

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

See separate instructions.

Your first name and middle initial	Last name	Your social security number
NITINKUMAR	SONI	613-29-6721
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number
ALPABEN	SONI	607-43-0182
Home address (number and street). If you have a P.O. box, see instructions.		Apt. no.
1679 MOUNTAIRE LANE		
City, town, or post office. If you have a foreign address, also complete spaces below.		State
SAN JOSE		CA
ZIP code		95138
Foreign country name	Foreign province/state/county	Foreign postal code

☐ You ☐ Spouse

Filing Status

☐ Single ☐ Head of household (HOH)

☒ Married filing jointly (even if only one had income)

☐ Married filing separately (MFS) ☐ Qualifying surviving spouse (QSS)

Check only one box.

If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: \_\_\_\_\_

Digital Assets

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

Standard Deduction

Someone can claim: ☐ You as a dependent ☐ Your spouse as a dependent

☐ Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness

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

Dependents (see instructions):

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) Check if qualifies for (see instructions):	
				Child tax credit	Credit for other dependents
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

Income

1a	Total amount from Form(s) W-2, box 1 (see instructions)	1a	174,189
b	Household employee wages not reported on Form(s) W-2	1b	
c	Tip income not reported on line 1a (see instructions)	1c	
d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)	1d	
e	Taxable dependent care benefits from Form 2441, line 26	1e	
f	Employer-provided adoption benefits from Form 8839, line 29	1f	
g	Wages from Form 8919, line 6	1g	
h	Other earned income (see instructions)	1h	
i	Nontaxable combat pay election (see instructions)	1i	
z	Add lines 1a through 1h	1z	174,189

Attach Sch. B if required.

2a	Tax-exempt interest	2a		b	Taxable interest	2b	73
3a	Qualified dividends	3a		b	Ordinary dividends	3b	
4a	IRA distributions	4a		b	Taxable amount	4b	
5a	Pensions and annuities	5a		b	Taxable amount	5b	
6a	Social security benefits	6a		b	Taxable amount	6b	
c	If you elect to use the lump-sum election method, check here (see instructions) <input type="checkbox"/>						
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here	7					(3,000)
8	Additional income from Schedule 1, line 10	8					589,205
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income	9					760,467
10	Adjustments to income from Schedule 1, line 26	10					
11	Subtract line 10 from line 9. This is your adjusted gross income	11					760,467
12	Standard deduction or itemized deductions (from Schedule A)	12					64,593
13	Qualified business income deduction from Form 8995 or Form 8995-A	13					117,841
14	Add lines 12 and 13	14					182,434
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income	15					578,033

<b>Tax and Credits</b>	<b>16</b>	<b>Tax</b> (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____ . . .	<b>16</b>	<b>146,101</b>
	<b>17</b>	Amount from Schedule 2, line 3 . . . . .	<b>17</b>	
	<b>18</b>	Add lines 16 and 17 . . . . .	<b>18</b>	<b>146,101</b>
	<b>19</b>	Child tax credit or credit for other dependents from Schedule 8812 . . . . .	<b>19</b>	
	<b>20</b>	Amount from Schedule 3, line 8 . . . . .	<b>20</b>	
	<b>21</b>	Add lines 19 and 20 . . . . .	<b>21</b>	<b>0</b>
	<b>22</b>	Subtract line 21 from line 18. If zero or less, enter -0- . . . . .	<b>22</b>	<b>146,101</b>
	<b>23</b>	Other taxes, including self-employment tax, from Schedule 2, line 21 . . . . .	<b>23</b>	
	<b>24</b>	Add lines 22 and 23. This is your <b>total tax</b> . . . . .	<b>24</b>	<b>146,101</b>

Payments		25	Federal income tax withheld from:		
	a	Form(s) W-2 . . . . .	25a	15,089	
	b	Form(s) 1099 . . . . .	25b		
	c	Other forms (see instructions) . . . . .	25c		
	d	Add lines 25a through 25c . . . . .			25d 15,089
If you have a qualifying child, attach Sch. EIC.	26	2023 estimated tax payments and amount applied from 2022 return . . . . .			26
	27	Earned income credit (EIC) . . . . .	27		
	28	Additional child tax credit from Schedule 8812 . . . . .	28		
	29	American opportunity credit from Form 8863, line 8 . . . . .	29		
	30	Reserved for future use . . . . .	30		
	31	Amount from Schedule 3, line 15 . . . . .	31		
	32	Add lines 27, 28, 29, and 31. These are your <b>total other payments and refundable credits</b> . . . .			32 0
	33	Add lines 25d, 26, and 32. These are your <b>total payments</b> . . . . .			33 15,089

[illegible]

<b>Amount You Owe</b>	<b>37</b>	Subtract line 33 from line 24. This is the <b>amount you owe</b> . For details on how to pay, go to <a href="http://www.irs.gov/Payments">www.irs.gov/Payments</a> or see instructions . . . . .			<b>37</b>	<b>136,152</b>
	<b>38</b>	Estimated tax penalty (see instructions) . . . . .	<b>38</b>	<b>5,140</b>		

