

<b>EFSTATUS</b>	<b>EF Transmission Status</b> <small>(This page is not filed with the return. It is for your records only.)</small>	<b>2024</b>																																																																						
Name(s) as shown on return <b>KOTLA GIRI</b>		Tax ID Number <b>216-56-5899</b>																																																																						
<div>The following will be transmitted to the IRS.<div><div><input type="checkbox"/> 1040, 1040-SR 1040-NR, or 1040-SS</div><div><input type="checkbox"/> 1040-X (includes superseded)</div><div><input type="checkbox"/> 4868</div><div><input type="checkbox"/> 2350</div><div><input type="checkbox"/> 9465</div><div><input type="checkbox"/> FinCEN 114</div><div><input type="checkbox"/> Form 56</div></div></div>																																																																								
<div>The following state returns will be transmitted:</div> <table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																																																																								

## Acknowledgement and General Information for Taxpayers Who File Returns Electronically

Thank you for participating in IRS *e-file*.

Taxpayer name

**KOTLA GIRI**

Taxpayer address (optional)

**245 PARKWAY**

**Pleasanton, CA 94566**

1. ☐ Your federal income tax return for **2024** was filed electronically with the **IRS** Submission Processing Center. The electronic filing services were provided by **NO FIRM SETUP INFORMATION**.
2. ☐ Your return was accepted on \_\_\_\_\_ 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 \_\_\_\_\_.
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](http://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](http://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](http://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](http://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.**

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## **Instructions for Electronic Return Originators**

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**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.

For the year Jan. 1–Dec. 31, 2024, or other tax year beginning _____, 2024, ending _____			See separate instructions.
Your first name and middle initial <b>KOTLA</b>		Last name <b>GIRI</b>	Your social security number <b>216-56-5899</b>
If joint return, spouse's first name and middle initial		Last name	Spouse's social security number
Home address (number and street). If you have a P.O. box, see instructions. <b>245 PARKWAY</b>			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. <input type="checkbox"/> You <input type="checkbox"/> Spouse
City, town, or post office. If you have a foreign address, also complete spaces below. <b>Pleasanton</b>		State <b>CA</b>	
Foreign country name		Foreign province/state/county	
		ZIP code <b>94566</b>	Foreign postal code

**Filing Status** ☒ Single ☐ Head of household (HOH)  
☐ Married filing jointly (even if only one had income)  
☐ Married filing separately (MFS) ☐ Qualifying surviving spouse (QSS)  
Check only one box.  
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:  
☐ 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.) ☐ 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, 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
<b>AYAAN</b>	<b>KOTLA</b>	<b>458-98-5767</b>	<b>Son</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

<b>Income</b>  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.  <b>Standard Deduction for-</b> • Single or Married filing separately, \$14,600 • Married filing jointly or Qualifying surviving spouse, \$29,200 • Head of household, \$21,900 • If you checked any box under Standard Deduction, see instructions.	<b>1a</b> Total amount from Form(s) W-2, box 1 (see instructions) . . . . .	<b>1a</b>	<b>350,000</b>
	<b>b</b> Household employee wages not reported on Form(s) W-2 . . . . .	<b>1b</b>	
	<b>c</b> Tip income not reported on line 1a (see instructions) . . . . .	<b>1c</b>	
	<b>d</b> Medicaid waiver payments not reported on Form(s) W-2 (see instructions) . . . . .	<b>1d</b>	
	<b>e</b> Taxable dependent care benefits from Form 2441, line 26 . . . . .	<b>1e</b>	
	<b>f</b> Employer-provided adoption benefits from Form 8839, line 29 . . . . .	<b>1f</b>	
	<b>g</b> Wages from Form 8919, line 6 . . . . .	<b>1g</b>	
	<b>h</b> Other earned income (see instructions) . . . . .	<b>1h</b>	
	<b>i</b> Nontaxable combat pay election (see instructions) . . . . . <b>1i</b>		
	<b>z</b> Add lines 1a through 1h . . . . .	<b>1z</b>	<b>350,000</b>
	<b>2a</b> Tax-exempt interest . . . . . <b>2a</b>	<b>2b</b> Taxable interest . . . . . <b>2b</b>	
	<b>3a</b> Qualified dividends . . . . . <b>3a</b>	<b>b</b> Ordinary dividends . . . . . <b>3b</b>	
	<b>4a</b> IRA distributions . . . . . <b>4a</b>	<b>b</b> Taxable amount . . . . . <b>4b</b>	
	<b>5a</b> Pensions and annuities . . . . . <b>5a</b>	<b>b</b> Taxable amount . . . . . <b>5b</b>	
	<b>6a</b> Social security benefits . . . . . <b>6a</b>	<b>b</b> Taxable amount . . . . . <b>6b</b>	
	<b>c</b> If you elect to use the lump-sum election method, check here (see instructions) . . . . . <input type="checkbox"/>		
	<b>7</b> Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . . <input type="checkbox"/>	<b>7</b>	
<b>8</b> Additional income from Schedule 1, line 10 . . . . .	<b>8</b>		
<b>9</b> Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b> . . . . .	<b>9</b>	<b>350,000</b>	
<b>10</b> Adjustments to income from Schedule 1, line 26 . . . . .	<b>10</b>		
<b>11</b> Subtract line 10 from line 9. This is your <b>adjusted gross income</b> . . . . .	<b>11</b>	<b>350,000</b>	
<b>12</b> <b>Standard deduction or itemized deductions</b> (from Schedule A) . . . . .	<b>12</b>	<b>14,600</b>	
<b>13</b> Qualified business income deduction from Form 8995 or Form 8995-A . . . . .	<b>13</b>		
<b>14</b> Add lines 12 and 13 . . . . .	<b>14</b>	<b>14,600</b>	
<b>15</b> Subtract line 14 from line 11. If zero or less, enter -0-. This is your <b>taxable income</b> . . . . .	<b>15</b>	<b>335,400</b>	

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	87,765
	17	Amount from Schedule 2, line 3 . . . . .	17	
	18	Add lines 16 and 17 . . . . .	18	87,765
	19	Child tax credit or credit for other dependents from Schedule 8812 . . . . .	19	
	20	Amount from Schedule 3, line 8 . . . . .	20	600
	21	Add lines 19 and 20 . . . . .	21	600
	22	Subtract line 21 from line 18. If zero or less, enter -0- . . . . .	22	87,165
	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	87,165	

Payments	25	Federal income tax withheld from:			
	a	Form(s) W-2 . . . . .	25a	25,000	
	b	Form(s) 1099 . . . . .	25b		
	c	Other forms (see instructions) . . . . .	25c		
	d	Add lines 25a through 25c . . . . .	25d	25,000	
	26	2024 estimated tax payments and amount applied from 2023 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	0	
33	Add lines 25d, 26, and 32. These are your <b>total payments</b> . . . . .	33	25,000		

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b> . . .		34	0
	35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here. . . . . <input type="checkbox"/>		35a	0
	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 2025 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	64,854
	38	Estimated tax penalty (see instructions) . . . . .	38	2,689	

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

Sign Here	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
			SOFTWARE	
	Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
	Phone no. 966-663-6275	Email address		

Paid Preparer Use Only	Preparer's signature		Date	PTIN	Check if: <input type="checkbox"/> Self-employed
			10-09-2025		
	Preparer's name		Phone no.		
	Firm's name		Firm's EIN		
Firm's address					
UNLICENSED COPY					

**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](https://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

KOTLA GIRI

Your social security number

216-56-5899

**Part I Nonrefundable Credits**

<b>1</b>	Foreign tax credit. Attach Form 1116 if required . . . . .	<b>1</b>	
<b>2</b>	Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441 . . . . .	<b>2</b>	600
<b>3</b>	Education credits from Form 8863, line 19 . . . . .	<b>3</b>	
<b>4</b>	Retirement savings contributions credit. Attach Form 8880 . . . . .	<b>4</b>	
<b>5a</b>	Residential clean energy credit from Form 5695, line 15 . . . . .	<b>5a</b>	
<b>b</b>	Energy efficient home improvement credit from Form 5695, line 32 . . . . .	<b>5b</b>	
<b>6</b>	Other nonrefundable credits:		
<b>a</b>	General business credit. Attach Form 3800 . . . . .	<b>6a</b>	
<b>b</b>	Credit for prior year minimum tax. Attach Form 8801 . . . . .	<b>6b</b>	
<b>c</b>	Adoption credit. Attach Form 8839 . . . . .	<b>6c</b>	
<b>d</b>	Credit for the elderly or disabled. Attach Schedule R . . . . .	<b>6d</b>	
<b>e</b>	Reserved for future use . . . . .	<b>6e</b>	
<b>f</b>	Clean vehicle credit. Attach Form 8936 . . . . .	<b>6f</b>	
<b>g</b>	Mortgage interest credit. Attach Form 8396 . . . . .	<b>6g</b>	
<b>h</b>	District of Columbia first-time homebuyer credit. Attach Form 8859 . . . . .	<b>6h</b>	
<b>i</b>	Qualified electric vehicle credit. Attach Form 8834 . . . . .	<b>6i</b>	
<b>j</b>	Alternative fuel vehicle refueling property credit. Attach Form 8911 . . . . .	<b>6j</b>	
<b>k</b>	Credit to holders of tax credit bonds. Attach Form 8912 . . . . .	<b>6k</b>	
<b>l</b>	Amount on Form 8978, line 14. See instructions . . . . .	<b>6l</b>	
<b>m</b>	Credit for previously owned clean vehicles. Attach Form 8936 . . . . .	<b>6m</b>	
<b>z</b>	Other nonrefundable credits. List type and amount: _____	<b>6z</b>	
<b>7</b>	Total other nonrefundable credits. Add lines 6a through 6z . . . . .	<b>7</b>	
<b>8</b>	Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20 . . . . .	<b>8</b>	600

**Part II Other Payments and Refundable Credits**

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

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

Schedule 3 (Form 1040) 2024

SCHEDULE B  
(Form 1040)

Department of the Treasury  
Internal Revenue Service

Name(s) shown on return

Interest and Ordinary Dividends

Attach to Form 1040 or 1040-SR.

