text" value="6797"/> | .00 |
| | 72 | 2023 California estimated tax and other payments. See instructions | <input type="radio"/> | 72 | <input type="text"/> | .00 |
| | 73 | Withholding (Form 592-B and/or Form 593). See instructions | <input type="radio"/> | 73 | <input type="text"/> | .00 |
| | 74 | Excess SDI (or VPD) withheld. See instructions | <input type="radio"/> | 74 | <input type="text"/> | .00 |
| | 75 | Earned Income Tax Credit (EITC). See instructions | <input type="radio"/> | 75 | <input type="text"/> | .00 |
| | 76 | Young Child Tax Credit (YCTC). See instructions | <input type="radio"/> | 76 | <input type="text"/> | .00 |
| | 77 | Foster Youth Tax Credit (FYTC). See instructions | <input type="radio"/> | 77 | <input type="text"/> | .00 |
| | 78 | Add line 71 through line 77. These are your total payments. See instructions | <input checked="" type="radio"/> | 78 | <input type="text" value="6797"/> | .00 |

| | | | | | | |
|----------------|--|---|-----------------------|----|--------------------------------|-----|
| Use Tax | 91 | Use Tax. Do not leave blank. See instructions. | <input type="radio"/> | 91 | <input type="text" value="0"/> | .00 |
| | If line 91 is zero, check if: <input checked="" type="radio"/> <input type="checkbox"/> No use tax is owed. <input type="radio"/> <input type="checkbox"/> You paid your use tax obligation directly to CDTFA. | | | | | |

| | | | | | | |
|--------------------|---|---|-----------------------|-------------------------------------|----------------------|-----|
| ISR Penalty | 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. | <input type="radio"/> | <input checked="" type="checkbox"/> | | |
| | If you did not check the box, see instructions. | | | | | |
| | 92 | Individual Shared Responsibility (ISR) Penalty. See instructions | <input type="radio"/> | 92 | <input type="text"/> | .00 |

| | | | | | | |
|-----------------------------|----|---|----------------------------------|----|-----------------------------------|-----|
| Overpaid Tax/Tax Due | 93 | Payments balance. If line 78 is more than line 91, subtract line 91 from line 78 | <input checked="" type="radio"/> | 93 | <input type="text" value="6797"/> | .00 |
| | 94 | Use Tax balance. If line 91 is more than line 78, subtract line 78 from line 91 | <input checked="" type="radio"/> | 94 | <input type="text"/> | .00 |
| | 95 | Payments after Individual Shared Responsibility Penalty. If line 93 is more than line 92, subtract line 92 from line 93. | <input checked="" type="radio"/> | 95 | <input type="text" value="6797"/> | .00 |
| | 96 | Individual Shared Responsibility Penalty Balance. If line 92 is more than line 93, subtract line 93 from line 92. | <input checked="" type="radio"/> | 96 | <input type="text"/> | .00 |
| | 97 | Overpaid tax. If line 95 is more than line 64, subtract line 64 from line 95. | <input checked="" type="radio"/> | 97 | <input type="text" value="5599"/> | .00 |

Your name: Your SSN or ITIN:

| | | | |
|-----------------------------|---|-----------------------------------|----------------------------------|
| Overpaid Tax/Tax Due | 98 Amount of line 97 you want applied to your 2024 estimated tax ● 98 | <input type="text" value="0"/> | <input type="text" value=".00"/> |
| | 99 Overpaid tax available this year. Subtract line 98 from line 97 ● 99 | <input type="text" value="5599"/> | <input type="text" value=".00"/> |
| | 100 Tax due. If line 95 is less than line 64, subtract line 95 from line 64 ● 100 | <input type="text"/> | <input type="text" value=".00"/> |

