

GBET GROUP, LLC
2885 SANFORD AVE STE 14877
GRANDVILLE, MI 49418
(888) 362-5032
support@greenbacktaxservices.com

April 1, 2024

Patrick Ward
23 St. Lawrence Road
Dublin D03Y278 Ireland

Dear Patrick,

Please find enclosed copies of your tax return(s) for the tax year ended December 31, 2023. Instructions for filing your return(s) are attached for your convenience. Retain the copies for your records.

The federal income tax return will be electronically filed, do not mail the enclosed copy, but retain it for your records.

Form 1040 Federal Individual Income Tax Return

The California income tax return will be electronically filed, do not mail the enclosed copy, but retain it for your records.

Form 540 NR California Non-Resident Income Tax Return

We prepared your returns based on the information you provided us. Please review the returns carefully to ensure that there are no omissions or misstatements of material facts.

If you have any questions about your tax returns, please contact us. We appreciate this opportunity to serve you.

Sincerely,

GBET GROUP, LLC

Tax Summary and Instructions for Filing
2023 Federal Individual Income Tax Return

Summary of Federal Information:

| | | |
|-------------------------------------|----|-----------|
| Federal adjusted gross income | \$ | 32,318.00 |
| Federal taxable income | \$ | 18,465.00 |
| Federal refund | \$ | 1,271.00 |

Your return will be electronically filed.

Your federal refund of \$1,271.00 will be directly deposited in your bank account.

DRAFT

Tax Summary and Instructions for Filing
2023 California Individual Income Tax Return

Summary of Form 540NR Information:

| | | |
|----------------------------|----|----------|
| State taxable income | \$ | 1,943.00 |
| State refund | \$ | 573.00 |

Your California return will be electronically filed.

Your California refund of \$573.00 will be directly deposited in your bank account.

DRAFT

IRS e-file Signature Authorization

OMB No. 1545-0074

- **ERO must obtain and retain completed Form 8879.**
 ► **Go to www.irs.gov/Form8879 for the latest information.**

Submission Identification Number (SID) ►

| | |
|--|--|
| Taxpayer's name PATRICK WARD | Social security number 780-37-3263 |
| Spouse's name | Spouse's social security number |

Part I Tax Return Information — Tax Year Ending December 31, 2023 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

| | | | |
|----------|---|----------|---------|
| 1 | Adjusted gross income | 1 | 32,318. |
| 2 | Total tax | 2 | 4,704. |
| 3 | Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | 3 | 5,975. |
| 4 | Amount you want refunded to you | 4 | 1,271. |
| 5 | Amount you owe | 5 | |

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

- ☒ I authorize GBET GROUP, LLC to enter or generate my PIN

| | | | | |
|---|---|---|---|---|
| 7 | 3 | 2 | 6 | 3 |
|---|---|---|---|---|

 as my signature on the income tax return (original or amended) I am now authorizing.
 ERO firm name
- ☐ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. 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 ► _____

Spouse's PIN: check one box only

- ☐ I authorize _____ to enter or generate my PIN

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

 as my signature on the income tax return (original or amended) I am now authorizing.
 ERO firm name
- ☐ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. 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 signature ► _____ Date ► _____

Practitioner PIN Method Returns Only—continue below**Part III Certification and Authentication — Practitioner PIN Method Only****ERO's EFIN/PIN.** Enter your six-digit EFIN followed by your five-digit self-selected PIN.

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| 3 | 8 | 4 | 6 | 0 | 0 | 2 | 7 | 9 | 0 | 9 |
|---|---|---|---|---|---|---|---|---|---|---|

Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above 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 **Pub. 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ► _____ Date ► _____

ERO Must Retain This Form — See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

| | | |
|--|--------------------------|--|
| For the year Jan. 1–Dec. 31, 2023, or other tax year beginning _____, 2023, ending _____, 20 _____ | | See separate instructions. |
| Your first name and middle initial PATRICK | Last name WARD | Your social security number 780 37 3263 |
| If joint return, spouse's first name and middle initial | Last name | Spouse's social security number |
| Home address (number and street). If you have a P.O. box, see instructions. 23 ST. LAWRENCE ROAD | | Apt. no. |
| City, town, or post office. If you have a foreign address, also complete spaces below. DUBLIN | | State |
| Foreign country name IRELAND | | Foreign province/state/county |
| Foreign postal code D03Y278 | | Foreign postal code |
| | | Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> 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

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

| | | | |
|--|---|-----------|--------------------------|
| Income | 1a Total amount from Form(s) W-2, box 1 (see instructions) | 1a | |
| | 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 | 2,330. |
| | i Nontaxable combat pay election (see instructions) | 1i | |
| | z Add lines 1a through 1h | 1z | 2,330. |
| Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld. | 2a Tax-exempt interest | 2a | |
| | 3a Qualified dividends | 3a | 2,154. |
| | 4a IRA distributions | 4a | |
| | 5a Pensions and annuities | 5a | |
| | 6a Social security benefits | 6a | |
| | b Taxable interest | 2b | 25. |
| | b Ordinary dividends | 3b | 3,088. |
| | b Taxable amount | 4b | |
| | b Taxable amount | 5b | 29,875. |
| | 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 | |
| | 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income | 9 | 32,318. |
| | 10 Adjustments to income from Schedule 1, line 26 | 10 | |
| | 11 Subtract line 10 from line 9. This is your adjusted gross income | 11 | 32,318. |
| | 12 Standard deduction or itemized deductions (from Schedule A) | 12 | 13,850. |
| | 13 Qualified business income deduction from Form 8995 or Form 8995-A | 13 | 3. |
| | 14 Add lines 12 and 13 | 14 | 13,853. |
| | 15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income | 15 | 18,465. |

| | | | | |
|-------------------------------|--|---|--------------------------------------|---|
| Tax and Credits | 16 | Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____ | 16 | 1,739. |
| | 17 | Amount from Schedule 2, line 3 | 17 | |
| | 18 | Add lines 16 and 17 | 18 | 1,739. |
| | 19 | Child tax credit or credit for other dependents from Schedule 8812 | 19 | |
| | 20 | Amount from Schedule 3, line 8 | 20 | 23. |
| | 21 | Add lines 19 and 20 | 21 | 23. |
| | 22 | Subtract line 21 from line 18. If zero or less, enter -0- | 22 | 1,716. |
| | 23 | Other taxes, including self-employment tax, from Schedule 2, line 21 | 23 | 2,988. |
| 24 | Add lines 22 and 23. This is your total tax | 24 | 4,704. | |
| Payments | 25 | Federal income tax withheld from: | | |
| | a | Form(s) W-2 | 25a | |
| | b | Form(s) 1099 | 25b | 5,975. |
| | c | Other forms (see instructions) | 25c | |
| | d | Add lines 25a through 25c | 25d | 5,975. |
| | 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 total other payments and refundable credits | 32 | |
| | 33 | Add lines 25d, 26, and 32. These are your total payments | 33 | 5,975. |
| Refund | 34 | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid | 34 | 1,271. |
| | 35a | Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/> | 35a | 1,271. |
| | b | Routing number 1 2 1 2 0 2 2 1 1 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings | | |
| | d | Account number 4 4 0 0 4 7 2 2 4 7 7 7 | | |
| | 36 | Amount of line 34 you want applied to your 2024 estimated tax | 36 | |
| Amount You Owe | 37 | Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to www.irs.gov/Payments or see instructions | 37 | |
| | 38 | Estimated tax penalty (see instructions) | 38 | |
| Third Party Designee | Do you want to allow another person to discuss this return with the IRS? See instructions <input type="checkbox"/> Yes . Complete below. <input checked="" type="checkbox"/> 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. | | | |
| | Your signature | Date | Your occupation | If the IRS sent you an Identity Protection PIN, enter it here (see inst.) |
| | Spouse's signature. If a joint return, both must sign. | | Date | Spouse's occupation |
| | Phone no. | | Email address | patricksjward@gmail.com |
| Paid Preparer Use Only | Preparer's name | Preparer's signature | Date | PTIN |
| | DEEPU SOMAN | DEEPU SOMAN | 04/01/2024 | P01464233 |
| | Firm's name | GBET GROUP, LLC | Phone no. (888) 362-5032 | |
| | Firm's address | 2885 SANFORD AVE STE 14877 GRANDVILLE MI 49418 | | Firm's EIN 92-1644091 |

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

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

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

OMB No. 1545-0074

2023Attachment
Sequence No. **02**

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

PATRICK WARD

Your social security number

780-37-3263

Part I Tax

| | | | |
|----------|--|----------|--|
| 1 | Alternative minimum tax. Attach Form 6251 | 1 | |
| 2 | Excess advance premium tax credit repayment. Attach Form 8962 | 2 | |
| 3 | Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17 . . | 3 | |

Part II Other Taxes

| | | | |
|-----------|--|-----------|--------|
| 4 | Self-employment tax. Attach Schedule SE | 4 | |
| 5 | Social security and Medicare tax on unreported tip income. Attach Form 4137 | 5 | |
| 6 | Uncollected social security and Medicare tax on wages. Attach Form 8919 | 6 | |
| 7 | Total additional social security and Medicare tax. Add lines 5 and 6 | 7 | |
| 8 | Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required. If not required, check here <input checked="" type="checkbox"/> | 8 | 2,988. |
| 9 | Household employment taxes. Attach Schedule H | 9 | |
| 10 | Repayment of first-time homebuyer credit. Attach Form 5405 if required | 10 | |
| 11 | Additional Medicare Tax. Attach Form 8959 | 11 | |
| 12 | Net investment income tax. Attach Form 8960 | 12 | |
| 13 | Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12 | 13 | |
| 14 | Interest on tax due on installment income from the sale of certain residential lots and timeshares | 14 | |
| 15 | Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000 | 15 | |
| 16 | Recapture of low-income housing credit. Attach Form 8611 | 16 | |

(continued on page 2)