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

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

Sign Here

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

Joint return? See instructions. Keep a copy for your records.	<div>Your signature</div> <div>34998</div>	<div>Date</div> <div>04-14-2024</div>	<div>Your occupation</div> <div></div>	<div>If the IRS sent you an Identity Protection PIN, enter it here (see inst.)</div> <div><div></div><div></div><div></div><div></div><div></div><div></div></div>
	<div>Spouse's signature. If a joint return, <b>both</b> must sign.</div> <div>95752</div>	<div>Date</div> <div>04-14-2024</div>	<div>Spouse's occupation</div> <div></div>	<div>If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)</div> <div><div></div><div></div><div></div><div></div><div></div><div></div></div>
	<div>Phone no.</div> <div>408-202-0907</div>	<div>Email address</div> <div>NITINSONINADIAD@YAHOO.COM</div>		

<b>Paid Preparer Use Only</b>	Preparer's signature <b>SANJIV GUPTA</b>		Date <b>05-22-2024</b>	PTIN <b>P00450464</b>	Check if: <input type="checkbox"/> Self-employed
	Preparer's name <b>SANJIV GUPTA</b>		Phone no. <b>510-825-7563</b>		
	Firm's name <b>SANJIV GUPTA CPA</b>				
	Firm's address <b>39111 PASEO PADRE PKWY STE 101 FREMONT, CA 94538</b>				Firm's EIN <b>20-1552459</b>

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

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

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

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

OMB No. 1545-0074

**2023**

Attachment  
Sequence No. **01**

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

NITINKUMAR & ALPABEN SONI

Your social security number

613-29-6721

**Part I Additional Income**

<b>1</b>	Taxable refunds, credits, or offsets of state and local income taxes . . . . .	<b>1</b>	
<b>2a</b>	Alimony received . . . . .	<b>2a</b>	
<b>b</b>	Date of original divorce or separation agreement (see instructions): _____		
<b>3</b>	Business income or (loss). Attach Schedule C . . . . .	<b>3</b>	
<b>4</b>	Other gains or (losses). Attach Form 4797 . . . . .	<b>4</b>	
<b>5</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .	<b>5</b>	589,205
<b>6</b>	Farm income or (loss). Attach Schedule F . . . . .	<b>6</b>	
<b>7</b>	Unemployment compensation . . . . .	<b>7</b>	
<b>8</b>	Other income:		
<b>a</b>	Net operating loss . . . . .	<b>8a</b>	( )
<b>b</b>	Gambling . . . . .	<b>8b</b>	
<b>c</b>	Cancellation of debt . . . . .	<b>8c</b>	
<b>d</b>	Foreign earned income exclusion from Form 2555 . . . . .	<b>8d</b>	( )
<b>e</b>	Income from Form 8853 . . . . .	<b>8e</b>	
<b>f</b>	Income from Form 8889 . . . . .	<b>8f</b>	
<b>g</b>	Alaska Permanent Fund dividends . . . . .	<b>8g</b>	
<b>h</b>	Jury duty pay . . . . .	<b>8h</b>	
<b>i</b>	Prizes and awards . . . . .	<b>8i</b>	
<b>j</b>	Activity not engaged in for profit income . . . . .	<b>8j</b>	
<b>k</b>	Stock options . . . . .	<b>8k</b>	
<b>l</b>	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property . . . . .	<b>8l</b>	
<b>m</b>	Olympic and Paralympic medals and USOC prize money (see instructions) . . . . .	<b>8m</b>	
<b>n</b>	Section 951(a) inclusion (see instructions) . . . . .	<b>8n</b>	
<b>o</b>	Section 951A(a) inclusion (see instructions) . . . . .	<b>8o</b>	
<b>p</b>	Section 461(l) excess business loss adjustment . . . . .	<b>8p</b>	
<b>q</b>	Taxable distributions from an ABLE account (see instructions) . . . . .	<b>8q</b>	
<b>r</b>	Scholarship and fellowship grants not reported on Form W-2 . . . . .	<b>8r</b>	
<b>s</b>	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d . . . . .	<b>8s</b>	( )
<b>t</b>	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan . . . . .	<b>8t</b>	
<b>u</b>	Wages earned while incarcerated . . . . .	<b>8u</b>	
<b>z</b>	Other income. List type and amount: _____	<b>8z</b>	
<b>9</b>	Total other income. Add lines 8a through 8z . . . . .	<b>9</b>	
<b>10</b>	Combine lines 1 through 7 and 9. This is your <b>additional income</b> . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 . . . . .	<b>10</b>	589,205

