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February 26, 2024

Vinay Kumar Cheruku and Alekya Kandagatla  
4138 Neve Court  
Dublin, CA 94568

Dear Vinay Kumar and Alekya,

Enclosed please find two copies of your 2023 federal income tax return. I have prepared your return based on the information you provided. File one copy with the Internal Revenue Service and retain the second copy for your records. Please review, sign, and date your filing copy before mailing.

Include with your return, but do not staple or otherwise attach, Form 1040-V and a check made payable to the 'UNITED STATES TREASURY' in the amount of \$4,683. Write '2023 Form 1040' and your social security number on the check, along with your name, address and daytime telephone number.

Alternatively, you can pay your balance due via your credit card, debit card, digital wallet, or use IRS Direct Pay. Payment information and service providers are located at <http://www.irs.gov/payments>. If you pay by credit card or any alternative method, please save for your records the confirmation number and the amount you paid, including any processing fees.

I recommend that you mail your federal return on or before April 15, 2024, using the United States Post Office certified mail service or an approved delivery service that will provide proof of your mailing date, to the following:

Department of the Treasury  
Internal Revenue Service  
P.O. Box 802501  
Cincinnati, OH 45280-2501

Also enclosed, please find two copies of your 2023 California 540 tax return. I have prepared your return based on the information you provided. File one copy with the state and retain the second copy for your records. Please review, sign and date your filing copy on page 6 before mailing.

You will receive a California refund check of \$387 in the mail.

I recommend that you mail your California 540 return on or before April 15, 2024, using the United States Post Office certified mail service or an approved delivery service that will provide proof of your mailing date, to the following:

Franchise Tax Board  
P.O. Box 942840  
Sacramento, CA 94240-0001

If you have any questions about your return(s) or about your tax situation during the year, please do not hesitate to call me at (586) 506-2120. I appreciate this opportunity to serve you.

Sincerely,

Paul P Joseph, CPA, CGMA, CFE, CFS  
The Joseph Group, PLLC

Your marginal federal tax rate ('tax bracket') for 2023 was 24%.  
Your average federal tax rate for 2023 was 17%.

**Privacy Notice**

As a tax practitioner, I receive and collect nonpublic personal information from various forms and statements that you provide. I do not disclose such information unless you instruct me to do so. I maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.

For the year Jan. 1–Dec. 31, 2023, or other tax year beginning

, 2023, ending , 20

See separate instructions.

Your first name and middle initial

Vinay Kumar

Last name

Cheruku

Your social security number

045-95-0917

If joint return, spouse's first name and middle initial

Aleky

Last name

Kandagatla

Spouse's social security number

746-16-1495

Home address (number and street). If you have a P.O. box, see instructions.

4138 Neve Court

Apt. no.

City, town, or post office. If you have a foreign address, also complete spaces below.

Dublin

State

CA

ZIP code

94568

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

☐ Single☐ Head of household (HOH)

Check only one box.

☒ Married filing jointly (even if only one had income)☐ Married filing separately (MFS)☐ Qualifying surviving spouse (QSS)

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: \_\_\_\_\_

## Digital Assets

At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)

☐ Yes☒ No

## Standard Deduction

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

## Age/Blindness

You: ☐ Were born before January 2, 1959☐ Are blindSpouse: ☐ Was born before January 2, 1959☐ Is blind

## Dependents

(see instructions):

If more than four dependents, see instructions and check here ☐

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see instructions): Child tax credit	Credit for other dependents
				<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	205,752
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	205,752
2a	Tax-exempt interest	2a	
3a	Qualified dividends	3a	
4a	IRA distributions	4a	
5a	Pensions and annuities	5a	
6a	Social security benefits	6a	
c	If you elect to use the lump-sum election method, check here (see instructions)		
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here	7	-3,000
8	Additional income from Schedule 1, line 10	8	18,945
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>	9	221,697
10	Adjustments to income from Schedule 1, line 26	10	
11	Subtract line 10 from line 9. This is your <b>adjusted gross income</b>	11	221,697
12	<b>Standard deduction or itemized deductions</b> (from Schedule A)	12	27,700
13	Qualified business income deduction from Form 8995 or Form 8995-A	13	
14	Add lines 12 and 13	14	27,700
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your <b>taxable income</b>	15	193,997

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a Form W-2, see instructions.

Attach Sch. B if required.

## Standard Deduction for—

• Single or Married filing separately, \$13,850

• Married filing jointly or Qualifying surviving spouse, \$27,700

• Head of household, \$20,800

• If you checked any box under Standard Deduction, see instructions.

**Tax and Credits**

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>	16	33,359
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	33,359
19	Child tax credit or credit for other dependents from Schedule 8812	19	
20	Amount from Schedule 3, line 8	20	
21	Add lines 19 and 20	21	
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	33,359
23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	
24	Add lines 22 and 23. This is your <b>total tax</b>	24	33,359

**Payments**

25	Federal income tax withheld from:			25d	28,676
a	Form(s) W-2	25a	28,537		
b	Form(s) 1099	25b			
c	Other forms (see instructions)	25c	139		
d	Add lines 25a through 25c			25d	28,676
26	2023 estimated tax payments and amount applied from 2022 return			26	
27	Earned income credit (EIC)	27			
28	Additional child tax credit from Schedule 8812	28			
29	American opportunity credit from Form 8863, line 8	29			
30	Reserved for future use	30			
31	Amount from Schedule 3, line 15	31			
32	Add lines 27, 28, 29, and 31. These are your <b>total other payments and refundable credits</b>			32	
33	Add lines 25d, 26, and 32. These are your <b>total payments</b>			33	28,676

**Refund**Direct deposit?  
See instructions.

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	34	
35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	35a	
b	Routing number	c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
d	Account number		
36	Amount of line 34 you want <b>applied to your 2024 estimated tax</b>	36	

**Amount You Owe**

37	Subtract line 33 from line 24. This is the <b>amount you owe</b> . For details on how to pay, go to <a href="http://www.irs.gov/Payments">www.irs.gov/Payments</a> or see instructions	37	4,683
38	Estimated tax penalty (see instructions)	38	

**Third Party Designee**

Do you want to allow another person to discuss this return with the IRS?			<input type="checkbox"/> Yes. Complete below.	<input checked="" type="checkbox"/> No
Designee's name	Phone no.	Personal identification number (PIN)		

**Sign Here**Joint return?  
See instructions.  
Keep a copy for  
your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Phone no.	Email address		

**Paid Preparer Use Only**

Preparer's name	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> Self-employed
Paul P Joseph, CPA, CGMA, CFE	Paul P Joseph, CPA, CGMA, CFE, CF	2/26/2024	P00642491	
Firm's name	The Joseph Group, PLLC		Phone no.	(586) 506-2120
Firm's address	14810 Merriwether Dr, Glenelg, MD 21737		Firm's EIN	20-5123588