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

Schedule 2 (Form 1040) 2023

Part II Other Taxes (continued)

| | | | |
|-----------|---|------------|--------|
| 17 | Other additional taxes: | | |
| a | Recapture of other credits. List type, form number, and amount: | 17a | |
| b | Recapture of federal mortgage subsidy, if you sold your home see instructions | 17b | |
| c | Additional tax on HSA distributions. Attach Form 8889 | 17c | |
| d | Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889 | 17d | |
| e | Additional tax on Archer MSA distributions. Attach Form 8853 | 17e | |
| f | Additional tax on Medicare Advantage MSA distributions. Attach Form 8853 | 17f | |
| g | Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property | 17g | |
| h | Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A | 17h | |
| i | Compensation you received from a nonqualified deferred compensation plan described in section 457A | 17i | |
| j | Section 72(m)(5) excess benefits tax | 17j | |
| k | Golden parachute payments | 17k | |
| l | Tax on accumulation distribution of trusts | 17l | |
| m | Excise tax on insider stock compensation from an expatriated corporation | 17m | |
| n | Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866 | 17n | |
| o | Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR | 17o | |
| p | Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund | 17p | |
| q | Any interest from Form 8621, line 24 | 17q | |
| z | Any other taxes. List type and amount: _____ | 17z | |
| 18 | Total additional taxes. Add lines 17a through 17z | 18 | |
| 19 | Reserved for future use | 19 | |
| 20 | Section 965 net tax liability installment from Form 965-A | 20 | |
| 21 | Add lines 4, 7 through 16, and 18. These are your total other taxes . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b | 21 | 2,988. |

SCHEDULE 3
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Credits and Payments

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2023
Attachment
Sequence No. **03**

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

PATRICK WARD

Your social security number

780-37-3263

Part I Nonrefundable Credits

| | | | |
|-----------|---|-----------|-----|
| 1 | Foreign tax credit. Attach Form 1116 if required | 1 | 23. |
| 2 | Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441 | 2 | |
| 3 | Education credits from Form 8863, line 19 | 3 | |
| 4 | Retirement savings contributions credit. Attach Form 8880 | 4 | |
| 5a | Residential clean energy credit from Form 5695, line 15 | 5a | |
| 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 | 23. |

(continued on page 2)

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 | Credit for repayment of amounts included in income from earlier years | 13b | |
| c | Elective payment election amount from Form 3800, Part III, line 6, column (i) | 13c | |
| d | Deferred amount of net 965 tax liability (see instructions) | 13d | |
| z | Other payments or refundable credits. List type and amount: | 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 | |

BAA

REV 03/07/24 PRO

Schedule 3 (Form 1040) 2023

**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 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

2023Attachment
Sequence No. **07**

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

PATRICK WARD

Your social security number

780-37-3263

**Medical
and
Dental
Expenses****Caution:** Do not include expenses reimbursed or paid by others.

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

**Taxes You
Paid**

- 5 State and local taxes.
- a State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box ☐
- 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: _____
- 7 Add lines 5e and 6

5a 598.**5b****5c****5d** 598.**5e** 598.**5e** 598.**5e** 598.**6****7** 598.**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**8b****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****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

598.

**SCHEDULE B
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Interest and Ordinary Dividends

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

OMB No. 1545-0074

2023
Attachment
Sequence No. **08**

Name(s) shown on return

PATRICK WARD

Your social security number

780-37-3263

**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:

ROBINHOOD SECURITIES LLC

Amount

25.

1

- 2** Add the amounts on line 1 **2** 25.
- 3** Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815 **3**
- 4** Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b **4** 25.

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

Amount

**Part II
Ordinary Dividends**

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

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

- 5** List name of payer: ROBINHOOD SECURITIES LLC

3,088.

5

- 6** Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b **6** 3,088.

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

**Part III
Foreign Accounts and Trusts**

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

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

- 7a** At any time during 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 **X**
- If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements **X**
- b** If you are required to file FinCEN Form 114, list the name(s) of the foreign country(-ies) where the financial account(s) is (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 **X**

| Yes | No |
|-------------------------------------|-------------------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> |

SCHEDULE D
(Form 1040)Department of the Treasury
Internal Revenue Service**Capital Gains and Losses**

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

Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

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

OMB No. 1545-0074

2023Attachment
Sequence No. **12**

Name(s) shown on return

PATRICK WARD

Your social security number

780-37-3263

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) |
|--|----------------------------------|---------------------------------|---|---|
| 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . | | | | |
| 1b Totals for all transactions reported on Form(s) 8949 with Box A checked | 11,997. | 11,760. | | 237. |
| 2 Totals for all transactions reported on Form(s) 8949 with Box B checked | 16,508. | 15,405. | | 1,103. |
| 3 Totals for all transactions reported on Form(s) 8949 with Box C checked | | | | |
| 4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 | | | | 4 |
| 5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 | | | | 5 |
| 6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions | | | | 6 (4,755.) |
| 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back | | | | 7 -3,415. |

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) |
|---|----------------------------------|---------------------------------|--|---|
| 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . | | | | |
| 8b Totals for all transactions reported on Form(s) 8949 with Box D checked | 1,000. | 769. | | 231. |
| 9 Totals for all transactions reported on Form(s) 8949 with Box E checked | | | | |
| 10 Totals for all transactions reported on Form(s) 8949 with Box F checked | | | | |
| 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 | | | | 11 |
| 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 | | | | 12 |
| 13 Capital gain distributions. See the instructions | | | | 13 |
| 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions | | | | 14 (883.) |
| 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III on the back | | | | 15 -652. |

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

Schedule D (Form 1040) 2023

Part III Summary

| | | | |
|--|--|-----------|------------|
| 16 | Combine lines 7 and 15 and enter the result | 16 | -4,067. |
| <ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. | | | |
| 17 | Are lines 15 and 16 both gains? <input type="checkbox"/> Yes. Go to line 18. <input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22. | | |
| 18 | If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet | 18 | |
| 19 | If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet | 19 | |
| 20 | Are lines 18 and 19 both zero or blank and you are not filing Form 4952? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. <input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below. | | |
| 21 | If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: <ul style="list-style-type: none"> • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) } | 21 | (3,000.) |
| Note: When figuring which amount is smaller, treat both amounts as positive numbers. | | | |
| 22 | Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? <input checked="" type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. <input type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR. | | |

Sales and Other Dispositions of Capital Assets

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

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

Name(s) shown on return

PATRICK WARD

Social security number or taxpayer identification number

780-37-3263

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

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

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

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

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

| 1 | (a) Description of property (Example: 100 sh. XYZ Co.) | (b) Date acquired (Mo., day, yr.) | (c) Date sold or disposed of (Mo., day, yr.) | (d) Proceeds (sales price) (see instructions) | (e) Cost or other basis See the Note below and see <i>Column (e)</i> in the separate instructions. | Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See the separate instructions. | | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g). |
|------------------|--|---|---|--|--|--|--------------------------------|--|
| | | | | | | (f) Code(s) from instructions | (g) Amount of adjustment | |
| | 169.319 SHS - ISHARES U.S. ETF TRUST | Various | 09/18/23 | 4,997. | 5,990. | | | -993. |
| | 32.591 SHS - SPDR GOLD TRUST | Various | 03/31/23 | 6,000. | 4,944. | | | 1,056. |
| | 18.129 SHS - VANGUARD STAR FUNDS | Various | 03/31/23 | 1,000. | 826. | | | 174. |
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| 2 Totals. | Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked). | | | 11,997. | 11,760. | | | 237. |

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

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

Social security number or taxpayer identification number

PATRICK WARD

780-37-3263

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

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

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

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

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

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

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

| 1 | (a) Description of property (Example: 100 sh. XYZ Co.) | (b) Date acquired (Mo., day, yr.) | (c) Date sold or disposed of (Mo., day, yr.) | (d) Proceeds (sales price) (see instructions) | (e) Cost or other basis See the Note below and see <i>Column (e)</i> in the separate instructions. | Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See the separate instructions. | | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g). |
|--|--|---|---|--|--|--|--------------------------------|--|
| | | | | | | (f) Code(s) from instructions | (g) Amount of adjustment | |
| | 2,460 SHS - ISHARES CORE S&P 500 ETF | Various | 03/31/23 | 1,000. | 769. | | | 231. |
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| 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked). | | | | 1,000. | 769. | | | 231. |

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

Form **1116**Department of the Treasury
Internal Revenue Service**Foreign Tax Credit**
(Individual, Estate, or Trust)Attach to Form 1040, 1040-SR, 1040-NR, 1041, or 990-T. **PASSIVE**
Go to www.irs.gov/Form1116 for instructions and the latest information.

OMB No. 1545-0121

2023
Attachment
Sequence No. **19**Name **PATRICK WARD** Identifying number as shown on page 1 of your tax return
780-37-3263Use a separate Form 1116 for each category of income listed below. See *Categories of Income* in the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below.

