



## 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.**

---

### Instructions for Electronic Return Originators

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

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

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

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

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

Form 1040 U.S. Individual Income Tax Return | 2024 | OMB No. 1545-0074 | IRS Use Only-Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2024, or other tax year beginning _____, 2024, ending _____		See separate instructions.			
Your first name and middle initial <b>KOTLA</b>	Last name <b>GIRI</b>	<b>Your social security number</b> <b>216-56-5899</b>			
If joint return, spouse's first name and middle initial	Last name	<b>Spouse's social security number</b>			
Home address (number and street). If you have a P.O. box, see instructions. <b>245 PARKWAY</b>		Apt. no.	<b>Presidential Election Campaign</b>		
City, town, or post office. If you have a foreign address, also complete spaces below. <b>Pleasanton</b>		State <b>CA</b>	ZIP code <b>94566</b>		
Foreign country name	Foreign province/state/county	Foreign postal code			
<b>Filing Status</b> <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married filing jointly (even if only one had income) <input type="checkbox"/> Married filing separately (MFS)		<input type="checkbox"/> Head of household (HOH) <input type="checkbox"/> 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:  <input type="checkbox"/> If treating a nonresident alien or dual-status alien spouse as a U.S. resident for the entire tax year, check the box and enter their name (see instructions and attach statement if required): _____					
<b>Digital Assets</b> At any time during 2024, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>Standard Deduction</b> <b>Someone can claim:</b> <input type="checkbox"/> You as a dependent <input type="checkbox"/> Your spouse as a dependent <input type="checkbox"/> Spouse itemizes on a separate return or you were a dual-status alien					
<b>Age/Blindness</b> <b>You:</b> <input type="checkbox"/> Were born before January 2, 1960 <input type="checkbox"/> Are blind <b>Spouse:</b> <input type="checkbox"/> Was born before January 2, 1960 <input type="checkbox"/> Is blind					
<b>Dependents</b> (see instructions): If more than four dependents, see instructions and check here . . . <input type="checkbox"/>		(2) Social security number <b>458-98-5767</b>	(3) Relationship to you <b>Son</b>	(4) Check if qualifies for (see instructions): Child tax credit <input checked="" type="checkbox"/> Credit for other dependents <input type="checkbox"/>	
<b>Income</b> <b>Attach Form(s)</b> <b>W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.</b> If you did not get a Form W-2, see instructions.		<b>1a</b> Total amount from Form(s) W-2, box 1 (see instructions) . . . . . <b>b</b> Household employee wages not reported on Form(s) W-2 . . . . . <b>c</b> Tip income not reported on line 1a (see instructions) . . . . . <b>d</b> Medicaid waiver payments not reported on Form(s) W-2 (see instructions) . . . . . <b>e</b> Taxable dependent care benefits from Form 2441, line 26 . . . . . <b>f</b> Employer-provided adoption benefits from Form 8839, line 29 . . . . . <b>g</b> Wages from Form 8919, line 6 . . . . . <b>h</b> Other earned income (see instructions) . . . . . <b>i</b> Nontaxable combat pay election (see instructions) . . . . . <b>z</b> Add lines 1a through 1h . . . . .		<b>1a</b> <input type="checkbox"/> <b>350,000</b>	<b>1b</b>
		<b>2a</b> Tax-exempt interest . . . . .	<b>2a</b> <input type="checkbox"/>	<b>1c</b>	<b>1d</b>
		<b>3a</b> Qualified dividends . . . . .	<b>3a</b> <input type="checkbox"/>	<b>1e</b>	<b>1f</b>
		<b>4a</b> IRA distributions . . . . .	<b>4a</b> <input type="checkbox"/>	<b>1g</b>	<b>1h</b>
		<b>5a</b> Pensions and annuities . . . . .	<b>5a</b> <input type="checkbox"/>	<b>1i</b>	<b>1z</b> <input type="checkbox"/> <b>350,000</b>
		<b>6a</b> Social security benefits . . . . .	<b>6a</b> <input type="checkbox"/>	<b>2b</b>	<b>2b</b>
		<b>c</b> If you elect to use the lump-sum election method, check here (see instructions) . . . . .	<b>c</b> <input type="checkbox"/>	<b>3b</b>	<b>3b</b>
		<b>7</b> Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . .	<b>7</b> <input type="checkbox"/>	<b>4b</b>	<b>4b</b>
		<b>8</b> Additional income from Schedule 1, line 10 . . . . .	<b>8</b> <input type="checkbox"/>	<b>5b</b>	<b>5b</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> <input type="checkbox"/> <b>350,000</b>	<b>6b</b>	<b>6b</b>
		<b>10</b> Adjustments to income from Schedule 1, line 26 . . . . .	<b>10</b> <input type="checkbox"/>	<b>7</b>	<b>7</b>
		<b>11</b> Subtract line 10 from line 9. This is your <b>adjusted gross income</b> . . . . .	<b>11</b> <input type="checkbox"/> <b>350,000</b>	<b>8</b>	<b>8</b>
		<b>12</b> <b>Standard deduction or itemized deductions</b> (from Schedule A) . . . . .	<b>12</b> <input type="checkbox"/> <b>14,600</b>	<b>9</b>	<b>9</b>
		<b>13</b> Qualified business income deduction from Form 8995 or Form 8995-A . . . . .	<b>13</b> <input type="checkbox"/>	<b>10</b>	<b>10</b>
		<b>14</b> Add lines 12 and 13 . . . . .	<b>14</b> <input type="checkbox"/> <b>14,600</b>	<b>11</b>	<b>11</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> <input type="checkbox"/> <b>335,400</b>	<b>12</b>	<b>12</b>
<b>Standard Deduction for:</b> <ul style="list-style-type: none"> <li>● Single or Married filing separately, \$14,600</li> <li>● Married filing jointly or Qualifying surviving spouse, \$29,200</li> <li>● Head of household, \$21,900</li> <li>● If you checked any box under <b>Standard Deduction</b>, see instructions.</li> </ul>					
<b>Attach Sch. B if required.</b>					

