

Acknowledgement and General Information for Taxpayers Who File Returns Electronically

Thank you for participating in IRS e-file.

Taxpayer name

AISHWARYA SHIRISH JOSHI & KARMANYA

Taxpayer address (optional)

580 CURIE DR

SAN JOSE, CA 95123

1. Your federal income tax return for 2024 was filed electronically with the IRS Submission Processing Center. The electronic filing services were provided by TAXAGON LLC
2. Your return was accepted on 04-14-2025 using a Personal Identification Number (PIN) as your electronic signature. You entered a PIN or authorized the Electronic Return Originator (ERO) to enter or generate a PIN for you. The Submission ID assigned to your return is 7415772025104i0hi011.
3. Your return was accepted on . Allow 4 to 6 weeks for the processing of your return. The Earned Income Credit or a dependent's exemption on your return may be reduced or disallowed due to a child's name and social security number mismatch.
4. Your electronic funds withdrawal payment request was accepted for processing.
5. Your electronic funds withdrawal payment request was not accepted for processing. Refer to the "If You Owe Tax" section.
6. Your Form 4868, Application for Automatic Extension of Time to File U.S. Individual Income Tax Return, was accepted on . The Submission ID assigned to your extension is .

**DO NOT SEND A PAPER COPY OF YOUR RETURN TO THE IRS.
IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.**

If You Need to Make a Change to Your Return

If you need to make a change or correct the return you filed electronically, you should send a Form 1040X, Amended U.S. Individual Income Tax Return, to the IRS Submission Processing Center that processes paper returns for your area. The address is available at www.irs.gov, or you can call the IRS toll-free at 1-800-829-1040.

If You Need to Ask About Your Refund

The IRS notifies your Electronic Return Originator (ERO) when your return is accepted, usually within 48 hours. If your return was not accepted, the IRS notifies your ERO of the reasons for rejection. If it has been more than three weeks since the IRS accepted your return and you have not received your refund, go to www.irs.gov and click on "Where's My Refund?" to view your refund status. Exception: If box 3 above is checked, allow 4 to 6 weeks for processing of your return. A notice will be sent to you advising of changes to your return.

Also, you can call the TeleTax line at 1-800-829-4477, for automated refund information. You should have available the first social security number shown on your return, your filing status, and the exact amount of the refund you expect. TeleTax gives you the date for mailing or depositing your refund. You should receive your refund check within 30 days of the date given by TeleTax, or within one week of that date, if you chose direct deposit. If you do not receive it by then, or if TeleTax does not give your refund information, call the Refund Hotline at 1-800-829-1954.

The IRS uses refunds to cover overdue taxes and notifies you when this occurs. The Fiscal Service offsets refunds through the Treasury Offset Program to cover past due child support, federal agency non-tax debts such as student loans and state income tax obligations. Fiscal Service sends you an offset notice if it applies your refund or part of your refund to non-tax debts. If you have questions about the offset, contact the agency identified in the notice. You may also call the Treasury Offset Program Call Center at 1-800-304-3107, if you have additional questions.

If You Owe Tax

If your return has a balance due, you must pay the amount you owe by the prescribed due date. If you paid by electronic funds withdrawal (direct debit) or by credit card, no voucher is needed. The credit card service providers will charge a convenience fee based on the amount of taxes you are paying. The fees and the type of credit or debit cards accepted may vary between providers. You will be told the amount of the fee during the transaction and you will be given the option to either continue or end the transaction. For information on paying your taxes electronically, including by credit or debit card, go to www.irs.gov/e-pay.

If you are not paying electronically you may use Form 1040-V, Payment Voucher, which you can obtain from your Electronic Return Originator. If the IRS does not receive your payment by the prescribed due date, you will receive a notice that requests full payment of the tax due, plus penalties and interest. If you can not pay the amount in full, complete Form 9465, Installment Agreement Request, which you may file electronically. To apply for an installment agreement online, go to www.irs.gov. You may also order Form 9465 by calling 1-800-TAX-FORM (1-800-829-3676). If approved, the IRS charges a user fee to set up an installment agreement.

If You Need to Inquire About Your Electronic Funds Withdrawal Payment

You may call 1-888-353-4537 to inquire about the status of your electronic funds withdrawal payment. If there is a change to the bank account information included on your return, you should call this number to cancel a scheduled payment. You should have available the social security number of the first person listed on the tax return, the payment amount, and the bank account number. Cancellation requests must be received no later than 11:59 p.m. E.T. two business days prior to the scheduled payment date.

Tax Refund Related Financial Products

Financial institutions offer a variety of financial products to taxpayers based on their refunds. Contracts for financial products are between you and the financial institution. The IRS is not associated with the contract. **If you have questions about tax refund related products, contact your Electronic Return Originator or the lender.**

Instructions for Electronic Return Originators

Line 2 - PIN Presence Indicator - Check box 2 if the taxpayer entered a PIN or authorized the ERO to enter or generate the PIN for the taxpayer, and the Acknowledgement File PIN Presence Indicator is a "Practitioner PIN," "Self-Select PIN" or "Online Filer PIN." Form 8879, IRS e-file Signature Authorization, is required if the ERO enters or generates the PIN or if the Practitioner PIN method is used. **Use Form 8453, U.S. Individual Income Tax Transmittal for an IRS e-file Return, to send required paper forms or supporting documentation listed next to the form check boxes (do not send Forms W-2, W-2G, or 1099R).**

Line 3 - Exception Processing - Check box 3 if the Acknowledgement File Acceptance Code equals "Exception." The acceptance code indicates that this return has been previously rejected and this subsequent submission still has invalid data.

Line 4 - Payment Acknowledgement Literal - Check box 4 if the taxpayer requested to use electronic funds withdrawal to pay the balance due, and the Acknowledgement File Payment Acknowledgement Literal field equals "Payment Request Received."

Line 5 - Payment Acknowledgement Literal - Check box 5 if the taxpayer requested to use electronic funds withdrawal to pay the balance due, and the Acknowledgement File Payment Acknowledgement Literal field does not equal "Payment Request Received." If box 5 is checked, inform the taxpayer that he/she must pay by check, money order, debit card, or credit card.

Note: EROs can use the Acknowledgement File information, translated by the transmitter, to complete Form 9325.

Form 1040 U.S. Individual Income Tax Return

Department of the Treasury-Internal Revenue Service

2024

OMB No. 1545-0074

IRS Use Only-Do not write or staple in this space.

For the year Jan. 1-Dec. 31, 2024, or other tax year beginning _____, 2024, ending _____

See separate instructions.

Your first name and middle initial AISHWARYA SHIRISH	Last name JOSHI	Your social security number 092-27-2220	
If joint return, spouse's first name and middle initial KARMANYA	Last name KAKKAR	Spouse's social security number 270-39-2371	
Home address (number and street). If you have a P.O. box, see instructions. 580 CURIE DR		Apt. no.	
City, town, or post office. If you have a foreign address, also complete spaces below. SAN JOSE		State CA	ZIP code 95123
Foreign country name	Foreign province/state/county	Foreign postal code	

Presidential Election Campaign

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.