**SCHEDULE 1**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

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

Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2023**

Attachment  
Sequence No. **01**

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

Vinay Kumar Cheruku and Alekya Kandagatla

Your social security number

045-95-0917

**Part I Additional Income**

<b>1</b>	Taxable refunds, credits, or offsets of state and local income taxes . . . . .	<b>1</b>	
<b>2a</b>	Alimony received . . . . .	<b>2a</b>	
<b>b</b>	Date of original divorce or separation agreement (see instructions): _____		
<b>3</b>	Business income or (loss). Attach Schedule C . . . . .	<b>3</b>	
<b>4</b>	Other gains or (losses). Attach Form 4797 . . . . .	<b>4</b>	
<b>5</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .	<b>5</b>	
<b>6</b>	Farm income or (loss). Attach Schedule F . . . . .	<b>6</b>	
<b>7</b>	Unemployment compensation . . . . .	<b>7</b>	
<b>8</b>	Other income:		
<b>a</b>	Net operating loss . . . . .	<b>8a</b>	( )
<b>b</b>	Gambling . . . . .	<b>8b</b>	
<b>c</b>	Cancellation of debt . . . . .	<b>8c</b>	
<b>d</b>	Foreign earned income exclusion from Form 2555 . . . . .	<b>8d</b>	( )
<b>e</b>	Income from Form 8853 . . . . .	<b>8e</b>	
<b>f</b>	Income from Form 8889 . . . . .	<b>8f</b>	
<b>g</b>	Alaska Permanent Fund dividends . . . . .	<b>8g</b>	
<b>h</b>	Jury duty pay . . . . .	<b>8h</b>	
<b>i</b>	Prizes and awards . . . . .	<b>8i</b>	
<b>j</b>	Activity not engaged in for profit income . . . . .	<b>8j</b>	
<b>k</b>	Stock options . . . . .	<b>8k</b>	
<b>l</b>	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 . . . . .	<b>8l</b>	
<b>m</b>	Olympic and Paralympic medals and USOC prize money (see instructions) . . . . .	<b>8m</b>	
<b>n</b>	Section 951(a) inclusion (see instructions) . . . . .	<b>8n</b>	
<b>o</b>	Section 951A(a) inclusion (see instructions) . . . . .	<b>8o</b>	
<b>p</b>	Section 461(l) excess business loss adjustment . . . . .	<b>8p</b>	
<b>q</b>	Taxable distributions from an ABLE account (see instructions) . . . . .	<b>8q</b>	
<b>r</b>	Scholarship and fellowship grants not reported on Form W-2 . . . . .	<b>8r</b>	
<b>s</b>	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d . . . . .	<b>8s</b>	( )
<b>t</b>	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan . . . . .	<b>8t</b>	
<b>u</b>	Wages earned while incarcerated . . . . .	<b>8u</b>	
<b>z</b>	Other income. List type and amount: <u>Other Income - 1099-MISC</u>	<b>8z</b>	18,945
<b>9</b>	Total other income. Add lines 8a through 8z . . . . .	<b>9</b>	18,945
<b>10</b>	Combine lines 1 through 7 and 9. This is your <b>additional income</b> . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 . . . . .	<b>10</b>	18,945

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

Schedule 1 (Form 1040) 2023

**SCHEDULE A**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Itemized Deductions**

Go to [www.irs.gov/ScheduleA](http://www.irs.gov/ScheduleA) for instructions and the latest information.

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

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

OMB No. 1545-0074

**2023**

Attachment  
Sequence No. **07**

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

Your social security number

Vinay Kumar Cheruku and Alekya Kandagatla

045-95-0917

<b>Medical and Dental Expenses</b>	<b>Caution:</b> 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 <b>2</b> 221,697	2	
3	Multiply line 2 by 7.5% (0.075) . . . . .	3	16,627
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- . . . . .	4	
<b>Taxes You Paid</b>	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 <input type="checkbox"/> . . . . .	5a	14,403
	b State and local real estate taxes (see instructions) . . . . .	5b	
	c State and local personal property taxes . . . . .	5c	
	d Add lines 5a through 5c . . . . .	5d	14,403
	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
<b>Interest You Paid</b>	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 <input type="checkbox"/> . . . . .		
<b>Caution:</b> Your mortgage interest deduction may be limited. See instructions.	a Home mortgage interest and points reported to you on Form 1098. See instructions if limited . . . . .	8a	7,471
	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	
	Name _____		
	Address _____		
	TIN _____	8b	
	c Points not reported to you on Form 1098. See instructions for special rules . . . . .	8c	128
	d Reserved for future use . . . . .	8d	
	e Add lines 8a through 8c . . . . .	8e	7,599
	9 Investment interest. Attach Form 4952 if required. See instructions . . . . .	9	
	10 Add lines 8e and 9 . . . . .	10	7,599
<b>Gifts to Charity</b>	11 Gifts by cash or check. If you made any gift of \$250 or more, see instructions . . . . .	11	
<b>Caution:</b> 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 <b>must</b> attach Form 8283 if over \$500 . . . . .	12	
	13 Carryover from prior year . . . . .	13	
	14 Add lines 11 through 13 . . . . .	14	
<b>Casualty and Theft Losses</b>	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	
<b>Other Itemized Deductions</b>	16 Other—from list in instructions. List type and amount: . . . . .	16	
<b>Total Itemized Deductions</b>	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	17,599
	18 If you elect to itemize deductions even though they are less than your standard deduction, check this box <input type="checkbox"/> . . . . .		

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

Schedule A (Form 1040) 2023

**SCHEDULE D**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Capital Gains and Losses**

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](http://www.irs.gov/ScheduleD) for instructions and the latest information.

OMB No. 1545-0074

**2023**

Attachment  
Sequence No. **12**

Name(s) shown on return

Vinay Kumar Cheruku and Alekya Kandagatla

Your social security number

045-95-0917

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? ☐ Yes ☒ No

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

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

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

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

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b> 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 . . . . .				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked . . . . .	31,671	16,818		14,853
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked . . . . .				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked . . . . .				
<b>4</b> Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .				<b>4</b>
<b>5</b> Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .				<b>5</b>
<b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .				<b>6</b> ( )
<b>7</b> <b>Net short-term capital gain or (loss).</b> Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back . . . . .				<b>7</b> 14,853

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

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

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

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>8a</b> 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 . . . . .				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked . . . . .	405	405		
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked . . . . .				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked . . . . .		32,500		-32,500
<b>11</b> 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 . . . . .				<b>11</b>
<b>12</b> Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .				<b>12</b>
<b>13</b> Capital gain distributions. See the instructions . . . . .				<b>13</b>
<b>14</b> Long-term capital loss carryover. Enter the amount, if any, from line 13 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .				<b>14</b> ( )
<b>15</b> <b>Net long-term capital gain or (loss).</b> Combine lines 8a through 14 in column (h). Then, go to Part III on the back . . . . .				<b>15</b> -32,500

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

Schedule D (Form 1040) 2023

**Part III Summary**

<b>16</b> Combine lines 7 and 15 and enter the result . . . . .  <ul style="list-style-type: none"> <li>● If line 16 is a <b>gain</b>, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.</li> <li>● If line 16 is a <b>loss</b>, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.</li> <li>● If line 16 is <b>zero</b>, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.</li> </ul>	<b>16</b>	-17,647
<b>17</b> Are lines 15 and 16 <b>both</b> gains? <input type="checkbox"/> <b>Yes.</b> Go to line 18. <input type="checkbox"/> <b>No.</b> Skip lines 18 through 21, and go to line 22.		
<b>18</b> If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet . . . . .	<b>18</b>	
<b>19</b> If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet . . . . .	<b>19</b>	
<b>20</b> Are lines 18 and 19 both zero or blank and you are not filing Form 4952? <input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 16. <b>Don't</b> complete lines 21 and 22 below.  <input type="checkbox"/> <b>No.</b> Complete the <b>Schedule D Tax Worksheet</b> in the instructions. <b>Don't</b> complete lines 21 and 22 below.		
<b>21</b> If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the <b>smaller</b> of:  <div style="display: flex; align-items: center;"> <ul style="list-style-type: none"> <li>● The loss on line 16; or</li> <li>● (\$3,000), or if married filing separately, (\$1,500)</li> </ul> <div style="font-size: 3em; margin: 0 10px;">}</div> <div style="flex-grow: 1; border-bottom: 1px solid black; position: relative;"> <div style="position: absolute; right: -10px; top: -5px;">. . . . .</div> </div> </div>	<b>21</b>	( 3,000)
<b>Note:</b> When figuring which amount is smaller, treat both amounts as positive numbers.		
<b>22</b> Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?  <input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 16.  <input checked="" type="checkbox"/> <b>No.</b> Complete the rest of Form 1040, 1040-SR, or 1040-NR.		