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

EEA

Form 1040 (2024)

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

Form **1040** (2024)

**SCHEDULE 3**  
**(Form 1040)**Department of the Treasury  
Internal Revenue Service**Additional Credits and Payments**

OMB No. 1545-0074

Attach to Form 1040, 1040-SR, or 1040-NR.  
Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.**2024**Attachment  
Sequence No. **03**

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

**Your social security number**  
**216-56-5899****KOTLA GIRI****Part I Nonrefundable Credits**

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

**Part II Other Payments and Refundable Credits**

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

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

Schedule 3 (Form 1040) 2024

EEA



## Child and Dependent Care Expenses

OMB No. 1545-0074

2024

Attachment  
Sequence No. 21Department of the Treasury  
Internal Revenue ServiceAttach to Form 1040, 1040-SR, or 1040-NR.  
Go to [www.irs.gov/Form2441](http://www.irs.gov/Form2441) for instructions and the latest information.

Name(s) shown on return

Your social security number

216-56-5899

KOTLA GIRI

**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 onForm 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 Pleasanton, CA 94566	52-6568646	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	5,000
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Did you receive  
**dependent care benefits?**  No Complete only Part II below.  
 Yes 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	<input type="checkbox"/>	5,000
			<input type="checkbox"/>	
			<input type="checkbox"/>	