You Spouse

Filing Status	<input type="checkbox"/> Single	<input type="checkbox"/> Head of household (HOH)
Check only one box.	<input checked="" type="checkbox"/> Married filing jointly (even if only one had income)	<input type="checkbox"/> Qualifying surviving spouse (QSS)
	<input type="checkbox"/> Married filing separately (MFS)	If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: _____
	<input type="checkbox"/> If treating a nonresident alien or dual-status alien spouse as a U.S. resident for the entire tax year, check the box and enter their name (see instructions and attach statement if required): _____	

Digital Assets	At any time during 2024, 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.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Standard Deduction	Someone can claim: <input type="checkbox"/> You as a dependent <input type="checkbox"/> Your spouse as a dependent <input type="checkbox"/> Spouse itemizes on a separate return or you were a dual-status alien	

Age/Blindness You: Were born before January 2, 1960 Are blind **Spouse:** Was born before January 2, 1960 Is blind

Dependents (see instructions):	(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) Check if qualifies for (see instructions): Child tax credit	Credit for other dependents
If more than four dependents, see instructions and check here . . .					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

Income	1a Total amount from Form(s) W-2, box 1 (see instructions)	1a	928,753
	b Household employee wages not reported on Form(s) W-2	1b	
	c Tip income not reported on line 1a (see instructions)	1c	
	d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)	1d	
	e Taxable dependent care benefits from Form 2441, line 26	1e	
	f Employer-provided adoption benefits from Form 8839, line 29	1f	
	g Wages from Form 8919, line 6	1g	
	h Other earned income (see instructions)	1h	
	i Nontaxable combat pay election (see instructions)	1i	
	z Add lines 1a through 1h	1z	928,753
Attach Sch. B if required.	2a Tax-exempt interest	2a	
	3a Qualified dividends	3a	1,822
	4a IRA distributions	4a	
	5a Pensions and annuities	5a	
	6a Social security benefits	6a	
Standard Deduction for:	c If you elect to use the lump-sum election method, check here (see instructions)		<input type="checkbox"/>
• Single or Married filing separately, \$14,600	7 Capital gain or (loss). Attach Schedule D if required. If not required, check here		<input type="checkbox"/>
• Married filing jointly or Qualifying surviving spouse, \$29,200	8 Additional income from Schedule 1, line 10		
• Head of household, \$21,900	9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income		
• If you checked any box under Standard Deduction, see instructions.	10 Adjustments to income from Schedule 1, line 26		
	11 Subtract line 10 from line 9. This is your adjusted gross income		
	12 Standard deduction or itemized deductions (from Schedule A)		
	13 Qualified business income deduction from Form 8995 or Form 8995-A		
	14 Add lines 12 and 13		
	15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income		

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

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Form **1040** (2024)

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

EEA

SCHEDULE 1
(Form 1040)Department of the Treasury
Internal Revenue Service**Additional Income and Adjustments to Income**

OMB No. 1545-0074

2024Attachment
Sequence No. **01**

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

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

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

Your social security number

AISHWARYA SHIRISH JOSHI & KARMAPYA KAKKAR

092-27-2220

For 2024, enter the amount reported to you on Form(s) 1099-K that was included in error or for personal items sold at a loss

Note: The remaining amounts reported to you on Form(s) 1099-K should be reported elsewhere on your return depending on the nature of the transaction. See www.irs.gov/1099k.**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	
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
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 ABLE 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	
v	Digital assets received as ordinary income not reported elsewhere. See instructions	8v	
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	0

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

Schedule 1 (Form 1040) 2024

EEA

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	0
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	0

SCHEDULE 2
(Form 1040)Department of the Treasury
Internal Revenue Service**Additional Taxes**

OMB No. 1545-0074

2024Attachment
Sequence No. **02**

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

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

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

AISHWARYA SHIRISH JOSHI & KARMAPYA KAKKAR

Your social security number

092-27-2220**Part I Tax****1** Additions to tax:

- a** Excess advance premium tax credit repayment. Attach Form 8962
- b** Repayment of new clean vehicle credit(s) transferred to a registered dealer from Schedule A (Form 8936), Part II. Attach Form 8936 and Schedule A (Form 8936)
- c** Repayment of previously owned clean vehicle credit(s) transferred to a registered dealer from Schedule A (Form 8936), Part IV. Attach Form 8936 and Schedule A (Form 8936)
- d** Recapture of net EPE from Form 4255, line 2a, column (l)
- e** Excessive payments (EP) from Form 4255. Check applicable box and enter amount.
 - (i) Line 1a, column (n) (ii) Line 1c, column (n)
 - (iii) Line 1d, column (n) (iv) Line 2a, column (n)
- f** 20% EP from Form 4255. Check applicable box and enter amount. See instructions.
 - (i) Line 1a, column (o) (ii) Line 1c, column (o)
 - (iii) Line 1d, column (o) (iv) Line 2a, column (o)
- y** Other additions to tax (see instructions): _____
- z** Add lines 1a through 1y

1a	
1b	
1c	
1d	
1e	
1f	
1y	

1z	
2	
3	0

Part II Other Taxes

- 4** Self-employment tax. Attach Schedule SE
- 5** Social security and Medicare tax on unreported tip income. Attach Form 4137
- 6** Uncollected social security and Medicare tax on wages. Attach Form 8919
- 7** Total additional social security and Medicare tax. Add lines 5 and 6
- 8** Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required.
If not required, check here
- 9** Household employment taxes. Attach Schedule H
- 10** Repayment of first-time homebuyer credit. Attach Form 5405 if required
- 11** Additional Medicare Tax. Attach Form 8959
- 12** Net investment income tax. Attach Form 8960
- 13** Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12
- 14** Interest on tax due on installment income from the sale of certain residential lots and timeshares
- 15** Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000
- 16** Recapture of low-income housing credit. Attach Form 8611

(continued on page 2)

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

Schedule 2 (Form 1040) 2024

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Part II Other Taxes (continued)

17 Other additional taxes:			
a Recapture of other credits. List type, form number, and amount:		17a	
b Recapture of federal mortgage subsidy, if you sold your home see instructions		17b	
c Additional tax on HSA distributions. Attach Form 8889		17c	
d Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889		17d	
e Additional tax on Archer MSA distributions. Attach Form 8853		17e	
f Additional tax on Medicare Advantage MSA distributions. Attach Form 8853		17f	
g Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property		17g	
h Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A		17h	
i Compensation you received from a nonqualified deferred compensation plan described in section 457A		17i	
j Section 72(m)(5) excess benefits tax		17j	
k Golden parachute payments		17k	
l Tax on accumulation distribution of trusts		17l	
m Excise tax on insider stock compensation from an expatriated corporation		17m	
n Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866		17n	
o Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR		17o	
p Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund		17p	
q Any interest from Form 8621, line 24		17q	
z Any other taxes. List type and amount: _____		17z	
18 Total additional taxes. Add lines 17a through 17z		18	
19 Recapture of net EPE from Form 4255, line 1d, column (I)		19	
20 Section 965 net tax liability installment from Form 965-A	20		
21 Add lines 4, 7 through 16, 18, and 19. These are your total other taxes . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b		21	7,321

SCHEDULE 3
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Credits and Payments

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

2024

Attachment
Sequence No. **03**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

AISHWARYA SHIRISH JOSHI & KARMANYA KAKKAR

Your social security number
092-27-2220

Part I Nonrefundable Credits

1 Foreign tax credit. Attach Form 1116 if required	1	5
2 Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441	2	
3 Education credits from Form 8863, line 19	3	
4 Retirement savings contributions credit. Attach Form 8880	4	
5a Residential clean energy credit from Form 5695, line 15	5a	1,974
b Energy efficient home improvement credit from Form 5695, line 32	5b	0
6 Other nonrefundable credits:		
a General business credit. Attach Form 3800	6a	
b Credit for prior year minimum tax. Attach Form 8801	6b	
c Adoption credit. Attach Form 8839	6c	
d Credit for the elderly or disabled. Attach Schedule R	6d	
e Reserved for future use	6e	
f Clean vehicle credit. Attach Form 8936	6f	
g Mortgage interest credit. Attach Form 8396	6g	
h District of Columbia first-time homebuyer credit. Attach Form 8859	6h	
i Qualified electric vehicle credit. Attach Form 8834	6i	
j Alternative fuel vehicle refueling property credit. Attach Form 8911	6j	
k Credit to holders of tax credit bonds. Attach Form 8912	6k	
l Amount on Form 8978, line 14. See instructions	6l	
m Credit for previously owned clean vehicles. Attach Form 8936	6m	
z Other nonrefundable credits. List type and amount: _____	6z	
7 Total other nonrefundable credits. Add lines 6a through 6z	7	
8 Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20	8	1,979

Part II Other Payments and Refundable Credits

9 Net premium tax credit. Attach Form 8962	9	
10 Amount paid with request for extension to file (see instructions)	10	
11 Excess social security and tier 1 RRTA tax withheld	11	
12 Credit for federal tax on fuels. Attach Form 4136	12	
13 Other payments or refundable credits:		
a Form 2439	13a	
b Section 1341 credit for repayment of amounts included in income from earlier years	13b	
c Net elective payment election amount from Form 3800, Part III, line 6, column (j)	13c	
d Deferred amount of net 965 tax liability (see instructions)	13d	
z Other refundable credits (see instructions): _____	13z	
14 Total other payments or refundable credits. Add lines 13a through 13z	14	
15 Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31	15	0

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

Schedule 3 (Form 1040) 2024

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SCHEDULE A
(Form 1040)

Department of the Treasury
Internal Revenue Service

Itemized Deductions

Attach to Form 1040 or 1040-SR.