| | | Code | Amount |
|---|--|----------------------------------|----------------------------------|
| Contributions | California Seniors Special Fund. See instructions ● | 400 | <input type="text" value=".00"/> |
| | Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund ● | 401 | <input type="text" value=".00"/> |
| | Rare and Endangered Species Preservation Voluntary Tax Contribution Program ● | 403 | <input type="text" value=".00"/> |
| | California Breast Cancer Research Voluntary Tax Contribution Fund ● | 405 | <input type="text" value=".00"/> |
| | California Firefighters' Memorial Voluntary Tax Contribution Fund ● | 406 | <input type="text" value=".00"/> |
| | Emergency Food for Families Voluntary Tax Contribution Fund ● | 407 | <input type="text" value=".00"/> |
| | California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund ● | 408 | <input type="text" value=".00"/> |
| | California Sea Otter Voluntary Tax Contribution Fund ● | 410 | <input type="text" value=".00"/> |
| | California Cancer Research Voluntary Tax Contribution Fund ● | 413 | <input type="text" value=".00"/> |
| | School Supplies for Homeless Children Voluntary Tax Contribution Fund ● | 422 | <input type="text" value=".00"/> |
| | State Parks Protection Fund/Parks Pass Purchase ● | 423 | <input type="text" value=".00"/> |
| | Protect Our Coast and Oceans Voluntary Tax Contribution Fund ● | 424 | <input type="text" value=".00"/> |
| | Keep Arts in Schools Voluntary Tax Contribution Fund ● | 425 | <input type="text" value=".00"/> |
| | California Senior Citizen Advocacy Voluntary Tax Contribution Fund ● | 438 | <input type="text" value=".00"/> |
| | Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund ● | 439 | <input type="text" value=".00"/> |
| | Rape Kit Backlog Voluntary Tax Contribution Fund ● | 440 | <input type="text" value=".00"/> |
| | Suicide Prevention Voluntary Tax Contribution Fund ● | 444 | <input type="text" value=".00"/> |
| Mental Health Crisis Prevention Voluntary Tax Contribution Fund ● | 445 | <input type="text" value=".00"/> | |
| 110 Add amounts in code 400 through code 445. This is your total contribution ● 110 | | <input type="text" value=".00"/> | |

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Your name: Your SSN or ITIN:

Amount You Owe 111 **AMOUNT YOU OWE.** If you do not have an amount on line 99, add line 94, line 96, line 100, and line 110. See instructions. **Do not send cash.**
Mail to: **FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001** ● 111 .00
Pay Online – Go to **ftb.ca.gov/pay** for more information.

Interest and Penalties 112 Interest, late return penalties, and late payment penalties 112 .00
113 Underpayment of estimated tax.
Check the box: ● **FTB 5805 attached** ● **FTB 5805F attached** ● 113 .00
114 Total amount due. See instructions. Enclose, but **do not** staple, any payment 114 .00

115 **REFUND OR NO AMOUNT DUE.** Subtract the sum of line 110, line 112, and line 113 from line 99. See instructions.
Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001** ● 115 .00

Refund and Direct Deposit
Fill in the information to authorize direct deposit of your refund into one or two accounts. **Do not** attach a voided check or a deposit slip. See instructions. **Have you verified the routing and account numbers?** Use whole dollars only.
All or the following amount of my refund (line 115) is authorized for direct deposit into the account shown below:
● Type
● Routing number ● Account number ● 116 Direct deposit amount .00
 Checking Savings
The remaining amount of my refund (line 115) is authorized for direct deposit into the account shown below:
● Type
● Routing number ● Account number ● 117 Direct deposit amount .00
 Checking Savings

Voter Info.
For voter registration information, check the box and go to **sos.ca.gov/elections**. See instructions

Health Care Coverage Info.
Do you want information on no-cost or low-cost health care coverage? By checking the "Yes" box, you authorize the FTB to share limited information from your tax return with Covered California. See instructions ● Yes No

Sign your tax return on Side 6

Your name: Your SSN or ITIN:

IMPORTANT: See the instructions to find out if you should attach a copy of your complete federal tax return.