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

OMB No. 1545-0074

2024

Attachment  
Sequence No. 08

Your social security number

216-56-5899

KOTLA GIRI

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.

- 1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address:

1

Amount

- 2 Add the amounts on line 1 . . . . .
- 3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815 . . . . .
- 4 Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b . . .

2

3

4

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

Amount

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.

- 5 List name of payer: . . . . .

5

- 6 Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b . . .

6

**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.

- 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 . . . . .
- 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 . . . . .
- 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: . . . . .
- 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 . . . . .

Yes	No
X	
	X
	X

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

EEA

Schedule B (Form 1040) 2024

Form

2441

Department of the Treasury  
Internal Revenue Service

Child and Dependent Care Expenses

OMB No. 1545-0074

2024

Attachment  
Sequence No. 21

Attach to Form 1040, 1040-SR, or 1040-NR.  
Go to [www.irs.gov/Form2441](https://www.irs.gov/Form2441) for instructions and the latest information.

Name(s) shown on return

Your social security number

KOTLA GIRI

216-56-5899

**A** You can't claim a credit for child and dependent care expenses if your filing status is married filing separately unless you meet the requirements listed in the instructions under *Married Persons Filing Separately*. If you meet these requirements, check this box . . . ☐

**B** If you or your spouse was a student or was disabled during 2024 and you're entering deemed income of \$250 or \$500 a month on Form 2441 based on the income rules listed in the instructions under *If You or Your Spouse Was a Student or Disabled*, check this box . . . . . ☐

**Part I** **Persons or Organizations Who Provided the Care - You must complete this part.**  
If you have more than three care providers, see the instructions and check this box . . . . . ☐

1 (a) Care provider's name	(b) Address (number, street, apt. no., city, state, and ZIP code)	(c) Identifying number (SSN or EIN)	(d) Was the care provider your household employee in 2024? For example, this generally includes nannies but not daycare centers. (see instructions)	(e) Amount paid (see instructions)
THE PREP SCHOOL	485 SAES LAKE	52-6568646	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	5,000
	Pleasanton, CA			
	94566		<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Did you receive dependent care benefits?

No

Yes

Complete only Part II below.

Complete Part III on page 2 next.

**Caution:** If the care provider is your household employee, you may owe employment taxes. For details, see the Instructions for Schedule H (Form 1040). If you incurred care expenses in 2024 but didn't pay them until 2025, or if you prepaid in 2024 for care to be provided in 2025, don't include these expenses in column (d) of line 2 for 2024. See the instructions.

**Part II** **Credit for Child and Dependent Care Expenses**

**2** Information about your **qualifying person(s)**. If you have more than three qualifying persons, see the instructions and check this box ☐

(a) Qualifying person's name First Last	(b) Qualifying person's social security number	(c) Check here if the qualifying person was over age 12 and was disabled. (see instructions)	(d) Qualified expenses you incurred and paid in 2024 for the person listed in column (a)
AYAAN	KOTLA	458-98-5767	5,000

3

Add the amounts in column (d) of line 2. **Don't** enter more than \$3,000 if you had one qualifying person or \$6,000 if you had two or more persons. If you completed Part III, enter the amount from line 31 . . . . .

3

3,000

4

Enter your **earned income**. See instructions . . . . .

4

350,000

5

If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions); **all others**, enter the amount from line 4 . . . . .

5

350,000

6

Enter the **smallest** of line 3, 4, or 5 . . . . .

6

3,000

7

Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 11 . . . . .

7

350,000

8

Enter on line 8 the decimal amount shown below that applies to the amount on line 7.

If line 7 is:

Over

But not over

Decimal amount is

\$0- 15,000 .35

15,000- 17,000 .34

17,000- 19,000 .33

19,000- 21,000 .32

21,000- 23,000 .31

23,000- 25,000 .30

If line 7 is:

Over

But not over

Decimal amount is

\$25,000- 27,000 .29

27,000- 29,000 .28

29,000- 31,000 .27

31,000- 33,000 .26

33,000- 35,000 .25

35,000- 37,000 .24

If line 7 is:

Over

But not over

Decimal amount is

\$37,000- 39,000 .23

39,000- 41,000 .22

41,000- 43,000 .21

43,000- No limit .20

8

X. 20

9a

Multiply line 6 by the decimal amount on line 8 . . . . .

9a

600

b

If you paid 2023 expenses in 2024, complete Worksheet A in the instructions. Enter the amount from line 13 of the worksheet here. Otherwise, enter -0- on line 9b and go to line 9c . . . . .

9b

c

Add lines 9a and 9b and enter the result . . . . .

9c

600

10

Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions

10

87,765

11

**Credit for child and dependent care expenses.** Enter the **smaller** of line 9c or line 10 here and on Schedule 3 (Form 1040), line 2 . . . . .

11

600



**SCHEDULE 8812**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Credits for Qualifying Children  
and Other Dependents**

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

Go to [www.irs.gov/Schedule8812](https://www.irs.gov/Schedule8812) for instructions and the latest information.

OMB No. 1545-0074

**2024**

Attachment  
Sequence No. **47**

Name(s) shown on return

Your social security number

216-56-5899

**KOTLA GIRI**

**Part I Child Tax Credit and Credit for Other Dependents**

<b>1</b>	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR . . . . .	<b>1</b>	350,000
<b>2a</b>	Enter income from Puerto Rico that you excluded . . . . .	<b>2a</b>	
<b>b</b>	Enter the amounts from lines 45 and 50 of your Form 2555 . . . . .	<b>2b</b>	
<b>c</b>	Enter the amount from line 15 of your Form 4563 . . . . .	<b>2c</b>	
<b>d</b>	Add lines 2a through 2c . . . . .	<b>2d</b>	
<b>3</b>	Add lines 1 and 2d . . . . .	<b>3</b>	350,000
<b>4</b>	Number of qualifying children under age 17 with the required social security number . . . . .	<b>4</b>	1
<b>5</b>	Multiply line 4 by \$2,000 . . . . .	<b>5</b>	2,000
<b>6</b>	Number of other dependents, including any qualifying children who are not under age 17 or who do not have the required social security number . . . . .	<b>6</b>	
<b>Caution:</b> Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4.			
<b>7</b>	Multiply line 6 by \$500 . . . . .	<b>7</b>	
<b>8</b>	Add lines 5 and 7 . . . . .	<b>8</b>	2,000
<b>9</b>	Enter the amount shown below for your filing status. • Married filing jointly-\$400,000 • All other filing statuses-\$200,000 } . . . . .	<b>9</b>	200,000
<b>10</b>	Subtract line 9 from line 3. • If zero or less, enter -0-. • If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc. }	<b>10</b>	150,000
<b>11</b>	Multiply line 10 by 5% (0.05) . . . . .	<b>11</b>	7,500
<b>12</b>	Is the amount on line 8 more than the amount on line 11? . . . . .	<b>12</b>	0
<input checked="" type="checkbox"/> <b>No. STOP.</b> You cannot take the child tax credit, credit for other dependents, or additional child tax credit. Skip Parts II-A and II-B. Enter -0- on lines 14 and 27.			
<input type="checkbox"/> <b>Yes.</b> Subtract line 11 from line 8. Enter the result.			
<b>13</b>	Enter the amount from <b>Credit Limit Worksheet A</b> . . . . .	<b>13</b>	
<b>14</b>	Enter the smaller of line 12 or line 13. <b>This is your child tax credit and credit for other dependents.</b> . . . . .	<b>14</b>	0

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

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

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

**Schedule 8812 (Form 1040) 2024**

EEA

**Part II-A Additional Child Tax Credit for All Filers****Caution:** If you file Form 2555, you cannot claim the additional child tax credit.

<b>15</b>	Check this box if you <b>do not</b> want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 . . . . .				
<b>16a</b>	Subtract line 14 from line 12. If zero, <b>stop here</b> ; you cannot take the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 . . . . .		<b>16a</b>		
<b>b</b>	Number of qualifying children under age 17 with the required social security number: _____ x \$1,700. Enter the result. If zero, <b>stop here</b> ; you cannot claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 . . . . .		<b>16b</b>		
	<b>TIP:</b> The number of children you use for this line is the same as the number of children you used for line 4.				
<b>17</b>	Enter the <b>smaller</b> of line 16a or line 16b . . . . .		<b>17</b>		
<b>18a</b>	Earned income (see instructions) . . . . .	<b>18a</b>			
<b>b</b>	Nontaxable combat pay (see instructions) . . . . .	<b>18b</b>			
<b>19</b>	Is the amount on line 18a more than \$2,500? <input type="checkbox"/> <b>No.</b> Leave line 19 blank and enter -0- on line 20. <input type="checkbox"/> <b>Yes.</b> Subtract \$2,500 from the amount on line 18a. Enter the result . . . . .		<b>19</b>		
<b>20</b>	Multiply the amount on line 19 by 15% (0.15) and enter the result . . . . . <b>Next.</b> On line 16b, is the amount \$5,100 or more? <input type="checkbox"/> <b>No.</b> If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the <b>smaller</b> of line 17 or line 20 on line 27. <input type="checkbox"/> <b>Yes.</b> If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21.		<b>20</b>		

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

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

**Part II-C Additional Child Tax Credit**

<b>27</b>	This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28 . . . .	<b>27</b>		<b>0</b>
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Net Investment Income Tax-  
Individuals, Estates, and Trusts

Attach to your tax return.

Go to [www.irs.gov/Form8960](http://www.irs.gov/Form8960) for instructions and the latest information.