OMB No. 1545-0074

2024

Attachment
Sequence No. **07**

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

Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

Name(s) shown on Form 1040 or 1040-SR

AISHWARYA SHIRISH JOSHI & KARMANYA KAKKAR

Your social security number
092-27-2220

Medical and Dental Expenses	Caution: Do not include expenses reimbursed or paid by others.				
	1 Medical and dental expenses (see instructions)			1	
	2 Enter amount from Form 1040 or 1040-SR, line 11			2	
	3 Multiply line 2 by 7.5% (0.075)			3	
4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4				
Taxes You Paid	5 State and local taxes.				
	a State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box			5a	1,838
	b State and local real estate taxes (see instructions)			5b	22,151
	c State and local personal property taxes			5c	
	d Add lines 5a through 5c			5d	23,989
	e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately)			5e	10,000
	6 Other taxes. List type and amount: _____			6	
7 Add lines 5e and 6	7	10,000			
Interest You Paid	8 Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box				
	a Home mortgage interest and points reported to you on Form 1098. See instructions if limited			8a	41,797
	b Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address _____			8b	
	c Points not reported to you on Form 1098. See instructions for special rules			8c	
	d Reserved for future use			8d	
	e Add lines 8a through 8c			8e	41,797
	9 Investment interest. Attach Form 4952 if required. See instructions			9	
	10 Add lines 8e and 9			10	41,797
	Gifts to Charity			11 Gifts by cash or check. If you made any gift of \$250 or more, see instructions	11
Caution: If you made a gift and got a benefit for it, see instructions.	12 Other than by cash or check. If you made any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500	12			
	13 Carryover from prior year	13			
	14 Add lines 11 through 13	14	9,000		
Casualty and Theft Losses	15 Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions	15			
Other Itemized Deductions	16 Other - from list in instructions. List type and amount: _____	16			
Total Itemized Deductions	17 Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 12	17	60,797		
	18 If you elect to itemize deductions even though they are less than your standard deduction, check this box				

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

EEA

Schedule A (Form 1040) 2024

SCHEDULE B
(Form 1040)

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

Interest and Ordinary Dividends

OMB No. 1545-0074

2024

Attachment
Sequence No. **08**

Attach to Form 1040 or 1040-SR.
Go to www.irs.gov/ScheduleB for instructions and the latest information.

AISHWARYA SHIRISH JOSHI & KARMANYA KAKKAR

Your social security number
092-27-2220

Part I

Interest

(See instructions
and the
Instructions for
Form 1040,
line 2b.)

Note: If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

	Amount
Statement #1	2,642
INTEREST SUBTOTAL	2,642
2	2,642
3	
4	2,642

Note: If line 4 is over \$1,500, you must complete Part III.

Part II

**Ordinary
Dividends**

(See instructions
and the
Instructions for
Form 1040,
line 3b.)

Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

	Amount
CHARLES SCHWAB & CO., INC.	2,860
NATIONAL FINANCIAL SERVICES LLC	179
ROBINHOOD MARKETS INC	5
ROBINHOOD MARKETS INC	340
DIVIDEND SUBTOTAL	3,384
6	3,384

Note: If line 6 is over \$1,500, you must complete Part III.

Part III
**Foreign
Accounts
and Trusts**

Caution: If required, failure to file FinCEN Form 114 may result in substantial penalties. Additionally, you may be required to file Form 8938, Statement of Specified Foreign Financial Assets. See instructions.

You must complete this part if you **(a)** had over \$1,500 of taxable interest or ordinary dividends; **(b)** had a foreign account; or **(c)** received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

	Yes	No
7a At any time during 2024, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions	X	
If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements		X
b If you are required to file FinCEN Form 114, list the name(s) of the foreign country(-ies) where the financial account(s) are located: _____		X
8 During 2024, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions		X

SCHEDULE D
(Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

2024

Attachment
Sequence No. 12

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.

Name(s) shown on return

Your social security number

AISHWARYA SHIRISH JOSHI & KARMANYA KAKKAR

092-27-2220

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.	(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)
This form may be easier to complete if you round off cents to whole dollars.				
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	9,254	10,000		(746)
2 Totals for all transactions reported on Form(s) 8949 with Box B checked	258,739	198,489	(55,647)	4,603
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 page 2			7	3,857

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.	(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)
This form may be easier to complete if you round off cents to whole dollars.				
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	15,436	10,249		5,187
9 Totals for all transactions reported on Form(s) 8949 with Box E checked	33,733	597	(22,642)	10,494
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 page 2			15	15,681

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

Schedule D (Form 1040) 2024

Part III Summary

16	Combine lines 7 and 15 and enter the result	16	19,538
	<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?	18	
	<input checked="" 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	19	
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		
20	Are lines 18 and 19 both zero or blank and you are not filing Form 4952?	21	
	<input checked="" 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) 		
	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 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

Social security number or taxpayer identification number

AISHWARYA SHIRISH JOSHI & KARMANYA KAKKAR

092-27-2220

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

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

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

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

- (A)** Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)
 (B) Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
 (C) Short-term transactions not reported to you on Form 1099-B

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 1b** (if **Box A** above is checked), **line 2** (if **Box B** above is checked), or **line 3** (if **Box C** above is checked).

9,254

10,000

(746)

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

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

Form 8949 (2024)

Sales and Other Dispositions of Capital Assets

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Go to www.irs.gov/Form8949 for instructions and the latest information.

2024

Attachment
Sequence No. 12A

Department of the Treasury
Internal Revenue Service

Name(s) shown on return

AISHWARYA SHIRISH JOSHI & KARMANYA KAKKAR

Social security number or taxpayer identification number

092-27-2220

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

Part I

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

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

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

- (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)
 (B) Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
 (C) Short-term transactions not reported to you on Form 1099-B

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 1b** (if Box A above is checked), **line 2** (if Box B above is checked), or **line 3** (if Box C above is checked)

258,739 198,489 (55,647) 4,603

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

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

Form 8949 (2024)

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

AISHWARYA SHIRISH JOSHI & KARMANYA KAKKAR

092-27-2220

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

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.

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

AISHWARYA SHIRISH JOSHI & KARMANYA KAKKAR

092-27-2220

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

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.

Health Savings Accounts (HSAs)

OMB No. 1545-0074

2024

Attachment
Sequence No. 52

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

Social security number of HSA beneficiary.
If both spouses have HSAs, see instructions.AISHWARYA SHIRISH JOSHI & KARMANYA KAKKAR

092-27-2220

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.**Part I HSA Contributions and Deduction.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2024. See instructions	<input type="checkbox"/> Self-only <input checked="" type="checkbox"/> Family
2	HSA contributions you made for 2024 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2024. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	2
3	If you were under age 55 at the end of 2024 and, on the first day of every month during 2024, you were, or were considered, an eligible individual with the same coverage, enter \$4,150 (\$8,300 for family coverage). All others , see the instructions for the amount to enter	3 8,300
4	Enter the amount you and your employer contributed to your Archer MSAs for 2024 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2024, also include any amount contributed to your spouse's Archer MSAs	4
5	Subtract line 4 from line 3. If zero or less, enter -0-	5 8,300
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2024, see the instructions for the amount to enter	6 8,300
7	If you were age 55 or older at the end of 2024, married, and you or your spouse had family coverage under an HDHP at any time during 2024, enter your additional contribution amount. See instructions	7
8	Add lines 6 and 7	8 8,300
9	Employer contributions made to your HSAs for 2024	9
10	Qualified HSA funding distributions	10
11	Add lines 9 and 10	11
12	Subtract line 11 from line 8. If zero or less, enter -0-	12 8,300
13	HSA deduction (see instructions)	13

Part II HSA Distributions. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

14a	Total distributions you received in 2024 from all HSAs (see instructions)	14a
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions	14b
c	Subtract line 14b from line 14a	14c
15	Qualified medical expenses paid using HSA distributions (see instructions)	15
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8f	16
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here	<input type="checkbox"/>
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c	17b

Part III Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

18	Last-month rule	18
19	Qualified HSA funding distribution	19
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f	20
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d	21

Part III Phased-in Reduction

Complete Part III only if your taxable income is more than \$191,950 but not \$241,950 (\$383,900 and \$483,900 if married filing jointly) and line 10 is less than line 3. Otherwise, skip Part III.