Our privacy notice can be found in annual tax booklets or online. Go to ftb.ca.gov/privacy to learn about our privacy policy statement, or go to ftb.ca.gov/forms and search for 1131 to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form code 948 when instructed.

Under penalties of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Your signature: Date: Spouse's/RDP's signature (if a joint tax return, both must sign):

Your email address. Enter only one email address. Preferred phone number

Sign Here

It is unlawful to forge a spouse's/RDP's signature.

Joint tax return? See instructions.

Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge)

Firm's name (or yours, if self-employed) PTIN

Firm's address Firm's FEIN

Do you want to allow another person to discuss this tax return with us? See instructions. Yes No

Print Third Party Designee's Name Telephone Number

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2023 California Adjustments — Residents

CA (540)

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

Name(s) as shown on tax return: **MADHU KANDHEPI & PRATYUSHA JALADI** SSN or ITIN: **651744419**

| Part I Income Adjustment Schedule | | A Federal Amounts <small>(taxable amounts from your federal tax return)</small> | B Subtractions <small>See instructions</small> | C Additions <small>See instructions</small> |
|--|---|---|--|---|
| Section A – Income from federal Form 1040 or 1040-SR | | | | |
| 1 a | Total amount from federal Form(s) W-2, box 1. See instructions | <input checked="" type="radio"/> 106865 | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| b | Household employee wages not reported on federal Form(s) W-2 | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| c | Tip income not reported on line 1a | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| d | Medicaid waiver payments not reported on federal Form(s) W-2. See instructions | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| e | Taxable dependent care benefits from federal Form 2441, line 26 | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| f | Employer-provided adoption benefits from federal Form 8839, line 29 | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| g | Wages from federal Form 8919, line 6. | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| h | Other earned income. See instructions | <input checked="" type="radio"/> 0 | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| i | Nontaxable combat pay election. See instructions. | | | <input checked="" type="radio"/> |
| z | Add line 1a through line 1i. | <input checked="" type="radio"/> 106865 | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 2 | Taxable interest. a <input checked="" type="radio"/> 2b <input checked="" type="radio"/> | <input checked="" type="radio"/> 1 | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 3 | Ordinary dividends. See instructions. a <input checked="" type="radio"/> 4 3b <input checked="" type="radio"/> | <input checked="" type="radio"/> 7 | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 4 | IRA distributions. See instructions. a <input checked="" type="radio"/> 4b <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 5 | Pensions and annuities. See instructions. a <input checked="" type="radio"/> 5b <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 6 | Social security benefits. a <input checked="" type="radio"/> 6b <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 7 | Capital gain or (loss). See instructions | <input checked="" type="radio"/> -23 | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| Section B – Additional Income from federal Schedule 1 (Form 1040) | | | | |
| 1 | Taxable refunds, credits, or offsets of state and local income taxes | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 2 a | Alimony received. See instructions. | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 3 | Business income or (loss). See instructions. | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 4 | Other gains or (losses) | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 5 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. | <input checked="" type="radio"/> -18055 | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 6 | Farm income or (loss) | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 7 | Unemployment compensation | <input checked="" type="radio"/> 7040 | <input checked="" type="radio"/> 7040 | <input checked="" type="radio"/> |