Form **8949** (2023)

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

Vinay Kumar Cheruku and Alekya Kandagatla

Social security number or taxpayer identification number

045-95-0917

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

**Part II**

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

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

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

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

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

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

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the <b>Note</b> below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). <b>See the separate instructions.</b>		(h) <b>Gain or (loss).</b> Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	LONG TERM MORGAN STANLEY	VARIOUS	VARIOUS	405	405			
<b>2 Totals.</b>	Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 8b</b> (if <b>Box D</b> above is checked), <b>line 9</b> (if <b>Box E</b> above is checked), or <b>line 10</b> (if <b>Box F</b> above is checked) . . . . .			405	405			

**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

Vinay Kumar Cheruku and Alekya Kandagatla

Social security number or taxpayer identification number

045-95-0917

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

**Part II**

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

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

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

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

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

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

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the <b>Note</b> below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). <b>See the separate instructions.</b>		(h) <b>Gain or (loss).</b> Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	LONG TERM CRYPTO - VOYAGER	VARIOUS	Worthless	Worthless	32,500			-32,500
<b>2 Totals.</b>	Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 8b</b> (if <b>Box D</b> above is checked), <b>line 9</b> (if <b>Box E</b> above is checked), or <b>line 10</b> (if <b>Box F</b> above is checked) . . . . .				32,500			-32,500

**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 Form 1040, 1040-SR, or 1040-NR

Your social security number

Vinay Kumar Cheruku and Alekya Kandagatla

045-95-0917

**Part I Alternative Minimum Taxable Income** (See instructions for how to complete each line.)

<b>1</b>	Enter the amount from Form 1040 or 1040-SR, line 15, if more than zero. If Form 1040 or 1040-SR, line 15, is zero, subtract line 14 of Form 1040 or 1040-SR from line 11 of Form 1040 or 1040-SR and enter the result here. (If less than zero, enter as a negative amount.) . . . . .	<b>1</b>	193,997
<b>2a</b>	If filing Schedule A (Form 1040), enter the taxes from Schedule A, line 7; otherwise, enter the amount from Form 1040 or 1040-SR, line 12 . . . . .	<b>2a</b>	27,700
<b>b</b>	Tax refund from Schedule 1 (Form 1040), line 1 or line 8z . . . . .	<b>2b</b>	( )
<b>c</b>	Investment interest expense (difference between regular tax and AMT) . . . . .	<b>2c</b>	
<b>d</b>	Depletion (difference between regular tax and AMT) . . . . .	<b>2d</b>	
<b>e</b>	Net operating loss deduction from Schedule 1 (Form 1040), line 8a. Enter as a positive amount . . . . .	<b>2e</b>	
<b>f</b>	Alternative tax net operating loss deduction . . . . .	<b>2f</b>	( )
<b>g</b>	Interest from specified private activity bonds exempt from the regular tax . . . . .	<b>2g</b>	
<b>h</b>	Qualified small business stock, see instructions . . . . .	<b>2h</b>	
<b>i</b>	Exercise of incentive stock options (excess of AMT income over regular tax income) . . . . .	<b>2i</b>	
<b>j</b>	Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A) . . . . .	<b>2j</b>	
<b>k</b>	Disposition of property (difference between AMT and regular tax gain or loss) . . . . .	<b>2k</b>	
<b>l</b>	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT) . . . . .	<b>2l</b>	
<b>m</b>	Passive activities (difference between AMT and regular tax income or loss) . . . . .	<b>2m</b>	
<b>n</b>	Loss limitations (difference between AMT and regular tax income or loss) . . . . .	<b>2n</b>	
<b>o</b>	Circulation costs (difference between regular tax and AMT) . . . . .	<b>2o</b>	
<b>p</b>	Long-term contracts (difference between AMT and regular tax income) . . . . .	<b>2p</b>	
<b>q</b>	Mining costs (difference between regular tax and AMT) . . . . .	<b>2q</b>	
<b>r</b>	Research and experimental costs (difference between regular tax and AMT) . . . . .	<b>2r</b>	
<b>s</b>	Income from certain installment sales before January 1, 1987 . . . . .	<b>2s</b>	( )
<b>t</b>	Intangible drilling costs preference . . . . .	<b>2t</b>	
<b>3</b>	Other adjustments, including income-based related adjustments . . . . .	<b>3</b>	
<b>4</b>	<b>Alternative minimum taxable income.</b> Combine lines 1 through 3. (If married filing separately and line 4 is more than \$831,150, see instructions.) . . . . .	<b>4</b>	221,697

**Part II Alternative Minimum Tax (AMT)**

<b>5</b>	Exemption. <b>IF your filing status is . . . . . AND line 4 is not over ... THEN enter on line 5...</b> Single or head of household . . . . . \$ 578,150 . . . . . \$ 81,300 Married filing jointly or qualifying surviving spouse . . . . . 1,156,300 . . . . . 126,500 Married filing separately . . . . . 578,150 . . . . . 63,250 If line 4 is <b>over</b> the amount shown above for your filing status, see instructions.	<b>5</b>	126,500
<b>6</b>	Subtract line 5 from line 4. If more than zero, go to line 7. If zero or less, enter -0- here and on lines 7, 9, and 11, and go to line 10 . . . . .	<b>6</b>	95,197
<b>7</b>	<ul style="list-style-type: none"> <li>If you are filing Form 2555, see instructions for the amount to enter.</li> <li>If you reported capital gain distributions directly on Form 1040 or 1040-SR, line 7; you reported qualified dividends on Form 1040 or 1040-SR, line 3a; <b>or</b> you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured for the AMT, if necessary), complete Part III on the back and enter the amount from line 40 here.</li> <li><b>All others:</b> If line 6 is \$220,700 or less (\$110,350 or less if married filing separately), multiply line 6 by 26% (0.26). Otherwise, multiply line 6 by 28% (0.28) and subtract \$4,414 (\$2,207 if married filing separately) from the result.</li> </ul>	<b>7</b>	24,751
<b>8</b>	Alternative minimum tax foreign tax credit (see instructions) . . . . .	<b>8</b>	
<b>9</b>	Tentative minimum tax. Subtract line 8 from line 7 . . . . .	<b>9</b>	24,751
<b>10</b>	Add Form 1040 or 1040-SR, line 16 (minus any tax from Form 4972), and Schedule 2 (Form 1040), line 2. Subtract from the result Schedule 3 (Form 1040), line 1 and any negative amount reported on Form 8978, line 14 (treated as a positive number). If zero or less, enter -0-. If you used Schedule J to figure your tax on Form 1040 or 1040-SR, line 16, refigure that tax without using Schedule J before completing this line. See instructions . . . . .	<b>10</b>	33,359
<b>11</b>	<b>AMT.</b> Subtract line 10 from line 9. If zero or less, enter -0-. Enter here and on Schedule 2 (Form 1040), line 1 . . . . .	<b>11</b>	

Form **8959**Department of the Treasury  
Internal Revenue Service**Additional Medicare Tax**