3 Add the amounts in column (d) of line 2. <b>Don't</b> 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 <b>earned income</b> . 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); <b>all others</b> , enter the amount from line 4 . . . . .	5	350,000
6 Enter the <b>smallest</b> 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	If line 7 is: Over	But not over	Decimal amount is	If line 7 is: Over	But not over	Decimal amount is
\$0- 15,000	.35	\$25,000- 27,000	.29	\$37,000- 39,000	.23			
15,000- 17,000	.34	27,000- 29,000	.28	39,000- 41,000	.22			
17,000- 19,000	.33	29,000- 31,000	.27	41,000- 43,000	.21			
19,000- 21,000	.32	31,000- 33,000	.26	43,000- No limit	.20			
21,000- 23,000	.31	33,000- 35,000	.25					
23,000- 25,000	.30	35,000- 37,000	.24					

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 <b>smaller</b> of line 9c or line 10 here and on Schedule 3 (Form 1040), line 2 . . . . .	11	600

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

Form 2441 (2024)

**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](http://www.irs.gov/Schedule8812) for instructions and the latest information.

OMB No. 1545-0074

**2024**

Attachment  
Sequence No. 47

Name(s) shown on return

KOTLA GIRI

Your social security number  
216-56-5899

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

1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR . . . . .	1	350,000
2a	Enter income from Puerto Rico that you excluded . . . . .	2a	
b	Enter the amounts from lines 45 and 50 of your Form 2555 . . . . .	2b	
c	Enter the amount from line 15 of your Form 4563 . . . . .	2c	
d	Add lines 2a through 2c . . . . .	2d	
3	Add lines 1 and 2d . . . . .	3	350,000
4	Number of qualifying children under age 17 with the required social security number . . .	4	1
5	Multiply line 4 by \$2,000 . . . . .	5	2,000
6	Number of other dependents, including any qualifying children who are not under age 17 or who do not have the required social security number . . . . .	6	
<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.			
7	Multiply line 6 by \$500 . . . . .	7	
8	Add lines 5 and 7 . . . . .	8	2,000
9	Enter the amount shown below for your filing status. • Married filing jointly-\$400,000 • All other filing statuses-\$200,000	9	200,000
10	Subtract line 9 from line 3. • If zero or less, enter -0-. • If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc.	10	150,000
11	Multiply line 10 by 5% (0.05) . . . . .	11	7,500
12	Is the amount on line 8 more than the amount on line 11? <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.	12	0
13	Enter the amount from <b>Credit Limit Worksheet A</b> . . . . .	13	
14	Enter the smaller of line 12 or line 13. <b>This is your child tax credit and credit for other dependents</b> . . . . . <b>Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.</b>	14	0

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.

15	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 . . . . .	<input type="checkbox"/>
16a	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 . . . . .	16a
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 . . . . .	16b
TIP: The number of children you use for this line is the same as the number of children you used for line 4.		17
17	Enter the <b>smaller</b> of line 16a or line 16b . . . . .	17
18a	Earned income (see instructions) . . . . .	18a
b	Nontaxable combat pay (see instructions) . . . . .	18b
19	Is the amount on line 18a more than \$2,500? <input type="checkbox"/> <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 . . . . .	19
20	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.	20

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

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

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

27	This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28 . . . . .	27	0
----	--	----	---

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). <b>Enter here and include on your tax return</b> (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). <b>Enter here and include on your tax return</b> (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 **1040-V**

Department of the Treasury  
Internal Revenue Service

**Payment Voucher for Individuals**

Do not staple or attach this voucher to your payment or return.  
Go to [www.irs.gov/Payments](http://www.irs.gov/Payments) for payment options and information.