- a** ☐ Section 951A category income **c** ☒ Passive category income **e** ☐ Section 901(j) income **g** ☐ Lump-sum distributions
b ☐ Foreign branch category income **d** ☐ General category income **f** ☐ Certain income re-sourced by treaty

h Resident of (name of country) **Ireland****Note:** If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to **more than one** foreign country or U.S. possession, use a separate column and line for each country or possession.**Part I Taxable Income or Loss From Sources Outside the United States** (for category checked above)

| i Enter the name of the foreign country or U.S. possession | Foreign Country or U.S. Possession | | | Total (Add cols. A, B, and C.) |
|---|------------------------------------|---|---|-----------------------------------|
| | A | B | C | |
| 1a Gross income from sources within country shown above and of the type checked above (see instructions): <u>From 1099s</u> | 382. | | | 1a 382. |
| b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source. See instructions <input type="checkbox"/> | | | | |
| Deductions and losses (Caution: See instructions.): | | | | |
| 2 Expenses definitely related to the income on line 1a (attach statement) | | | | |
| 3 Pro rata share of other deductions not definitely related: | | | | |
| a Certain itemized deductions or standard deduction (see instructions) | 13,850. | | | |
| b Other deductions (attach statement) | | | | |
| c Add lines 3a and 3b | 13,850. | | | |
| d Gross foreign source income (see instructions) | 382. | | | |
| e Gross income from all sources (see instructions) | 40,583. | | | |
| f Divide line 3d by line 3e (see instructions) | 0.0094 | | | |
| g Multiply line 3c by line 3f | 130. | | | |
| 4 Pro rata share of interest expense (see instructions): | | | | |
| a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions) | | | | |
| b Other interest expense | | | | |
| 5 Losses from foreign sources | | | | |
| 6 Add lines 2, 3g, 4a, 4b, and 5 | 130. | | | 6 130. |
| 7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2 | | | | 7 252. |

Part II Foreign Taxes Paid or Accrued (see instructions)

| Country | Credit is claimed for taxes (you must check one) (j) <input checked="" type="checkbox"/> Paid (k) <input type="checkbox"/> Accrued | Foreign taxes paid or accrued | | | | | | | | |
|----------|--|-------------------------------|-------------------------|--------------|---|------------------------------|-------------------------|--------------|---|---|
| | | In foreign currency | | | | In U.S. dollars | | | | |
| | | Taxes withheld at source on: | | | (p) Other foreign taxes paid or accrued | Taxes withheld at source on: | | | (t) Other foreign taxes paid or accrued | (u) Total foreign taxes paid or accrued (add cols. (q) through (t)) |
| | | (m) Dividends | (n) Rents and royalties | (o) Interest | | (q) Dividends | (r) Rents and royalties | (s) Interest | | |
| A | 12/31/2023 | | | | | 23. | | | | 23. |
| B | | | | | | | | | | |
| C | | | | | | | | | | |
| 8 | Add lines A through C, column (u). Enter the total here and on line 9, page 2 | | | | | | | | | 8 23. |

For Paperwork Reduction Act Notice, see instructions.

Form **1116** (2023)

Part III Figuring the Credit

| | | | | |
|-----------|--|-----------|----------|---------|
| 9 | Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I | 9 | 23 . | |
| 10 | Enter the sum of any carryover of foreign taxes (from Schedule B, line 3, column (xiv)) plus any carrybacks to the current tax year. If you enter an amount on line 10 and you don't need to attach Schedule B, check here (see instructions) <input type="checkbox"/> (If your income was section 951A category income (box a above Part I), leave line 10 blank.) | 10 | | |
| 11 | Add lines 9 and 10 | 11 | 23 . | |
| 12 | Reduction in foreign taxes (see instructions) | 12 | () | |
| 13 | Taxes reclassified under high tax kickout (see instructions) | 13 | | |
| 14 | Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit | 14 | | 23 . |
| 15 | Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I. See instructions | 15 | 252 . | |
| 16 | Adjustments to line 15 (see instructions) | 16 | | |
| 17 | Combine the amounts on lines 15 and 16. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 18 through 24. However, if you are filing more than one Form 1116, you must complete line 20.) | 17 | 252 . | |
| 18 | Individuals: Enter the amount from line 15 of your Form 1040, 1040-SR, or 1040-NR. Estates and trusts: Enter your taxable income without the deduction for your exemption | 18 | 18,465 . | |
| | Caution: If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions. | | | |
| 19 | Divide line 17 by line 18. If line 17 is more than line 18, enter "1" | 19 | | 0.0136 |
| 20 | Individuals: Enter the total of Form 1040, 1040-SR, or 1040-NR, line 16, and Schedule 2 (Form 1040), line 2. Estates and trusts: Enter the amount from Form 1041, Schedule G, line 1a; or the total of Form 990-T, Part II, lines 2, 3, 4, and 6. Foreign estates and trusts should enter the amount from Form 1040-NR, line 16. See instructions | 20 | | 1,739 . |
| | Caution: If you are completing line 20 for separate category g (lump-sum distributions), or, if you file Form 8978, Partner's Additional Reporting Year Tax, see instructions. | | | |
| 21 | Multiply line 20 by line 19 (maximum amount of credit) | 21 | | 24 . |
| 22 | Increase in limitation (section 960(c)) (see instructions) | 22 | | |
| 23 | Add lines 21 and 22 | 23 | | 24 . |
| 24 | Enter the smaller of line 14 or line 23. If this is the only Form 1116 you are filing, skip lines 25 through 32 and enter this amount on line 33. Otherwise, complete the appropriate line in Part IV. See instructions | 24 | | 23 . |

Part IV Summary of Credits From Separate Parts III (see instructions)

| | | | | |
|-----------|--|-----------|--|------|
| 25 | Credit for taxes on section 951A category income | 25 | | |
| 26 | Credit for taxes on foreign branch category income | 26 | | |
| 27 | Credit for taxes on passive category income | 27 | | |
| 28 | Credit for taxes on general category income | 28 | | |
| 29 | Credit for taxes on section 901(j) income | 29 | | |
| 30 | Credit for taxes on certain income re-sourced by treaty | 30 | | |
| 31 | Credit for taxes on lump-sum distributions | 31 | | |
| 32 | Add lines 25 through 31 | 32 | | |
| 33 | Enter the smaller of line 20 or line 32 | 33 | | |
| 34 | Reduction of credit for international boycott operations. See instructions for line 12 | 34 | | |
| 35 | Subtract line 34 from line 33. This is your foreign tax credit . Enter here and on Schedule 3 (Form 1040), line 1; Form 1041, Schedule G, line 2a; or Form 990-T, Part III, line 1a | 35 | | 23 . |

Form **1116**Department of the Treasury
Internal Revenue Service**Foreign Tax Credit**
(Individual, Estate, or Trust)Attach to Form 1040, 1040-SR, 1040-NR, 1041, or 990-T. **PASSIVE**
Go to www.irs.gov/Form1116 for instructions and the latest information.

OMB No. 1545-0121

2023
Attachment
Sequence No. **19**Name **PATRICK WARD** Identifying number as shown on page 1 of your tax return
780-37-3263Use a separate Form 1116 for each category of income listed below. See *Categories of Income* in the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below.

- a** ☐ Section 951A category income **c** ☒ Passive category income **e** ☐ Section 901(j) income **g** ☐ Lump-sum distributions
b ☐ Foreign branch category income **d** ☐ General category income **f** ☐ Certain income re-sourced by treaty

h Resident of (name of country) **Ireland****Note:** If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to **more than one** foreign country or U.S. possession, use a separate column and line for each country or possession.**Part I Taxable Income or Loss From Sources Outside the United States** (for category checked above)

| | | Foreign Country or U.S. Possession | | | Total (Add cols. A, B, and C.) |
|---|--|------------------------------------|---|---|-----------------------------------|
| | | A | B | C | |
| i Enter the name of the foreign country or U.S. possession | | RIC | | | |
| 1a Gross income from sources within country shown above and of the type checked above (see instructions): From 1099s | | | | | |
| | | 382. | | | 1a 382. |
| b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source. See instructions <input type="checkbox"/> | | | | | |
| Deductions and losses (Caution: See instructions.): | | | | | |
| 2 Expenses definitely related to the income on line 1a (attach statement) | | | | | |
| 3 Pro rata share of other deductions not definitely related: | | | | | |
| a Certain itemized deductions or standard deduction (see instructions) | | 0. | | | |
| b Other deductions (attach statement) | | | | | |
| c Add lines 3a and 3b | | 0. | | | |
| d Gross foreign source income (see instructions) | | 382. | | | |
| e Gross income from all sources (see instructions) | | 40,583. | | | |
| f Divide line 3d by line 3e (see instructions) | | 0.0094 | | | |
| g Multiply line 3c by line 3f | | 0. | | | |
| 4 Pro rata share of interest expense (see instructions): | | | | | |
| a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions) | | | | | |
| b Other interest expense | | | | | |
| 5 Losses from foreign sources | | | | | |
| 6 Add lines 2, 3g, 4a, 4b, and 5 | | 0. | | | 6 0. |
| 7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2 | | | | | 7 382. |

Part II Foreign Taxes Paid or Accrued (see instructions)

| Country | Credit is claimed for taxes (you must check one) (j) <input checked="" type="checkbox"/> Paid (k) <input type="checkbox"/> Accrued | Foreign taxes paid or accrued | | | | | | | | |
|--|--|-------------------------------|-------------------------|--------------|---|------------------------------|-------------------------|--------------|---|---|
| | | In foreign currency | | | | In U.S. dollars | | | | |
| | | Taxes withheld at source on: | | | (p) Other foreign taxes paid or accrued | Taxes withheld at source on: | | | (t) Other foreign taxes paid or accrued | (u) Total foreign taxes paid or accrued (add cols. (q) through (t)) |
| | | (m) Dividends | (n) Rents and royalties | (o) Interest | | (q) Dividends | (r) Rents and royalties | (s) Interest | | |
| A | 12/31/2023 | | | | | 23. | | | | 23. |
| B | | | | | | | | | | |
| C | | | | | | | | | | |
| 8 Add lines A through C, column (u). Enter the total here and on line 9, page 2 | | | | | | | | | | 8 23. |

For Paperwork Reduction Act Notice, see instructions.