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

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

Go to [www.irs.gov/Form8959](http://www.irs.gov/Form8959) for instructions and the latest information

OMB No. 1545-0074

**2023**Attachment  
Sequence No. **71**

Name(s) shown on return

Vinay Kumar Cheruku and Alekya Kandagatla

Your social security number

045-95-0917

**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	215,344	
2	Unreported tips from Form 4137, line 6 . . . . .	2		
3	Wages from Form 8919, line 6 . . . . .	3		
4	Add lines 1 through 3 . . . . .	4	215,344	
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		
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II . . . . .	7		

**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	215,344	
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		
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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	3,261	
20	Enter the amount from line 1 . . . . .	20	215,344	
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages . . . . .	21	3,122	
22	Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages . . . . .	22		139
23	Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions) . . . . .	23		
24	<b>Total Additional Medicare Tax withholding.</b> 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		139

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

Form **8959** (2023)

HTA

Net Investment Income Tax—  
Individuals, Estates, and TrustsAttach to your tax return.  
Go to [www.irs.gov/Form8960](http://www.irs.gov/Form8960) for instructions and the latest information.

Name(s) shown on your tax return

Vinay Kumar Cheruku and Alekya Kandagatla

Your social security number or EIN

045-95-0917

**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	Ordinary dividends (see instructions) . . . . .	2	
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	
5a	Net gain or loss from disposition of property (see instructions) . . . . .	5a	-3,000
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	-3,000
6	Adjustments to investment income for certain CFCs and PFICs (see instructions) . . . . .	6	
7	Other modifications to investment income (see instructions) . . . . .	7	
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7 . . . . .	8	-3,000

**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	
10	Additional modifications (see instructions) . . . . .	10	
11	Total deductions and modifications. Add lines 9d and 10 . . . . .	11	

**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	
<b>Individuals:</b>			
13	Modified adjusted gross income (see instructions) . . . . .	13	221,697
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	
16	Enter the smaller of line 12 or line 15 . . . . .	16	
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	
<b>Estates and Trusts:</b>			
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	

Voucher at bottom of page

Do not mail a paper copy of your tax return with the payment voucher.  
If amount of payment is zero, do not mail this voucher.

**When to pay: Calendar Year – File and pay by April 15, 2024**

When a due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

**Pay online:** Go Green! Enjoy the ease and secure options for online payments.

You can make an immediate payment or schedule a payment up to a year in advance.

- **Bank Account – Web Pay** (free)
- **Credit Card** (service fee)

Go to [ftb.ca.gov/pay](https://ftb.ca.gov/pay) for more information.

**Do not mail this voucher if you pay online.**



**Where to pay:** Using black or blue ink, make your check or money order payable to the "Franchise Tax Board." Write the taxpayer's social security number (SSN) or individual taxpayer identification number (ITIN) and 2023 FTB 3582 on the check or money order. Detach the voucher below. Enclose, but **do not** staple, payment with the voucher and mail to:

**FRANCHISE TAX BOARD  
PO BOX 942867  
SACRAMENTO CA 94267-0008**

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

----- DETACH HERE ----- IF NO PAYMENT IS DUE, DO NOT MAIL THIS VOUCHER ----- DETACH HERE -----

**CAUTION:** You may be required to pay electronically. See instructions.

TAXABLE YEAR

**2023**

**Payment Voucher for  
Individual e-filed Returns**

CALIFORNIA FORM

**3582 (e-file)**

045-95-0917    CHER    746-16-1495  
VINAYKUMAR    CHERUKU  
ALEKYA    KANDAGATLA

23

4138 NEVE COURT  
DUBLIN    CA    94568

Amount of payment    0.

**2023 California Resident Income Tax Return****540**

APE

ATTACH FEDERAL RETURN

045-95-0917 CHER 746-16-1495  
 VINAYKUMAR CHERUKU  
 ALEKYA KANDAGATLA

23

A  
R  
RP

4138 NEVE COURT  
 DUBLIN CA 94568

03-06-1989 06-15-1996

Principal Residence

Enter your county at time of filing. (see instructions)

☒ SAN MATEO

If your address above is the same as your principal/physical residence address at the time of filing, check this box ☒ X  
 If not, enter below your principal/physical residence address at the time of filing.

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

Apt. no/ste. no.

☒ ☐

City

State

ZIP code

☒ ☐ ☐

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

Filing Status

- 1 ☐ Single 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 inst. . . . . ☒ 6 ☐

► 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**

- Exemptions**  
 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  2 X \$144 = ☒ \$  288  
 8 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2. See instructions. . . . . ☒ 8  X \$144 = ☒ \$   
 9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2. See instructions. . . . . ☐ 9  X \$144 = ☒ \$



Your name: VINAY KUMAR CHERUK Your SSN or ITIN: 045-95-0917

		Dependent 1	Dependent 2	Dependent 3
Exemptions	10	Dependents: Do not include yourself or your spouse/RDP.		
		First Name		
		Last Name		
		SSN. See instructions.		
		Dependent's relationship to you		
Total dependent exemptions.		10	X \$446 =	\$
11		Exemption amount: Add line 7 through line 10. Transfer this amount to line 32		
				288
<hr/>				
Taxable Income	12	State wages from your federal Form(s) W-2, box 16.		
		12	205,752.00	
	13	Enter federal adjusted gross income from federal Form 1040 or 1040-SR, line 11		
		13	221,697.00	
	14	California adjustments – subtractions. Enter the amount from Schedule CA (540), Part I, line 27, column B		
		14		
	15	Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions		
		15	221,697.00	
	16	California adjustments – additions. Enter the amount from Schedule CA (540), Part I, line 27, column C		
		16		
17	California adjusted gross income. Combine line 15 and line 16			
	17	221,697.00		
18	Enter the larger of { Your California itemized deductions from Schedule CA (540), Part II, line 30; OR Your California standard deduction shown below for your filing status: • Single or Married/RDP filing separately \$5,363 • Married/RDP filing jointly, Head of household, or Qualifying surviving spouse/RDP \$10,726 If Married/RDP filing separately or the box on line 6 is checked, STOP. See instructions			
	18	10,726.00		
19	Subtract line 18 from line 17. This is your taxable income. If less than zero, enter -0-			
	19	210,971.00		
<hr/>				
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	12,926.00	
	32	Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$237,035, see instructions.		
		32	288.00	
	33	Subtract line 32 from line 31. If less than zero, enter -0-		
		33	12,638.00	
34	Tax. See instructions. Check the box if from: <input type="checkbox"/> Schedule G-1 <input type="checkbox"/> FTB 5870A			
	34			
35	Add line 33 and line 34			
	35	12,638.00		
<hr/>				
Special Credits	40	Nonrefundable Child and Dependent Care Expenses Credit. See instructions		
		40		
	43	Enter credit name code and amount		
	43			
44	Enter credit name code and amount			
	44			