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

Schedule 1 (Form 1040) 2023

**Part II Adjustments to Income**

<b>11</b>	Educator expenses . . . . .		<b>11</b>	
<b>12</b>	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .		<b>12</b>	
<b>13</b>	Health savings account deduction. Attach Form 8889 . . . . .		<b>13</b>	
<b>14</b>	Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .		<b>14</b>	
<b>15</b>	Deductible part of self-employment tax. Attach Schedule SE . . . . .		<b>15</b>	
<b>16</b>	Self-employed SEP, SIMPLE, and qualified plans . . . . .		<b>16</b>	
<b>17</b>	Self-employed health insurance deduction . . . . .		<b>17</b>	
<b>18</b>	Penalty on early withdrawal of savings . . . . .		<b>18</b>	
<b>19a</b>	Alimony paid . . . . .		<b>19a</b>	
<b>b</b>	Recipient's SSN . . . . .			
<b>c</b>	Date of original divorce or separation agreement (see instructions): . . . . .			
<b>20</b>	IRA deduction . . . . .		<b>20</b>	
<b>21</b>	Student loan interest deduction . . . . .		<b>21</b>	
<b>22</b>	Reserved for future use . . . . .		<b>22</b>	
<b>23</b>	Archer MSA deduction . . . . .		<b>23</b>	
<b>24</b>	Other adjustments:			
<b>a</b>	Jury duty pay (see instructions) . . . . .	<b>24a</b>		
<b>b</b>	Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit . . . . .	<b>24b</b>		
<b>c</b>	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m . . . . .	<b>24c</b>		
<b>d</b>	Reforestation amortization and expenses . . . . .	<b>24d</b>		
<b>e</b>	Repayment of supplemental unemployment benefits under the Trade Act of 1974 . . . . .	<b>24e</b>		
<b>f</b>	Contributions to section 501(c)(18)(D) pension plans . . . . .	<b>24f</b>		
<b>g</b>	Contributions by certain chaplains to section 403(b) plans . . . . .	<b>24g</b>		
<b>h</b>	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) . . . . .	<b>24h</b>		
<b>i</b>	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations . . . . .	<b>24i</b>		
<b>j</b>	Housing deduction from Form 2555 . . . . .	<b>24j</b>		
<b>k</b>	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) . . . . .	<b>24k</b>		
<b>z</b>	Other adjustments. List type and amount: . . . . .	<b>24z</b>		
<b>25</b>	Total other adjustments. Add lines 24a through 24z . . . . .		<b>25</b>	
<b>26</b>	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10. . . . .		<b>26</b>	<b>0</b>

**SCHEDULE A**  
**(Form 1040)**Department of the Treasury  
Internal Revenue Service**Itemized Deductions**

Attach to Form 1040 or 1040-SR.

Go to [www.irs.gov/ScheduleA](http://www.irs.gov/ScheduleA) for instructions and the latest information.**Caution:** If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

OMB No. 1545-0074

**2023**Attachment  
Sequence No. **07**

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

Your social security number

**NITINKUMAR & ALPABEN SONI****613-29-6721****Medical  
and  
Dental  
Expenses****Caution:** Do not include expenses reimbursed or paid by others.

- 1 Medical and dental expenses (see instructions) . . . . .
- 2 Enter amount from Form 1040 or 1040-SR, line 11 . . . . . **2**
- 3 Multiply line 2 by 7.5% (0.075) . . . . .
- 4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- . . . . .

**1****3****4****Taxes You  
Paid**

- 5 State and local taxes.
- a State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box . . . . . ☐
- b State and local real estate taxes (see instructions) . . . . .
- c State and local personal property taxes . . . . .
- d Add lines 5a through 5c . . . . .
- e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) . . . . .
- 6 Other taxes. List type and amount: . . . . .

**5a****48,085****5b****24,729****5c****5d****72,814****5e****10,000****6**

- 7 Add lines 5e and 6 . . . . .

**7****10,000****Interest  
You Paid****Caution:** Your mortgage interest deduction may be limited. See instructions.

- 8 Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box . . . . . ☐
- a Home mortgage interest and points reported to you on Form 1098. See instructions if limited . . . . .
- b Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address . . . . .
- c Points not reported to you on Form 1098. See instructions for special rules . . . . .
- d Reserved for future use . . . . .
- e Add lines 8a through 8c . . . . .
- 9 Investment interest. Attach Form 4952 if required. See instructions . . . . .
- 10 Add lines 8e and 9 . . . . .

**8a****54,593****8b****8c****8d****8e****54,593****9****10****54,593****Gifts to  
Charity****Caution:** If you made a gift and got a benefit for it, see instructions.

- 11 Gifts by cash or check. If you made any gift of \$250 or more, see instructions . . . . .
- 12 Other than by cash or check. If you made any gift of \$250 or more, see instructions. You **must** attach Form 8283 if over \$500 . . . . .
- 13 Carryover from prior year . . . . .
- 14 Add lines 11 through 13 . . . . .

**11****12****13****14****Casualty and  
Theft Losses**

- 15 Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions . . . . .

**15****Other  
Itemized  
Deductions**

- 16 Other - from list in instructions. List type and amount: . . . . .

**16****Total  
Itemized  
Deductions**

- 17 Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 12 . . . . .
- 18 If you elect to itemize deductions even though they are less than your standard deduction, check this box . . . . . ☐

**17****64,593**

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

Schedule A (Form 1040) 2023

Department of the Treasury  
Internal Revenue Service

## Interest and Ordinary Dividends

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

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

OMB No. 1545-0074

# 2023

Attachment  
Sequence No. **08**

Name(s) shown on return

NITINKUMAR &amp; ALPABEN SONI

**Your social security number**

613-29-6721

## Part I

### Interest

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

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

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

DIGITAL FEDERAL CREDIT UNION

WELLS FARGO BANK

INTEREST SUBTOTAL

73

1

Amount

60

13

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

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

Amount

73

73

## Part II

### Ordinary Dividends

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

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

- 5** List name of payer:

5

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

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

Amount

\_\_\_\_\_

## Part III

### Foreign Accounts and Trusts

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

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

- 7a** At any time during 2023, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions . . . . .
- If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements . . . . .
- b** If you are required to file FinCEN Form 114, list the name(s) of the foreign country(-ies) where the financial account(s) are located: \_\_\_\_\_
- 8** During 2023, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions . . . . .

Yes	No
<b>x</b>	
	<b>x</b>
	<b>x</b>

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

EEA

Schedule B (Form 1040) 2023

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

Department of the Treasury  
Internal Revenue Service

Name(s) shown on return

**Capital Gains and Losses**

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

Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.  
Go to [www.irs.gov/ScheduleD](http://www.irs.gov/ScheduleD) for instructions and the latest information.

OMB No. 1545-0074

**2023**

Attachment  
Sequence No. **12**

Your social security number

613-29-6721

**NITINKUMAR & ALPABEN SONI**

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

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

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

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

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

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . . .				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked . . . . .				
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked . . . . .				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked . . . . .				
<b>4</b> Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .			<b>4</b>	
<b>5</b> Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .			<b>5</b>	
<b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .			<b>6</b>	( 1,248,534 )
<b>7</b> <b>Net short-term capital gain or (loss).</b> Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on page 2 . . . . .			<b>7</b>	( 1,248,534 )

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

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

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

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . . .				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked . . . . .				
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked . . . . .				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked . . . . .				
<b>11</b> Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .			<b>11</b>	
<b>12</b> Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .			<b>12</b>	
<b>13</b> Capital gain distributions. See the instructions . . . . .			<b>13</b>	
<b>14</b> Long-term capital loss carryover. Enter the amount, if any, from line 13 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .			<b>14</b>	( )
<b>15</b> <b>Net long-term capital gain or (loss).</b> Combine lines 8a through 14 in column (h). Then, go to Part III on page 2 . . . . .			<b>15</b>	

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

Schedule D (Form 1040) 2023

**Part III Summary**

<b>16</b>	Combine lines 7 and 15 and enter the result . . . . .	<b>16</b>	(1,248,534)
	<ul style="list-style-type: none"> <li>• If line 16 is a <b>gain</b>, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.</li> <li>• If line 16 is a <b>loss</b>, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.</li> <li>• If line 16 is <b>zero</b>, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.</li> </ul>		
<b>17</b>	Are lines 15 and 16 <b>both</b> gains? <input type="checkbox"/> <b>Yes.</b> Go to line 18. <input type="checkbox"/> <b>No.</b> Skip lines 18 through 21, and go to line 22.		
<b>18</b>	If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet . . . . .	<b>18</b>	
<b>19</b>	If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet . . . . .	<b>19</b>	
<b>20</b>	Are lines 18 and 19 both zero or blank and you are not filing Form 4952? <input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 16. <b>Don't</b> complete lines 21 and 22 below.  <input type="checkbox"/> <b>No.</b> Complete the <b>Schedule D Tax Worksheet</b> in the instructions. <b>Don't</b> complete lines 21 and 22 below.		
<b>21</b>	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the <b>smaller</b> of: <ul style="list-style-type: none"> <li>• The loss on line 16; or</li> <li>• (\$3,000), or if married filing separately, (\$1,500)</li> </ul>	<b>21</b>	( 3,000 )
	<b>Note:</b> When figuring which amount is smaller, treat both amounts as positive numbers.		
<b>22</b>	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? <input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 16.  <input checked="" type="checkbox"/> <b>No.</b> Complete the rest of Form 1040, 1040-SR, or 1040-NR.		



Name(s) shown on return. Do not enter name and social security number if shown on page 1.

Your social security number

NITINKUMAR &amp; ALPABEN SONI

613-29-6721

**Caution:** The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.**Part II Income or Loss From Partnerships and S Corporations**

**Note:** If you report a loss, receive a distribution, dispose of stock, or receive a loan repayment from an S corporation, you **must** check the box in column (e) on line 28 and attach the required basis computation. If you report a loss from an at-risk activity for which **any** amount is **not** at risk, you **must** check the box in column (f) on line 28 and attach **Form 6198**. See instructions.

**27** Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section . . . . . ☐ Yes ☒ No

28	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if basis computation is required	(f) Check if any amount is not at risk
A	NILPA INC	S	<input type="checkbox"/>	95-4841906	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B	NITIN BULLION INC	S	<input type="checkbox"/>	84-4942480	<input type="checkbox"/>	<input type="checkbox"/>
C			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
D			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

**Passive Income and Loss****Nonpassive Income and Loss**

	(g) Passive loss allowed (attach Form 8582 if required)	(h) Passive income from Schedule K-1	(i) Nonpassive loss allowed (see Schedule K-1)	(j) Section 179 expense deduction from Form 4562	(k) Nonpassive income from Schedule K-1
A					589,205
B			0		
C					
D					
<b>29a</b>	Totals				589,205
<b>b</b>	Totals				
<b>30</b>	Add columns (h) and (k) of line 29a . . . . .			<b>30</b>	589,205
<b>31</b>	Add columns (g), (i), and (j) of line 29b . . . . .			<b>31</b>	( )
<b>32</b>	<b>Total partnership and S corporation income or (loss).</b> Combine lines 30 and 31 . . . . .			<b>32</b>	589,205

**Part III Income or Loss From Estates and Trusts**

33	(a) Name	(b) Employer identification number
A		
B		

**Passive Income and Loss****Nonpassive Income and Loss**

	(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1	(f) Other income from Schedule K-1
A				
B				
<b>34a</b>	Totals			
<b>b</b>	Totals			
<b>35</b>	Add columns (d) and (f) of line 34a . . . . .		<b>35</b>	
<b>36</b>	Add columns (c) and (e) of line 34b . . . . .		<b>36</b>	( )
<b>37</b>	<b>Total estate and trust income or (loss).</b> Combine lines 35 and 36 . . . . .		<b>37</b>	

**Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs) - Residual Holder**

38	(a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q, line 2c (see instructions)	(d) Taxable income (net loss) from Schedules Q, line 1b	(e) Income from Schedules Q, line 3b
<b>39</b>	Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below				<b>39</b>

**Part V Summary**

<b>40</b>	Net farm rental income or (loss) from Form 4835. Also, complete line 42 below . . . . .	<b>40</b>	
<b>41</b>	<b>Total income or (loss).</b> Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Schedule 1 (Form 1040), line 5 . . . . .	<b>41</b>	589,205
<b>42</b>	<b>Reconciliation of farming and fishing income.</b> Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120-S), box 17, code AN; and Schedule K-1 (Form 1041), box 14, code F. See instructions. . . . .	<b>42</b>	
<b>43</b>	<b>Reconciliation for real estate professionals.</b> If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040, Form 1040-SR, or Form 1040-NR from all rental real estate activities in which you materially participated under the passive activity loss rules . . . . .	<b>43</b>	

Department of the Treasury  
Internal Revenue Service

Attach to your tax return.

Go to [www.irs.gov/Form8995A](http://www.irs.gov/Form8995A) for instructions and the latest information.**2023**Attachment  
Sequence No. **55A**

Name(s) shown on return

Your taxpayer identification number

**NITINKUMAR & ALPABEN SONI****613-29-6721**

**Note:** You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.

Use this form if your taxable income, before your qualified business income deduction, is above \$182,100 (\$364,200 if married filing jointly), or you're a patron of an agricultural or horticultural cooperative.

**Part I Trade, Business, or Aggregation Information**

Complete Schedules A, B, and/or C (Form 8995-A), as applicable, before starting Part I. Attach additional worksheets when needed. See instructions.

1	(a) Trade, business, or aggregation name	(b) Check if specified service	(c) Check if aggregation	(d) Taxpayer identification number	(e) Check if patron
<b>A</b>	<b>K1S: NILPA INC</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>95-4841906</b>	<input type="checkbox"/>
<b>B</b>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
<b>C</b>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

**Part II Determine Your Adjusted Qualified Business Income**

		<b>A</b>	<b>B</b>	<b>C</b>
<b>2</b>	Qualified business income from the trade, business, or aggregation. See instructions . . . . .	<b>2</b>	<b>589,205</b>	
<b>3</b>	Multiply line 2 by 20% (0.20). If your taxable income is \$182,100 or less (\$364,200 if married filing jointly), skip lines 4 through 12 and enter the amount from line 3 on line 13 . . . . .	<b>3</b>	<b>117,841</b>	
<b>4</b>	Allocable share of W-2 wages from the trade, business, or aggregation . . . . .	<b>4</b>	<b>334,055</b>	
<b>5</b>	Multiply line 4 by 50% (0.50) . . . . .	<b>5</b>	<b>167,028</b>	
<b>6</b>	Multiply line 4 by 25% (0.25) . . . . .	<b>6</b>	<b>83,514</b>	
<b>7</b>	Allocable share of the unadjusted basis immediately after acquisition (UBIA) of all qualified property . . . . .	<b>7</b>	<b>218,747</b>	
<b>8</b>	Multiply line 7 by 2.5% (0.025) . . . . .	<b>8</b>	<b>5,469</b>	
<b>9</b>	Add lines 6 and 8 . . . . .	<b>9</b>	<b>88,983</b>	
<b>10</b>	Enter the greater of line 5 or line 9 . . . . .	<b>10</b>	<b>167,028</b>	
<b>11</b>	W-2 wage and UBIA of qualified property limitation. Enter the smaller of line 3 or line 10 . . . . .	<b>11</b>	<b>117,841</b>	
<b>12</b>	Phased-in reduction. Enter the amount from line 26, if any . . . . .	<b>12</b>		
<b>13</b>	Qualified business income deduction before patron reduction. Enter the greater of line 11 or line 12 . . . . .	<b>13</b>	<b>117,841</b>	
<b>14</b>	Patron reduction. Enter the amount from Schedule D (Form 8995-A), line 6, if any. See instructions . . . . .	<b>14</b>		
<b>15</b>	Qualified business income component. Subtract line 14 from line 13 . . . . .	<b>15</b>	<b>117,841</b>	
<b>16</b>	Total qualified business income component. Add all amounts reported on line 15 . . . . .	<b>16</b>	<b>117,841</b>	

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

Form **8995-A** (2023)

**Part III Phased-in Reduction**

Complete Part III only if your taxable income is more than \$182,100 but not \$232,100 (\$364,200 and \$464,200 if married filing jointly) and line 10 is less than line 3. Otherwise, skip Part III.