Form **1116** (2023)

Part III Figuring the Credit

| | | | | |
|-----------|--|-----------|----------|--------|
| 9 | Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I | 9 | 23 . | |
| 10 | Enter the sum of any carryover of foreign taxes (from Schedule B, line 3, column (xiv)) plus any carrybacks to the current tax year. If you enter an amount on line 10 and you don't need to attach Schedule B, check here (see instructions) <input type="checkbox"/> (If your income was section 951A category income (box a above Part I), leave line 10 blank.) | 10 | | |
| 11 | Add lines 9 and 10 | 11 | 23 . | |
| 12 | Reduction in foreign taxes (see instructions) | 12 | () | |
| 13 | Taxes reclassified under high tax kickout (see instructions) | 13 | | |
| 14 | Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit | 14 | | 23 . |
| 15 | Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I. See instructions | 15 | 382 . | |
| 16 | Adjustments to line 15 (see instructions) | 16 | | |
| 17 | Combine the amounts on lines 15 and 16. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 18 through 24. However, if you are filing more than one Form 1116, you must complete line 20.) | 17 | 382 . | |
| 18 | Individuals: Enter the amount from line 15 of your Form 1040, 1040-SR, or 1040-NR. Estates and trusts: Enter your taxable income without the deduction for your exemption | 18 | 32,315 . | |
| | Caution: If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions. | | | |
| 19 | Divide line 17 by line 18. If line 17 is more than line 18, enter "1" | 19 | | 0.0118 |
| 20 | Individuals: Enter the total of Form 1040, 1040-SR, or 1040-NR, line 16, and Schedule 2 (Form 1040), line 2. Estates and trusts: Enter the amount from Form 1041, Schedule G, line 1a; or the total of Form 990-T, Part II, lines 2, 3, 4, and 6. Foreign estates and trusts should enter the amount from Form 1040-NR, line 16. See instructions | 20 | | |
| | Caution: If you are completing line 20 for separate category g (lump-sum distributions), or, if you file Form 8978, Partner's Additional Reporting Year Tax, see instructions. | | | |
| 21 | Multiply line 20 by line 19 (maximum amount of credit) | 21 | | |
| 22 | Increase in limitation (section 960(c)) (see instructions) | 22 | | |
| 23 | Add lines 21 and 22 | 23 | | |
| 24 | Enter the smaller of line 14 or line 23. If this is the only Form 1116 you are filing, skip lines 25 through 32 and enter this amount on line 33. Otherwise, complete the appropriate line in Part IV. See instructions | 24 | | 0 . |

Part IV Summary of Credits From Separate Parts III (see instructions)

| | | | | |
|-----------|--|-----------|--|-----|
| 25 | Credit for taxes on section 951A category income | 25 | | |
| 26 | Credit for taxes on foreign branch category income | 26 | | |
| 27 | Credit for taxes on passive category income | 27 | | |
| 28 | Credit for taxes on general category income | 28 | | |
| 29 | Credit for taxes on section 901(j) income | 29 | | |
| 30 | Credit for taxes on certain income re-sourced by treaty | 30 | | |
| 31 | Credit for taxes on lump-sum distributions | 31 | | |
| 32 | Add lines 25 through 31 | 32 | | |
| 33 | Enter the smaller of line 20 or line 32 | 33 | | 0 . |
| 34 | Reduction of credit for international boycott operations. See instructions for line 12 | 34 | | |
| 35 | Subtract line 34 from line 33. This is your foreign tax credit . Enter here and on Schedule 3 (Form 1040), line 1; Form 1041, Schedule G, line 2a; or Form 990-T, Part III, line 1a | 35 | | 0 . |

**Additional Taxes on Qualified Plans
(Including IRAs) and Other Tax-Favored Accounts**

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

Go to www.irs.gov/Form5329 for instructions and the latest information.

OMB No. 1545-0074

2023Attachment
Sequence No. **29**

Name of individual subject to additional tax. If married filing jointly, see instructions.

PATRICK WARD

Your social security number

780-37-3263

**Fill in Your Address Only
if You Are Filing This
Form by Itself and Not
With Your Tax Return**

Home address (number and street), or P.O. box if mail is not delivered to your home

Apt. no.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete the spaces below. See instructions.

If this is an amended
return, check here ☐

Foreign country name

Foreign province/state/county

Foreign postal code

If you **only** owe the additional 10% tax on the full amount of the early distributions, you may be able to report this tax directly on Schedule 2 (Form 1040), line 8, without filing Form 5329. See instructions.**Part I Additional Tax on Early Distributions.** Complete this part if you took a taxable distribution (other than a qualified disaster distribution) before you reached age 59½ from a qualified retirement plan (including an IRA) or modified endowment contract (unless you are reporting this tax directly on Schedule 2 (Form 1040)—see above). You may also have to complete this part to indicate that you qualify for an exception to the additional tax on early distributions or for certain Roth IRA distributions. See instructions.

| | | | |
|---|--|---|---------|
| 1 | Early distributions includible in income (see instructions). For Roth IRA distributions, see instructions. | 1 | 29,875. |
| 2 | Early distributions included on line 1 that are not subject to the additional tax (see instructions). Enter the appropriate exception number from the instructions: | 2 | |
| 3 | Amount subject to additional tax. Subtract line 2 from line 1 | 3 | 29,875. |
| 4 | Additional tax. Enter 10% (0.10) of line 3. Include this amount on Schedule 2 (Form 1040), line 8 Caution: If any part of the amount on line 3 was a distribution from a SIMPLE IRA, you may have to include 25% of that amount on line 4 instead of 10%. See instructions. | 4 | 2,988. |

Part II Additional Tax on Certain Distributions From Education Accounts and ABLE Accounts. Complete this part if you included an amount in income, on Schedule 1 (Form 1040), line 8z, from a Coverdell education savings account (ESA) or a qualified tuition program (QTP), or on Schedule 1 (Form 1040), line 8q, from an ABLE account.

| | | | |
|---|--|---|--|
| 5 | Distributions included in income from a Coverdell ESA, a QTP, or an ABLE account | 5 | |
| 6 | Distributions included on line 5 that are not subject to the additional tax (see instructions) | 6 | |
| 7 | Amount subject to additional tax. Subtract line 6 from line 5 | 7 | |
| 8 | Additional tax. Enter 10% (0.10) of line 7. Include this amount on Schedule 2 (Form 1040), line 8 | 8 | |

Part III Additional Tax on Excess Contributions to Traditional IRAs. Complete this part if you contributed more to your traditional IRAs for 2023 than is allowable or you had an amount on line 17 of your 2022 Form 5329.

| | | | |
|----|---|----|--|
| 9 | Enter your excess contributions from line 16 of your 2022 Form 5329. See instructions. If zero, go to line 15 | 9 | |
| 10 | If your traditional IRA contributions for 2023 are less than your maximum allowable contribution, see instructions. Otherwise, enter -0- | 10 | |
| 11 | 2023 traditional IRA distributions included in income (see instructions) | 11 | |
| 12 | 2023 distributions of prior year excess contributions (see instructions) | 12 | |
| 13 | Add lines 10, 11, and 12 | 13 | |
| 14 | Prior year excess contributions. Subtract line 13 from line 9. If zero or less, enter -0- | 14 | |
| 15 | Excess contributions for 2023 (see instructions) | 15 | |
| 16 | Total excess contributions. Add lines 14 and 15 | 16 | |
| 17 | Additional tax. Enter 6% (0.06) of the smaller of line 16 or the value of your traditional IRAs on December 31, 2023 (including 2023 contributions made in 2024). Include this amount on Schedule 2 (Form 1040), line 8 | 17 | |

Part IV Additional Tax on Excess Contributions to Roth IRAs. Complete this part if you contributed more to your Roth IRAs for 2023 than is allowable or you had an amount on line 25 of your 2022 Form 5329.

| | | | |
|----|--|----|--|
| 18 | Enter your excess contributions from line 24 of your 2022 Form 5329. See instructions. If zero, go to line 23 | 18 | |
| 19 | If your Roth IRA contributions for 2023 are less than your maximum allowable contribution, see instructions. Otherwise, enter -0- | 19 | |
| 20 | 2023 distributions from your Roth IRAs (see instructions) | 20 | |
| 21 | Add lines 19 and 20 | 21 | |
| 22 | Prior year excess contributions. Subtract line 21 from line 18. If zero or less, enter -0- | 22 | |
| 23 | Excess contributions for 2023 (see instructions) | 23 | |
| 24 | Total excess contributions. Add lines 22 and 23 | 24 | |
| 25 | Additional tax. Enter 6% (0.06) of the smaller of line 24 or the value of your Roth IRAs on December 31, 2023 (including 2023 contributions made in 2024). Include this amount on Schedule 2 (Form 1040), line 8 | 25 | |

Part V Additional Tax on Excess Contributions to Coverdell ESAs. Complete this part if the contributions to your Coverdell ESAs for 2023 were more than is allowable or you had an amount on line 33 of your 2022 Form 5329.

| | | | |
|-----------|---|-----------|--|
| 26 | Enter the excess contributions from line 32 of your 2022 Form 5329. See instructions. If zero, go to line 31 | 26 | |
| 27 | If the contributions to your Coverdell ESAs for 2023 were less than the maximum allowable contribution, see instructions. Otherwise, enter -0- | 27 | |
| 28 | 2023 distributions from your Coverdell ESAs (see instructions) | 28 | |
| 29 | Add lines 27 and 28 | 29 | |
| 30 | Prior year excess contributions. Subtract line 29 from line 26. If zero or less, enter -0- | 30 | |
| 31 | Excess contributions for 2023 (see instructions) | 31 | |
| 32 | Total excess contributions. Add lines 30 and 31 | 32 | |
| 33 | Additional tax. Enter 6% (0.06) of the smaller of line 32 or the value of your Coverdell ESAs on December 31, 2023 (including 2023 contributions made in 2024). Include this amount on Schedule 2 (Form 1040), line 8 | 33 | |

Part VI Additional Tax on Excess Contributions to Archer MSAs. Complete this part if you or your employer contributed more to your Archer MSAs for 2023 than is allowable or you had an amount on line 41 of your 2022 Form 5329.

| | | | |
|-----------|--|-----------|--|
| 34 | Enter the excess contributions from line 40 of your 2022 Form 5329. See instructions. If zero, go to line 39 | 34 | |
| 35 | If the contributions to your Archer MSAs for 2023 are less than the maximum allowable contribution, see instructions. Otherwise, enter -0- | 35 | |
| 36 | 2023 distributions from your Archer MSAs from Form 8853, line 8 | 36 | |
| 37 | Add lines 35 and 36 | 37 | |
| 38 | Prior year excess contributions. Subtract line 37 from line 34. If zero or less, enter -0- | 38 | |
| 39 | Excess contributions for 2023 (see instructions) | 39 | |
| 40 | Total excess contributions. Add lines 38 and 39 | 40 | |
| 41 | Additional tax. Enter 6% (0.06) of the smaller of line 40 or the value of your Archer MSAs on December 31, 2023 (including 2023 contributions made in 2024). Include this amount on Schedule 2 (Form 1040), line 8 | 41 | |