2024

Attachment  
Sequence No. 72

Name(s) shown on your tax return

Your social security number or EIN

KOTLA GIRI

216-56-5899

**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	0
5a	Net gain or loss from disposition of property (see instructions)	5a		
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	0
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	0

**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	0
<b>Individuals:</b>				
13	Modified adjusted gross income (see instructions)	13	350,000	
14	Threshold based on filing status (see instructions)	14	200,000	
15	Subtract line 14 from line 13. If zero or less, enter -0-	15	150,000	
16	Enter the smaller of line 12 or line 15		16	0
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	0
<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	

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

Form 8960 (2024)

2024 Form 1040-V Payment Voucher and Filing Instructions  
KOTLA GIRI

Due date:

Payment was due 04-15-2025. To avoid further penalties and interest, pay as soon as possible.

Balance due:

\$64,854

Transaction method:

To pay by check or money order, write "2024 Form 1040," your name, address, SSN or ITIN, and daytime phone number on the payment, make it payable to "United States Treasury," and mail with Form 1040 and 1040-V to the address below. To pay using your bank account (at no extra cost to you), go to IRS.gov/Payments. To pay by credit or debit card (for a fee), go to 1040paytax.com.

Mail-to address:

Internal Revenue Service  
P.O. Box 931000  
Louisville, KY 40293-1000

Taxpayer records:

Amount paid \_\_\_\_\_  
Check number \_\_\_\_\_  
Date mailed \_\_\_\_\_

Form 1040-V (2024)

Separate here and mail with your payment and return.

Form <b>1040-V</b> Department of the Treasury Internal Revenue Service	<b>Payment Voucher for Individuals</b> Do not staple or attach this voucher to your payment or return. Go to <b>www.irs.gov/Payments</b> for payment options and information.		OMB No. 1545-0074
			<b>2024</b>
1 Your social security number (SSN) (if a joint return, SSN shown first on your return)	2 If a joint return, SSN shown second on your return	3 Amount you are paying by check or money order. Make your check or money order payable to "United States Treasury"	64,854

KOTLA GIRI  
245 PARKWAY  
Pleasanton, CA 94566

Internal Revenue Service  
P.O. Box 931000  
Louisville, KY 40293-1000

EEA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see your tax return instructions.

216565899 NI GIRI 30 0 202412 610

# Computation of Regular Tax

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

2024

Name(s) as shown on return

Tax ID Number

KOTLA GIRI

216-56-5899

## Statement for line 16 of Form 1040

### Tax Rate Schedule for Single Filing Status

If taxable income is				of the	
over	but not over	pay	plus	% on excess	amount over
0	11,600	0.00		10%	0
11,600	47,150	1,160.00		12%	11,600
47,150	100,525	5,426.00		22%	47,150
100,525	191,950	17,168.50		24%	100,525
191,950	243,725	39,110.50		32%	191,950
<b>243,725</b>	<b>609,350</b>	<b>55,678.50</b>		<b>35%</b>	<b>243,725</b>
609,350	. . . . .	183,647.25		37%	609,350

$\$55,678.50 + ((\$335,400.00 - \$243,725.00) \times 35.0\%) = \$87,765$

Tax from Tax Rate Schedule \$ 87,765

\$ 87,765 Tax computed using only available method

# Credit Limit Worksheet

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

2024

Name(s) as shown on return

Tax ID Number

KOTLA GIRI

216-56-5899

1. Amount from line 18 of Form 1040, 1040-SR, or 1040-NR minus Schedule 3, line 6l . . . . .	1.	87,765	
2. Foreign tax credit amount from Schedule 3 (Form 1040), line 1 . . . . .	2.		
3. Subtract line 2 from line 1. If zero or less, enter -0-. Enter this amount on Form 2441, line 10 . . . . .	3.	87,765	
4. Amount from Form 2441, line 11 . . . . .	4.	600	
5. Subtract line 4 from line 3. If zero or less, enter -0-. Enter this amount on Schedule R, line 21 . . . . .	5.	87,165	
6. Amount from Schedule R, line 22 . . . . .	6.		
7. Enter amount from Form 8863, line 18 . . . . .	7.		
8. Subtract line 6 from line 5. If zero or less, enter -0- . . . . .	8.	87,165	
9. Enter the smaller of line 7 or line 8. Nonrefundable lifetime learning credit . . . . .	9.		
10. Enter amount from Form 8863, line 9 . . . . .	10.		
11. Subtract line 9 from line 8. If zero or less, enter -0- . . . . .	11.	87,165	
12. Enter the smaller of line 10 or line 11. Nonrefundable American Opportunity credit . . . . .	12.		
13. Add line 9 and line 12. Enter this amount on Form 8863, line 19 . . . . .	13.	0	
14. Subtract line 13 from line 8. If zero or less, enter -0-. Enter this amount on Form 8880, line 11 . . . . .	14.	87,165	
15. Amount from Form 8880, line 12 . . . . .	15.		
16. Subtract line 15 from line 14. If zero or less, enter -0-. Enter this amount on Form 5695, line 31 . . . . .	16.	87,165	
17. Amount from Form 5695, line 32 . . . . .	17.		
18. Reserved . . . . .	18.		
19. Reserved . . . . .	19.		
20. Subtract line 17 from line 16. If zero or less, enter -0-. Enter this amount on Form 8936, line 17 . . . . .	20.	87,165	
21. Amount from Form 8936, line 18 . . . . .	21.		
22. Subtract line 21 from line 20. If zero or less, enter -0-. Enter this amount on Form 8936, line 12 . . . . .	22.	87,165	
23. Amount from Form 8936, line 13 . . . . .	23.		
24. Amount from line 19 of Form 1040, 1040-SR or 1040-NR, or amount from line 14 of Credit Limit Worksheet B (Form 8812), if present in the return . . . . .	24.		
25. Subtract lines 23 and 24 from line 22. If zero or less, enter -0-. Enter this amount on Form 8396, line 8 . . . . .	25.	87,165	
26. Amount from Form 8396, line 9 . . . . .	26.		
27. Subtract line 26 from line 25. If zero or less, enter -0- . . . . .	27.	87,165	
28. Amount from Form 8839, line 14 . . . . .	28.		
29. Enter the smaller of line 27 or line 28. Enter this amount on Form 8839, lines 15 and 16 . . . . .	29.		
30. Subtract line 29 from line 27. If zero or less, enter -0-. Enter this amount on Form 8859, line 2 . . . . .	30.	87,165	
31. Amount from Form 8859, line 3 . . . . .	31.		
32. Subtract line 31 from line 30. If zero or less, enter -0-. Enter this amount on Form 5695, line 14 . . . . .	32.	87,165	

# Worksheet for Form 2210, Part III, Section B - Figure the Penalty

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

**2024**

Name(s) as shown on return

Tax ID Number

**KOTLA GIRI**

**216-56-5899**

Complete Rate Period 1 of each column before going to the next column; then go to Rate Periods 2, 3, and 4 in the same manner. If multiple estimated tax payments are applied to the underpayment amount in a column of line 1a, you'll need to make more than one computation for that column.

		Payment Due Dates			
		(a) 04/15/24	(b) 06/15/24	(c) 09/15/24	(d) 01/15/25
<b>1a</b> Enter your underpayment from Part III, Section A, line 17 . . .	<b>1a</b>	13,362	19,612	19,612	19,612
<b>1b</b> Date and amount of each payment applied to the underpayment in the same column. Don't enter more than the underpayment amount on line 1a for each column (see instructions). <b>Note.</b> Your payments are applied in the order made first to any underpayment balance in an earlier column until that underpayment is fully paid.	<b>1b</b>	01-15-2025 862 09-15-2024 6,250 06-15-2024 6,250	04-15-2025 14,224 01-15-2025 5,388	04-15-2025 19,612	04-15-2025 19,612
<b>Rate Period 1: April 16, 2024 - June 30, 2024</b>					
<b>2</b> Computation starting dates for this period . . . . .	<b>2</b>	04/15/24	06/15/24		
<b>3</b> Number of days <b>from</b> the date on line 2 to the date the amount on line 1a was paid <b>or</b> 6/30/24, whichever is earlier . . . . .	<b>3</b>	Days: 15 61	Days: 15		
<b>4</b> Underpayment on line 1a x $\frac{\text{Number of days on line 3}}{366}$ x 0.08	<b>4</b>	23 \$ 178	64 \$ 64		
<b>Rate Period 2: July 1, 2024 - September 30, 2024</b>					
<b>5</b> Computation starting dates for this period . . . . .	<b>5</b>	06/30/24	06/30/24	09/15/24	
<b>6</b> Number of days <b>from</b> the date on line 5 to the date the amount on line 1a was paid <b>or</b> 9/30/24, whichever is earlier . . . . .	<b>6</b>	Days: 15 77	Days: 92	Days: 15	
<b>7</b> Underpayment on line 1a x $\frac{\text{Number of days on line 6}}{366}$ x 0.08	<b>7</b>	3 \$ 120	394 \$ 394	64 \$ 64	
<b>Rate Period 3: October 1, 2024 - December 31, 2024</b>					
<b>8</b> Computation starting dates for this period . . . . .	<b>8</b>	09/30/24	09/30/24	09/30/24	
<b>9</b> Number of days <b>from</b> the date on line 8 to the date the amount on line 1a was paid <b>or</b> 12/31/24, whichever is earlier . . . . .	<b>9</b>	Days: 92	Days: 92	Days: 92	
<b>10</b> Underpayment on line 1a x $\frac{\text{Number of days on line 9}}{366}$ x 0.08	<b>10</b>	17 \$ 17	394 \$ 394	394 \$ 394	
<b>Rate Period 4: January 1, 2025 - April 15, 2025</b>					
<b>11</b> Computation starting dates for this period . . . . .	<b>11</b>	12/31/24	12/31/24	12/31/24	01/15/25
<b>12</b> Number of days <b>from</b> the date on line 11 to the date the amount on line 1a was paid <b>or</b> 4/15/25, whichever is earlier . . . . .	<b>12</b>	Days: 15	Days: 90 15	Days: 105	Days: 90
<b>13</b> Underpayment on line 1a x $\frac{\text{Number of days on line 12}}{365}$ x 0.07	<b>13</b>	2 \$ 2	246 \$ 56	395 \$ 395	339 \$ 339
<b>14 Penalty.</b> Add all amounts on lines 4, 7, 10, and 13 in all columns. Enter the total here and on line 19 of Part III, Section B . . . . .					<b>14</b> \$ 2,689