		A	B	C
<b>17</b>	Enter the amounts from line 3 . . . . .	<b>17</b>		
<b>18</b>	Enter the amounts from line 10 . . . . .	<b>18</b>		
<b>19</b>	Subtract line 18 from line 17 . . . . .	<b>19</b>		
<b>20</b>	Taxable income before qualified business income deduction . . . . . <b>20</b>			
<b>21</b>	Threshold. Enter \$182,100 (\$364,200 if married filing jointly) . . . . . <b>21</b>			
<b>22</b>	Subtract line 21 from line 20 . . . . . <b>22</b>			
<b>23</b>	Phase-in range. Enter \$50,000 (\$100,000 if married filing jointly) . . . . . <b>23</b>			
<b>24</b>	Phase-in percentage. Divide line 22 by line 23. . <b>24</b> %			
<b>25</b>	Total phase-in reduction. Multiply line 19 by line 24 . . . . . <b>25</b>			
<b>26</b>	Qualified business income after phase-in reduction. Subtract line 25 from line 17. Enter this amount here and on line 12, for the corresponding trade or business . . . . . <b>26</b>			

**Part IV Determine Your Qualified Business Income Deduction**

<b>27</b>	Total qualified business income component from all qualified trades, businesses, or aggregations. Enter the amount from line 16 . . . . .	<b>27</b>	<b>117,841</b>		
<b>28</b>	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss). See instructions . . . . .	<b>28</b>	<b>0</b>		
<b>29</b>	Qualified REIT dividends and PTP (loss) carryforward from prior years . . . . .	<b>29</b>	<b>( )</b>		
<b>30</b>	Total qualified REIT dividends and PTP income. Combine lines 28 and 29. If less than zero, enter -0- . . . . .	<b>30</b>	<b>0</b>		
<b>31</b>	REIT and PTP component. Multiply line 30 by 20% (0.20) . . . . .	<b>31</b>			
<b>32</b>	Qualified business income deduction before the income limitation. Add lines 27 and 31 . . . . .	<b>32</b>		<b>117,841</b>	
<b>33</b>	Taxable income before qualified business income deduction . . . . .	<b>33</b>	<b>695,874</b>		
<b>34</b>	Enter your net capital gain, if any, increased by any qualified dividends (see instructions) . . . . .	<b>34</b>	<b>0</b>		
<b>35</b>	Subtract line 34 from line 33. If zero or less, enter -0- . . . . .	<b>35</b>		<b>695,874</b>	
<b>36</b>	Income limitation. Multiply line 35 by 20% (0.20) . . . . .	<b>36</b>		<b>139,175</b>	
<b>37</b>	Qualified business income deduction before the domestic production activities deduction (DPAD) under section 199A(g). Enter the smaller of line 32 or line 36 . . . . .	<b>37</b>		<b>117,841</b>	
<b>38</b>	DPAD under section 199A(g) allocated from an agricultural or horticultural cooperative. Don't enter more than line 33 minus line 37 . . . . .	<b>38</b>			
<b>39</b>	Total qualified business income deduction. Add lines 37 and 38 . . . . .	<b>39</b>		<b>117,841</b>	
<b>40</b>	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 28 and 29. If zero or greater, enter -0- . . . . .	<b>40</b>	<b>( 0 )</b>		

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.

2023

Attachment  
Sequence No. 72

Name(s) shown on your tax return

Your social security number or EIN

NITINKUMAR &amp; ALPABEN SONI

613-29-6721

**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	73
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 589,205		
b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions)	4b (589,205)		
c	Combine lines 4a and 4b		4c	0
5a	Net gain or loss from disposition of property (see instructions)	5a (3,000)		
b	Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)	5b		
c	Adjustment from disposition of partnership interest or S corporation stock (see instructions)	5c		
d	Combine lines 5a through 5c		5d	(3,000)
6	Adjustments to investment income for certain CFCs and PFICs (see instructions)		6	
7	Other modifications to investment income (see instructions)		7	
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7		8	(2,927)

**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)	13 760,467		
14	Threshold based on filing status (see instructions)	14 250,000		
15	Subtract line 14 from line 13. If zero or less, enter -0-	15 510,467		
16	Enter the smaller of line 12 or line 15		16	0
17	Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). Enter here and include on your tax return (see instructions)		17	0
<b>Estates and Trusts:</b>				
18a	Net investment income (line 12 above)	18a		
b	Deductions for distributions of net investment income and charitable deductions (see instructions)	18b		
c	Undistributed net investment income. Subtract line 18b from line 18a (see instructions). If zero or less, enter -0-	18c		
19a	Adjusted gross income (see instructions)	19a		
b	Highest tax bracket for estates and trusts for the year (see instructions)	19b		
c	Subtract line 19b from line 19a. If zero or less, enter -0-	19c		
20	Enter the smaller of line 18c or line 19c		20	
21	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.038). Enter here and include on your tax return (see instructions)		21	

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

Form 8960 (2023)