Your name: VINAY KUMAR CHERUK Your SSN or ITIN: 045-95-0917

Special Credits	45	To claim more than two credits, see instructions. Attach Schedule P (540) . . . . .	45		.00
	46	Nonrefundable Renter's Credit. See instructions . . . . .	46		.00
	47	Add line 40 through line 46. These are your total credits . . . . .	47		.00
	48	Subtract line 47 from line 35. If less than zero, enter -0- . . . . .	48	12,638	.00
Other Taxes	61	Alternative Minimum Tax. Attach Schedule P (540) . . . . .	61		.00
	62	Mental Health Services Tax. See instructions. . . . .	62		.00
	63	Other taxes and credit recapture. See instructions. . . . .	63		.00
	64	Add line 48, line 61, line 62, and line 63. This is your total tax . . . . .	64	12,638	.00
Payments	71	California income tax withheld. See instructions . . . . .	71	13,025	.00
	72	2023 California estimated tax and other payments. See instructions . . . . .	72		.00
	73	Withholding (Form 592-B and/or Form 593). See instructions . . . . .	73		.00
	74	Excess SDI (or VPDI) withheld. See instructions . . . . .	74		.00
	75	Earned Income Tax Credit (EITC). See instructions. . . . .	75		.00
	76	Young Child Tax Credit (YCTC). See instructions . . . . .	76		.00
	77	Foster Youth Tax Credit (FYTC). See instructions . . . . .	77		.00
	78	Add line 71 through line 77. These are your total payments. See instructions . . . . .	78	13,025	.00
Use Tax	91	Use Tax. Do not leave blank. See instructions . . . . .	91		.00
	If line 91 is zero, check if: <input checked="" type="checkbox"/> No use tax is owed. <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 . . . . .	92	<input checked="" type="checkbox"/>	
	If you did not check the box, see instructions. Individual Shared Responsibility (ISR) Penalty. See instructions . . . . .			92	
Overpaid Tax/Tax Due	93	Payments balance. If line 78 is more than line 91, subtract line 91 from line 78 . . . . .	93	13,025	.00
	94	Use Tax balance. If line 91 is more than line 78, subtract line 78 from line 91 . . . . .	94		.00
	95	Payments after Individual Shared Responsibility Penalty. If line 93 is more than line 92, subtract line 92 from line 93 . . . . .	95	13,025	.00
	96	Individual Shared Responsibility Penalty Balance. If line 92 is more than line 93, subtract line 93 from line 92 . . . . .	96		.00
	97	Overpaid tax. If line 95 is more than line 64, subtract line 64 from line 95 . . . . .	97	387	.00

Your name: VINAY KUMAR CHERUK Your SSN or ITIN: 045-95-0917

Overpaid Tax/Tax Due	98	Amount of line 97 you want applied to your 2024 estimated tax	98		.00
	99	Overpaid tax available this year. Subtract line 98 from line 97	99	387	.00
	100	Tax due. If line 95 is less than line 64, subtract line 95 from line 64	100		.00

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

Your name: VINAY KUMAR CHERUK Your SSN or ITIN: 045-95-0917

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

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

**Refund and Direct Deposit** 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** 115 387  
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** ☐ **Account number** ☐ **116 Direct deposit amount**  
☐ Checking ☐  
☐ Savings

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

☐ **Routing number** ☐ **Type** ☐ **Account number** ☐ **117 Direct deposit amount**  
☐ Checking ☐  
☐ Savings

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

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

Sign your tax return on Side 6

Your name: VINAY KUMAR CHERUK

Your SSN or ITIN: 045-95-0917

**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](https://ftb.ca.gov/privacy) to learn about our privacy policy statement, or go to [ftb.ca.gov/forms](https://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)

**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.

☐ Preferred phone number

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

PAUL P JOSEPH, CPA, CGMA, CFE, CFS

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

THE JOSEPH GROUP, PLLC

☐ PTIN

P00642491

Firm's address

14810 MERRIWETHER DR, GLENELG, MD 21737

☐ Firm's FEIN

205123588

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

**2023****California Adjustments — Residents****CA (540)****Important:** Attach this schedule behind Form 540, Side 6 as a supporting California schedule.

Name(s) as shown on tax return

SSN or ITIN

VINAY KUMAR CHERUKU AND ALEKYA KANDAGATLA

045-95-0917

**Part I Income Adjustment Schedule****Section A — Income** from federal Form 1040 or 1040-SR**A Federal Amounts**  
(taxable amounts from your federal tax return)**B Subtractions**  
See instructions**C Additions**  
See instructions

<b>1 a</b> Total amount from federal Form(s) W-2, box 1. See instructions . . . . . <b>1a</b>	<input checked="" type="radio"/> 205,752 <input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>b</b> Household employee wages not reported on federal Form(s) W-2 . . . . . <b>1b</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>c</b> Tip income not reported on line 1a . . . . . <b>1c</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>d</b> Medicaid waiver payments not reported on federal Form(s) W-2. See instructions . . . . <b>1d</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>e</b> Taxable dependent care benefits from federal Form 2441, line 26 . . . . . <b>1e</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>f</b> Employer-provided adoption benefits from federal Form 8839, line 29 . . . . . <b>1f</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>g</b> Wages from federal Form 8919, line 6 . . . . . <b>1g</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>h</b> Other earned income. See instructions . . . . . <b>1h</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>i</b> Nontaxable combat pay election. See instructions . . . . . <b>1i</b>		<input checked="" type="radio"/>
<b>z</b> Add line 1a through line 1i . . . . . <b>1z</b>	<input checked="" type="radio"/> 205,752 <input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>2</b> Taxable interest. <b>a</b> <input checked="" type="radio"/>	<b>2b</b> <input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>3</b> Ordinary dividends. See instructions. <b>a</b> <input checked="" type="radio"/>	<b>3b</b> <input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>4</b> IRA distributions. See instructions. <b>a</b> <input checked="" type="radio"/>	<b>4b</b> <input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>5</b> Pensions and annuities. See instructions. <b>a</b> <input checked="" type="radio"/>	<b>5b</b> <input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>6</b> Social security benefits. <b>a</b> <input checked="" type="radio"/>	<b>6b</b> <input checked="" type="radio"/>	
<b>7</b> Capital gain or (loss). See instructions . . . . . <b>7</b>	<input checked="" type="radio"/> -3,000 <input checked="" type="radio"/>	<input checked="" type="radio"/>