		A	B	C
17	Enter the amounts from line 3	17		
18	Enter the amounts from line 10	18		
19	Subtract line 18 from line 17	19		
20	Taxable income before qualified business income deduction	20		
21	Threshold. Enter \$191,950 (\$383,900 if married filing jointly)	21		
22	Subtract line 21 from line 20	22		
23	Phase-in range. Enter \$50,000 (\$100,000 if married filing jointly)	23		
24	Phase-in percentage. Divide line 22 by line 23	24 %		
25	Total phase-in reduction. Multiply line 19 by line 24	25		
26	Qualified business income after phase-in reduction. Subtract line 25 from line 17. Enter this amount here and on line 12, for the corresponding trade or business	26		

Part IV Determine Your Qualified Business Income Deduction

27	Total qualified business income component from all qualified trades, businesses, or aggregations. Enter the amount from line 16	27	0	
28	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss). See instructions	28	3	
29	Qualified REIT dividends and PTP (loss) carryforward from prior years	29	()	
30	Total qualified REIT dividends and PTP income. Combine lines 28 and 29. If less than zero, enter -0-	30	3	
31	REIT and PTP component. Multiply line 30 by 20% (0.20)	31	1	
32	Qualified business income deduction before the income limitation. Add lines 27 and 31	32	1	
33	Taxable income before qualified business income deduction	33	893,520	
34	Enter your net capital gain, if any, increased by any qualified dividends (see instructions)	34	17,503	
35	Subtract line 34 from line 33. If zero or less, enter -0-	35	876,017	
36	Income limitation. Multiply line 35 by 20% (0.20)	36	175,203	
37	Qualified business income deduction before the domestic production activities deduction (DPAD) under section 199A(g). Enter the smaller of line 32 or line 36	37	1	
38	DPAD under section 199A(g) allocated from an agricultural or horticultural cooperative. Don't enter more than line 33 minus line 37	38		
39	Total qualified business income deduction. Add lines 37 and 38	39	1	
40	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 28 and 29. If zero or greater, enter -0-	40	() 0	

Additional Medicare Tax

OMB No. 1545-0074

If any line does not apply to you, leave it blank. See separate instructions.

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

Go to www.irs.gov/Form8959 for instructions and the latest information.**2024**Attachment
Sequence No. **71**Your social security number
092-27-2220**AISHWARYA SHIRISH JOSHI & KARMANYA KAKKAR****Part I Additional Medicare Tax on Medicare Wages**

1 Medicare wages and tips from Form W-2, box 5. If you have more than one Form W-2, enter the total of the amounts from box 5	1	955,546	
2 Unreported tips from Form 4137, line 6	2		
3 Wages from Form 8919, line 6	3		
4 Add lines 1 through 3	4	955,546	
5 Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying surviving spouse \$200,000	5	250,000	
6 Subtract line 5 from line 4. If zero or less, enter -0-	6	705,546	
7 Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II	7	6,350	

Part II Additional Medicare Tax on Self-Employment Income

8 Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you had a loss, enter -0-	8		
9 Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying surviving spouse \$200,000	9		
10 Enter the amount from line 4	10		
11 Subtract line 10 from line 9. If zero or less, enter -0-	11		
12 Subtract line 11 from line 8. If zero or less, enter -0-	12		
13 Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and go to Part III	13		

Part III Additional Medicare Tax on Railroad Retirement Tax Act (RRTA) Compensation

14 Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 (see instructions)	14		
15 Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying surviving spouse \$200,000	15		
16 Subtract line 15 from line 14. If zero or less, enter -0-	16		
17 Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (0.009). Enter here and go to Part IV	17		

Part IV Total Additional Medicare Tax

18 Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 11 (Form 1040-SS filers, see instructions), and go to Part V	18	6,350
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Part V Withholding Reconciliation

19 Medicare tax withheld from Form W-2, box 6. If you have more than one Form W-2, enter the total of the amounts from box 6	19	18,856	
20 Enter the amount from line 1	20	955,546	
21 Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages	21	13,855	
22 Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages	22	5,001	
23 Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions)	23		
24 Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (Form 1040-SS filers, see instructions)	24	5,001	

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

Form 8959 (2024)

Net Investment Income Tax-
Individuals, Estates, and Trusts

Attach to your tax return.

OMB No. 1545-2227

2024

Attachment
Sequence No. 72Go to www.irs.gov/Form8960 for instructions and the latest information.

Name(s) shown on your tax return

Your social security number or EIN
092-27-2220

AISHWARYA SHIRISH JOSHI & KARMANYA KAKKAR

Part I Investment Income

- Section 6013(g) election (see instructions)
 Section 6013(h) election (see instructions)
 Regulations section 1.1411-10(g) election (see instructions)

1	Taxable interest (see instructions)	1	2,642
2	Ordinary dividends (see instructions)	2	3,384
3	Annuities (see instructions)	3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, trades or businesses, etc. (see instructions)	4a	
b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions)	4b	
c	Combine lines 4a and 4b	4c	0
5a	Net gain or loss from disposition of property (see instructions)	5a	19,538
b	Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)	5b	
c	Adjustment from disposition of partnership interest or S corporation stock (see instructions)	5c	
d	Combine lines 5a through 5c	5d	19,538
6	Adjustments to investment income for certain CFCs and PFICs (see instructions)	6	
7	Other modifications to investment income (see instructions)	7	
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7	8	25,564

Part II Investment Expenses Allocable to Investment Income and Modifications

9a	Investment interest expenses (see instructions)	9a	
b	State, local, and foreign income tax (see instructions)	9b	
c	Miscellaneous investment expenses (see instructions)	9c	
d	Add lines 9a, 9b, and 9c	9d	0
10	Additional modifications (see instructions)	10	
11	Total deductions and modifications. Add lines 9d and 10	11	0

Part III Tax Computation

12	Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, complete lines 13-17. Estates and trusts, complete lines 18a-21. If zero or less, enter -0-	12	25,564
Individuals:			
13	Modified adjusted gross income (see instructions)	13	954,317
14	Threshold based on filing status (see instructions)	14	250,000
15	Subtract line 14 from line 13. If zero or less, enter -0-	15	704,317
16	Enter the smaller of line 12 or line 15	16	25,564
17	Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). Enter here and include on your tax return (see instructions)	17	971
Estates and Trusts:			
18a	Net investment income (line 12 above)	18a	
b	Deductions for distributions of net investment income and charitable deductions (see instructions)	18b	
c	Undistributed net investment income. Subtract line 18b from line 18a (see instructions). If zero or less, enter -0-	18c	
19a	Adjusted gross income (see instructions)	19a	
b	Highest tax bracket for estates and trusts for the year (see instructions)	19b	
c	Subtract line 19b from line 19a. If zero or less, enter -0-	19c	
20	Enter the smaller of line 18c or line 19c	20	
21	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.038). Enter here and include on your tax return (see instructions)	21	

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

Form 8960 (2024)

Residential Energy Credits

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

Go to www.irs.gov/Form5695 for instructions and the latest information.**Part I Residential Clean Energy Credit** (See instructions before completing this part.)**Note:** Skip lines 1 through 11 if you only have a **credit carryforward from 2023**.

Enter the complete address of the home where you installed the property and/or technology associated with lines 1 through 4 and 5b. For more than one home, see instructions.