**Carryover Worksheet**  
**List of items that will carryover to the 2025 tax return**

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

**2024**

Name(s) as shown on return

Tax ID Number

**KOTLA GIRI**

**216-56-5899**

**Itemized Deductions**

Carryover Amount

Contributions subject to 100% of AGI limitations . . . . .	
Contributions subject to 60% of AGI limitations . . . . .	
Contributions subject to 30% of AGI limitations (50% capital gains appreciated property) . . . . .	
Contributions subject to 30% of AGI limitations . . . . .	
Contributions subject to 20% of AGI limitations (30% capital gains appreciated property) . . . . .	
Taxable state and local refunds to Schedule 1 (Form 1040) line 1 . . . . .	
State/local taxes paid in 2025 to flow to the Schedule A . . . . .	<b>21,183</b>
State donations and contributions carryover . . . . .	
State overpayment applied to next year . . . . .	

**Expenses**

Office in home operating expenses . . . . .	
Office in home excess casualty losses and depreciation . . . . .	
Disallowed investment interest expense . . . . . AMT	Reg. Tax
Section 179 expense . . . . .	
Operating expenses, from Form WK_E, Sch E - Rental limitation on deductions when used for personal use . . . . .	
Excess depreciation, from Form WK_E, Sch E - Rental limitation on deductions when used for personal use . . . . .	

**Losses**

Short-term capital loss . . . . . AMT	Reg. Tax
Long-term capital loss . . . . . AMT	Reg. Tax
Net operating loss . . . . . AMT	Reg. Tax
Excess business loss from Form 461 (becomes part of NOL next year) . . . . . AMT	Reg. Tax
Qualified REIT and PTP loss carryover . . . . .	
QBI loss carryover . . . . .	
Nonrecaptured net section 1231 losses from WK_1231C . . . . . AMT	Reg. Tax

**Credits**

Mortgage interest credit . . . . .	
Credit for prior year minimum tax . . . . .	
Foreign Tax credit . . . . . AMT	Reg. Tax
District of Columbia first time home owner's credit . . . . .	
Residential clean energy credit . . . . .	

**Other**

Preparer Fee . . . . .	
Overpayment applied to next year's estimates . . . . .	
Estimated Tax Payment 1 <b>17,730</b>	Estimated Tax Payment 2 <b>17,730</b>
Estimated Tax Payment 3 <b>17,730</b>	Estimated Tax Payment 4 <b>17,730</b>
Federal tax liability for 2210 calculation . . . . .	<b>87,165</b>
State tax liability for state 2210 calculation . . . . .	<b>28,374</b>
IRA basis . . . . . Taxpayer	Spouse
Disaster distributions taxable in 2025 . . . . . Taxpayer	Spouse
Disaster distributions taxable in 2026 . . . . . Taxpayer	Spouse
Excess repayments from 8915-F . . . . . Taxpayer	Spouse

**Passive Activity**

**At Risk Limitations**



**FOR TAX YEAR 2024**

KOTLA GIRI

NO FIRM SETUP INFORMATION

DO NOT FILE WITH IRS

UNLICENSED COPY,

**2024 Filing Instructions**  
**KOTLA GIRI**

**Form filed:**

Form 1040 and supplemental forms and schedules

**Filing method:**

Your return will not be e-filed. Sign and date your return and mail on or before the due date to the address listed below.

**Due date:**

04-15-2025

**Balance due:**

\$64,854

**Transaction method:**

To pay by check or money order, write "2024 Form 1040," your name, address, SSN or ITIN, and daytime phone number on the payment, make it payable to "United States Treasury," and mail with Form 1040 and 1040-V to the address below. To pay using your bank account (at no extra cost to you), go to [IRS.gov/Payments](https://www.irs.gov/Payments). To pay by credit or debit card (for a fee), go to [1040paytax.com](https://1040paytax.com).

**Other information:**

To minimize penalties and interest, make your payment as soon as possible.

**Mail-to address:**

Internal Revenue Service  
P.O. Box 931000  
Louisville, KY 40293-1000

# NO FIRM SETUP INFORMATION

DO NOT FILE WITH IRS  
UNLICENSED COPY,

Phone: | Fax:

October 09, 2025

KOTLA GIRI  
245 PARKWAY  
Pleasanton, CA 94566

KOTLA GIRI:

Below is a summary of your 2024 tax year.

Return Type	Refund/Balance Due	Transaction Method
Federal Income Tax	\$64,854 Balance Due	Mail a check
California Income Tax	\$21,183 Balance Due	Mail a check

The following returns will be e-filed and do not need to be mailed to the taxing authority:

\* California Income Tax

Sign and date these returns and mail them on or before the filing deadline to the address provided:

## **Federal Income Tax due April 15, 2025**

Internal Revenue Service  
P.O. Box 931000  
Louisville, KY 40293-1000

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

## **Federal Income Tax due April 15, 2025**

Internal Revenue Service  
P.O. Box 931000  
Louisville, KY 40293-1000

## **California Income Tax due April 15, 2025**

Franchise Tax Board  
PO Box 942867  
Sacramento, CA 94267-0008

## **Federal Income Tax**

Quarter	Estimate Due	Due Date	Transaction Method
1st	\$17,730	April 15, 2025	Mail a check
2nd	\$17,730	June 16, 2025	Mail a check
3rd	\$17,730	September 15, 2025	Mail a check
4th	\$17,730	January 15, 2026	Mail a check

Sincerely,

Giri

NO FIRM SETUP INFORMATION

# NO FIRM SETUP INFORMATION

DO NOT FILE WITH IRS  
UNLICENSED COPY,

Phone: | Fax:

October 09, 2025

KOTLA GIRI  
245 PARKWAY  
Pleasanton, CA 94566

Your privacy is important to us. Read the following privacy policy.

We collect nonpublic personal information about you from various sources, including:

- \* Interviews regarding your tax situation
- \* Applications, organizers, or other documents that supply such information as your name, address, telephone number, Social Security Number, number of dependents, income, and other tax-related data
- \* Tax-related documents you provide that are required for processing tax returns, such as Forms W-2, 1099R, 1099-INT and 1099-DIV, and stock transactions

We do not disclose any nonpublic personal information about our clients or former clients to anyone, except as requested by our clients or as required by law.

We restrict access to personal information concerning you, except to our employees who need such information in order to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your personal information.

If you have any questions about our privacy policy, contact our office at .

Sincerely,

Giri  
NO FIRM SETUP INFORMATION

# NO FIRM SETUP INFORMATION

DO NOT FILE WITH IRS  
UNLICENSED COPY,

Phone: | Fax:

Customer Name	Customer Information	
KOTLA GIRI 245 PARKWAY Pleasanton, CA 94566	Invoice #:	
	Date:	October 09, 2025
	Phone:	(966)663-6275
	E-mail:	

Your 2024 tax return was prepared by Giri.

Description		Fee
<b>Federal And Supplemental Forms</b>		
Form 1040	U.S. Individual Income Tax Return	
Form 1040ES April	Estimated Tax Voucher 1	
Form 1040ES June	Estimated Tax Voucher 2	
Form 1040ES September	Estimated Tax Voucher 3	
Form 1040ES January	Estimated Tax Voucher 4	
Form 1040-V	Payment Voucher	
Schedule 3	Additional Credits and Payments	
Schedule 8812	Qualifying Children and Other Dependents Credit	
Schedule B	Interest and Ordinary Dividends	
Form 2441	Child and Dependent Care Expenses	
Form 8960	Net Investment Income Tax	
Form 9325	General Information for Electronic Filing	
Form W-2	Wage and Tax Statement	
Tax Computation	Computation of Regular Tax	
Wks 2210	Underpayment Penalty Worksheet	
Wks CRED_LMT	Credit Limit Worksheet	
Wks ES	Estimated Tax Worksheet	
Comparison	Tax Year Comparison Sheet	
ES Summary	Estimated Tax Summary Page	
<b>California Forms</b>		
CA 540	Resident Long Form	
CA 540 pg 2	Resident Long Form pg 2	
CA 540 pg 3	Resident Long Form pg 3	
CA 540 pg 4	Resident Long Form pg 4	
CA 540 pg 5	Resident Long Form pg 5	
CAW2CG	Schedule W, California W-2 Attachment	
CA3582-V	EF Payment Voucher / FTB 3582	
CA8879	CA e-File Signature Authorization	
CAWK_A5	State & Local Taxes Paid Computation	
CAWK_AMT	Alt Min Tax Wks (SCH P)	
CAWK_EXM	AGI Limitation Wks (Resident Long/Short)	
CA 540 pg 6	Resident Long Form pg 6	
FDST_AGI	Adjusted Gross Income Split Worksheet	
CAWK3853	Health Coverage Worksheets	
CAWK3853	Health Coverage Worksheets	
CAWK3853	Health Coverage Worksheets	
CAWK3853	Health Coverage Worksheets	

CA3853	Health Coverage Exemptions / Penalty	
CA-COMP	California State Tax Return Comparison	

<b>Total Forms</b>	<b>38</b>	<b>Forms Subtotal</b>	<b>0.00</b>
		<b>Total Balance Due</b>	<b>0.00</b>

Payment due upon receipt. Thank you for your business!