OMB No. 1545-0074

**2024**

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
216-56-5899			

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 amount
but not			% on		
over	over	pay	plus	excess	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 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
		1a	13,362	19,612	19,612
<b>1a</b> Enter your underpayment from Part III, Section A, line 17 . . .	1a				
<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.	1b	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>	2	04/15/24	06/15/24		
<b>2</b> Computation starting dates for this period . . . . .	3	Days: 15 61	Days: 15		
<b>3</b> Number of days from the date on line 2 to the date the amount on line 1a was paid or 6/30/24, whichever is earlier . . . . .	4	23			
<b>4</b> Underpayment on line 1a x Number of days on line 3 366 x 0.08	4	\$ 178	\$ 64		
<b>Rate Period 2: July 1, 2024 - September 30, 2024</b>	5	06/30/24	06/30/24	09/15/24	
<b>5</b> Computation starting dates for this period . . . . .	6	Days: 15 77	Days: 92	Days: 15	
<b>6</b> Number of days from the date on line 5 to the date the amount on line 1a was paid or 9/30/24, whichever is earlier . . . . .	7	3			
<b>7</b> Underpayment on line 1a x Number of days on line 6 366 x 0.08	7	\$ 120	\$ 394	\$ 64	
<b>Rate Period 3: October 1, 2024 - December 31, 2024</b>	8	09/30/24	09/30/24	09/30/24	
<b>8</b> Computation starting dates for this period . . . . .	9	Days: 92	Days: 92	Days: 92	
<b>9</b> Number of days from the date on line 8 to the date the amount on line 1a was paid or 12/31/24, whichever is earlier . . . . .	10				
<b>10</b> Underpayment on line 1a x Number of days on line 9 366 x 0.08	10	\$ 17	\$ 394	\$ 394	
<b>Rate Period 4: January 1, 2025 - April 15, 2025</b>	11	12/31/24	12/31/24	12/31/24	01/15/25
<b>11</b> Computation starting dates for this period . . . . .	12	Days: 15	Days: 15	Days: 105	Days: 90
<b>12</b> Number of days from the date on line 11 to the date the amount on line 1a was paid or 4/15/25, whichever is earlier . . . . .	13				
<b>13</b> Underpayment on line 1a x Number of days on line 12 365 x 0.07	13	2	\$ 246 56	\$ 395	\$ 339
<b>14</b> <b>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 . . . . .				14	\$ 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	.....
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	.....	
Disallowment 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	.....		
State tax liability for state 2210 calculation	.....		
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. To pay by credit or debit card (for a fee), go to 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	Invoice #:		
245 PARKWAY	Date:	October 09, 2025	
Pleasanton, CA 94566	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

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) <b>KOTLA GIRI</b>	Taxpayer Tax ID Number <b>216-56-5899</b>
	Spouse Tax Id Number

Mailing Address:	Taxpayer	Spouse
245 PARKWAY Pleasanton, CA 94566	Date of Birth: 12-05-1999	
	Age on 12/31/2024: 25	
	Daytime Phone: 966-663-6275	
	Evening Phone:	
Resident State: CA	Cell Phone: 966-663-6275	
	Taxpayer email:	
	Spouse email:	

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.

<u>State/City Information</u>	If more than 8 states, see last page of summary.		<u>Taxable</u>	<u>Refund/</u>	
<u>T/S/J</u>	<u>State/City</u>	<u>AGI</u>	<u>Income</u>	<u>Tax</u>	<u>(Balance Due)</u>
	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>
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
002	CA 3506 - Child Care Credit  California Child Care Credit Not Allowed. Federal AGI exceeds the limit of \$100,000 for claiming the credit.	
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.	
121	CA 540 2EZ is not produced due to filing status and income exceeding \$100,000.	
	Per CA DOR 5402EZ instructions:	
	* \$100,000 or less (Single or Head of Household) * \$200,000 or less (Married filing jointly or qualifying surviving spouse)	
	Note: For MFJ returns we stop the CA 5402EZ at \$100,000 for tax computation accuracy.	
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:	
	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."	
	Note: This will turn off ONLY notes about why a California short form was not generated.	