580 CURIE DR

Number and street

SAN JOSE

City or town

CA

95123

State

ZIP code

1	Qualified solar electric property costs	1	0
2	Qualified solar water heating property costs	2	6,580
3	Qualified small wind energy property costs	3	0
4	Qualified geothermal heat pump property costs	4	0
5a	Qualified battery storage technology. Does the qualified battery storage technology have a capacity of at least 3 kilowatt hours? (See instructions.) If you checked the "No" box, you cannot claim a credit for qualified battery storage technology	5a	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If you checked the "Yes" box, enter the qualified battery technology costs	5b	
6a	Add lines 1 through 5b	6a	6,580
b	Multiply line 6a by 30% (0.30)	6b	1,974
7a	Qualified fuel cell property. Was qualified fuel cell property installed on, or in connection with, your main home located in the United States? (See instructions.)	7a	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If you checked the "No" box, you cannot claim a credit for qualified fuel cell property. Skip lines 7b through 11.		
b	Enter the complete address of the main home where you installed the fuel cell property.		
c	Number and street Unit no. City or town State ZIP code If the special rule for joint occupants applies, check here <input type="checkbox"/> and attach a statement. (See instructions.)		
8	Qualified fuel cell property costs	8	
9	Multiply line 8 by 30% (0.30)	9	
10	Kilowatt capacity of property on line 8 above x \$1,000	10	
11	Enter the smaller of line 9 or line 10	11	
12	Credit carryforward from 2023. Enter the amount, if any, from your 2023 Form 5695, line 16	12	
13	Add lines 6b, 11, and 12	13	1,974
14	Limitation based on tax liability. Enter the amount from the Residential Clean Energy Credit Limit Worksheet. (See instructions.)	14	253,747
15	Residential clean energy credit. Enter the smaller of line 13 or line 14. Also include this amount on Schedule 3 (Form 1040), line 5a	15	1,974
16	Credit carryforward to 2025. If line 15 is less than line 13, subtract line 15 from line 13	16	

Federal Supporting Statements**2024 PG01**

Name(s) as shown on return

AISHWARYA SHIRISH JOSHI & KARMANYA KAKKAR

Tax ID Number

092-27-2220

SCHEDULE B - INTEREST**Statement #1****PAYER****AMOUNT**

CHARLES SCHWAB & CO., INC.	24
DIGITAL FEDERAL CREDIT UNION	62
NATIONAL FINANCIAL SERVICES LLC	16
NATIONAL FINANCIAL SERVICES LLC	1
ROBINHOOD MARKETS	663
ROBINHOOD MARKETS	1,504
STAR ONE CREDIT UNION	372

TOTAL**2,642**

FOR TAX YEAR 2024

AISHWARYA SHIRISH JOSHI & KARMANYA KAKKAR

TAXAGON LLC

555 Round Rock West Drive

Round Rock, TX 78681

(252) 349-2546

TAXAGON LLC

555 Round Rock West Drive
Round Rock, TX 78681
dinesh@taxagon.co
Phone: (252)349-2546 | Fax:

April 22, 2025

Aishwarya Shirish Joshi & Karmany Kakkar
580 Curie Dr
San Jose, CA 95123

Aishwarya Shirish Joshi & Karmany Kakkar:

Below is a summary of your 2024 tax year.

Return Type	Refund/Balance Due	Transaction Method
Federal Income Tax	\$10,350 Balance Due	Mail a check
California Income Tax	\$2,318 Refund	Direct Deposit to **6297

The following returns were e-filed and accepted:

- * Federal Income Tax - accepted April 14, 2025
- * California Income Tax - accepted April 14, 2025

Mail payment on or before due date to the following address:

Federal Income Tax due April 15, 2025

Internal Revenue Service
P.O. Box 802501
Cincinnati, OH 45280-2501

Federal Income Tax

Quarter	Estimate Due	Due Date	Transaction Method
1st	\$9,070	April 15, 2025	Mail a check
2nd	\$9,070	June 16, 2025	Mail a check
3rd	\$9,070	September 15, 2025	Mail a check
4th	\$9,070	January 15, 2026	Mail a check

Sincerely,

Jithendra Kumar Reddy Natla
TAXAGON LLC

1040

**Individual
Diagnostic Summary**

2024

Name(s) AISHWARYA SHIRISH JOSHI & KARMANYA KAKKAR	Taxpayer Tax ID Number 092-27-2220	
	Spouse Tax Id Number 270-39-2371	
Mailing Address: 580 CURIE DR SAN JOSE, CA 95123	Taxpayer Date of Birth: 04-27-1993 Age on 12/31/2024: 31 Daytime Phone: 857-222-4221 Evening Phone: Cell Phone: Taxpayer email: JOSHI.AISHWARYA27@GMAIL.COM Spouse email: KARMANYA_KAKKAR@HOTMAIL.COM	Spouse 08-01-1994 30 469-920-3348
Resident State: CA		

Dependent Information If more than 5 dependents, see last page of summary.

<u>Name</u>	<u>SSN</u>	<u>Relationship</u>	<u>Date of Birth</u>	<u>Age</u>	<u>Status</u>
-------------	------------	---------------------	----------------------	------------	---------------

Preparer: JITHENDRA KUMAR REDDY NATL | Invoice # and Amount: Date: 04-22-2025

Return Information Form Type: 1040

Item on Return	2024 Federal	2023 Federal (if available)
Filing Status	2	
Exemptions (suspended until tax year 2025)	N/A	N/A
Total Income	954,317	
AGI	954,317	
Deductions	60,797	
Taxable Income	893,519	
Tax (before credits)	253,752	
Tax Rate Percentage	37	
SE Tax		
Tax (after credits)	251,773	
EIC		
Additional CTC		
Overpayment		
Refund		
Refund Applied to ES		
Balance Due	10,350	

Form of Refund/Payment: The client will be sending a check to the IRS.

State/City Information If more than 8 states, see last page of summary.	<u>Taxable Income</u>	<u>Refund/ (Balance Due)</u>
T/S/J CA540	AGI 958,467	Tax 880,018
		76,658
		2,318

TAX RETURN COMPARISON
2022 / 2023 / 2024

2024

(This page is not filed with the return. It is for your records only.)

Name(s) as shown on return AISHWARYA SHIRISH JOSHI & KARMANYA KAKKAR	Identifying number 092-27-2220		
	2022	2023	2024
Filing Status			Married Joint
Number of Dependents			
Income			
Wages, salaries, tips, etc.		928,753	928,753
Taxable interest and dividends		6,026	6,026
Taxable state and local refunds			
Alimony			
Business income (loss)			
Gains (losses)		19,538	19,538
Pensions and IRA distributions			
Rent and royalty income (loss)			
Part, S-corps, trusts income (loss)			
Farm income (loss)			
Unemployment compensation			
Total SS benefits received			
Taxable SS benefits			
Other income (loss)			
Total Income		954,317	954,317
Adjusted Gross Income			
Half of self-employment tax			
IRA deduction			
Other adjustments			
Total Adjusted Gross Income		954,317	954,317
Deductions			
Medical deductions			
State and local taxes		10,000	10,000
Interest		41,797	41,797
Contributions		9,000	9,000
Other deductions			
Total itemized deductions		60,797	60,797
Standard deduction		29,200	29,200
Total deductions claimed		60,797	60,797
Qualified Business Income Deduction		1	1
Tax and Credits			
Taxable Income		893,519	893,519
Tax		253,752	253,752
Credits		1,979	1,979
Self-employment tax			
Other taxes		7,321	7,321
Total Tax		259,094	259,094
Payments			
Withholdings		248,744	248,744
Estimated tax payments			
Earned income credit			
Other payments and credits			
Estimated tax penalty			
Overpayment			
Overpayment applied			
Refund			
Balance Due		10,350	10,350
Marginal tax rate		37.00	37.00
Effective tax rate		28.40	28.40

Account Transaction Summary

2024

Name(s) as shown on return

AISHWARYA SHIRISH JOSHI & KARMANYA KAKKAR

Tax ID Number

XXX-XX-2220

Account #1

Financial Institution CHASE
Routing Transit Number 322271627
Account Number 905516297
Account Type checking

State Main Form(s)

CA Deposit 2,318

Net Deposit 2,318

PLEASE VERIFY BANK INFORMATION

1. Bank Name
2. Bank Routing Transit Number
3. Bank Account Number
4. Bank Account Type

This information is used to deposit your refund or to pay any amount due. If you have provided incorrect information, or you have closed the account, you are responsible.