1040

Individual  
Diagnostic Summary

2024

Name(s)  
KOTLA GIRI

Taxpayer Tax ID Number  
216-56-5899

Spouse Tax Id Number

Mailing Address:

245 PARKWAY  
Pleasanton, CA 94566

Resident State: CA

Taxpayer

Date of Birth: 12-05-1999  
Age on 12/31/2024: 25  
Daytime Phone: 966-663-6275  
Evening Phone:  
Cell Phone: 966-663-6275  
Taxpayer email:  
Spouse email:

Spouse

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

Name	SSN	Relationship	Date of Birth	Age	Status
AYAAN KOTLA	458-98-5767	SON	02-12-2018	6	Dependent

Preparer: Giri

Invoice # and Amount:

Date: 10-09-2025

Return Information

Form Type: 1040

Item on Return	2024 Federal	2023 Federal (if available)
Filing Status	1	
Exemptions (suspended until tax year 2025)	N/A	N/A
Total Income	350,000	
AGI	350,000	
Deductions	14,600	
Taxable Income	335,400	
Tax (before credits)	87,765	
Tax Rate Percentage	35	
SE Tax		
Tax (after credits)	87,165	
EIC		
Additional CTC		
Overpayment		
Refund		
Refund Applied to ES		
Balance Due	64,854	

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.			Taxable		Refund/
T/S/J	State/City	AGI	Income	Tax	(Balance Due)
	CA540	350,000	344,460	28,374	(21,183)



**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 <b>KOTLA GIRI</b>			Identifying number <b>216-56-5899</b>	
	<b>2022</b>	<b>2023</b>	<b>2024</b>	<b>Difference 2023-2024</b>
Filing Status . . . . .			Single	
Number of Dependents . . . . .			1	1
<b>Income</b>				
Wages, salaries, tips, etc. . . . .			350,000	350,000
Taxable interest and dividends . . . .				
Taxable state and local refunds . . . .				
Alimony . . . . .				
Business income (loss) . . . . .				
Gains (losses) . . . . .				
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) . . . . .				
<b>Total Income</b> . . . . .			350,000	350,000
<b>Adjusted Gross Income</b>				
Half of self-employment tax . . . . .				
IRA deduction . . . . .				
Other adjustments . . . . .				
<b>Total Adjusted Gross Income</b> . . . .			350,000	350,000
<b>Deductions</b>				
Medical deductions . . . . .				
State and local taxes . . . . .				
Interest . . . . .				
Contributions . . . . .				
Other deductions . . . . .				
Total itemized deductions . . . . .				
Standard deduction . . . . .			14,600	14,600
<b>Total deductions claimed</b> . . . . .			14,600	14,600
<b>Qualified Business Income Deduction</b> .				
<b>Tax and Credits</b>				
<b>Taxable Income</b> . . . . .			335,400	335,400
Tax . . . . .			87,765	87,765
Credits . . . . .			600	600
Self-employment tax . . . . .				
Other taxes . . . . .				
<b>Total Tax</b> . . . . .			87,165	87,165
<b>Payments</b>				
Withholdings . . . . .			25,000	25,000
Estimated tax payments . . . . .				
Earned income credit . . . . .				
Other payments and credits . . . . .				
Estimated tax penalty . . . . .			2,689	2,689
<b>Overpayment</b> . . . . .				
Overpayment applied . . . . .				
<b>Refund</b> . . . . .				
<b>Balance Due</b> . . . . .			64,854	64,854
Marginal tax rate . . . . .			35.00	35.00
Effective tax rate . . . . .			26.17	26.17

CANOTES	Notes about the return	2024 PAGE 1
Name(s) as shown on return KOTLA GIRI		SSN/FEIN 216-56-5899
<p>002 CA 3506 - Child Care Credit</p> <p>California Child Care Credit Not Allowed. Federal AGI exceeds the limit of \$100,000 for claiming the credit.</p> <p>077 Principal Residence has been populated automatically by the software based on the resident state and street address on federal screen 1. If the information is not correct please use the CA screen ADDR - Principal Address Information to correct the data.</p> <p>121 CA 540 2EZ is not produced due to filing status and income exceeding \$100,000.</p> <p>Per CA DOR 5402EZ instructions:</p> <ul style="list-style-type: none"> <li>* \$100,000 or less (Single or Head of Household)</li> <li>* \$200,000 or less (Married filing jointly or qualifying surviving spouse)</li> </ul> <p>Note: For MFJ returns we stop the CA 5402EZ at \$100,000 for tax computation accuracy.</p> <p>140 If you want to suppress the state's notes page from generating when it only concerns long form versus short form do the following:</p> <p>Escape out of the tax package data entry screen, go to Setup-Options-States tab. Select CA from the list; check box for "Suppress the CA Notes Page concerning ONLY the reason a short form did not print."</p> <p>Note: This will turn off ONLY notes about why a California short form was not generated.</p>		

2024 CA540 Filing Instructions  
KOTLA GIRI

**Form filed:**

CA540 and supplemental forms and schedules

**Filing method:**

Your return will be e-filed, do not mail your return

**Due date:**

04-15-2025

**Payment:**

\$21,183.00

2024

California Resident Income Tax Return

540

ATTACH FEDERAL RETURN

216-56-5899    GIRI  
KOTLA                      GIRI

24

245 PARKWAY  
PLEASANTON                      CA    94566

12-05-1999

Principal Residence

Enter your county at time of filing (see instructions)

☒ ALAMEDA

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

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.

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

See instructions.

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  1 X \$149 = ☒ \$  149

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: KOTLA GIRI Your SSN or ITIN: 216565899

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

	Dependent 1	Dependent 2	Dependent 3
First Name	AYAAN		
Last Name	KOTLA		
SSN. See instructions.	458985767		
Dependent's relationship to you	SON		

Total dependent exemptions . . . . . 10 1 X \$461 = \$ 461

11 Exemption amount: Add line 7 through line 10. Transfer this amount to line 32 . . . . . 11 \$ 610

12	State wages from your federal Form(s) W-2, box 16. . . . .	12	350000	.00
13	Enter federal adjusted gross income from federal Form 1040 or 1040-SR, line 11. . . . .	13	350000	.00
14	California adjustments - subtractions. Enter the amount from Schedule CA (540), Part I, line 27, column B . . . . .	14		.00
15	Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions . . . . .	15	350000	.00
16	California adjustments - additions. Enter the amount from Schedule CA (540), Part I, line 27, column C . . . . .	16		.00
17	California adjusted gross income. Combine line 15 and line 16 . . . . .	17	350000	.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	5540	.00
19	Subtract line 18 from line 17. This is your taxable income. If less than zero, enter -0- . . . . .	19	344460	.00

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	28577	.00
32	Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$244,857, see instructions . . . . .	32	203	.00
33	Subtract line 32 from line 31. If less than zero, enter -0- . . . . .	33	28374	.00
34	Tax. See instructions. Check the box if from: • <input type="checkbox"/> Schedule G-1 • <input type="checkbox"/> FTB 5870A . . . . .	34		.00
35	Add line 33 and line 34 . . . . .	35	28374	.00

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

Your name:

KOTLA GIRI

Your SSN or ITIN:

216565899

## 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  .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  .00

## Payments

- 71 California income tax withheld. See instructions . . . . . • 71  .00
- 72 2024 California estimated tax and other payments. See instructions . . . . . • 72  .00
- 73 Withholding (Form 592-B and/or Form 593). See instructions . . . . . • 73  .00
- 74 Reserved for future use . . . . . • 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  .00

## Use Tax

- 91 Use Tax. Do not leave blank. See instructions . . . . . • 91  .00
- If line 91 is zero, check if: ☒ ☐ No use tax is owed. ☒ ☐ 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 . . . . . • ☐
- If you did not check the box, see instructions
- Individual Shared Responsibility (ISR) Penalty. See instructions • 92  .00

## Overpaid Tax/Tax Due

- 93 Payments balance. If line 78 is more than line 91, subtract line 91 from line 78 • 93  .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  .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  .00

Your name:

KOTLA GIRI

Your SSN or ITIN:

216565899

Overpaid Tax/Tax Due	98	Amount of line 97 you want applied to your <b>2025</b> estimated tax . . . . .	• 98	<input type="text"/>	.00
	99	Overpaid tax available this year. Subtract line 98 from line 97 . . . . .	• 99	<input type="text"/>	.00
	100	Tax due. If line 95 is less than line 64, subtract line 95 from line 64 . . . . .	⊙ 100	<input type="text" value="21183"/>	.00

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

Your name: KOTLA GIRI

Your SSN or ITIN: 216565899

**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 21183 .00  
Pay Online - Go to [ftb.ca.gov/pay](https://ftb.ca.gov/pay) for more information.

**Interest and Penalties** 112 Interest, late return penalties, and late payment penalties . . . . . 112 .00  
113 Underpayment of estimated tax.  
Check the box: • ☐ **FTB 5805 attached** • ☐ **FTB 5805F attached** . . . . . • 113 .00  
114 Total amount due. See instructions. Enclose, but **do not** staple, any payment . . . . . 114 21183 .00

**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 .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:

• Type  
• Routing number ☐ Checking • Account number • 116 Direct deposit amount  
☐ Savings .00

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

• Type  
• Routing number ☐ Checking • Account number • 117 Direct deposit amount  
☐ Savings .00

**Voter Info.** For voter registration information, check the box and go to [sos.ca.gov/elections](https://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:

KOTLA GIRI

Your SSN or ITIN:

216565899

**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)

10-09-2025

☒ Your email address. Enter only one email address.

☒ Preferred phone number

## Sign Here

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

Joint tax return? See instructions.