**Section B — Additional Income** from federal Schedule 1 (Form 1040)

<b>1</b> Taxable refunds, credits, or offsets of state and local income taxes . . . . . <b>1</b>	<input checked="" type="radio"/>	
<b>2a</b> Alimony received. See instructions . . . . . <b>2a</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>3</b> Business income or (loss). See instructions . . . . <b>3</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>4</b> Other gains or (losses) . . . . . <b>4</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>5</b> Rental real estate, royalties, partnerships, S corporations, trusts, etc. . . . . <b>5</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>6</b> Farm income or (loss) . . . . . <b>6</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>7</b> Unemployment compensation. . . . . <b>7</b>	<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
<b>8</b> Other income:				
<b>a</b> Federal net operating loss . . . . . <b>8a</b>	<input type="radio"/>		<input type="radio"/>	
<b>b</b> Gambling . . . . . <b>8b</b>	<input type="radio"/>	<input type="radio"/>		
<b>c</b> Cancellation of debt . . . . . <b>8c</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<b>d</b> Foreign earned income exclusion from federal Form 2555 . . . . . <b>8d</b>	<input type="radio"/>		<input type="radio"/>	
<b>e</b> Income from federal Form 8853 . . . . . <b>8e</b>	<input type="radio"/>		<input type="radio"/>	
<b>f</b> Income from federal Form 8889 . . . . . <b>8f</b>	<input type="radio"/>	<input type="radio"/>		
<b>g</b> Alaska Permanent Fund dividends . . . . . <b>8g</b>	<input type="radio"/>			
<b>h</b> Jury duty pay . . . . . <b>8h</b>	<input type="radio"/>			
<b>i</b> Prizes and awards . . . . . <b>8i</b>	<input type="radio"/>			
<b>j</b> Activity not engaged in for profit income . . . . . <b>8j</b>	<input type="radio"/>			
<b>k</b> Stock options . . . . . <b>8k</b>	<input type="radio"/>		<input type="radio"/>	
<b>l</b> 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 . . <b>8l</b>	<input type="radio"/>			
<b>m</b> Olympic and Paralympic medals and USOC prize money . . . . . <b>8m</b>	<input type="radio"/>			
<b>n</b> IRC Section 951(a) inclusion . . . . . <b>8n</b>	<input type="radio"/>	<input type="radio"/>		
<b>o</b> IRC Section 951A(a) inclusion . . . . . <b>8o</b>	<input type="radio"/>	<input type="radio"/>		
<b>p</b> IRC Section 461(l) excess business loss adjustment . . <b>8p</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<b>q</b> Taxable distributions from an ABLE account . . <b>8q</b>	<input type="radio"/>			
<b>r</b> Scholarship and fellowship grants not reported on federal Form(s) W-2 . . . . . <b>8r</b>	<input type="radio"/>			
<b>s</b> Nontaxable amount of Medicaid waiver payments included on federal Form 1040, line 1a or line 1d . . . . <b>8s</b>	<input type="radio"/>			
<b>t</b> Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental IRC Section 457 plan . . . . . <b>8t</b>	<input type="radio"/>			
<b>u</b> Wages earned while incarcerated . . . . . <b>8u</b>	<input type="radio"/>			
<b>z</b> Other income. List type and amount.				
<input checked="" type="radio"/> OTHER INCOME - 1099-MISC <b>8z</b>	<input checked="" type="radio"/>	18,945	<input checked="" type="radio"/>	<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
<b>9 a</b> Total other income. Add lines 8a through 8z <b>9a</b>	<input type="radio"/> 18,945	<input type="radio"/>	<input type="radio"/>
<b>b1</b> Disaster loss deduction from form FTB 3805V . . . . <b>9b1</b>		<input type="radio"/>	
<b>b2</b> NOL deduction from form FTB 3805V . . . . <b>9b2</b>		<input type="radio"/>	
<b>b3</b> NOL deduction from form FTB 3805Z 3807, or 3809 . . . . . <b>9b3</b>		<input type="radio"/>	
<b>10 Total.</b> Combine Section A, line 1z through line 7, and Section B, line 1 through line 7, and line 9a in column A and column C. Add Section A, line 1z through line 7, and Section B, line 1 through line 7, line 9a, and line 9b1 through line 9b3 in column B (as applicable). See instructions . . . . . <b>10</b>	<input type="radio"/> 221,697	<input type="radio"/>	<input type="radio"/>

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

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



<b>Section C – Adjustments to Income</b> Continued	<b>A</b> Federal Amounts (taxable amounts from your federal tax return)	<b>B</b> Subtractions See instructions	<b>C</b> Additions See instructions
<b>24</b> Other adjustments:			
<b>a</b> Jury duty pay . . . . . <b>24a</b>	<input type="radio"/>		
<b>b</b> Deductible expenses related to income reported on line 8I from the rental of personal property engaged in for profit . . . . . <b>24b</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>c</b> Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8I . . . . . <b>24c</b>	<input type="radio"/>	<input type="radio"/>	
<b>d</b> Reforestation amortization and expenses . . . . . <b>24d</b>	<input type="radio"/>	<input type="radio"/>	
<b>e</b> Repayment of supplemental unemployment benefits under the federal Trade Act of 1974 . . . <b>24e</b>	<input type="radio"/>		
<b>f</b> Contributions to IRC Section 501(c)(18)(D) pension plans . . . . . <b>24f</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>g</b> Contributions by certain chaplains to IRC Section 403(b) plans . . . . . <b>24g</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>h</b> Attorney fees and court costs for actions involving certain unlawful discrimination claims . . . . . <b>24h</b>	<input type="radio"/>		
<b>i</b> Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations . . . . . <b>24i</b>	<input type="radio"/>	<input type="radio"/>	
<b>j</b> Housing deduction from federal Form 2555 . . . . <b>24j</b>	<input type="radio"/>	<input type="radio"/>	
<b>k</b> Excess deductions of IRC Section 67(e) expenses from federal Schedule K-1 (Form 1041) . . . . . <b>24k</b>	<input type="radio"/>		
<b>z</b> Other adjustments. List type and amount.  <input type="radio"/> _____ <b>24z</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>25</b> Total other adjustments. Add line 24a through line 24z . . . . . <b>25</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>26</b> Add line 11 through line 23 and line 25 in columns A, B, and C. See instructions . . . . . <b>26</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>27 Total.</b> Subtract line 26 from line 10 in columns A, B, and C. See instructions . . . . . <b>27</b>	<input type="radio"/> 221,697	<input type="radio"/>	<input type="radio"/>

**Part II Adjustments to Federal Itemized Deductions**Check the box if you did NOT itemize for federal but will itemize for California ☒ ☐ X

	<b>A</b> Federal Amounts (from federal Schedule A (Form 1040))	<b>B</b> Subtractions See instructions	<b>C</b> Additions See instructions
<b>Medical and Dental Expenses</b> See instructions.			
<b>1</b> Medical and dental expenses <input checked="" type="radio"/> <b>1</b>			
<b>2</b> Enter amount from federal Form 1040 or 1040-SR, line 11. <input checked="" type="radio"/> 221,697 <b>2</b>			
<b>3</b> Multiply line 2 by 7.5% (0.075) <input checked="" type="radio"/> 16,627 <b>3</b>			
<b>4</b> Subtract line 3 from line 1. If line 3 is more than line 1, enter 0 <input checked="" type="radio"/> <b>4</b>	<input checked="" type="radio"/>		<input checked="" type="radio"/>
<b>Taxes You Paid</b>			
<b>5 a</b> State and local income tax or general sales taxes <b>5a</b>	<input checked="" type="radio"/> 14,403	<input checked="" type="radio"/> 14,403	
<b>b</b> State and local real estate taxes <b>5b</b>	<input checked="" type="radio"/>		
<b>c</b> State and local personal property taxes <b>5c</b>	<input checked="" type="radio"/>		
<b>d</b> Add line 5a through line 5c <b>5d</b>	<input checked="" type="radio"/> 14,403		
<b>e</b> 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 <b>5e</b>	<input checked="" type="radio"/> 10,000	<input checked="" type="radio"/> 14,403	<input checked="" type="radio"/> 4,403
<b>6</b> Other taxes. List type <input checked="" type="radio"/> <b>6</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>7</b> Add line 5e and line 6 <b>7</b>	<input checked="" type="radio"/> 10,000	<input checked="" type="radio"/> 14,403	<input checked="" type="radio"/> 4,403
<b>Interest You Paid</b>			
<b>8 a</b> Home mortgage interest and points reported to you on federal Form 1098 <b>8a</b>	<input checked="" type="radio"/> 7,471		<input checked="" type="radio"/>
<b>b</b> Home mortgage interest not reported to you on federal Form 1098 <b>8b</b>	<input checked="" type="radio"/>		<input checked="" type="radio"/>
<b>c</b> Points not reported to you on federal Form 1098 <b>8c</b>	<input checked="" type="radio"/> 128		<input checked="" type="radio"/>
<b>d</b> Reserved for future use <b>8d</b>			
<b>e</b> Add line 8a through line 8c <b>8e</b>	<input checked="" type="radio"/> 7,599	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>9</b> Investment interest <b>9</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>10</b> Add line 8e and line 9 <b>10</b>	<input checked="" type="radio"/> 7,599	<input checked="" type="radio"/>	<input checked="" type="radio"/>