Part VII Additional Tax on Excess Contributions to Health Savings Accounts (HSAs). Complete this part if you, someone on your behalf, or your employer contributed more to your HSAs for 2023 than is allowable or you had an amount on line 49 of your 2022 Form 5329.

| | | | |
|-----------|---|-----------|--|
| 42 | Enter the excess contributions from line 48 of your 2022 Form 5329. If zero, go to line 47 | 42 | |
| 43 | If the contributions to your HSAs for 2023 are less than the maximum allowable contribution, see instructions. Otherwise, enter -0- | 43 | |
| 44 | 2023 distributions from your HSAs from Form 8889, line 16 | 44 | |
| 45 | Add lines 43 and 44 | 45 | |
| 46 | Prior year excess contributions. Subtract line 45 from line 42. If zero or less, enter -0- | 46 | |
| 47 | Excess contributions for 2023 (see instructions) | 47 | |
| 48 | Total excess contributions. Add lines 46 and 47 | 48 | |
| 49 | Additional tax. Enter 6% (0.06) of the smaller of line 48 or the value of your HSAs on December 31, 2023 (including 2023 contributions made in 2024). Include this amount on Schedule 2 (Form 1040), line 8 | 49 | |

Part VIII Additional Tax on Excess Contributions to an ABLE Account. Complete this part if contributions to your ABLE account for 2023 were more than is allowable.

| | | | |
|-----------|---|-----------|--|
| 50 | Excess contributions for 2023 (see instructions) | 50 | |
| 51 | Additional tax. Enter 6% (0.06) of the smaller of line 50 or the value of your ABLE account on December 31, 2023. Include this amount on Schedule 2 (Form 1040), line 8 | 51 | |

Part IX Additional Tax on Excess Accumulation in Qualified Retirement Plans (Including IRAs). Complete this part if you did not receive the minimum required distribution from your qualified retirement plan.

| | | | |
|-----------|--|-----------|--|
| 52 | Minimum required distribution for 2023 (see instructions) | 52 | |
| 53 | Amount actually distributed to you in 2023 (see instructions) | 53 | |
| 54 | Subtract line 53 from line 52. If zero or less, enter -0- | 54 | |
| 55 | Additional tax. See instructions for how to calculate the additional tax. If you qualify for the 10% tax rate on excess accumulations in at least one qualified retirement plan, check this box. <input type="checkbox"/> Include this amount on Schedule 2 (Form 1040), line 8 or Form 1041, Schedule G, line 8 | 55 | |

Sign Here Only if You Are Filing This Form by Itself and Not With Your Tax Return

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

Your signature

Date

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

Firm's name

Firm's EIN

Firm's address

Phone no.

Alternative Minimum Tax—Individuals

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

Go to www.irs.gov/Form6251 for instructions and the latest information.

OMB No. 1545-0074

2023Attachment
Sequence No. **32**

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

PATRICK WARD

Your social security number

780-37-3263

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

| | | | |
|-----------|--|-----------|---------|
| 1 | Enter the amount from Form 1040 or 1040-SR, line 15, if more than zero. If Form 1040 or 1040-SR, line 15, is zero, subtract line 14 of Form 1040 or 1040-SR from line 11 of Form 1040 or 1040-SR and enter the result here. (If less than zero, enter as a negative amount.) | 1 | 18,465. |
| 2a | If filing Schedule A (Form 1040), enter the taxes from Schedule A, line 7; otherwise, enter the amount from Form 1040 or 1040-SR, line 12 | 2a | 13,850. |
| b | Tax refund from Schedule 1 (Form 1040), line 1 or line 8z | 2b | () |
| c | Investment interest expense (difference between regular tax and AMT) | 2c | |
| d | Depletion (difference between regular tax and AMT) | 2d | |
| e | Net operating loss deduction from Schedule 1 (Form 1040), line 8a. Enter as a positive amount | 2e | |
| f | Alternative tax net operating loss deduction | 2f | () |
| g | Interest from specified private activity bonds exempt from the regular tax | 2g | |
| h | Qualified small business stock, see instructions | 2h | 0. |
| i | Exercise of incentive stock options (excess of AMT income over regular tax income) | 2i | |
| j | Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A) | 2j | |
| k | Disposition of property (difference between AMT and regular tax gain or loss) | 2k | 0. |
| l | Depreciation on assets placed in service after 1986 (difference between regular tax and AMT) | 2l | |
| m | Passive activities (difference between AMT and regular tax income or loss) | 2m | |
| n | Loss limitations (difference between AMT and regular tax income or loss) | 2n | |
| o | Circulation costs (difference between regular tax and AMT) | 2o | |
| p | Long-term contracts (difference between AMT and regular tax income) | 2p | |
| q | Mining costs (difference between regular tax and AMT) | 2q | |
| r | Research and experimental costs (difference between regular tax and AMT) | 2r | |
| s | Income from certain installment sales before January 1, 1987 | 2s | () |
| t | Intangible drilling costs preference | 2t | |
| 3 | Other adjustments, including income-based related adjustments | 3 | |
| 4 | Alternative minimum taxable income. Combine lines 1 through 3. (If married filing separately and line 4 is more than \$831,150, see instructions.) | 4 | 32,315. |

Part II Alternative Minimum Tax (AMT)

| | | | |
|-----------|--|-----------|---------|
| 5 | Exemption. IF your filing status is... AND line 4 is not over... THEN enter on line 5... Single or head of household \$ 578,150 \$ 81,300 Married filing jointly or qualifying surviving spouse 1,156,300 126,500 Married filing separately 578,150 63,250 If line 4 is over the amount shown above for your filing status, see instructions. | 5 | 81,300. |
| 6 | Subtract line 5 from line 4. If more than zero, go to line 7. If zero or less, enter -0- here and on lines 7, 9, and 11, and go to line 10. | 6 | 0. |
| 7 | <ul style="list-style-type: none"> If you are filing Form 2555, see instructions for the amount to enter. If you reported capital gain distributions directly on Form 1040 or 1040-SR, line 7; you reported qualified dividends on Form 1040 or 1040-SR, line 3a; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured for the AMT, if necessary), complete Part III on the back and enter the amount from line 40 here. All others: If line 6 is \$220,700 or less (\$110,350 or less if married filing separately), multiply line 6 by 26% (0.26). Otherwise, multiply line 6 by 28% (0.28) and subtract \$4,414 (\$2,207 if married filing separately) from the result. | 7 | |
| 8 | Alternative minimum tax foreign tax credit (see instructions) | 8 | 23. |
| 9 | Tentative minimum tax. Subtract line 8 from line 7 | 9 | 0. |
| 10 | Add Form 1040 or 1040-SR, line 16 (minus any tax from Form 4972), and Schedule 2 (Form 1040), line 2. Subtract from the result Schedule 3 (Form 1040), line 1 and any negative amount reported on Form 8978, line 14 (treated as a positive number). If zero or less, enter -0-. If you used Schedule J to figure your tax on Form 1040 or 1040-SR, line 16, refigure that tax without using Schedule J before completing this line. See instructions | 10 | |
| 11 | AMT. Subtract line 10 from line 9. If zero or less, enter -0-. Enter here and on Schedule 2 (Form 1040), line 1 | 11 | 0. |

Part III Tax Computation Using Maximum Capital Gains Rates

Complete Part III only if you are required to do so by line 7 or by the Foreign Earned Income Tax Worksheet in the instructions.

| | | | |
|---|---|-----------|-----------|
| 12 | Enter the amount from Form 6251, line 6. If you are filing Form 2555, enter the amount from line 3 of the worksheet in the instructions for line 7 | 12 | 0 . |
| 13 | Enter the amount from line 4 of the Qualified Dividends and Capital Gain Tax Worksheet in the Instructions for Form 1040 or the amount from line 13 of the Schedule D Tax Worksheet in the Instructions for Schedule D (Form 1040), whichever applies (as figured for the AMT, if necessary). See instructions. If you are filing Form 2555, see instructions for the amount to enter | 13 | 2,154 . |
| 14 | Enter the amount from Schedule D (Form 1040), line 19 (as figured for the AMT, if necessary). See instructions. If you are filing Form 2555, see instructions for the amount to enter | 14 | |
| 15 | If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 13. Otherwise, add lines 13 and 14, and enter the smaller of that result or the amount from line 10 of the Schedule D Tax Worksheet (as figured for the AMT, if necessary). If you are filing Form 2555, see instructions for the amount to enter | 15 | 2,154 . |
| 16 | Enter the smaller of line 12 or line 15 | 16 | 0 . |
| 17 | Subtract line 16 from line 12 | 17 | 0 . |
| 18 | If line 17 is \$220,700 or less (\$110,350 or less if married filing separately), multiply line 17 by 26% (0.26). Otherwise, multiply line 17 by 28% (0.28) and subtract \$4,414 (\$2,207 if married filing separately) from the result | 18 | 0 . |
| 19 | Enter: <ul style="list-style-type: none"> • \$89,250 if married filing jointly or qualifying surviving spouse, • \$44,625 if single or married filing separately, or • \$59,750 if head of household. | 19 | 44,625 . |
| 20 | Enter the amount from line 5 of the Qualified Dividends and Capital Gain Tax Worksheet or the amount from line 14 of the Schedule D Tax Worksheet, whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the amount from Form 1040 or 1040-SR, line 15; if zero or less, enter -0-. If you are filing Form 2555, see instructions for the amount to enter | 20 | 16,311 . |
| 21 | Subtract line 20 from line 19. If zero or less, enter -0- | 21 | 28,314 . |
| 22 | Enter the smaller of line 12 or line 13 | 22 | 0 . |
| 23 | Enter the smaller of line 21 or line 22. This amount is taxed at 0% | 23 | 0 . |
| 24 | Subtract line 23 from line 22 | 24 | 0 . |
| 25 | Enter: <ul style="list-style-type: none"> • \$492,300 if single, • \$276,900 if married filing separately, • \$553,850 if married filing jointly or qualifying surviving spouse, or • \$523,050 if head of household. | 25 | 492,300 . |
| 26 | Enter the amount from line 21 | 26 | 28,314 . |
| 27 | Enter the amount from line 5 of the Qualified Dividends and Capital Gain Tax Worksheet or the amount from line 21 of the Schedule D Tax Worksheet, whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the amount from Form 1040 or 1040-SR, line 15; if zero or less, enter -0-. If you are filing Form 2555, see instructions for the amount to enter | 27 | 16,311 . |
| 28 | Add line 26 and line 27 | 28 | 44,625 . |
| 29 | Subtract line 28 from line 25. If zero or less, enter -0- | 29 | 447,675 . |
| 30 | Enter the smaller of line 24 or line 29 | 30 | 0 . |
| 31 | Multiply line 30 by 15% (0.15) | 31 | 0 . |
| 32 | Add lines 23 and 30 | 32 | 0 . |
| If lines 32 and 12 are the same, skip lines 33 through 37 and go to line 38. Otherwise, go to line 33. | | | |
| 33 | Subtract line 32 from line 22 | 33 | |
| 34 | Multiply line 33 by 20% (0.20) | 34 | |
| If line 14 is zero or blank, skip lines 35 through 37 and go to line 38. Otherwise, go to line 35. | | | |
| 35 | Add lines 17, 32, and 33 | 35 | |
| 36 | Subtract line 35 from line 12 | 36 | |
| 37 | Multiply line 36 by 25% (0.25) | 37 | |
| 38 | Add lines 18, 31, 34, and 37 | 38 | 0 . |
| 39 | If line 12 is \$220,700 or less (\$110,350 or less if married filing separately), multiply line 12 by 26% (0.26). Otherwise, multiply line 12 by 28% (0.28) and subtract \$4,414 (\$2,207 if married filing separately) from the result | 39 | 0 . |
| 40 | Enter the smaller of line 38 or line 39 here and on line 7. If you are filing Form 2555, do not enter this amount on line 7. Instead, enter it on line 4 of the worksheet in the instructions for line 7 | 40 | 0 . |