**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

<b>Principal Residence</b>	Enter your county at time of filing (see instructions) <input checked="" type="radio"/> ALAMEDA If your address above is the same as your principal/physical residence address at the time of filing, check this box . . . . . <input checked="" type="checkbox"/> If not, enter below your principal/physical residence address at the time of filing. Street address (number and street) (If foreign address, see instructions.) <input checked="" type="radio"/> _____ Apt. no/ste. no. _____ City _____ State _____ ZIP code _____ <input checked="" type="radio"/> _____	
<b>Filing Status</b>	If your California filing status is different from your federal filing status, check the box here . . . . . <input type="checkbox"/> 1 <input checked="" type="checkbox"/> Single      4 <input type="checkbox"/> Head of household (with qualifying person). See instructions. 2 <input type="checkbox"/> Married/RDP filing jointly (even if only one spouse/RDP had income). See instructions.      5 <input type="checkbox"/> Qualifying surviving spouse/RDP. Enter year spouse/RDP died. _____ See instructions. _____ 3 <input type="checkbox"/> Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here. _____	
<b>Exemptions</b>	6 If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See instr . . . . . <input checked="" type="checkbox"/> 6 _____ ► For line 7, line 8, line 9, and line 10: Multiply the number you enter in the box by the pre-printed dollar amount for that line. 7 <b>Personal:</b> 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. <input checked="" type="radio"/> 7 <input type="checkbox"/> 1 X \$149 = <input checked="" type="radio"/> \$ <input type="text"/> 149 <span style="float: right;"><b>Whole dollars only</b></span> 8 <b>Blind:</b> If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2. See instructions . . . . . <input checked="" type="radio"/> 8 <input type="checkbox"/> X \$149 = <input checked="" type="radio"/> \$ <input type="text"/> 9 <b>Senior:</b> If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2. See instructions . . . . . <input checked="" type="radio"/> 9 <input type="checkbox"/> X \$149 = <input checked="" type="radio"/> \$ <input type="text"/>	

Your name: KOTLA GIRI

Your SSN or ITIN: 216565899

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

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

Total dependent exemptions . . . . . • 10 [ ] 1 X \$461 = (e) \$ [ ] 461

**11 Exemption amount:** Add line 7 through line 10. Transfer this amount to line 32 . . . . . (e) 11 \$ [ ] 610**Taxable Income****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.** . . . . . (e) 13 [ ] 350000 [ ] 00**14 California adjustments - subtractions.** Enter the amount from Schedule CA (540), Part I, line 27, column B . . . . . • 14 [ ] 00 [ ] 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 [ ] 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- . . . . . (e) 19 [ ] 344460 [ ] 00**Tax****31 Tax.** Check the box if from:  Tax Table  Tax Rate Schedule•  FTB 3800 •  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 . . . . . (e) 32 [ ] 203 [ ] 00**33 Subtract line 32 from line 31.** If less than zero, enter -0- . . . . . (e) 33 [ ] 28374 [ ] 00**34 Tax.** See instructions. Check the box if from: •  Schedule G-1 •  FTB 5870A • 34 [ ] 00 [ ] 00**35 Add line 33 and line 34** . . . . . (e) 35 [ ] 28374 [ ] 00**Special Credits****40 Nonrefundable Child and Dependent Care Expenses Credit.** See instructions . . . . . • 40 [ ] 00 [ ] 00**43 Enter credit name** [ ] code •  and amount. • 43 [ ] 00 [ ] 00**44 Enter credit name** [ ] code •  and amount. • 44 [ ] 00 [ ] 00

Your name: KOTLA GIRI

Your SSN or ITIN: 216565899

<b>Special Credits</b>	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	_____	0 .00
	48 Subtract line 47 from line 35. If less than zero, enter -0- . . . . .	• 48	_____	28374 .00

---

<b>Other Taxes</b>	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	_____	28374 .00

---

<b>Payments</b>	71 California income tax withheld. See instructions . . . . .	• 71	_____	15000 .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	_____	15000 .00

---

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

---

<b>ISR Penalty</b>	92 If you and your household had full-year health care coverage, check the box. See instructions. Medicare Part A or C coverage is qualifying health care coverage . . . . .	• <input type="checkbox"/>	_____	
	Individual Shared Responsibility (ISR) Penalty. See instructions . . . . .	• 92	_____	7809 .00