**TAX RETURN COMPARISON**  
**2021 / 2022 / 2023**

**2023**

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

Name(s) as shown on return <b>NITINKUMAR &amp; ALPABEN SONI</b>			Identifying number <b>613-29-6721</b>	
	<b>2021</b>	<b>2022</b>	<b>2023</b>	<b>Difference 2022-2023</b>
Filing Status . . . . .	Married Joint	Married Joint	Married Joint	
Number of Dependents . . . . .				
<b>Income</b>				
Wages, salaries, tips, etc. . . . .	115,521	132,024	174,189	42,165
Taxable interest and dividends . . . .	68	152	73	(79)
Taxable state and local refunds . . . .				
Alimony . . . . .				
Business income (loss) . . . . .				
Gains (losses) . . . . .	(3,000)	(3,000)	(3,000)	
Pensions and IRA distributions . . . .				
Rent and royalty income (loss) . . . .				
Part, S-corps, trusts income (loss) . . .	153,331	447,849	589,205	141,356
Farm income (loss) . . . . .				
Unemployment compensation . . . . .				
Total SS benefits received . . . . .				
Taxable SS benefits . . . . .				
Other income (loss) . . . . .				
<b>Total Income</b> . . . . .	<b>265,920</b>	<b>577,025</b>	<b>760,467</b>	<b>183,442</b>
<b>Adjusted Gross Income</b>				
Half of self-employment tax . . . . .				
IRA deduction . . . . .				
Other adjustments . . . . .				
<b>Total Adjusted Gross Income</b> . . . .	<b>265,920</b>	<b>577,025</b>	<b>760,467</b>	<b>183,442</b>
<b>Deductions</b>				
Medical deductions . . . . .				
State and local taxes . . . . .	10,000	10,000	10,000	
Interest . . . . .	30,713	28,399	54,593	26,194
Contributions . . . . .				
Other deductions . . . . .				
Total itemized deductions . . . . .	40,713	38,399	64,593	26,194
Standard deduction . . . . .		25,900	27,700	1,800
<b>Total deductions claimed</b> . . . . .	<b>40,713</b>	<b>38,399</b>	<b>64,593</b>	<b>26,194</b>
<b>Qualified Business Income Deduction</b> .	<b>30,666</b>	<b>89,570</b>	<b>117,841</b>	<b>28,271</b>
<b>Tax and Credits</b>				
<b>Taxable Income</b> . . . . .	<b>194,541</b>	<b>449,056</b>	<b>578,033</b>	<b>128,977</b>
Tax . . . . .	34,732	104,676	146,101	41,425
Credits . . . . .				
Self-employment tax . . . . .				
Other taxes . . . . .				
<b>Total Tax</b> . . . . .	<b>34,732</b>	<b>104,676</b>	<b>146,101</b>	<b>41,425</b>
<b>Payments</b>				
Withholdings . . . . .	8,403	8,806	15,089	6,283
Estimated tax payments . . . . .				
Earned income credit . . . . .				
Other payments and credits . . . . .				
Estimated tax penalty . . . . .	370	1,176	5,140	3,964
<b>Overpayment</b> . . . . .				
Overpayment applied . . . . .				
<b>Refund</b> . . . . .				
<b>Balance Due</b> . . . . .	<b>26,699</b>	<b>97,046</b>	<b>136,152</b>	<b>39,106</b>
Marginal tax rate . . . . .	24.00	35.00	35.00	
Effective tax rate . . . . .	17.85	23.31	25.28	1.97

2023

California Resident Income Tax Return

540

ATTACH FEDERAL RETURN

613-29-6721    SONI            607-43-0182            23

NITINKUMAR            SONI

ALPABEN                SONI

1679 MOUNTAIRE LANE

SAN JOSE                CA    95138

01-11-1964    10-01-1966

Principal Residence

Enter your county at time of filing (see instructions)

☒ SANTA CLARA

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

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

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

Apt. no/ste. no.

City

State

ZIP code

Filing Status

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

1 ☐ Single

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

2 ☒ Married/RDP filing jointly (even if only one spouse/RDP had income). See instructions.

5 ☐ Qualifying surviving spouse/RDP. Enter year spouse/RDP died.

See instructions.

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

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

Exemptions

For line 7, line 8, line 9, and line 10: Multiply the number you enter in the box by the pre-printed dollar amount for that line.

Whole dollars only

7 **Personal:** If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2 in the box. If you checked the box on line 6, see instructions. ☒ 7  2 X \$144 = ☒ \$  288

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

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

Your name: NITINKUMAR & ALPA Your SSN or ITIN: 613296721

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

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

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

11 Exemption amount: Add line 7 through line 10. Transfer this amount to line 32 . . . . . 11 \$ 288

12	State wages from your federal Form(s) W-2, box 16. . . . .	12	174189	.00
13	Enter federal adjusted gross income from federal Form 1040 or 1040-SR, line 11. . . . .	13	760467	.00
14	California adjustments - subtractions. Enter the amount from Schedule CA (540), Part I, line 27, column B . . . . .	14		.00
15	Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions . . . . .	15	760467	.00
16	California adjustments - additions. Enter the amount from Schedule CA (540), Part I, line 27, column C . . . . .	16	6041	.00
17	California adjusted gross income. Combine line 15 and line 16 . . . . .	17	766508	.00
18	Enter the larger of { Your California itemized deductions from Schedule CA (540), Part II, line 30; OR Your California standard deduction shown below for your filing status: • Single or Married/RDP filing separately . . . . . \$5,363 • Married/RDP filing jointly, Head of household, or Qualifying surviving spouse/RDP • \$10,726 If Married/RDP filing separately or the box on line 6 is checked, STOP. See instructions . . . . .	18	62138	.00
19	Subtract line 18 from line 17. This is your taxable income. If less than zero, enter -0- . . . . .	19	704370	.00

31	Tax. Check the box if from: <input type="checkbox"/> Tax Table <input checked="" type="checkbox"/> Tax Rate Schedule			
	• <input type="checkbox"/> FTB 3800 • <input type="checkbox"/> FTB 3803 . . . . .	31	58873	.00
32	Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$237,035, see instructions . . . . .	32	0	.00
33	Subtract line 32 from line 31. If less than zero, enter -0- . . . . .	33	58873	.00
34	Tax. See instructions. Check the box if from: • <input type="checkbox"/> Schedule G-1 • <input type="checkbox"/> FTB 5870A . . . . .	34		.00
35	Add line 33 and line 34 . . . . .	35	58873	.00