| Section B – Additional Income Continued | A Federal Amounts (taxable amounts from your federal tax return) | B Subtractions See instructions | C Additions See instructions |
|--|---|---|--|
| 8 Other income: | | | |
| a Federal net operating loss 8a | <input type="radio"/> () | | <input type="radio"/> |
| b Gambling 8b | <input type="radio"/> | <input type="radio"/> | |
| c Cancellation of debt 8c | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d Foreign earned income exclusion from federal Form 2555 8d | <input type="radio"/> () | | <input type="radio"/> |
| e Income from federal Form 8853 8e | <input type="radio"/> | | <input type="radio"/> |
| f Income from federal Form 8889 8f | <input type="radio"/> | <input type="radio"/> | |
| g Alaska Permanent Fund dividends 8g | <input type="radio"/> | | |
| h Jury duty pay 8h | <input type="radio"/> | | |
| i Prizes and awards 8i | <input type="radio"/> | | |
| j Activity not engaged in for profit income 8j | <input type="radio"/> | | |
| k Stock options 8k | <input type="radio"/> | | <input type="radio"/> |
| l 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 . . 8l | <input type="radio"/> | | |
| m Olympic and Paralympic medals and USOC prize money 8m | <input type="radio"/> | | |
| n IRC Section 951(a) inclusion 8n | <input type="radio"/> | <input type="radio"/> | |
| o IRC Section 951A(a) inclusion 8o | <input type="radio"/> | <input type="radio"/> | |
| p IRC Section 461(l) excess business loss adjustment 8p | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| q Taxable distributions from an ABLÉ account . . 8q | <input type="radio"/> | | |
| r Scholarship and fellowship grants not reported on federal Form(s) W-2 8r | <input type="radio"/> | | |
| s Nontaxable amount of Medicaid waiver payments included on federal Form 1040, line 1a or line 1d. . 8s | <input type="radio"/> () | | |
| t Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental IRC Section 457 plan 8t | <input type="radio"/> | | |
| u Wages earned while incarcerated. 8u | <input type="radio"/> | | |
| z Other income. List type and amount. <input type="radio"/> _____ 8z | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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| Section B – Additional Income Continued | A Federal Amounts (taxable amounts from your federal tax return) | B Subtractions See instructions | C Additions See instructions |
|---|---|---|--|
| 9 a Total other income. Add lines 8a through 8z. . 9a | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b1 Disaster loss deduction from form FTB 3805V. . 9b1 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b2 NOL deduction from form FTB 3805V 9b2 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b3 NOL deduction from form FTB 3805Z, 3807, or 3809 9b3 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10 Total. Combine Section A, line 1z through line 7, and Section B, line 1 through line 7, and line 9a in column A and column C. Add Section A, line 1z through line 7, and Section B, line 1 through line 7, line 9a, and line 9b1 through line 9b3 in column B (as applicable). See instructions. 10 | <input type="radio"/> 95835 | <input type="radio"/> 7040 | <input type="radio"/> |

Section C – Adjustments to Income
from federal Schedule 1 (Form 1040)

| | | | |
|---|-----------------------|-----------------------|-----------------------|
| 11 Educator expenses 11 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 12 Certain business expenses of reservists, performing artists, and fee-basis government officials. 12 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 13 Health savings account deduction 13 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 14 Moving expenses. Attach form FTB 3913. See instructions 14 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 15 Deductible part of self-employment tax. See instructions. 15 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 16 Self-employed SEP, SIMPLE, and qualified plans. . 16 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 17 Self-employed health insurance deduction. See instructions. 17 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 18 Penalty on early withdrawal of savings 18 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 19 a Alimony paid. 19a | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b Recipient's: SSN <input type="radio"/> _____ Last Name <input type="radio"/> _____ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 20 IRA deduction 20 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 21 Student loan interest deduction 21 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 22 Reserved for future use 22 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 23 Archer MSA deduction. 23 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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| Section C – Adjustments to Income Continued | | A Federal Amounts (taxable amounts from your federal tax return) | B Subtractions See instructions | C Additions See instructions |
|---|--|--|---|--|
| 24 | Other adjustments: | | | |
| a | Jury duty pay 24a | <input type="radio"/> | | |
| b | Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit. 24b | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c | Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m 24c | <input type="radio"/> | <input type="radio"/> | |
| d | Reforestation amortization and expenses. 24d | <input type="radio"/> | <input type="radio"/> | |
| e | Repayment of supplemental unemployment benefits under the federal Trade Act of 1974 24e | <input type="radio"/> | | |
| f | Contributions to IRC Section 501(c)(18)(D) pension plans 24f | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g | Contributions by certain chaplains to IRC Section 403(b) plans 24g | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| h | Attorney fees and court costs for actions involving certain unlawful discrimination claims 24h | <input type="radio"/> | | |
| 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. 24i | <input type="radio"/> | <input type="radio"/> | |
| j | Housing deduction from federal Form 2555 24j | <input type="radio"/> | <input type="radio"/> | |
| k | Excess deductions of IRC Section 67(e) expenses from federal Schedule K-1 (Form 1041) 24k | <input type="radio"/> | | |
| z | Other adjustments. List type and amount. | | | |
| <input type="radio"/> | _____ 24z | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 25 | Total other adjustments. Add line 24a through line 24z 25 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 26 | Add line 11 through line 23 and line 25 in columns A, B, and C. See instructions 26 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 27 | Total. Subtract line 26 from line 10 in columns A, B, and C. See instructions 27 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | | 95835 | 7040 | |