**Qualified Business Income Deduction
Simplified Computation**

Attach to your tax return.

Go to www.irs.gov/Form8995 for instructions and the latest information.**2023**Attachment
Sequence No. **55**

Name(s) shown on return

PATRICK WARD

Your taxpayer identification number

780-37-3263

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 at or below \$182,100 (\$364,200 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

| 1 | (a) Trade, business, or aggregation name | (b) Taxpayer identification number | (c) Qualified business income or (loss) |
|-----|---|------------------------------------|---|
| i | | | |
| ii | | | |
| iii | | | |
| iv | | | |
| v | | | |
| 2 | Total qualified business income or (loss). Combine lines 1i through 1v, column (c) | 2 | |
| 3 | Qualified business net (loss) carryforward from the prior year | 3 | () |
| 4 | Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0- | 4 | |
| 5 | Qualified business income component. Multiply line 4 by 20% (0.20) | | 5 |
| 6 | Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions) | 6 | 16. |
| 7 | Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year | 7 | () |
| 8 | Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0- | 8 | 16. |
| 9 | REIT and PTP component. Multiply line 8 by 20% (0.20) | | 9 3. |
| 10 | Qualified business income deduction before the income limitation. Add lines 5 and 9 | | 10 3. |
| 11 | Taxable income before qualified business income deduction (see instructions) | 11 | 18,468. |
| 12 | Enter your net capital gain, if any, increased by any qualified dividends (see instructions) | 12 | 2,154. |
| 13 | Subtract line 12 from line 11. If zero or less, enter -0- | 13 | 16,314. |
| 14 | Income limitation. Multiply line 13 by 20% (0.20) | | 14 3,263. |
| 15 | Qualified business income deduction. Enter the smaller of line 10 or line 14. Also enter this amount on the applicable line of your return (see instructions) | | 15 3. |
| 16 | Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0- | | 16 (0.) |
| 17 | Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0- | | 17 (0.) |

Form 1040
Line 16

Qualified Dividends and Capital Gain Tax Worksheet

2023

► Keep for your records

Name(s) Shown on Return
PATRICK WARD

Social Security Number
780-37-3263

| | | | |
|----|--|----|----------|
| 1 | Enter the amount from Form 1040 or 1040-SR, line 15. | 1 | 18,465. |
| 2 | Enter the amount from Form 1040 or 1040-SR, line 3a | 2 | 2,154. |
| 3 | Are you filing Schedule D? | | |
| | <input checked="" type="checkbox"/> Yes. Enter the smaller of line 15 or 16 of Schedule D. If either line 15 or 16 is blank or loss, enter -0- | | |
| | <input type="checkbox"/> No. Enter the amount from Form 1040 or 1040-SR, line 7. | | |
| 3 | | 3 | 0. |
| 4 | Add lines 2 and 3 | 4 | 2,154. |
| 5 | Subtract line 4 from line 1. If zero or less, enter -0- | 5 | 16,311. |
| 6 | Enter: | | |
| | \$44,625 if single or married filing separately, \$89,250 if mfj or qualifying surviving spouse, \$59,750 if head of household. | 6 | 44,625. |
| 7 | Enter the smaller of line 1 or line 6 | 7 | 18,465. |
| 8 | Enter the smaller of line 5 or line 7 | 8 | 16,311. |
| 9 | Subtract line 8 from line 7 (this amount taxed at 0%) | 9 | 2,154. |
| 10 | Enter the smaller of line 1 or line 4 | 10 | 2,154. |
| 11 | Enter the amount from line 9 | 11 | 2,154. |
| 12 | Subtract line 11 from line 10. | 12 | 0. |
| 13 | Enter: | | |
| | \$492,300 if single, \$276,900 if married filing separately, \$553,850 if mfj or qualifying surviving spouse, \$523,050 if head of household. | 13 | 492,300. |
| 14 | Enter the smaller of line 1 or line 13 | 14 | 18,465. |
| 15 | Add lines 5 and 9 | 15 | 18,465. |
| 16 | Subtract line 15 from line 14. If zero or less, enter -0- | 16 | 0. |
| 17 | Enter the smaller of line 12 or line 16 | 17 | 0. |
| 18 | Multiply line 17 by 15% (0.15) | 18 | 0. |
| 19 | Add lines 9 and 17. | 19 | 2,154. |
| 20 | Subtract line 19 from line 10 | 20 | 0. |
| 21 | Multiply line 20 by 20% (0.20) | 21 | 0. |
| 22 | Figure the tax on the amount on line 5. If the amount on line 5 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 5 is \$100,000 or more, use the Tax Computation Worksheet. | | |
| | | 22 | 1,739. |
| 23 | Add lines 18, 21, and 22 | 23 | 1,739. |
| 24 | Figure the tax on the amount on line 1. If the amount on line 1 is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 1 is \$100,000 or more, use the Tax Computation Worksheet. | | |
| | | 24 | 1,997. |
| 25 | Tax on all taxable income. Enter the smaller of line 23 or line 24 here and on Form 1040 or 1040-SR, line 16. | | |
| | | 25 | 1,739. |

Capital Loss Carryforward Worksheet

2024

Capital Loss Carryforward from 2023 to 2024

► Keep for your records

| Name(s) Shown on Return PATRICK WARD | | Social Security Number 780-37-3263 | | |
|--|---|---------------------------------------|----------------------------|---------|
| | | Regular Tax | Alternative Minimum Tax | |
| 1 | Enter the amount from 2023 Form 1040, line 15. If a loss, enter as a negative amount | 1 | 18,465. | 32,315. |
| 2 | Enter the loss from 2023 Schedule D, line 21, as a positive amount | 2 | 3,000. | 3,000. |
| 3 | Combine lines 1 and 2. If zero or less, enter -0-. | 3 | 21,465. | 35,315. |
| 4 | Enter the smaller of line 2 or line 3 | 4 | 3,000. | 3,000. |
| If line 7 of 2023 Schedule D is a loss, go to line 5; otherwise, enter -0- on line 5 and go to line 9 | | | | |
| 5 | Enter the loss from 2023 Schedule D, line 7, as a positive amount. | 5 | 3,415. | 3,415. |
| 6 | Enter any gain from 2023 Schedule D, line 15. If a loss, enter -0- | 6 | 0. | 0. |
| 7 | Add lines 4 and 6 | 7 | 3,000. | 3,000. |
| 8 | Short-term capital loss carryforward to 2024. Subtract line 7 from line 5. If zero or less, enter -0- ► | 8 | 415. | 415. |
| If line 15 of Schedule D is a loss, go to line 9; otherwise, skip lines 9 thru 13. | | | | |
| 9 | Enter the loss from 2023 Schedule D, line 15, as a positive amount | 9 | 652. | 652. |
| 10 | Enter any gain from 2023 Schedule D, line 7. If a loss, enter -0- | 10 | 0. | 0. |
| 11 | Subtract line 5 from line 4. If zero or less, enter -0- | 11 | 0. | 0. |
| 12 | Add lines 10 and 11 | 12 | 0. | 0. |
| 13 | Long-term capital loss carryforward to 2024. Subtract line 12 from line 9. If zero or less, enter -0- ► | 13 | 652. | 652. |

TAXABLE YEAR

FORM

2023**California e-file Signature Authorization for Individuals****8879**

Your name

PATRICK WARD

Your SSN or ITIN

780-37-3263

Spouse's/RDP's name

Spouse's/RDP's SSN or ITIN

Part I Tax Return Information (whole dollars only)

| | | | |
|---|--|---|------|
| 1 | California adjusted gross income (AGI). See instructions | 1 | 2330 |
| 2 | Amount you owe. See instructions | 2 | |
| 3 | Refund or no amount due. See instructions | 3 | 573 |

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, 2023, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider, including my name, address, and social security number (SSN) or individual tax identification number (ITIN), and the amounts shown in Part I above agree with the information and amounts shown on the corresponding lines of my electronic income tax return. If applicable, I authorize an electronic funds withdrawal of the amount on line 2 and/or the estimated tax payments as shown on my return and on form FTB 8455, California e-file Payment Record for Individuals, or a comparable form. If applicable, I declare that direct deposit refund amount on line 3 agrees with the direct deposit authorization stated on my return. If I have filed a joint return, this is an irrevocable appointment of the other spouse/registered domestic partner (RDP) as an agent to authorize an electronic funds withdrawal or direct deposit. I authorize my ERO, transmitter, or intermediate service provider to transmit my complete return to the Franchise Tax Board (FTB). **If the processing of my return or refund is delayed, I authorize the FTB to disclose to my ERO, intermediate service provider, and/or transmitter the reason(s) for the delay or the date when the refund was sent.** If I am filing a balance due return, I understand that if the FTB does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I acknowledge that I have read and consent to the Electronic Funds Withdrawal Consent included on the copy of my electronic income tax return. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

- ☒ I authorize GBET GROUP, LLC **ERO firm name** to enter my PIN

| | | | | |
|---|---|---|---|---|
| 7 | 3 | 2 | 6 | 3 |
|---|---|---|---|---|

Do not enter all zeros
- as my signature on my 2023 e-filed California individual income tax return.
- ☐ I will enter my PIN as my signature on my 2023 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 ▶ _____

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

- ☐ I authorize _____ **ERO firm name** to enter my PIN

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

Do not enter all zeros
- as my signature on my 2023 e-filed California individual income tax return.
- ☐ I will enter my PIN as my signature on my 2023 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.