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

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

NO FIRM SETUP INFORMATION

● PTIN

Firm's address

DO NOT FILE WITH IRS UNLICENSED COPY,

● 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

<b>CAWK_AGI</b>	<b>For your records only.</b> <b>Adjusted Gross Income Split Worksheet</b>		<b>2024 AGI</b> FD/ST      Summary	
Name(s) as shown on state return KOTLA GIRI			Social Security Number 216-56-5899	
<b>Federal 1040 Income and Adjustments</b>	<b>Federal</b>		<b>State</b>	
	Col. A Taxpayer	Col. B Spouse	Col. A Taxpayer	Col. B Spouse
<b>Federal 1040</b>				
1 Wages, salaries, tips, etc. . . . .	1	350,000		350,000
2b Taxable interest . . . . .	2b			
3b Ordinary dividends . . . . .	3b			
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			
8 Other income from Schedule 1 . . . . .	8			
9 Total income (Sum of Lines 1-8) . . . . .	9	350,000		350,000
10 Adjustments to income from Schedule 1 . . . . .	10			
11 Adjusted Gross Income (line 9 - line 10) . . . . .	11	350,000		350,000
<b>Schedule 1 - Additional Income</b>				
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			
<b>Schedule 1 - Adjustments to Income</b>				
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			

<b>CAWK_AMT</b>	<b>California Schedule P Limitations Worksheet</b>	<b>2024</b>
Name(s) KOTLA GIRI		California ID Number 216-56-5899

## Part II Alternative Minimum Tax

### Line 22 - Exemption amount

If line 21 is more than the amount shown for your filing status in the middle column of the chart on line 22, Side 2 of Schedule P (540), complete the Exemption Worksheet within this line instruction to figure the amount to enter on line 22.

#### Certain Children Under Age 24

Your exemption amount is limited to the amount of your earned income plus \$9,450 if condition 1, 2, or 3 below applies to you.

1. You were under age 18 at the end of 2024.
2. You were age 18 at the end of 2024 and did not have earned income that was more than half of your support.
3. You were a full-time student over age 18 and under age 24 at the end of 2024 and did not have earned income that was more than half of your support.

If condition 1, 2, or 3 applies to you, complete the Exemption Worksheet, including lines 7 through 10, to figure the amount to enter on line 22.

**Do not** complete this worksheet if the child filed a joint tax return for 2024 or if both parents were deceased at the end of 2024.

**Certain January 1 Birthdays.** If you were born on January 1, 2007, you are considered to be age 18 at the end of 2024. Your exemption amount is limited only if you did not have earned income that was more than half of your support.

If you were born on January 1, 2006, you are considered to be age 19 at the end of 2024. Your exemption amount is limited only if you were a full-time student who did not have earned income that was more than half of your support.

If you were born on January 1, 2001, you are considered to be age 24 at the end of 2024. Your exemption amount is not limited.

#### Exemption Worksheet

If line 21 (AMTI) is equal to or more than: \$697,870 if single or head of household; \$930,498 if married/RDP filing jointly or qualifying surviving spouse/RDP \$450,368 if married/RDP filing separately, your exemption amount is zero. **Do not** complete this worksheet; instead, enter -0- on line 22.

- |   |    |         |
|---|----|---------|
| 1. Enter \$90,048 if single or head of household; \$120,065 if married/RDP filing jointly or qualifying surviving spouse/RDP \$60,029 if married/RDP filing separately . . . . .  | 1  | 90,048  |
| 2. Enter your AMTI from Schedule P (540), Part I, line 21 . . . . .   | 2  | 350,000 |
| 3. Enter \$337,678 if single or head of household; \$450,238 if married/RDP filing jointly or qualifying surviving spouse; \$225,115 if married/RDP filing separately . . . . .   | 3  | 337,678 |
| 4. Subtract line 3 from line 2. If zero or less, enter -0- . . . . .  | 4  | 12,322  |
| 5. Multiply line 4 by 25% (.25) . . . . .   | 5  | 3,081   |
| 6. Subtract line 5 from line 1. If zero or less, enter -0-. If any of the three conditions under "Certain Children Under Age 24" apply to you, go to line 7. Otherwise, enter this amount on Schedule P (540), Part II, line 22 and complete Schedule P (540) . . . . . | 6  | 86,967  |
| 7. Minimum exemption amount for certain children under age 24 . . . . .   | 7  | \$9,450 |
| 8. Enter your earned income*, if any. . . . .   | 8  |         |
| 9. Add line 7 and line 8 . . . . .  | 9  |         |
| 10. Enter the smaller of line 6 or line 9 here and on Schedule P (540), Part II, line 22. . . . .   | 10 |         |

\*Earned income includes wages, tips, and other payments received for personal services performed.

2024

## 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 type="radio"/> 216565899	<input type="radio"/> LIC COM
b. Employer identification number (EIN)	Employer's address
<input type="radio"/> 369875525	<input type="radio"/> 545 PARKWAY
	City State ZIP code
	<input type="radio"/> PLEASANTON <input type="radio"/> CA <input type="radio"/> 94566
e. Employee's first name*	Initial* Last name* Suffix*
<input type="radio"/> KOTLA	<input type="radio"/> <input type="radio"/> GIRI <input type="radio"/>
f. Employee's address*	
<input type="radio"/> 245 PARKWAY	
City*	State* ZIP code*
<input type="radio"/> PLEASANTON	<input type="radio"/> CA <input type="radio"/> 94566

1. <input type="radio"/> Wages, tips, other compensation	4. <input type="radio"/> Social security tax withheld	8. <input type="radio"/> Allocated tips (not included in box 1)
<input type="radio"/> 350000	<input type="radio"/> 6237	<input type="radio"/>
2. <input type="radio"/> Federal income tax withheld	6. <input type="radio"/> Medicare tax withheld	10. <input type="radio"/> Dependent care benefits
<input type="radio"/> 25000	<input type="radio"/> 1459	<input type="radio"/>
3. <input type="radio"/> Social security wages	7. <input type="radio"/> Social security tips	11. <input type="radio"/> Nonqualified plans
<input type="radio"/> 100600	<input type="radio"/>	<input type="radio"/>

## 12. Codes and amounts

Code	Amount	Code	Amount
12a. <input type="radio"/>	<input type="radio"/>	12c. <input type="radio"/>	<input type="radio"/>
Code	Amount	Code	Amount
12b. <input type="radio"/>	<input type="radio"/>	12d. <input type="radio"/>	<input type="radio"/>

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

<input type="radio"/> Statutory employee	<input type="radio"/> Retirement plan	<input type="radio"/> Third-party sick pay
--	---------------------------------------	--

## 14. SDI, VPDI, or CA SDI (from federal Form W-2, box 14 or 19)

Type	Amount
<input type="radio"/>	<input type="radio"/>

## 16. State wages, tips, etc.

<input type="radio"/> 350000
------------------------------

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

State	Employer's state ID number
<input type="radio"/> CA	<input type="radio"/>

## 17. State income tax

<input type="radio"/> 15000
-----------------------------

## 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](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 - 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.

**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, 2025**

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** 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 2024 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

**2024**

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

CALIFORNIA FORM

**3582 (e-file)**

216-56-5899  
KOTLA

GIRI  
GIRI

24

245 PARKWAY  
PLEASANTON

CA 94566

AMOUNT OF PAYMENT

21183.

# Health Coverage Exemptions and Individual Shared Responsibility Penalty

2024

3853

Attach to your California Form 540, Form 540NR, or Form 540 2EZ.

Name(s) as shown on your California tax return

SSN or ITIN

KOTLA GIRI

216-56-5899

## Part I Applicable Household Members. List all members of your applicable household whether or not they have an exemption or an Exemption Certificate Number (ECN) granted by the Marketplace. See instructions.