Part II	Adjustments to Federal Itemized Deductions Continued	A Federal Amounts (from federal Schedule A (Form 1040))	B Subtractions See instructions	C Additions See instructions
<b>Gifts to Charity</b>				
11	Gifts by cash or check . . . . . 11	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12	Other than by cash or check . . . . . 12	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13	Carryover from prior year . . . . . 13	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14	Add line 11 through line 13 . . . . . 14	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Casualty and Theft Losses</b>				
15	Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions . . . . . 15	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Other Itemized Deductions</b>				
16	Other—from list in federal instructions . . . . . 16	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17	Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C . . . . . 17	<input type="radio"/> 17,599	<input type="radio"/> 14,403	<input type="radio"/> 4,403
18	<b>Total.</b> Combine line 17 column A less column B plus column C . . . . .			<input checked="" type="radio"/> 18 7,599
<b>Job Expenses and Certain Miscellaneous Deductions</b>				
19	Unreimbursed employee expenses: job travel, union dues, job education, etc. Attach federal Form 2106 if required. See instructions . . . . .			<input checked="" type="radio"/> 19
20	Tax preparation fees . . . . .			<input checked="" type="radio"/> 20
21	Other expenses: investment, safe deposit box, etc. List type . . . . .			<input checked="" type="radio"/> 21
22	Add line 19 through line 21 . . . . .			<input checked="" type="radio"/> 22
23	Enter amount from federal Form 1040 or 1040-SR, line 11 . . . . .			<input checked="" type="radio"/> 23 221,697
24	Multiply line 23 by 2% (0.02). If less than zero, enter 0 . . . . .			<input checked="" type="radio"/> 24 4,434
25	Subtract line 24 from line 22. If line 24 is more than line 22, enter 0 . . . . .			<input checked="" type="radio"/> 25
26	<b>Total Itemized Deductions.</b> Add line 18 and line 25 . . . . .			<input checked="" type="radio"/> 26 7,599
27	Other adjustments. See instructions. Specify . . . . .			<input checked="" type="radio"/> 27
28	Combine line 26 and line 27 . . . . .			<input checked="" type="radio"/> 28 7,599
29	<b>Is your federal AGI (Form 540, line 13) more than the amount shown below for your filing status?</b>			
	Single or married/RDP filing separately . . . . .			\$237,035
	Head of household . . . . .			\$355,558
	Married/RDP filing jointly or qualifying surviving spouse/RDP . . . . .			\$474,075
	<b>No.</b> Transfer the amount on line 28 to line 29.			
	<b>Yes.</b> Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540), line 29 . . . . .			<input checked="" type="radio"/> 29 7,599
30	<b>Enter the larger of the amount on line 29 or your standard deduction shown below:</b>			
	Single or married/RDP filing separately. See instructions . . . . .			\$5,363
	Married/RDP filing jointly, head of household, or qualifying surviving spouse/RDP . . . . .			\$10,726
	<b>Transfer the amount on line 30 to Form 540, line 18 . . . . .</b>			<input checked="" type="radio"/> 30 10,726

2023

# Alternative Minimum Tax and Credit Limitations — Residents

P (540)

Attach this schedule to Form 540.

Name(s) as shown on Form 540

Your SSN or ITIN

VINAY KUMAR CHERUKU AND ALEKYA KANDAGATLA

045-95-0917

**Part I Alternative Minimum Taxable Income (AMTI)** Important: See instructions for information regarding California/federal differences.

1	If you itemized deductions, go to line 2. If you did not itemize deductions, enter your standard deduction from Form 540, line 18, and go to line 6	1	10,726	00	
2	Medical and dental expenses. Enter the smaller of federal Schedule A (Form 1040), line 4, or 2½% (.025) of federal Form 1040 or 1040-SR, line 11. See instructions	2		00	
3	Personal property taxes and real property taxes. See instructions	3		00	
4	Certain interest on a home mortgage not used to buy, build, or improve your home. See instructions	4		00	
5	Miscellaneous itemized deductions. See instructions	5		00	
6	Refund of personal property taxes and real property taxes. See instructions	6	(	00)	
<b>Do not</b> include your state income tax refund on this line.					
7	Investment interest expense adjustment. See instructions	7		00	
8	Post-1986 depreciation. See instructions	8		00	
9	Adjusted gain or loss. See instructions	9		00	
10	Incentive stock options (ISOs) and California qualified stock options (CQSOs). See instructions	10		00	
11	Passive activities adjustment. See instructions	11		00	
12	Beneficiaries of estates and trusts. Enter the amount from Schedule K-1 (541), line 12a	12		00	
13	Other adjustments and preferences. Enter the amount, if any, for each item, a through l. See instructions.				
a	Circulation expenditures	00	g	Mining costs	00
b	Depletion	00	h	Patron's adjustment	00
c	Installment sales	00	i	Pollution control facilities	00
d	Intangible drilling costs	00	j	Research and experimental	00
e	Long-term contracts	00	k	Tax shelter farm activities	00
f	Loss limitations	00	l	Related adjustments	00
Add amounts on line a through line l, and enter total here					
13		13		00	
14	Total Adjustments and Preferences. Combine line 1 through line 13	14	10,726	00	
15	Enter taxable income from Form 540, line 19. See instructions	15	210,971	00	
16	Net operating loss (NOL) deductions from Schedule CA (540), Part I, Section B, line 9b1, line 9b2, and line 9b3, column B. Enter as a positive amount	16		00	
17	AMTI exclusion. See instructions	17	(	00)	
18	If your federal adjusted gross income (AGI) is less than the amount for your filing status (listed below), skip this line and go to line 19. If you itemized deductions and your federal AGI is more than the amount for your filing status, see instructions.	18	(	00)	
Single or married/RDP filing separately \$237,035					
Married/RDP filing jointly or qualifying surviving spouse/RDP \$474,075					
Head of household \$355,558					
19	Combine line 14 through line 18	19	221,697	00	
20	Alternative minimum tax NOL deduction. See instructions	20		00	
21	<b>Alternative Minimum Taxable Income.</b> Subtract line 20 from line 19 (if married/RDP filing separately and line 21 is more than \$450,368, see instructions)	21	221,697	00	

**Part II Alternative Minimum Tax (AMT)**

22	<b>Exemption Amount.</b> (If this schedule is for a certain child under age 24, see instructions.)			
	<b>If your filing status is:</b>	<b>And line 21 is not over:</b>	<b>Enter on line 22:</b>	
	Single or head of household	\$326,891	\$87,171	} 22 116,229 00
	Married/RDP filing jointly or qualifying surviving spouse/RDP	\$435,855	\$116,229	
	Married/RDP filing separately	\$217,924	\$58,111	
If Part I, line 21 is more than the amount shown above for your filing status, see instructions.				
23	Subtract line 22 from line 21. If zero or less, enter -0-. See instructions	23	105,468	00
24	Tentative Minimum Tax. Multiply line 23 by 7.0% (.07)	24	7,383	00
25	Regular tax before credits from Form 540, line 31	25	12,926	00
26	<b>Alternative Minimum Tax.</b> Subtract line 25 from line 24. If zero or less, enter -0- here and on Form 540, line 61. If more than zero, enter here and on Form 540, line 61. If you make estimated tax payments for taxable year 2024, enter amount from line 26 on the 2024 Form 540-ES, California Estimated Tax Worksheet, line 16. (Exception: If you have carryover credit for solar energy or commercial solar energy, first enter the result on Side 2, Part III, Section C, line 23 or 24)			
26		26		00