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Part II Adjustments to Federal Itemized Deductions

Check the box if you did NOT itemize for federal but will itemize for California

| | A Federal Amounts (from federal Schedule A (Form 1040)) | B Subtractions See instructions | C Additions See instructions |
|---|--|--|---|
| Medical and Dental Expenses See instructions. | | | |
| 1 Medical and dental expenses <input checked="" type="radio"/> _____ 1 | | | |
| 2 Enter amount from federal Form 1040 or 1040-SR, line 11.. <input checked="" type="radio"/> <u>95835</u> 2 | | | |
| 3 Multiply line 2 by 7.5% (0.075) <input checked="" type="radio"/> <u>7188</u> 3 | | | |
| 4 Subtract line 3 from line 1. If line 3 is more than line 1, enter 0 <input checked="" type="radio"/> 4 | | | <input checked="" type="radio"/> |
| Taxes You Paid | | | |
| 5 a State and local income tax or general sales taxes. .5a <input checked="" type="radio"/> <u>7847</u> <input checked="" type="radio"/> <u>7847</u> | <u>7847</u> | <input checked="" type="radio"/> <u>7847</u> | |
| b State and local real estate taxes5b <input checked="" type="radio"/> | | | |
| c State and local personal property taxes5c <input checked="" type="radio"/> | | | |
| d Add line 5a through line 5c.5d <input checked="" type="radio"/> <u>7847</u> | <u>7847</u> | | |
| e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) in column A. Enter the amount from line 5a, column B in line 5e, column B. Enter the difference from line 5d and line 5e, column A in line 5e, column C5e <input checked="" type="radio"/> <u>7847</u> <input checked="" type="radio"/> <u>7847</u> <input checked="" type="radio"/> <u>0</u> | <u>7847</u> | <input checked="" type="radio"/> <u>7847</u> | <input checked="" type="radio"/> <u>0</u> |
| 6 Other taxes. List type <input checked="" type="radio"/> _____ 6 | | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 7 Add line 5e and line 6. 7 <input checked="" type="radio"/> <u>7847</u> <input checked="" type="radio"/> <u>7847</u> <input checked="" type="radio"/> <u>0</u> | <u>7847</u> | <input checked="" type="radio"/> <u>7847</u> | <input checked="" type="radio"/> <u>0</u> |
| Interest You Paid | | | |
| 8 a Home mortgage interest and points reported to you on federal Form 10988a <input checked="" type="radio"/> | | | <input checked="" type="radio"/> |
| b Home mortgage interest not reported to you on federal Form 10988b <input checked="" type="radio"/> | | | <input checked="" type="radio"/> |
| c Points not reported to you on federal Form 1098. .8c <input checked="" type="radio"/> | | | <input checked="" type="radio"/> |
| d Reserved for future use8d | | | |
| e Add line 8a through line 8c.8e <input checked="" type="radio"/> | | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 9 Investment interest. 9 <input checked="" type="radio"/> | | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 10 Add line 8e and line 9. 10 <input checked="" type="radio"/> | | <input checked="" type="radio"/> | <input checked="" type="radio"/> |