1	First Name <input checked="" type="radio"/> KOTLA	Initial <input checked="" type="radio"/>	SSN <input checked="" type="radio"/> 216-56-5899	Date of Birth (mm/dd/yyyy) <input checked="" type="radio"/> 12-05-1999	Modified AGI <input checked="" type="radio"/> 350,000
	Last Name <input checked="" type="radio"/> GIRI		ECN 1 <input checked="" type="radio"/>	ECN 2 <input checked="" type="radio"/>	ECN 3 <input checked="" type="radio"/>
2	First Name <input checked="" type="radio"/> AYAAN	Initial <input checked="" type="radio"/>	SSN <input checked="" type="radio"/> 458-98-5767	Date of Birth (mm/dd/yyyy) <input checked="" type="radio"/> 02-12-2018	Modified AGI <input checked="" type="radio"/>
	Last Name <input checked="" type="radio"/> KOTLA		ECN 1 <input checked="" type="radio"/>	ECN 2 <input checked="" type="radio"/>	ECN 3 <input checked="" type="radio"/>
3	First Name <input checked="" type="radio"/>	Initial <input checked="" type="radio"/>	SSN <input checked="" type="radio"/>	Date of Birth (mm/dd/yyyy) <input checked="" type="radio"/>	Modified AGI <input checked="" type="radio"/>
	Last Name <input checked="" type="radio"/>		ECN 1 <input checked="" type="radio"/>	ECN 2 <input checked="" type="radio"/>	ECN 3 <input checked="" type="radio"/>
4	First Name <input checked="" type="radio"/>	Initial <input checked="" type="radio"/>	SSN <input checked="" type="radio"/>	Date of Birth (mm/dd/yyyy) <input checked="" type="radio"/>	Modified AGI <input checked="" type="radio"/>
	Last Name <input checked="" type="radio"/>		ECN 1 <input checked="" type="radio"/>	ECN 2 <input checked="" type="radio"/>	ECN 3 <input checked="" type="radio"/>
5	First Name <input checked="" type="radio"/>	Initial <input checked="" type="radio"/>	SSN <input checked="" type="radio"/>	Date of Birth (mm/dd/yyyy) <input checked="" type="radio"/>	Modified AGI <input checked="" type="radio"/>
	Last Name <input checked="" type="radio"/>		ECN 1 <input checked="" type="radio"/>	ECN 2 <input checked="" type="radio"/>	ECN 3 <input checked="" type="radio"/>
6	First Name <input checked="" type="radio"/>	Initial <input checked="" type="radio"/>	SSN <input checked="" type="radio"/>	Date of Birth (mm/dd/yyyy) <input checked="" type="radio"/>	Modified AGI <input checked="" type="radio"/>
	Last Name <input checked="" type="radio"/>		ECN 1 <input checked="" type="radio"/>	ECN 2 <input checked="" type="radio"/>	ECN 3 <input checked="" type="radio"/>
7	First Name <input checked="" type="radio"/>	Initial <input checked="" type="radio"/>	SSN <input checked="" type="radio"/>	Date of Birth (mm/dd/yyyy) <input checked="" type="radio"/>	Modified AGI <input checked="" type="radio"/>
	Last Name <input checked="" type="radio"/>		ECN 1 <input checked="" type="radio"/>	ECN 2 <input checked="" type="radio"/>	ECN 3 <input checked="" type="radio"/>
8	First Name <input checked="" type="radio"/>	Initial <input checked="" type="radio"/>	SSN <input checked="" type="radio"/>	Date of Birth (mm/dd/yyyy) <input checked="" type="radio"/>	Modified AGI <input checked="" type="radio"/>
	Last Name <input checked="" type="radio"/>		ECN 1 <input checked="" type="radio"/>	ECN 2 <input checked="" type="radio"/>	ECN 3 <input checked="" type="radio"/>
9	First Name <input checked="" type="radio"/>	Initial <input checked="" type="radio"/>	SSN <input checked="" type="radio"/>	Date of Birth (mm/dd/yyyy) <input checked="" type="radio"/>	Modified AGI <input checked="" type="radio"/>
	Last Name <input checked="" type="radio"/>		ECN 1 <input checked="" type="radio"/>	ECN 2 <input checked="" type="radio"/>	ECN 3 <input checked="" type="radio"/>
10	First Name <input checked="" type="radio"/>	Initial <input checked="" type="radio"/>	SSN <input checked="" type="radio"/>	Date of Birth (mm/dd/yyyy) <input checked="" type="radio"/>	Modified AGI <input checked="" type="radio"/>
	Last Name <input checked="" type="radio"/>		ECN 1 <input checked="" type="radio"/>	ECN 2 <input checked="" type="radio"/>	ECN 3 <input checked="" type="radio"/>
11	First Name <input checked="" type="radio"/>	Initial <input checked="" type="radio"/>	SSN <input checked="" type="radio"/>	Date of Birth (mm/dd/yyyy) <input checked="" type="radio"/>	Modified AGI <input checked="" type="radio"/>
	Last Name <input checked="" type="radio"/>		ECN 1 <input checked="" type="radio"/>	ECN 2 <input checked="" type="radio"/>	ECN 3 <input checked="" type="radio"/>
12	First Name <input checked="" type="radio"/>	Initial <input checked="" type="radio"/>	SSN <input checked="" type="radio"/>	Date of Birth (mm/dd/yyyy) <input checked="" type="radio"/>	Modified AGI <input checked="" type="radio"/>
	Last Name <input checked="" type="radio"/>		ECN 1 <input checked="" type="radio"/>	ECN 2 <input checked="" type="radio"/>	ECN 3 <input checked="" type="radio"/>

## Part II Coverage Exemption Claimed on Your Tax Return for Your Household

- 1 If you are claiming a coverage exemption because your applicable household income or gross income is below the filing threshold, check the box here. See Instructions . . . . . ☒ ☐

**Part III Coverage and Exemptions Claimed on Your Tax Return for Individuals.** If you and/or a member of your applicable household are reporting any coverage or are claiming exemptions for the tax year, complete Part III. See instructions.

			Coverage and Exemption Codes												
			(a) Full-Year	(b) Jan	(c) Feb	(d) Mar	(e) Apr	(f) May	(g) June	(h) July	(i) Aug	(j) Sept	(k) Oct	(l) Nov	(m) Dec
1	First Name KOTLA	Initial ⓪	⓪ X	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪
	Last Name GIRI			⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪
2	First Name AYAAN	Initial ⓪	⓪ X	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪
	Last Name KOTLA			⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪
3	First Name ⓪	Initial ⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪
	Last Name ⓪			⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪
4	First Name ⓪	Initial ⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪
	Last Name ⓪			⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪
5	First Name ⓪	Initial ⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪
	Last Name ⓪			⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪
6	First Name ⓪	Initial ⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪
	Last Name ⓪			⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪
7	First Name ⓪	Initial ⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪
	Last Name ⓪			⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪
8	First Name ⓪	Initial ⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪
	Last Name ⓪			⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪
9	First Name ⓪	Initial ⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪
	Last Name ⓪			⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪
10	First Name ⓪	Initial ⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪
	Last Name ⓪			⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪
11	First Name ⓪	Initial ⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪
	Last Name ⓪			⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪
12	First Name ⓪	Initial ⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪
	Last Name ⓪			⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪

**Part IV Individual Shared Responsibility Penalty**

1 Your Individual Shared Responsibility Penalty. Enter on Form 540, line 92; Form 540NR, line 91; or Form 540 2EZ, line 27.  
See instructions . . . . . 1 7,809

Name(s) as shown on return

KOTLA GIRI

Tax ID Number

216-56-5899

**Line 1 – Individual Shared Responsibility Penalty**

Enter your Individual Shared Responsibility Penalty amount from step 5 of the Individual Shared Responsibility Penalty Worksheet.

**Use the following steps to determine if you need to pay an Individual Shared Responsibility Penalty, and if so, calculate the amount.**

- Follow Steps 1 through 5 next.
- Complete Worksheet A and Worksheet B if you are directed to them as you complete Steps 1 through 5.
- Complete the Individual Shared Responsibility Penalty Worksheet as directed in Steps 1 through 5 or Worksheets A and B.

**Step 1 All Filers**

1. Can someone claim you as a dependent? . . . . . ☐ Yes ☒ No

If you answered **YES**, stop here. You do not owe an Individual Shared Responsibility Penalty. Check the "If someone can claim you as a dependent" box on line 6 of Form 540, Form 540NR, or Form 540 2EZ. You do not need to file form FTB 3853.

If you answered **NO**, continue.

2. Did you, and everyone else in your applicable household (see Applicable household under Definitions on Page 2) have MEC for every month of 2024? . . . . . ☐ Yes ☒ No

If you answered **YES**, stop here. You do not owe an Individual Shared Responsibility Penalty. Check the full-year health care coverage box on Side 3 of Form 540 and Form 540NR or Side 3 of Form 540 2EZ. You do not need to file form FTB 3853.

If you answered **NO**, continue.

3. Did you or anyone else in your applicable household have MEC or qualify for a coverage exemption for any month in 2024? . . . . . ☐ Yes ☒ No

If you answered **YES**, stop here. You need to file form FTB 3853 and complete Part I and Part III to claim any qualified coverage or coverage exemptions. Skip question 4; go to Worksheet A.

If you answered **NO**, continue.

4. Did you, or anyone else in your applicable household turn 18 during 2024? . . . . . ☐ Yes ☒ No

If you answered **YES** go to Worksheet A.

If you answered **NO**, go to Step 2.

**Step 2 Flat Dollar Amount**

1. Multiply \$900 by the number of people in your applicable household who were at least 18\* years old. . . . . 1 900

\* For purpose of calculating the Individual Shared Responsibility Penalty, an individual is considered 18 for an entire month if they turn 18 on the first day of the month.

2. Multiply \$450 by the number of people in your applicable household who were under age 18 . . . . . 2 450

3. Add lines 1 and 2 . . . . . 3 1,350

4. Enter the smaller of line 3 or \$2,700 here and on line 1 of the Individual Shared Responsibility Penalty Worksheet. Go to Step 3 . . . . . 4 1,350



(Keep for your records)

Name(s) as shown on return

KOTLA GIRI

Tax ID Number

216-56-5899

## Household Income Worksheet

## Step 3 Applicable Household Income

1. Enter the amount from Form 540, line 17;  
Form 540NR, line 17; or Form 540 2EZ, line 16 . . . . . 1 350,000
2. Did you receive any tax-exempt interest? . . . . . 2 \_\_\_\_\_
- ☐ **Yes.** Use the worksheet below to determine the California  
tax-exempt interest and enter the amount on line 2.
- ☒ **No.** Continue to the next question

## California tax-exempt interest

- a. Enter the amount from Schedule CA (540),  
Part I, or Schedule CA (540NR), Part II,  
Section A, line 2a. . . . . a \_\_\_\_\_
- b. Enter the amount from Schedule CA (540),  
Part I, or Schedule CA (540NR), Part II,  
Section A, line 2b, column B. . . . . b \_\_\_\_\_
- c. Add line a and line b. Enter the subtotal  
here. . . . . c \_\_\_\_\_
- d. Enter the amount from Schedule CA (540),  
Part I, or Schedule CA (540NR), Part II,  
Section A, line 2b, column C. . . . . d \_\_\_\_\_
- e. Subtract line d from line c. This is your  
California tax-exempt interest. Enter this  
amount here and on line 2. . . . . e \_\_\_\_\_

3. Did you claim any dependents?
- ☒ **Yes.** If you answered **YES**, continue to Question 4.
- ☐ **No.** If you answered **NO**, add line 1 and line 2. **This is your  
applicable household income.** Enter the result on Step 4,  
line 1.
4. Were any of the dependents you claimed required  
to file a tax return? . . . . . 4 350,000
- ☐ **Yes.** Calculate each dependent's income by following Question 1  
through Question 2 above. Add all dependent's income  
together and enter the total on line 4.
- ☒ **No.** Add line 1 and line 2. **This is your applicable household  
income.** Enter the result on Step 4, line 1.
5. Did you attach form FTB 3803?
- ☐ **Yes.** Continue to the next question
- ☐ **No.** Add line 1, line 2, and line 4. **This is your applicable  
household income.** Enter the result on Step 4, line 1.
6. Is form FTB 3803, line 4, more than \$1,300? . . . . . 6 \_\_\_\_\_
- ☐ **Yes.** Add the amount from each form FTB 3803, line 1b, and the  
smaller of form FTB 3803, line 4 or \$2,600. Enter the  
amount(s) on line 6.
- ☐ **No.** Enter -0- on line 6. Continue to the next question.
7. Add line 1, line 2, line 4, and line 6. **This is your applicable  
household income.** Enter the result on Step 4, line 1.