40	Nonrefundable Child and Dependent Care Expenses Credit. See instructions. . . . .	40		.00
43	Enter credit name code and amount. . . . .	43		.00
44	Enter credit name code and amount. . . . .	44		.00

Your name: NITINKUMAR &amp; ALPA

Your SSN or ITIN: 613296721

## Special Credits

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

## Other Taxes

- 61 Alternative Minimum Tax. Attach Schedule P (540). . . . . • 61  .00
- 62 Mental Health Services Tax. See instructions . . . . . • 62  .00
- 63 Other taxes and credit recapture. See instructions . . . . . • 63  .00
- 64 Add line 48, line 61, line 62, and line 63. This is your total tax . . . . . • 64  .00

## Payments

- 71 California income tax withheld. See instructions . . . . . • 71  .00
- 72 2023 California estimated tax and other payments. See instructions . . . . . • 72  .00
- 73 Withholding (Form 592-B and/or Form 593). See instructions . . . . . • 73  .00
- 74 Excess SDI (or VPD) withheld. See instructions . . . . . • 74  .00
- 75 Earned Income Tax Credit (EITC). See instructions . . . . . • 75  .00
- 76 Young Child Tax Credit (YCTC). See instructions . . . . . • 76  .00
- 77 Foster Youth Tax Credit (FYTC). See instructions . . . . . • 77  .00
- 78 Add line 71 through line 77. These are your total payments.  
See instructions . . . . . 78  .00

## Use Tax

- 91 Use Tax. Do not leave blank. See instructions . . . . . • 91  .00
- If line 91 is zero, check if: ☒  No use tax is owed. ☐ You paid your use tax obligation directly to CDTFA.

ISR  
Penalty

- 92 If you and your household had full-year health care coverage, check the box.  
See instructions. Medicare Part A or C coverage is qualifying health care coverage . . . . . •
- If you did not check the box, see instructions
- Individual Shared Responsibility (ISR) Penalty. See instructions • 92  .00

## Overpaid Tax/Tax Due

- 93 Payments balance. If line 78 is more than line 91, subtract line 91 from line 78 • 93  .00
- 94 Use Tax balance. If line 91 is more than line 78, subtract line 78 from line 91 • 94  .00
- 95 Payments after Individual Shared Responsibility Penalty. If line 93 is more than line 92,  
subtract line 92 from line 93 . . . . . 95  .00
- 96 Individual Shared Responsibility Penalty Balance. If line 92 is more than line 93,  
subtract line 93 from line 92 . . . . . 96  .00
- 97 Overpaid tax. If line 95 is more than line 64, subtract line 64 from line 95 . . . . . 97  .00



Your name: **NITINKUMAR & ALPA**

Your SSN or ITIN: **613296721**

<b>Overpaid Tax/Tax Due</b>	<b>98</b>	Amount of line 97 you want applied to your <b>2024</b> estimated tax . . . . .	•	<b>98</b>	<input type="text"/>	<input type="text" value=".00"/>
	<b>99</b>	Overpaid tax available this year. Subtract line 98 from line 97 . . . . .	•	<b>99</b>	<input type="text"/>	<input type="text" value=".00"/>
	<b>100</b>	Tax due. If line 95 is less than line 64, subtract line 95 from line 64 . . . . .	⊕	<b>100</b>	<input type="text" value="48975"/>	<input type="text" value=".00"/>

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

Your name: NITINKUMAR & ALPA

Your SSN or ITIN: 613296721

**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 48975 .00  
Pay Online - Go to [ftb.ca.gov/pay](https://ftb.ca.gov/pay) for more information.

**Interest and Penalties** 112 Interest, late return penalties, and late payment penalties . . . . . 112 .00  
113 Underpayment of estimated tax.  
Check the box: • ☒ **FTB 5805 attached** • ☐ **FTB 5805F attached** . . . . . • 113 1783 .00  
114 Total amount due. See instructions. Enclose, but **do not** staple, any payment . . . . . 114 50758 .00

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

Fill in the information to authorize direct deposit of your refund into one or two accounts. **Do not** attach a voided check or a deposit slip.  
See instructions. **Have you verified the routing and account numbers?** Use whole dollars only.  
All or the following amount of my refund (line 115) is authorized for direct deposit into the account shown below:

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

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

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

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

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

Sign your tax return on Side 6

Your name: **NITINKUMAR & ALPA** Your SSN or ITIN: **613296721**

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

Our privacy notice can be found in annual tax booklets or online. Go to **ftb.ca.gov/privacy** to learn about our privacy policy statement, or go to **ftb.ca.gov/forms** and search for **1131** to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form code **948** when instructed. Under penalties of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Your signature

Date

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

**05-22-2024**

☒ Your email address. Enter only one email address.

☒ Preferred phone number

**NITINSONINADIAD@YAHOO.COM**

**408-202-0907**

## Sign Here

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

Joint tax return? See instructions.

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

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

**SANJIV GUPTA CPA**

● PTIN

**P00450464**

Firm's address

**39111 PASEO PADRE PKWY STE 101 FREMONT, CA 94538**

● Firm's FEIN

**201552459**

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

Print Third Party Designee's Name

Telephone Number