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| 3 | 8 | 4 | 6 | 0 | 0 | 2 | 7 | 9 | 0 | 9 |
|---|---|---|---|---|---|---|---|---|---|---|

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the 2023 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, 2023 Handbook for Authorized e-file Providers.

ERO's signature ▶ _____ Date ▶ 04/06/2024

California Nonresident or Part-Year
Resident Income Tax Return

2023

540NR

APE

ATTACH FEDERAL RETURN

780-37-3263 WARD
PATRICK WARD

23

23 ST LAWRENCE ROAD
DUBLIN
IRELAND
11-26-1996

D03Y278

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

- 1 ☒ Single
- 2 ☐ Married/RDP filing jointly (even if only one spouse/RDP had income). See instructions.
- 3 ☐ Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here
- 4 ☐ Head of household (with qualifying person). See instructions.
- 5 ☐ Qualifying surviving spouse/RDP. Enter year spouse/RDP died. See instructions.

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

► 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. If you checked the box on line 6, see instructions. ☒ 7 X \$144 = ☒ \$
- 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 = ☒ \$

Exemptions

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

| | Dependent 1 | Dependent 2 | Dependent 3 |
|---------------------------------|----------------------|----------------------|----------------------|
| First Name | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Last Name | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| SSN. See instructions. | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Dependent's relationship to you | <input type="text"/> | <input type="text"/> | <input type="text"/> |

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

Your name:

WARD

Your SSN or ITIN:

780-37-3263

11 Exemption amount: Add line 7 through line 10

11 \$

144

Total Taxable Income

12 Total California wages from your federal Form(s) W-2, box 16

12

.00

13 Enter federal AGI from federal Form 1040, 1040-SR, or 1040-NR, line 11

13

32318

.00

14 California adjustments – subtractions. Enter the amount from Schedule CA (540NR), Part II, 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

32318

.00

16 California adjustments – additions. Enter the amount from Schedule CA (540NR), Part II, line 27, column C

16

.00

17 Adjusted gross income from all sources. Combine line 15 and line 16

17

32318

.00

18 Enter the **larger** of: Your California **itemized deductions** from Schedule CA (540NR), Part III, line 30; **OR** Your California **standard deduction**. See instructions

18

5363

.00

19 Subtract line 18 from line 17. This is your **total taxable income**. If less than zero, enter -0-

19

26955

.00

CA Taxable Income

31 Tax. Check the box if from:



Tax Table



Tax Rate Schedule

•



FTB 3800

•



FTB 3803

31

482

.00

32 CA adjusted gross income from Schedule CA (540NR), Part IV, line 1

32

2330

.00

35 CA Taxable Income from Schedule CA (540NR), Part IV, line 5

35

1943

.00

36 CA Tax Rate. Divide line 31 by line 19

36

0.0179

37 CA Tax Before Exemption Credits. Multiply line 35 by line 36

37

35

.00

38 CA Exemption Credit Percentage. Divide line 35 by line 19. If more than 1, enter 1.0000

38

0.0721

39 CA Prorated Exemption Credits. Multiply line 11 by line 38.

39

10

.00

If the amount on line 13 is more than \$237,035, see instructions

40 CA Regular Tax Before Credits. Subtract line 39 from line 37. If less than zero, enter -0-

40

25

.00

41 Tax. See instructions. Check the box if from:



Schedule G-1



FTB 5870A

41

.00

42 Add line 40 and line 41

42

25

.00

Special Credits

50 Nonrefundable Child and Dependent Care Expenses Credit. See instructions. Attach form FTB 3506

50

.00

51 Credit for joint custody head of household. See instructions

51

.00

52 Credit for dependent parent. See instructions

52

.00

53 Credit for senior head of household. See instructions

53

.00

54 Credit percentage. Enter the amount from line 38 here. If more than 1, enter 1.0000. See instructions

54

55 Credit amount. See instructions

55

.00

REV 03/05/24 PRO

Your name: **WARD** Your SSN or ITIN: **780-37-3263**

Special Credits

- 58 Enter credit name code and amount. 58 .00
- 59 Enter credit name code and amount. 59 .00
- 60 To claim more than two credits, see instructions. Attach Schedule P (540NR) 60 .00
- 61 Nonrefundable Renter's Credit. See instructions 61 .00
- 62 Add line 50 and line 55 through line 61. These are your total credits. 62 .00
- 63 Subtract line 62 from line 42. If less than zero, enter -0- 63 25 .00

Other Taxes

- 71 Alternative Minimum Tax. Attach Schedule P (540NR) 71 .00
- 72 Mental Health Services Tax. See instructions 72 .00
- 73 Other taxes and credit recapture. See instructions 73 .00
- 74 Add line 63, line 71, line 72, and line 73. This is your total tax. 74 25 .00

Payments

- 81 California income tax withheld. See instructions 81 598 .00
- 82 2023 California estimated tax and other payments. See instructions 82 .00
- 83 Withholding (Form 592-B and/or Form 593). See instructions. 83 .00
- 84 Excess SDI (or VPD) withheld. See instructions 84 .00
- 85 Earned Income Tax Credit (EITC). See instructions 85 .00
- 86 Young Child Tax Credit (YCTC). See instructions 86 .00
- 87 Foster Youth Tax Credit (FYTC). See instructions 87 .00
- 88 Add line 81 through line 87. These are your total payments. See instructions 88 598 .00

ISR Penalty

- 91 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 91 .00

Overpaid Tax/Tax Due

- 92 Payments after Individual Shared Responsibility Penalty. If line 88 is more than line 91,
subtract line 91 from line 88. 92 598 .00
- 93 Individual Shared Responsibility Penalty Balance. If line 91 is more than line 88,
subtract line 88 from line 91. 93 .00
- 101 Overpaid tax. If line 92 is more than line 74, subtract line 74 from line 92. 101 573 .00
- 102 Amount of line 101 you want applied to your 2024 estimated tax 102 0 .00
- 103 Overpaid tax available this year. Subtract line 102 from line 101 103 573 .00

Your name:

WARD

Your SSN or ITIN:

780-37-3263

104 Tax due. If line 92 is less than line 74, subtract line 92 from line 74**104**

.00

Contributions

Code AmountCalifornia Seniors Special Fund. See instructions ● **400** .00Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund ● **401** .00Rare and Endangered Species Preservation Voluntary Tax Contribution Program ● **403** .00California Breast Cancer Research Voluntary Tax Contribution Fund ● **405** .00California Firefighters' Memorial Voluntary Tax Contribution Fund ● **406** .00Emergency Food for Families Voluntary Tax Contribution Fund ● **407** .00California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund ● **408** .00California Sea Otter Voluntary Tax Contribution Fund ● **410** .00California Cancer Research Voluntary Tax Contribution Fund ● **413** .00School Supplies for Homeless Children Voluntary Tax Contribution Fund ● **422** .00State Parks Protection Fund/Parks Pass Purchase ● **423** .00Protect Our Coast and Oceans Voluntary Tax Contribution Fund ● **424** .00Keep Arts in Schools Voluntary Tax Contribution Fund ● **425** .00California Senior Citizen Advocacy Voluntary Tax Contribution Fund ● **438** .00Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund ● **439** .00Rape Kit Backlog Voluntary Tax Contribution Fund ● **440** .00Suicide Prevention Voluntary Tax Contribution Fund ● **444** .00Mental Health Crisis Prevention Voluntary Tax Contribution Fund ● **445** .00**120** Add amounts in code 400 through code 445. This is your total contribution ● **120** .00

REV 03/05/24 PRO

Your name: Your SSN or ITIN:

Amount You Owe 121 **AMOUNT YOU OWE.** Add line 93, line 104, and line 120. See instructions. **Do not send cash.**
Mail to: **FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001.** ● 121 .00
Pay Online – Go to **ftb.ca.gov/pay** for more information.

Interest and Penalties 122 Interest, late return penalties, and late payment penalties. 122 .00
123 Underpayment of estimated tax.
Check the box: ● ☐ **FTB 5805 attached** ● ☐ **FTB 5805F attached** ● 123 .00
124 Total amount due. See instructions. Enclose, but **do not** staple, any payment 124 .00

Refund and Direct Deposit 125 **REFUND OR NO AMOUNT DUE.** Subtract line 120 from line 103. See instructions.
Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001.** ● 125 .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 125) is authorized for direct deposit into the account shown below:

● Routing number ● Type ☒ Checking ☐ Savings ● Account number ● 126 Direct deposit amount .00

The remaining amount of my refund (line 125) is authorized for direct deposit into the account shown below:

● Routing number ● Type ☐ Checking ☐ Savings ● Account number ● 127 Direct deposit amount .00

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

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

REV 03/05/24 PRO

Sign your tax return on Side 6

Your name:

WARD

Your SSN or ITIN:

780-37-3263

IMPORTANT: Attach a copy of your complete federal 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)

☒ Your email address. Enter only one email address.