Name(s) as shown on return

KOTLA GIRI

Tax ID Number

216-56-5899

**Step 4 Percentage Income Amount**

1. Enter your applicable household income  
from Step 3 . . . . . 1 350,000
2. Enter your filing threshold amount. Use your gross income  
to look up your filing threshold based on your filing status,  
your age, and the number of dependents you claim.  
To determine your filing threshold, see the Do I Have  
to File? chart on page 18 . . . . . 2 37,640
3. Subtract line 2 from line 1 . . . . . 3 312,360
4. Is the amount on line 3 zero or less?
  - ☐ **Yes.** You do not owe an Individual Shared Responsibility Penalty.  
You need to file form FTB 3853 and check the "Applicable  
household income or gross income is below the filing  
threshold" box in Part II.
  - ☒ **No.** Continue
5. Multiply line 3 by 2.5% (0.025). Round to  
the nearest dollar. This is your percentage  
income amount . . . . . 5 7,809
6. Were you required to complete Worksheet A?
  - ☐ **Yes.** Go to Worksheet B. Then continue to Step 5.
  - ☒ **No.** Enter the amount from line 5 above on line 2 of the Individual  
Shared Responsibility Penalty Worksheet and complete line 3  
of that worksheet. Then continue to Step 5.

**Step 5 State Average Bronze Plan Premium**

1. Were you required to complete Worksheet A?
  - ☐ **Yes.** Continue
  - ☒ **No.** Skip question 2; Go to question 3.
2. Multiply \$348\* by the number on Worksheet A,  
line 8. Enter the result here and on line 4 of the  
Individual Shared Responsibility Penalty Worksheet.  
Skip question 3 and complete line 5 of the  
Individual Shared Responsibility  
Penalty Worksheet . . . . . 2 \_\_\_\_\_  
 \*\$348 is the 2024 state average premium for a bronze level health  
plan available through the Marketplace for one individual for one  
month.
3. Enter on line 4 of the Individual Shared Responsibility Penalty  
Worksheet the amount below that corresponds to the total number of  
people in your applicable household. Then complete line 5  
of the Individual Shared Responsibility Penalty Worksheet.
  - 1 person — \$4,176      • 3 people — \$12,528      • 5 or more people — \$20,880
  - 2 people — \$8,352      • 4 people — \$16,704

CAWK3853.LD6	Individual Shared Responsibility Penalty Worksheet	2024
(Keep for your records)		
Name(s) as shown on return		Tax ID Number
KOTLA GIRI		216-56-5899

Individual Shared Responsibility Penalty Worksheet

Use this worksheet if you are referred here from the Individual Shared Responsibility Penalty flowchart or from Worksheet A or B.

Complete Step 1	Enter the flat dollar amount. (From Step 2, question 4 or Worksheet A, line 7)	1	1,350
Complete Step 2	Enter the percentage income amount. (From Step 4, question 5 or Worksheet B, line 14)	2	7,809
Complete Step 3	Enter the larger of line 1 or line 2	3	7,809
Complete Step 4	Enter the State Average Bronze Plan Premium. (From Step 5, question 2 or 3)	4	8,352
Complete Step 5	Enter the smaller of line 3 or line 4 here and on Form 540, line 92; Form 540NR, line 91; or Form 540 2EZ, line 27. This is your Individual Shared Responsibility Penalty	5	7,809

TAXABLE YEAR

FORM

**2024****California e-file Signature Authorization for Individuals****8879**

Your name

KOTLA GIRI

Your SSN or ITIN

216-56-5899

Spouse's/RDP's name

Spouse's/RDP's SSN or ITIN

**Part I Tax Return Information** (whole dollars only)

1 California adjusted gross income (AGI). See instructions . . . . . **1** 350000

2 Amount you owe. See instructions . . . . . **2** 21183

3 Refund or no amount due. See instructions . . . . . **3** \_\_\_\_\_

**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 \_\_\_\_\_ to enter my PIN

**ERO firm name**

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**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 ► 10-09-2025

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

☐ I authorize \_\_\_\_\_ to enter my PIN

**ERO firm name**

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**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 ► \_\_\_\_\_

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.

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**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 ► 10-09-2025

CAWK_A5	State / Local tax payments made after 12/31/2024 that will be deductible on 2025 Federal Schedule A	2024
Name(s) as shown on return KOTLA GIRI		Your Social Security Number 216-56-5899

**A. 2024 Income taxes due that were paid after 12/31/2024**

A1. 4th quarter estimate/extension (may be adj. by refund) . . . . .

A2. Amount paid with return . . . . . 21,183

A3. Total payments made in 2025 . . . . . **A.** 21,183

**B. Adjustments made to payments**

B1. Interest & Penalty. . . . .

B2. Contributions, Donations, Checkoffs . . . . .

B3. Other Tax payments (Use Tax, property tax, tangible tax, etc) . . . . .

B4. Total adjustments . . . . . **B.** \_\_\_\_\_

**C. Total tax payments potentially deductible in 2025 (Line A less line B) . . . . . C.** 21,183

CAWK_EXM	California AGI Limitation Worksheet	2024
Name(s) KOTLA GIRI		California ID Number 216-56-5899

**Line 32 - Exemption Credits**

Exemption credits reduce your tax. If your federal AGI on line 13 is more than the amount shown below for your filing status, your credits will be limited.

For purposes of computing limitations based upon AGI, RDPs recalculate their AGI using a federal pro forma Form 1040 or Form 1040-SR, or California RDP Adjustments Worksheet (located in FTB Pub. 737). If your recalculated federal AGI is more than the amount shown below for your filing status, your credits will be limited.

<b>If your filing status is:</b>	<b>Is Form 540 line 13 more than:</b>
Single or married/RDP filing separately . . . . .	\$244,857
Married/RDP filing jointly or qualifying surviving spouse/RDP . . . . .	\$489,719
Head of household . . . . .	\$367,291

- Yes** Complete the AGI Limitation Worksheet on this page.  
**No** Follow the instructions on Form 540, line 32.

<b>a</b> Enter the amount from Form 540, line 13 . . . . .	<b>a</b> <u>350,000.</u>
<b>b</b> Enter the amount for your filing status on line b:	
• Single or married/RDP filing separately. . . . . \$244,857	<div> <div></div> <div>►</div> </div>
• Married/RDP filing jointly or qualifying surviving spouse/RDP \$489,719	
• Head of household. . . . . \$367,291	
<b>c</b> Subtract line b from line a . . . . .	<b>c</b> <u>105,143.</u>
<b>d</b> Divide line c by \$2,500 (\$1,250 if married/RDP filing separately). If the result is not a whole number, round it to the next higher whole number . . . . .	<b>d</b> <u>43.</u>
<b>e</b> Multiply line d by \$6 . . . . .	<b>e</b> <u>258.</u>
<b>f</b> Add the numbers from the boxes on Form 540, lines 7, 8, and 9 (not the dollar amounts) . . . . .	<b>f</b> <u>1.</u>
<b>g</b> Multiply line e by line f . . . . .	<b>g</b> <u>258.</u>
<b>h</b> Add the total <b>dollar amount</b> from Form 540, lines 7, 8, and 9 . . . . .	<b>h</b> <u>149.</u>
<b>i</b> Subtract line g from line h. If zero or less, enter -0- . . . . .	<b>i</b> <u>0.</u>
<b>j</b> Enter the number from the box on Form 540, line 10 (not the dollar amount) . . . . .	<b>j</b> <u>1.</u>
<b>k</b> Multiply line e by line j . . . . .	<b>k</b> <u>258.</u>
<b>l</b> Enter the <b>dollar amount</b> from Form 540, line 10 . . . . .	<b>l</b> <u>461.</u>
<b>m</b> Subtract line k from line l. If zero or less, enter -0- . . . . .	<b>m</b> <u>203.</u>
<b>n</b> Add line i and line m. Enter the result here and on Form 540, line 32 . . . . .	<b>n</b> <u>203.</u>

**Do not file with California. Keep for your records.**

CA-COMP	Three-year State Tax Return Comparison			2024
Name(s) as shown on return KOTLA GIRI			Taxpayer ID Number 216-56-5899	
[State] Income Tax Return	2022	2023	2024	Difference 2023-2024
Filing Status . . . . .			S	
Gross Income . . . . .			350,000	350,000
Additions . . . . .				
Subtractions . . . . .				
Exemptions . . . . .			610	610
Standard Deduction . . . . .			5,540	5,540
Itemized Deduction . . . . .				
Deductions . . . . .				
Taxable Income . . . . .			344,460	344,460
Actual State Income . . . . .				
State Income Tax . . . . .			28,374	28,374
Local Taxes . . . . .				
Use Tax . . . . .				
Contributions . . . . .				
Income Tax Withheld . . . . .			15,000	15,000
Estimates and Extension payments . . .				
Underpayment Penalty . . . . .				
Overpayment Applied to Next Year . . .				
Refund . . . . .				
Balance Due . . . . .			21,183	21,183
Marginal tax rate . . . . .			9.300000	9.300000
Effective tax rate . . . . .			8.240000	8.240000