**Part III Credits that Reduce Tax** **Note:** Be sure to attach your credit forms to Form 540.

1	Enter the amount from Form 540, line 35 .....	<input checked="" type="radio"/> 1	00
2	Enter the tentative minimum tax from Side 1, Part II, line 24 .....	<input checked="" type="radio"/> 2	00

	(a) Credit amount	(b) Credit used this year	(c) Tax balance that may be offset by credits	(d) Credit carryover
<b>Section A – Credits that reduce excess tax.</b>				
3 Subtract line 2 from line 1. If zero or less enter -0- and see instructions. This is your excess tax which may be offset by credits .....			<input checked="" type="radio"/>	
<b>A1 Credits that reduce excess tax and have no carryover provisions.</b>				
4 Code: 162 Prison inmate labor credit (FTB 3507) .....		<input checked="" type="radio"/>		
5 Code: 232 Child and dependent care expenses credit (FTB 3506) ..		<input checked="" type="radio"/>		
<b>A2 Credits that reduce excess tax and have carryover provisions. See instructions.</b>				
6 Code: <input checked="" type="radio"/> Credit Name: .....		<input checked="" type="radio"/>		<input checked="" type="radio"/>
7 Code: <input checked="" type="radio"/> Credit Name: .....		<input checked="" type="radio"/>		<input checked="" type="radio"/>
8 Code: <input checked="" type="radio"/> Credit Name: .....		<input checked="" type="radio"/>		<input checked="" type="radio"/>
9 Code: <input checked="" type="radio"/> Credit Name: .....		<input checked="" type="radio"/>		<input checked="" type="radio"/>
10 Code: 188 Credit for prior year alternative minimum tax .....	<input checked="" type="radio"/>	<input checked="" type="radio"/>		<input checked="" type="radio"/>
<b>Section B – Credits that may reduce tax below tentative minimum tax.</b>				
11 If Part III, line 3 is zero, enter the amount from line 1. If line 3 is more than zero, enter the total of line 2 and the last entry in column (c). .....			<input checked="" type="radio"/>	
<b>B1 Credits that reduce net tax and have no carryover provisions.</b>				
12 Code: 170 Credit for joint custody head of household .....		<input checked="" type="radio"/>		
13 Code: 173 Credit for dependent parent .....		<input checked="" type="radio"/>		
14 Code: 163 Credit for senior head of household .....		<input checked="" type="radio"/>		
15 Nonrefundable renter's credit. ....		<input checked="" type="radio"/>		
<b>B2 Credits that reduce net tax and have carryover provisions. See instructions.</b>				
16 Code: <input checked="" type="radio"/> Credit Name: .....		<input checked="" type="radio"/>		<input checked="" type="radio"/>
17 Code: <input checked="" type="radio"/> Credit Name: .....		<input checked="" type="radio"/>		<input checked="" type="radio"/>
18 Code: <input checked="" type="radio"/> Credit Name: .....		<input checked="" type="radio"/>		<input checked="" type="radio"/>
19 Code: <input checked="" type="radio"/> Credit Name: .....		<input checked="" type="radio"/>		<input checked="" type="radio"/>
<b>B3 Other state tax credit.</b>				
20 Code: 187 Other state tax credit .....		<input checked="" type="radio"/>		
<b>B4 Pass-through entity elective tax credit. See instructions.</b>				
21 Code: 242 Pass-through entity elective tax credit .....		<input checked="" type="radio"/>		<input checked="" type="radio"/>
<b>Section C – Credits that may reduce alternative minimum tax.</b>				
22 Enter your alternative minimum tax from Side 1, Part II, line 26 ...			<input checked="" type="radio"/>	
23 Code: 180 Solar energy credit carryover from Section B2, column (d) .....		<input checked="" type="radio"/>		<input checked="" type="radio"/>
24 Code: 181 Commercial solar energy credit carryover from Section B2, column (d) .....		<input checked="" type="radio"/>		<input checked="" type="radio"/>
25 Adjusted AMT. Enter the balance from line 24, column (c) here and on Form 540, line 61 .....			<input checked="" type="radio"/>	



2023

## Wage and Tax Statement

W-2

**Important: Attach this schedule to the back of your original or amended Form 540, Form 540 2EZ, or Form 540NR.**

**Caution:** If this schedule is filled out, **do not** send your federal Form(s) W-2 to the Franchise Tax Board. If your federal Form(s) W-2 are from multiple states, **attach** copies showing California tax withheld to this schedule. If this schedule is blank, attach your federal Form(s) W-2 to the lower front of your tax return. **DO NOT ATTACH PAYMENT TO THIS SCHEDULE.**

\*Employee's social security number, name, and address must be the same as the information on federal Form(s) W-2.

## W-2 Information

a. Employee's social security number*	c. Employer's name		
<input checked="" type="radio"/> 045950917	<input checked="" type="radio"/> COUPA SOFTWARE INC		
b. Employer identification number (EIN)	Employer's address		
<input checked="" type="radio"/> 204429448	<input checked="" type="radio"/> 1855 S GRANT STREET		
	City State ZIP code		
	<input checked="" type="radio"/> SAN MATEO <input checked="" type="radio"/> CA <input checked="" type="radio"/> 94402		
e. Employee's first name*	Initial*	Last name*	Suffix*
<input checked="" type="radio"/> VINAYKUMAR	<input checked="" type="radio"/>	<input checked="" type="radio"/> CHERUKU	<input checked="" type="radio"/>
f. Employee's address*			
<input checked="" type="radio"/> 4138 NEVE COURT			
City*	State*	ZIP code*	
<input checked="" type="radio"/> DUBLIN	<input checked="" type="radio"/> CA	<input checked="" type="radio"/> 94568	

1. Wages, tips, other compensation	4. Social security tax withheld	8. Allocated tips (not included in box 1)
<input checked="" type="radio"/> 205,752	<input checked="" type="radio"/> 9,932	<input checked="" type="radio"/>
2. Federal income tax withheld	6. Medicare tax withheld	10. Dependent care benefits
<input checked="" type="radio"/> 28,537	<input checked="" type="radio"/> 3,260	<input checked="" type="radio"/>
3. Social security wages	7. Social security tips	11. Nonqualified plans
<input checked="" type="radio"/> 160,200	<input checked="" type="radio"/>	<input checked="" type="radio"/>

## 12. Codes and amounts

12a. Code Amount	12c. Code Amount
<input checked="" type="radio"/> C <input checked="" type="radio"/> 278	<input checked="" type="radio"/> DD <input checked="" type="radio"/> 18,065
12b. Code Amount	12d. Code Amount
<input checked="" type="radio"/> D <input checked="" type="radio"/> 9,592	<input checked="" type="radio"/> <input checked="" type="radio"/>

## 13. Check the appropriate box for: Statutory employee, Retirement plan, or Third-party sick pay

<input checked="" type="radio"/> Statutory employee	<input checked="" type="radio"/> Retirement plan	<input checked="" type="radio"/> Third-party sick pay
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## 14. SDI, VPD, or CA SDI (from federal Form W-2, box 14 or 19)

Type Amount
<input checked="" type="radio"/> CA SDI <input checked="" type="radio"/> 1,378

16. State wages, tips, etc.
<input checked="" type="radio"/> 205,752

## 15. State and employer's state ID number

State Employer's state ID number
<input checked="" type="radio"/> CA <input checked="" type="radio"/> 268-5613-8

17. State income tax
<input checked="" type="radio"/> 13,025

## Franchise Tax Board Privacy Notice on Collection

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