I have reviewed the above information and certify that this information is correct and authorize TAXAGON LLC to use this account.

Your Signature

Date

Spouse's Signature (If Married Filing Jointly)

Date

**2024 CA540 Filing Instructions
AISHWARYA SHIRISH JOSHI & KARMANYA KAKKAR**

Form filed:

CA540 and supplemental forms and schedules

Filing method:

Your return has been e-filed, do not mail your return

Due date:

04-15-2025

Refund:

\$2,318.00

Transaction method:

The refund will be directly deposited into your checking account at Chase ending in 6297.

2024 California Resident Income Tax Return

540

ATTACH FEDERAL RETURN

092-27-2220 JOSH 270-39-2371
 AISHWARYA S JOSHI
 KARMANYA KAKKAR

580 CURIE DR
 SAN JOSE CA 95123

04-27-1993 08-01-1994

Principal Residence

Enter your county at time of filing (see instructions)

SANTA CLARA

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.)

580 CURIE DR

Apt. no/ste. no.

City

State ZIP code

SAN JOSE

CA 95123

Filing Status

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

1 Single 4 Head of household (with qualifying person). See instructions.

2 Married/RDP filing jointly (even if only one spouse/RDP had income). See instructions. 5 Qualifying surviving spouse/RDP. Enter year spouse/RDP died.

See instructions.

3 Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here.

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

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 \$149 = \$ 298

8 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2. See instructions

8 X \$149 = \$

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 \$149 = \$

Your name: AISHWARYA SHIRISH Your SSN or ITIN: 092272220

Exemptions

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

	Dependent 1	Dependent 2	Dependent 3
First Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
SSN. See instructions.	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dependent's relationship to you	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total dependent exemptions	• 10 <input type="text"/>	X \$461 = <input type="text"/>	<input type="text"/>

11 Exemption amount: Add line 7 through line 10. Transfer this amount to line 32 • 11 \$ 298

Taxable Income

12 State wages from your federal Form(s) W-2, box 16	• 12 <input type="text"/> 932903 .00
13 Enter federal adjusted gross income from federal Form 1040 or 1040-SR, line 11	• 13 <input type="text"/> 954317 .00
14 California adjustments - subtractions. Enter the amount from Schedule CA (540), Part I, line 27, column B	• 14 <input type="text"/> .00
15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions	• 15 <input type="text"/> 954317 .00
16 California adjustments - additions. Enter the amount from Schedule CA (540), Part I, line 27, column C	• 16 <input type="text"/> 4150 .00
17 California adjusted gross income. Combine line 15 and line 16	• 17 <input type="text"/> 958467 .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 \$5,540 • Married/RDP filing jointly, Head of household, or Qualifying surviving spouse/RDP \$11,080 If Married/RDP filing separately or the box on line 6 is checked, STOP. See instructions	• 18 <input type="text"/> 78449 .00
19 Subtract line 18 from line 17. This is your taxable income. If less than zero, enter -0	• 19 <input type="text"/> 880018 .00

Tax

31 Tax. Check the box if from:	<input type="checkbox"/> Tax Table <input checked="" type="checkbox"/> Tax Rate Schedule
• <input type="checkbox"/> FTB 3800 • <input type="checkbox"/> FTB 3803	• 31 <input type="text"/> 76658 .00
32 Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$244,857, see instructions	• 32 <input type="text"/> 0 .00
33 Subtract line 32 from line 31. If less than zero, enter -0-	• 33 <input type="text"/> 76658 .00
34 Tax. See instructions. Check the box if from: • <input type="checkbox"/> Schedule G-1 • <input type="checkbox"/> FTB 5870A	• 34 <input type="text"/> .00
35 Add line 33 and line 34	• 35 <input type="text"/> 76658 .00

Special Credits

40 Nonrefundable Child and Dependent Care Expenses Credit. See instructions	• 40 <input type="text"/> .00
43 Enter credit name <input type="text"/> code • <input type="text"/> and amount	• 43 <input type="text"/> .00
44 Enter credit name <input type="text"/> code • <input type="text"/> and amount	• 44 <input type="text"/> .00

Your name: AISHWARYA SHIRISH

Your SSN or ITIN: 092272220

Special Credits	45 To claim more than two credits, see instructions. Attach Schedule P (540)	• 45	<input type="text"/>	.00
	46 Nonrefundable Renter's Credit. See instructions	• 46	<input type="text"/>	.00
	47 Add line 40 through line 46. These are your total credits	• 47	<input type="text"/> 0	.00
	48 Subtract line 47 from line 35. If less than zero, enter -0-	• 48	<input type="text"/> 76658	.00

Other Taxes	61 Alternative Minimum Tax. Attach Schedule P (540)	• 61	<input type="text"/>	.00
	62 Mental Health Services Tax. See instructions	• 62	<input type="text"/>	.00
	63 Other taxes and credit recapture. See instructions	• 63	<input type="text"/>	.00
	64 Add line 48, line 61, line 62, and line 63. This is your total tax	• 64	<input type="text"/> 76658	.00

Payments	71 California income tax withheld. See instructions	• 71	<input type="text"/> 78976	.00
	72 2024 California estimated tax and other payments. See instructions	• 72	<input type="text"/>	.00
	73 Withholding (Form 592-B and/or Form 593). See instructions	• 73	<input type="text"/>	.00
	74 Reserved for future use	• 74	<input type="text"/>	.00
	75 Earned Income Tax Credit (EITC). See instructions	• 75	<input type="text"/>	.00
	76 Young Child Tax Credit (YCTC). See instructions	• 76	<input type="text"/>	.00
	77 Foster Youth Tax Credit (FYTC). See instructions	• 77	<input type="text"/>	.00
	78 Add line 71 through line 77. These are your total payments. See instructions	• 78	<input type="text"/> 78976	.00

Use Tax	91 Use Tax. Do not leave blank. See instructions	• 91	<input type="text"/>	.00
	If line 91 is zero, check if: <input checked="" type="radio"/> <input type="checkbox"/> No use tax is owed. <input checked="" 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 checked="" type="checkbox"/>	
	If you did not check the box, see instructions Individual Shared Responsibility (ISR) Penalty. See instructions	• 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	• 93	<input type="text"/> 78976	.00
	94 Use Tax balance. If line 91 is more than line 78, subtract line 78 from line 91	• 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	• 95	<input type="text"/> 78976	.00
	96 Individual Shared Responsibility Penalty Balance. If line 92 is more than line 93, subtract line 93 from line 92	• 96	<input type="text"/>	.00
	97 Overpaid tax. If line 95 is more than line 64, subtract line 64 from line 95	• 97	<input type="text"/> 2318	.00

Your name: AISHWARYA SHIRISH Your SSN or ITIN: 092272220

Overpaid Tax Due	98	Amount of line 97 you want applied to your 2025 estimated tax	• 98	<input type="text"/>	.00
	99	Overpaid tax available this year. Subtract line 98 from line 97	• 99	<input type="text"/> 2318	.00
	100	Tax due. If line 95 is less than line 64, subtract line 95 from line 64	• 100	<input type="text"/>	.00

Contributions	Code Amount	
California Seniors Special Fund. See instructions	• 400	<input type="text"/> .00
Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund	• 401	<input type="text"/> .00
Rare and Endangered Species Preservation Voluntary Tax Contribution Program	• 403	<input type="text"/> .00
California Breast Cancer Research Voluntary Tax Contribution Fund	• 405	<input type="text"/> .00
California Firefighters' Memorial Voluntary Tax Contribution Fund	• 406	<input type="text"/> .00
Emergency Food for Families Voluntary Tax Contribution Fund	• 407	<input type="text"/> .00
California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund	• 408	<input type="text"/> .00
California Sea Otter Voluntary Tax Contribution Fund	• 410	<input type="text"/> .00
California Cancer Research Voluntary Tax Contribution Fund	• 413	<input type="text"/> .00
School Supplies for Homeless Children Voluntary Tax Contribution Fund	• 422	<input type="text"/> .00
State Parks Protection Fund/Parks Pass Purchase	• 423	<input type="text"/> .00
Protect Our Coast and Oceans Voluntary Tax Contribution Fund	• 424	<input type="text"/> .00
Keep Arts in Schools Voluntary Tax Contribution Fund	• 425	<input type="text"/> .00
Prevention of Animal Homelessness & Cruelty Voluntary Tax Contribution Fund	• 431	<input type="text"/> .00
California Senior Citizen Advocacy Voluntary Tax Contribution Fund	• 438	<input type="text"/> .00
Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund	• 439	<input type="text"/> .00
Mental Health Crisis Prevention Voluntary Tax Contribution Fund	• 445	<input type="text"/> .00
California ALS Research Network Voluntary Tax Contribution Fund	• 447	<input type="text"/> .00
110 Add amounts in code 400 through code 447. This is your total contribution	• 110	<input type="text"/> .00

Your name: AISHWARYA SHIRISH

Your SSN or ITIN: 092272220

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

Pay Online - Go to ftb.ca.gov/pay for more information.