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2023 Passive Activity Loss Limitations

3801

Attach to Form 540, Form 540NR, Form 541, or Form 100S.

| | |
|---|---|
| Name(s) as shown on tax return MADHU KANDHEPI & PRATYUSHA JALADI | SSN, ITIN, FEIN, or CA corporation no. 651744419 |
|---|---|

Part I 2023 Passive Activity Loss

See the instructions for Part IV and Part VI for federal Form 8582, Passive Activity Loss Limitations, before completing Part I.
Be sure to use California amounts.

Rental Real Estate Activities with Active Participation

| | | | | | | |
|---|----------------------------------|----|---|---------|--|----|
| 1a Activities with net income from Part IV, column (a) | <input checked="" type="radio"/> | 1a | 0 | 00 | | |
| 1b Activities with net loss from Part IV, column (b) | <input checked="" type="radio"/> | 1b | (| -19121) | | 00 |
| 1c Prior year unallowed losses from Part IV, column (c) | <input checked="" type="radio"/> | 1c | (|) | | 00 |
| 1d Combine line 1a, line 1b, and line 1c | <input checked="" type="radio"/> | 1d | | -19121 | | 00 |

All Other Passive Activities

| | | | | | | |
|--|----------------------------------|----|---|--------|----|----|
| 2a Activities with net income from Part V, column (a) | <input checked="" type="radio"/> | 2a | | 00 | | |
| 2b Activities with net loss from Part V, column (b) | <input checked="" type="radio"/> | 2b | (|) | | 00 |
| 2c Prior year unallowed losses from Part V, column (c) | <input checked="" type="radio"/> | 2c | (|) | | 00 |
| 2d Combine line 2a, line 2b, and line 2c | <input checked="" type="radio"/> | 2d | | | | 00 |
| 3 Combine line 1d and line 2d. If the result is net income or zero, see the instructions for line 3. If line 3 and line 1d are losses, go to line 4. Otherwise, enter -0- on line 9 and go to line 10. See instructions. | <input checked="" type="radio"/> | 3 | | -19121 | 00 | |

Part II Special Allowance for Rental Real Estate Activities with Active Participation

Enter all numbers in Part II as positive amounts. See instructions.

| | | | | | |
|--|----------------------------------|---|--|--------|----|
| 4 Enter the smaller of losses from line 1d or line 3 | <input checked="" type="radio"/> | 4 | | 19121 | 00 |
| 5 Enter \$150,000. If married/RDP filing a separate tax return, see instructions. | <input checked="" type="radio"/> | 5 | | 150000 | 00 |
| 6 Enter federal modified adjusted gross income, but not less than zero. See instructions. If line 6 is greater than or equal to line 5, skip line 7 and line 8, enter -0- on line 9, and then go to line 10. Otherwise, go to line 7 | <input checked="" type="radio"/> | 6 | | 113890 | 00 |
| 7 Subtract line 6 from line 5 | <input checked="" type="radio"/> | 7 | | 36110 | 00 |
| 8 Multiply line 7 by 50% (.50). Do not enter more than \$25,000 | <input checked="" type="radio"/> | 8 | | 18055 | 00 |
| 9 Enter the smaller of line 4 or line 8 | <input checked="" type="radio"/> | 9 | | 18055 | 00 |

Part III Total Losses Allowed

| | | | | | |
|--|----------------------------------|----|--|-------|----|
| 10 Add the income, if any, from line 1a and line 2a and enter the total. | <input checked="" type="radio"/> | 10 | | 0 | 00 |
| 11 Total losses allowed from all passive activities for 2023. Add line 9 and line 10. See the instructions on Page 2 to find out how to report the losses on your tax return. | <input checked="" type="radio"/> | 11 | | 18055 | 00 |

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California Passive Activity Worksheet (See General Instructions for Step 1.)