---

<b>Overpaid Tax/Tax Due</b>	93 Payments balance. If line 78 is more than line 91, subtract line 91 from line 78 . . . . .	• 93	_____	15000 .00
	94 <b>Use Tax balance.</b> 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	_____	7191 .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

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

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

**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:

**Refund and Direct Deposit**  
• Routing number [ ] • Type [ ] Checking [ ] Account number [ ] • 116 Direct deposit amount [ ] 00  
[ ] Savings

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

**Voter Info.**  
• Routing number [ ] • Type [ ] Checking [ ] Account number [ ] • 117 Direct deposit amount [ ] 00  
[ ] Savings

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



<b>CAWK_AGI</b>	<b>For your records only. Adjusted Gross Income Split Worksheet</b>			<b>2024 AGI FD/ST Summary</b>
Name(s) as shown on state return <b>KOTLA GIRI</b>			<b>Social Security Number</b> <b>216-56-5899</b>	
<b>Federal 1040 Income and Adjustments</b>		<b>Federal</b>		<b>State</b>
		Col. A <b>Taxpayer</b>	Col. B <b>Spouse</b>	Col. A <b>Taxpayer</b>
<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 <b>Adjusted Gross Income</b> (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			

Name(s)

California ID Number

KOTLA GIRI

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.

- 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
  - Enter your AMTI from Schedule P (540), Part I, line 21 . . . . . 2 350,000
  - 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
  - Subtract line 3 from line 2. If zero or less, enter -0- . . . . . 4 12,322
  - Multiply line 4 by 25% (.25) . . . . . 5 3,081
  - 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
  - Minimum exemption amount for certain children under age 24 . . . . . 7 \$9,450
  
  - Enter your earned income\*, if any. . . . . 8
  - Add line 7 and line 8 . . . . . 9
  - 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
(e) 216565899	(e) LIC COM
b. Employer identification number (EIN)	Employer's address
(e) 369875525	(e) 545 PARKWAY
	City _____ State _____ ZIP code _____
	(e) PLEASANTON (e) CA (e) 94566

e. Employee's first name*	Initial*	Last name*	Suffix*
(e) KOTLA	(e) <input type="text"/>	(e) GIRI	(e) <input type="text"/>
f. Employee's address*			
(e) 245 PARKWAY	City*	State*	ZIP code*
	(e) PLEASANTON	(e) CA	(e) 94566

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

12. Codes and amounts	Code	Amount	Code	Amount
12a. (e) <input type="text"/>	(e) <input type="text"/>		12c. (e) <input type="text"/>	(e) <input type="text"/>
Code	Amount	Code	Amount	
12b. (e) <input type="text"/>	(e) <input type="text"/>	12d. (e) <input type="text"/>	(e) <input type="text"/>	

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

(e)  Statutory employee    (e)  Retirement plan    (e)  Third-party sick pay

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

Type	Amount
(e) <input type="text"/>	(e) <input type="text"/>

16. State wages, tips, etc.

(e) <input type="text"/>	350000
--------------------------	--------

15. State and employer's state ID number

State	Employer's state ID number
(e) CA	(e) <input type="text"/>

17. State income tax

(e) <input type="text"/>	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](http://ftb.ca.gov/privacy) to learn about our privacy policy statement, or go to [ftb.ca.gov/forms](http://ftb.ca.gov/forms) and search for 1131 to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection - Aviso de Privacidad del Franchise Tax Board sobre la Recaudación. To request this notice by mail, call 800.338.0505 and enter form code 948 when instructed.