111

.00

Interest and Penalties	112 Interest, late return penalties, and late payment penalties	112	.00
	113 Underpayment of estimated tax.	113	.00
	Check the box: • <input type="checkbox"/> FTB 5805 attached • <input type="checkbox"/> 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

2318

.00

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:

● Routing number	● Type <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	● Account number	● 116 Direct deposit amount
322271627		905516297	2318

The remaining amount of my refund (line 115) is authorized for direct deposit into the account shown below:

● Routing number	● Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings	● Account number	● 117 Direct deposit amount

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

Voter Info.
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: AISHWARYA SHIRISH Your SSN or ITIN: 092272220

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)

04-22-2025

**Sign
Here**

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

Joint tax
return?
See
instructions.

Your email address. Enter only one email address.

JOSHI.AISHWARYA27@GMAIL.COM

Preferred phone number

857-222-4221

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

(Signature box)

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

TAXAGON LLC

PTIN

P03205716

Firm's address

555 ROUND ROCK WEST DRIVE ROUND ROCK, TX 78681

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

(Name box) (Telephone Number box)

CAWK_AGI	For your records only. Adjusted Gross Income Split Worksheet			2024 AGI FD/ST Summary
Name(s) as shown on state return AISHWARYA SHIRISH JOSHI & KARMANYA KAKKAR			Social Security Number 092-27-2220	
Federal 1040 Income and Adjustments		Federal		State
		Col. A Taxpayer	Col. B Spouse	Col. A Taxpayer
Federal 1040				
1 Wages, salaries, tips, etc.	1 303,163	625,590	303,163	629,740
2b Taxable interest	2b 679	1,963	679	1,963
3b Ordinary dividends	3b 519	2,865	519	2,865
4b Taxable amount of IRA distributions	4b			
5b Taxable amount of Pensions and annuities	5b			
6b Taxable amount of Social security benefits	6b			
7 Capital gain or (loss)	7 13,946	5,592	13,946	5,592
8 Other income from Schedule 1	8			
9 Total income (Sum of Lines 1-8)	9 318,307	636,010	318,307	640,160
10 Adjustments to income from Schedule 1	10			
11 Adjusted Gross Income (line 9 - line 10)	11 318,307	636,010	318,307	640,160
Schedule 1 - Additional Income				
1 Taxable refunds, credits, or offsets of state and local income taxes	1			
2a Alimony received	2a			
3 Business income or (loss)	3			
4 Other gains or (losses)	4			
5 Rental real estate, royalties, partnerships, S corporations, trusts, etc.	5			
6 Farm income or (loss)	6			
7 Unemployment compensation	7			
8 Other income.	8			
10 Total Additional Income (Sum of lines 1-8)	10			
Schedule 1 - Adjustments to Income				
11 Educator Expenses	11			
12 Certain business expenses of reservists, performing artists, & fee-basis gov. officials	12			
13 Health savings account deduction	13			
14 Moving expenses	14			
15 Deductible part of self-employment tax	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			
20 IRA deduction	20			
21 Student loan interest deduction	21			
22 Reserved	22			
23 Archer MSA Deduction	23			
24 Other Deductions (see STWK_ADJ)	24			
26 Total Adjustments to income (Sum of lines 11-24)	26			

2024 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

SSN or ITIN

AISHWARYA SHIRISH JOSHI & KARMANYA KAKKAR

092-27-2220

Part I Income Adjustment Schedule		A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
Section A - Income from federal Form 1040 or 1040-SR				
1	a Total amount from federal Form(s) W-2, box 1. See instructions	1a <input checked="" type="radio"/> 928753	<input checked="" type="radio"/>	<input checked="" type="radio"/>
	b Household employee wages not reported on federal Form(s) W-2	1b <input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
	c Tip income not reported on line 1a	1c <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	1d <input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
	e Taxable dependent care benefits from federal Form 2441, line 26	1e <input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
	f Employer-provided adoption benefits from federal Form 8839, line 29	1f <input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
	g Wages from federal Form 8919, line 6	1g <input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
	h Other earned income. See instructions	1h <input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/> 4150
	i Nontaxable combat pay election. See instructions	1i <input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
	z Add line 1a through line 1i	1z <input checked="" type="radio"/> 928753	<input checked="" type="radio"/>	<input checked="" type="radio"/> 4150
2	Taxable interest. a <input checked="" type="radio"/>	2b <input checked="" type="radio"/> 2642	<input checked="" type="radio"/>	<input checked="" type="radio"/>
3	Ordinary dividends. See instructions. a <input checked="" type="radio"/> 1822	3b <input checked="" type="radio"/> 3384	<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"/>
5	Pensions and annuities. See instructions . . . a <input checked="" type="radio"/>	5b <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"/>	
7	Capital gain or (loss). See instructions	7 <input checked="" type="radio"/> 19538	<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	1 <input checked="" type="radio"/>	<input checked="" type="radio"/>	
2	a Alimony received. See instructions	2a <input checked="" type="radio"/>		<input checked="" type="radio"/>
3	Business income or (loss). See instructions . . . 3	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
4	Other gains or (losses)	4 <input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc	5 <input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
6	Farm income or (loss)	6 <input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
7	Unemployment compensation	7 <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"/>	<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"/>	<input type="radio"/>
e Income from federal Form 8853	8e <input type="radio"/>	<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 ABLE 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"/>		
v Digital assets received as ordinary income not reported elsewhere	8v <input type="radio"/>	<input type="radio"/>	<input type="radio"/>
z Other income. List type and amount.	8z <input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> _____	8z <input type="radio"/>	<input type="radio"/>	<input 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
9 a Total other income. Add line 8a through line 8z 9a	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
b1 Disaster loss deduction from form FTB 3805V 9b1		<input checked="" type="radio"/>	
b2 NOL deduction from form FTB 3805V 9b2		<input checked="" type="radio"/>	
b3 NOL deduction from form FTB 3805Z, 3807, or 3809 9b3		<input checked="" type="radio"/>	
10 Total. Add 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 checked="" type="radio"/>	954317	<input checked="" type="radio"/>
			4150

Section C - Adjustments to Income

from federal Schedule 1 (Form 1040)

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

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	●		
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 federal Trade Act of 1974 24e	●		
f Contributions to IRC Section 501(c)(18)(D) pension plans 24f	●	●	●
g Contributions by certain chaplains to IRC Section 403(b) plans 24g	●	●	●
h Attorney fees and court costs for actions involving certain unlawful discrimination claims 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 federal Form 2555 24j	●	●	
k Excess deductions of IRC Section 67(e) expenses from federal Schedule K-1 (Form 1041) 24k	●		
z Other adjustments. List type and amount.			
24z	●	●	●
25 Total other adjustments. Add line 24a through line 24z 25	●	●	●
26 Add line 11 through line 23 and line 25 in columns A, B, and C. See instructions 26	●	●	●
27 Total. Subtract line 26 from line 10 in columns A, B, and C. See instructions 27	● 954317	●	● 4150