Use this worksheet to figure California income (loss) from passive activities **before** application of passive activity loss (PAL) rules.

| (a) Passive Activity Enter a description of the activity | (b) Federal Schedule Enter the name of the federal form or schedule on which you reported the activity | (c) California Schedule Enter the name of the California form or schedule, if any, used to calculate the California adjustment | (d) Federal Amount Enter your current year federal net income (loss) before application of the PAL rules | (e) California Adjustment Enter any adjustment resulting from differences in federal and California law | (f) California Amount Combine column (d) and column (e) |
|--|--|--|--|---|---|
| SATHUPALLY (MANDAL) | SCH E | N/A | -19121 | 0 | -19121 |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

California Adjustment Worksheets (See General Instructions for Step 4.)

Use these worksheets to figure your California adjustments **after** application of the PAL rules.

| (a) Activities Enter a description of the activity. Group activities by the federal schedules on which they were reported | (b) Passive or Nonpassive Enter the character of the activity as passive or nonpassive for California purposes | (c) California Amount Enter the California net income (loss) from the activity after application of the PAL rules | (d) Federal Amount Enter the federal net income (loss) from the activity after application of the PAL rules | (e) California Adjustment Subtract the Total amount of column (d) from the Total amount of column (c) and enter the difference in column (e) below. Individuals should transfer this amount to Schedule CA (540 or 540NR) as follows: |
|---|--|---|---|---|
|---|--|---|---|---|

| (a) Schedule C Activities | (b) Passive or Nonpassive | (c) California Amount | (d) Federal Amount | (e) California Adjustment |
|------------------------------|------------------------------|--------------------------|-----------------------|--|
| | | | | If the amount below is positive , transfer the amount to Sch. CA (540), Part I or Sch. CA (540NR), Part II, Section B, line 3, column C. |
| | | | | |
| | | | | If the amount below is negative , transfer the amount to Sch. CA (540), Part I or Sch. CA (540NR), Part II, Section B, (as a positive amount) line 3, column B. |
| | | | | |
| Total | | 1(c) | 1(d)* | 1(e) |

| (a) Schedule E Activities | (b) Passive or Nonpassive | (c) California Amount | (d) Federal Amount | (e) California Adjustment |
|--|------------------------------|--------------------------|-----------------------|--|
| SATHUPALLY (MANDAL), KEAMUNY, TELANGANE, 507303, INDIA | PASSIVE | -18055 | -18055 | If the amount below is positive , transfer the amount to Sch. CA (540), Part I or Sch. CA (540NR), Part II, Section B, line 5, column C. |
| | | | | |
| | | | | If the amount below is negative , transfer the amount to Sch. CA (540), Part I or Sch. CA (540NR), Part II, Section B, (as a positive amount) line 5, column B. |
| | | | | |
| Total | | 2(c) -18055 | 2(d)** -18055 | 2(e) 0 |

| (a) Schedule F Activities | (b) Passive or Nonpassive | (c) California Amount | (d) Federal Amount | (e) California Adjustment |
|------------------------------|------------------------------|--------------------------|-----------------------|--|
| | | | | If the amount below is positive , transfer the amount to Sch. CA (540), Part I or Sch. CA (540NR), Part II, Section B, line 6, column C. |
| | | | | |
| | | | | If the amount below is negative , transfer the amount to Sch. CA (540), Part I or Sch. CA (540NR), Part II, Section B, (as a positive amount) line 6, column B. |
| | | | | |
| Total | | 3(c) | 3(d)*** | 3(e) |

* This amount should be the same as the amount reported on Sch. CA (540), Part I or Sch. CA (540NR), Part II, Section B, line 3, column A.
 ** This amount should be the same as the amount reported on Sch. CA (540), Part I or Sch. CA (540NR), Part II, Section B, line 5, column A.
 *** This amount should be the same as the amount reported on Sch. CA (540), Part I or Sch. CA (540NR), Part II, Section B, line 6, column A.