**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](http://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 GIRI  
KOTLA 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

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
<b>1</b>	First Name <input checked="" type="radio"/> KOTLA	<input checked="" type="radio"/> Initial	<input checked="" type="radio"/>											
	Last Name <input checked="" type="radio"/> GIRI													
<b>2</b>	First Name <input checked="" type="radio"/> AYAAN	<input checked="" type="radio"/> Initial	<input checked="" type="radio"/>											
	Last Name <input checked="" type="radio"/> KOTLA													
<b>3</b>	First Name <input checked="" type="radio"/>	<input checked="" type="radio"/> Initial	<input checked="" type="radio"/>											
	Last Name <input checked="" type="radio"/>													
<b>4</b>	First Name <input checked="" type="radio"/>	<input checked="" type="radio"/> Initial	<input checked="" type="radio"/>											
	Last Name <input checked="" type="radio"/>													
<b>5</b>	First Name <input checked="" type="radio"/>	<input checked="" type="radio"/> Initial	<input checked="" type="radio"/>											
	Last Name <input checked="" type="radio"/>													
<b>6</b>	First Name <input checked="" type="radio"/>	<input checked="" type="radio"/> Initial	<input checked="" type="radio"/>											
	Last Name <input checked="" type="radio"/>													
<b>7</b>	First Name <input checked="" type="radio"/>	<input checked="" type="radio"/> Initial	<input checked="" type="radio"/>											
	Last Name <input checked="" type="radio"/>													
<b>8</b>	First Name <input checked="" type="radio"/>	<input checked="" type="radio"/> Initial	<input checked="" type="radio"/>											
	Last Name <input checked="" type="radio"/>													
<b>9</b>	First Name <input checked="" type="radio"/>	<input checked="" type="radio"/> Initial	<input checked="" type="radio"/>											
	Last Name <input checked="" type="radio"/>													
<b>10</b>	First Name <input checked="" type="radio"/>	<input checked="" type="radio"/> Initial	<input checked="" type="radio"/>											
	Last Name <input checked="" type="radio"/>													
<b>11</b>	First Name <input checked="" type="radio"/>	<input checked="" type="radio"/> Initial	<input checked="" type="radio"/>											
	Last Name <input checked="" type="radio"/>													
<b>12</b>	First Name <input checked="" type="radio"/>	<input checked="" type="radio"/> Initial	<input checked="" type="radio"/>											
	Last Name <input checked="" type="radio"/>													

### 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

(Keep for your records)

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

<b>California tax-exempt interest</b>	
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.

CAWK3853.LD3

**Percentage Income Amount and State Average  
Bronze Plan Premium Worksheets**  
(Keep for your records)

2024

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.
 

<input type="radio"/> 1 person — \$4,176	<input type="radio"/> 3 people — \$12,528	<input type="radio"/> 5 or more people — \$20,880
<input type="radio"/> 2 people — \$8,352	<input type="radio"/> 4 people — \$16,704	

CAWK3853.LD6

**Individual Shared Responsibility Penalty Worksheet****2024**

(Keep for your records)

Name(s) as shown on return

KOTLA GIRI

Tax ID Number

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

**2024**

FORM

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

Your name

KOTLA GIRI

Spouse's/RDP's name

Your SSN or ITIN

216-56-5899

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**

<input type="checkbox"/> I authorize _____ to enter my PIN	<input style="width: 50px; height: 15px; border: 1px solid black; margin-left: 10px;" type="text"/>
ERO firm name	

<input style="width: 10px; height: 15px; border: 1px solid black; margin-right: 5px;" type="text"/>	<input style="width: 10px; height: 15px; border: 1px solid black; margin-right: 5px;" type="text"/>	<input style="width: 10px; height: 15px; border: 1px solid black; margin-right: 5px;" type="text"/>	<input style="width: 10px; height: 15px; border: 1px solid black; margin-right: 5px;" type="text"/>	<input style="width: 10px; height: 15px; border: 1px solid black; margin-right: 5px;" type="text"/>
---	---	---	---	---

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**

<input type="checkbox"/> I authorize _____ to enter my PIN	<input style="width: 50px; height: 15px; border: 1px solid black; margin-left: 10px;" type="text"/>
ERO firm name	