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			
Enter amount from federal Form 1040 or 1040-SR, line 11 <input checked="" type="radio"/> 954317 2			
3 Multiply line 2 by 7.5% (0.075) <input checked="" type="radio"/> 71574 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"/> 1838 <input checked="" type="radio"/> 1838			
b State and local real estate taxes 5b <input checked="" type="radio"/> 22151			
c State and local personal property taxes 5c <input checked="" type="radio"/>			
d Add line 5a through line 5c 5d <input checked="" type="radio"/> 23989			
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 C 5e <input checked="" type="radio"/> 10000 <input checked="" type="radio"/> 1838 <input checked="" type="radio"/> 13989			
6 Other taxes. List type 6 <input checked="" type="radio"/>		<input checked="" type="radio"/>	
7 Add line 5e and line 6 7 <input checked="" type="radio"/> 10000 <input checked="" type="radio"/> 1838 <input checked="" type="radio"/> 13989			
Interest You Paid			
8 a Home mortgage interest and points reported to you on federal Form 1098 8a <input checked="" type="radio"/> 41797 <input checked="" type="radio"/> 33377			
b Home mortgage interest not reported to you on federal Form 1098 8b <input checked="" type="radio"/>			
c Points not reported to you on federal Form 1098 8c <input checked="" type="radio"/>			
d Reserved for future use 8d <input checked="" type="radio"/>			
e Add line 8a through line 8c 8e <input checked="" type="radio"/> 41797 <input checked="" type="radio"/> 33377			
9 Investment interest 9 <input checked="" type="radio"/>		<input checked="" type="radio"/>	
10 Add line 8e and line 9 10 <input checked="" type="radio"/> 41797 <input checked="" type="radio"/> 33377			

Part II	Adjustments to Federal Itemized Deductions	A <small>Federal Amounts (from federal Schedule A (Form 1040))</small>	B <small>Subtractions See instructions</small>	C <small>Additions See instructions</small>
Continued				
Gifts to Charity				
11	Gifts by cash or check	11	9000	
12	Other than by cash or check	12		
13	Carryover from prior year	13		
14	Add line 11 through line 13	14	9000	
Casualty and Theft Losses				
15	Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions	15		
Other Itemized Deductions				
16	Other-from list in federal instructions	16		
17	Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C	17	60797	1838 47366
18 Total. Combine line 17 column A less column B plus column C 18 106325				
Job Expenses and Certain Miscellaneous Deductions				
19	Unreimbursed employee expenses: job travel, union dues, job education, etc. Attach federal Form 2106 if required. See instructions	19		
20	Tax preparation fees	20		
21	Other expenses: investment, safe deposit box, etc. List type	21		
22	Add line 19 through line 21	22		
23	Enter amount from federal Form 1040 or 1040-SR, line 11	23	954317	
24	Multiply line 23 by 2% (0.02). If less than zero, enter 0	24	19086	
25	Subtract line 24 from line 22. If line 24 is more than line 22, enter 0	25		
26	Total Itemized Deductions. Add line 18 and line 25	26	106325	
27	Other adjustments. See instructions. Specify	27		
28	Combine line 26 and line 27	28	106325	
29	Is your federal AGI (Form 540, line 13) more than the amount shown below for your filing status?			
	Single or married/RDP filing separately		\$244,857	
	Head of household		\$367,291	
	Married/RDP filing jointly or qualifying surviving spouse/RDP		\$489,719	
No.	Transfer the amount on line 28 to line 29.			
Yes.	Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540), line 29	29	78449	
30	Enter the larger of the amount on line 29 or your standard deduction shown below:			
	Single or married/RDP filing separately. See instructions		\$5,540	
	Married/RDP filing jointly, head of household, or qualifying surviving spouse/RDP		\$11,080	
	Transfer the amount on line 30 to Form 540, line 18	30	78449	

TAXABLE YEAR	FORM
2024	California e-file Signature Authorization for Individuals
	8879
Your name AISHWARYA SHIRISH JOSHI	Your SSN or ITIN 092-27-2220
Spouse's/RDP's name KARMANYA KAKKAR	Spouse's/RDP's SSN or ITIN 270-39-2371

Part I Tax Return Information (whole dollars only)

1 California adjusted gross income (AGI). See instructions	1	958467
2 Amount you owe. See instructions	2	
3 Refund or no amount due. See instructions	3	2318

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, 2024, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider, including my name, address, and social security number (SSN) or individual tax identification number (ITIN), and the amounts shown in Part I above agree with the information and amounts shown on the corresponding lines of my electronic income tax return. If applicable, I authorize an electronic funds withdrawal of the amount on line 2 and/or the estimated tax payments as shown on my return and on form FTB 8455, California e-file Payment Record for Individuals, or a comparable form. If applicable, I declare that direct deposit refund amount on line 3 agrees with the direct deposit authorization stated on my return. If I have filed a joint return, this is an irrevocable appointment of the other spouse/registered domestic partner (RDP) as an agent to authorize an electronic funds withdrawal or direct deposit. I authorize my ERO, transmitter, or intermediate service provider to transmit my complete return to the Franchise Tax Board (FTB). If the processing of my return or refund is delayed, I authorize the FTB to disclose to my ERO, intermediate service provider, and/or transmitter the reason(s) for the delay or the date when the refund was sent. If I am filing a balance due return, I understand that if the FTB does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I acknowledge that I have read and consent to the Electronic Funds Withdrawal Consent included on the copy of my electronic income tax return. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

I authorize TAXAGON LLC to enter my PIN
ERO firm name

8	0	8	2	1
---	---	---	---	---

Do not enter all zeros

as my signature on my 2024 e-filed California individual income tax return.

I will enter my PIN as my signature on my 2024 e-filed California individual income tax return. 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 ► 04-22-2025

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

I authorize TAXAGON LLC to enter my PIN
ERO firm name

3	9	6	0	1
---	---	---	---	---

Do not enter all zeros

as my signature on my 2024 e-filed California individual income tax return.

I will enter my PIN as my signature on my 2024 e-filed California individual income tax return. 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/RDP's signature ► _____ Date ► 04-22-2025

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.

7	4	1	5	7	7	7	5	8	6	1
---	---	---	---	---	---	---	---	---	---	---

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the 2024 California individual income tax return 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 FTB Pub. 1345, 2024 Handbook for Authorized e-file Providers.

ERO's signature ► _____ Date ► 04-22-2025

CA8879.LD2

Direct Deposit/Debit Information

Retain for your records

2024Name
AISHWARYA SHIRISH JOSHI & KARMANYAID Number
092-27-2220Refund and
Direct Deposit**REFUND OR NO AMOUNT DUE** 2318

Have your refund directly deposited to one or two separate accounts.

<u>322271627</u>	<input checked="" type="checkbox"/> Checking	<u>905516297</u>	<input type="checkbox"/> Savings	<input type="checkbox"/> Account number	<input type="checkbox"/> Amount you want to direct deposit
------------------	--	------------------	----------------------------------	---	--

• Routing number	• Type	• Account number
------------------	--------	------------------

<u> </u>	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	<input type="checkbox"/> Amount you want to direct deposit
---------------------------------	-----------------------------------	----------------------------------	--

• Routing number	• Type	• Account number
------------------	--------	------------------

Balance Due and
Direct Debit**Balance Due**

<u> </u>	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	<input type="checkbox"/> Amount you want to direct debit
---------------------------------	-----------------------------------	----------------------------------	--

• Routing number	• Type	• Account number
------------------	--------	------------------

Date of withdrawal	<input type="checkbox"/> <u> </u>
--------------------	--

Notes:

Electronic Filing Authentication Record Information

0008 Pin Type Code	<u>P</u>
0020 Taxpayer Prior Year AGI	<u> </u>
0025 Taxpayer Signature	<u>80821</u>
0030 Spouse/RDP Prior Year AGI	<u> </u>
0035 Spouse/RDP Signature	<u>39601</u>
0040 Taxpayer Signature Date (YYYYMMDD)	<u>20250402</u>
0045 Jurat/Disclosure Code	<u>D</u>
0050 PIN Authorization Code	<u>4</u>
0060 ERO EFIN/PIN	<u>74157775861</u>