<input style="width: 10px; height: 15px; border: 1px solid black; margin-right: 5px;" type="text"/>	<input style="width: 10px; height: 15px; border: 1px solid black; margin-right: 5px;" type="text"/>	<input style="width: 10px; height: 15px; border: 1px solid black; margin-right: 5px;" type="text"/>	<input style="width: 10px; height: 15px; border: 1px solid black; margin-right: 5px;" type="text"/>	<input style="width: 10px; height: 15px; border: 1px solid black; margin-right: 5px;" type="text"/>
---	---	---	---	---

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.

<input style="width: 10px; height: 15px; border: 1px solid black; margin-right: 5px;" type="text"/>	<input style="width: 10px; height: 15px; border: 1px solid black; margin-right: 5px;" type="text"/>	<input style="width: 10px; height: 15px; border: 1px solid black; margin-right: 5px;" type="text"/>	<input style="width: 10px; height: 15px; border: 1px solid black; margin-right: 5px;" type="text"/>	<input style="width: 10px; height: 15px; border: 1px solid black; margin-right: 5px;" type="text"/>	<input style="width: 10px; height: 15px; border: 1px solid black; margin-right: 5px;" type="text"/>
---	---	---	---	---	---

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

<b>CAWK_A5</b>	State / Local tax payments made after 12/31/2024 that will be deductible on 2025 Federal Schedule A	<b>2024</b>
Name(s) as shown on return <b>KOTLA GIRI</b>		Your Social Security Number <b>216-56-5899</b>
<b>A. 2024 Income taxes due that were paid after 12/31/2024</b>		
A1. 4th quarter estimate/extension (may be adj. by refund) . . . . .	21,183	
A2. Amount paid with return . . . . .		
A3. Total payments made in 2025 . . . . .		A. 21,183
<b>B. Adjustments made to payments</b>		
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

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.

If your filing status is:

Is Form 540 line 13 more than:

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.

- a Enter the amount from Form 540, line 13 . . . . . a 350,000.
- b Enter the amount for your filing status on line 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
 b 244,857.
- c Subtract line b from line a . . . . . c 105,143.
- d 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 . . . . . d 43.
- e Multiply line d by \$6 . . . . . e 258.
- f Add the numbers from the boxes on Form 540, lines 7, 8, and 9 (not the dollar amounts) . . . . . f 1.
- g Multiply line e by line f . . . . . g 258.
- h Add the total **dollar amount** from Form 540, lines 7, 8, and 9 . . . . . h 149.
- i Subtract line g from line h. If zero or less, enter -0- . . . . . i 0.
- j Enter the number from the box on Form 540, line 10 (not the dollar amount) . . . . . j 1.
- k Multiply line e by line j . . . . . k 258.
- l Enter the **dollar amount** from Form 540, line 10 . . . . . l 461.
- m Subtract line k from line l. If zero or less, enter -0- . . . . . m 203.
- n Add line i and line m. Enter the result here and on Form 540, line 32 . . . . . n 203.

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
Filing Status . . . . .			S
Gross Income . . . . .			350,000
Additions . . . . .			
Subtractions . . . . .			
Exemptions . . . . .			610
Standard Deduction. . . . .			5,540
Itemized Deduction. . . . .			
Deductions. . . . .			
Taxable Income. . . . .			344,460
Actual State Income. . . . .			
State Income Tax. . . . .			28,374
Local Taxes . . . . .			
Use Tax . . . . .			
Contributions. . . . .			
Income Tax Withheld . . . . .			15,000
Estimates and Extension payments . . .			
Underpayment Penalty . . . . .			
Overpayment Applied to Next Year . . .			
Refund. . . . .			
Balance Due . . . . .			21,183
Marginal tax rate . . . . .			9.300000
Effective tax rate . . . . .			8.240000