☐ Preferred phone number

**Sign
Here**

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

Joint tax
return?
See
instructions.

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

DEEPU SOMAN

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

GBET GROUP, LLC

☒ PTIN

P01464233

Firm's address

2885 SANFORD AVE STE 14877 GRANDVILLE MI 49418

☒ Firm's FEIN

921644091

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

REV 03/05/24 PRO

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

Name(s) as shown on tax return

PATRICK WARD

SSN or ITIN

780373263

Part I Residency Information. Complete all lines that apply to you and your spouse/RDP for taxable year 2023.**During 2023:****1** My California (CA) Residency (Check one)**a** Myself: ☒ Nonresident ☐ Part-Year Resident ☐ Resident**b** Spouse: ☐ Nonresident ☐ Part-Year Resident ☐ Resident

| | Yourself | Spouse/RDP |
|--|---|---|
| 2 a I was domiciled in (enter two letter code, see instructions) | <input type="radio"/> F <input type="radio"/> C | <input type="radio"/> <input type="radio"/> |
| b I was in the military and stationed in (enter two letter code). | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> |
| 3 I became a CA resident (enter state of prior residence and date (mm/dd/yyyy) of move) . . . | <input type="radio"/> <input type="radio"/> / <input type="radio"/> / <input type="radio"/> | <input type="radio"/> <input type="radio"/> / <input type="radio"/> / <input type="radio"/> |
| 4 I became a CA nonresident (enter new state of residence and date (mm/dd/yyyy) of move) . | <input type="radio"/> <input type="radio"/> / <input type="radio"/> / <input type="radio"/> | <input type="radio"/> <input type="radio"/> / <input type="radio"/> / <input type="radio"/> |
| 5 I was a CA nonresident the entire year (enter state of residence). | <input type="radio"/> F <input type="radio"/> C | <input type="radio"/> <input type="radio"/> |
| 6 The number of days I spent in CA for any purpose was: | <input type="radio"/> 0 <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> |
| 7 I owned a home/property in CA (enter Y for Yes, N for No) | <input type="radio"/> N <input type="radio"/> | <input type="radio"/> <input type="radio"/> |
| 8 Before 2023: I was a CA resident for the period of | <input type="radio"/> <input type="radio"/> / <input type="radio"/> / <input type="radio"/> - <input type="radio"/> <input type="radio"/> / <input type="radio"/> / <input type="radio"/> | <input type="radio"/> <input type="radio"/> / <input type="radio"/> / <input type="radio"/> - <input type="radio"/> <input type="radio"/> / <input type="radio"/> / <input type="radio"/> |

Part II Income Adjustment Schedule**Section A — Income**

from federal Form 1040 or 1040-SR

| | A | B | C | D | E |
|--|--|--|---|---|--|
| | Federal Amounts (taxable amounts from your federal tax return) | Subtractions See instructions (difference between CA & federal law) | Additions See instructions (difference between CA & federal law) | Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result) | CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident) |
| 1 a Total amount from federal Form(s) W-2, box 1. See instructions 1a | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b Household employee wages not reported on federal Form(s) W-2. 1b | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c Tip income not reported on line 1a 1c | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d Medicaid waiver payments not reported on federal Form(s) W-2. See instructions. 1d | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e Taxable dependent care benefits from federal Form 2441, line 26 1e | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f Employer-provided adoption benefits from federal Form 8839, line 29 1f | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g Wages from federal Form 8919, line 6 . . . 1g | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| h Other earned income. See instructions. . . 1h | <input type="radio"/> 2330 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> 2330 | <input type="radio"/> 2330 |
| i Nontaxable combat pay election. See instructions 1i | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| z Add line 1a through line 1i 1z | <input type="radio"/> 2330 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> 2330 | <input type="radio"/> 2330 |
| 2 Taxable interest. a <input type="radio"/> 2b | <input type="radio"/> 25 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> 25 | <input type="radio"/> 0 |
| 3 Ordinary dividends. See instructions. a <input type="radio"/> 2154 3b | <input type="radio"/> 3088 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> 3088 | <input type="radio"/> 0 |
| 4 IRA distributions. See instructions. a <input type="radio"/> 4b | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5 Pensions and annuities. See instructions. a <input type="radio"/> 29875 5b | <input type="radio"/> 29875 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> 29875 | <input type="radio"/> 0 |
| 6 Social security benefits. a <input type="radio"/> 6b | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7 Capital gain or (loss). See instructions . . . 7 | <input type="radio"/> -3000 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> -3000 | <input type="radio"/> 0 |

REV 03/05/24 PRO

| | A | B | C | D | E |
|--|---|---|--|---|---|
| Section B — Additional Income from federal Schedule 1 (Form 1040) | Federal Amounts (taxable amounts from your federal tax return) | Subtractions See instructions (difference between CA & federal law) | Additions See instructions (difference between CA & federal law) | Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result) | CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident) |
| 1 Taxable refunds, credits, or offsets of state and local income taxes. 1 | <input type="radio"/> | <input type="radio"/> | | | |
| 2 a Alimony received. See instructions. 2a | <input type="radio"/> | | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3 Business income or (loss). See instructions. 3 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4 Other gains or (losses) 4 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. 5 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6 Farm income or (loss) 6 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7 Unemployment compensation 7 | <input type="radio"/> | <input type="radio"/> | | | |
| 8 Other income: | | | | | |
| a Federal net operating loss. 8a | <input type="radio"/> () | | <input type="radio"/> | | |
| b Gambling 8b | <input type="radio"/> | <input type="radio"/> | | <input type="radio"/> | <input type="radio"/> |
| c Cancellation of debt. 8c | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d Foreign earned income exclusion from federal Form 2555 8d | <input type="radio"/> () | | <input type="radio"/> | | |
| e Income from federal Form 8853. 8e | <input type="radio"/> | | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f Income from federal Form 8889. 8f | <input type="radio"/> | <input type="radio"/> | | | |
| g Alaska Permanent Fund dividends 8g | <input type="radio"/> | | | <input type="radio"/> | <input type="radio"/> |
| h Jury duty pay 8h | <input type="radio"/> | | | <input type="radio"/> | <input type="radio"/> |
| i Prizes and awards. 8i | <input type="radio"/> | | | <input type="radio"/> | <input type="radio"/> |
| j Activity not engaged in for profit income 8j | <input checked="" type="radio"/> | | | <input type="radio"/> | <input type="radio"/> |
| k Stock options 8k | <input type="radio"/> | | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| l Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property 8l | <input checked="" type="radio"/> | | | <input type="radio"/> | <input type="radio"/> |
| m Olympic and Paralympic medals and USOC prize money. 8m | <input checked="" type="radio"/> | | | <input type="radio"/> | <input type="radio"/> |
| n IRC Section 951(a) inclusion 8n | <input type="radio"/> | <input type="radio"/> | | | |
| o IRC Section 951A(a) inclusion 8o | <input type="radio"/> | <input type="radio"/> | | | |
| p IRC Section 461(l) excess business loss adjustment 8p | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| q Taxable distributions from an ABLE account. 8q | <input type="radio"/> | | | <input type="radio"/> | <input type="radio"/> |
| r Scholarship and fellowship grants not reported on federal Form(s) W-2. 8r | <input type="radio"/> | | | <input type="radio"/> | <input type="radio"/> |
| s Nontaxable amount of Medicaid waiver payments included on federal Form 1040, line 1a or line 1d 8s | <input type="radio"/> () | | | <input type="radio"/> () | <input type="radio"/> () |
| t Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental IRC Section 457 plan. 8t | <input type="radio"/> | | | <input type="radio"/> | <input type="radio"/> |
| u Wages earned while incarcerated 8u | <input type="radio"/> | | | <input type="radio"/> | <input type="radio"/> |
| z Other income. List type and amount. <input type="radio"/> 8z | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 9 a Total other income. Add line 8a through line 8z 9a | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

| | A | B | C | D | E |
|--|--|--|---|---|--|
| Section B — Additional Income Continued | Federal Amounts (taxable amounts from your federal tax return) | Subtractions See instructions (difference between CA & federal law) | Additions See instructions (difference between CA & federal law) | Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result) | CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident) |
| b1 Disaster loss deduction from form FTB 3805V 9b1 | | <input type="radio"/> | | <input type="radio"/> | <input type="radio"/> |
| b2 NOL deduction from form FTB 3805V 9b2 | | <input type="radio"/> | | <input type="radio"/> | <input type="radio"/> |
| b3 NOL deduction from form FTB 3805Z, FTB 3807, or FTB 3809 .. 9b3 | | <input type="radio"/> | | <input type="radio"/> | <input type="radio"/> |
| 10 Total. Combine Section A, line 1z through line 7, and Section B, line 1 through line 7, line 9a and line 9b1 through line 9b3 (as applicable) in each column. See instructions. 10 | <input checked="" type="radio"/> 32318 | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> 32318 | <input checked="" type="radio"/> 2330 |

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

| | | | | | |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 11 Educator expenses 11 | <input type="radio"/> | <input type="radio"/> | | | |
| 12 Certain business expenses of reservists, performing artists, and fee-basis government officials 12 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 13 Health savings account deduction. 13 | <input type="radio"/> | <input type="radio"/> | | | |
| 14 Moving expenses. Attach form FTB 3913. See instructions 14 | <input type="radio"/> | | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 15 Deductible part of self-employment tax. See instructions. 15 | <input type="radio"/> | <input type="radio"/> | | <input type="radio"/> | <input type="radio"/> |
| 16 Self-employed SEP, SIMPLE, and qualified plans. 16 | <input type="radio"/> | | | <input type="radio"/> | <input type="radio"/> |
| 17 Self-employed health insurance deduction. See instructions. 17 | <input type="radio"/> | <input type="radio"/> | | <input type="radio"/> | <input type="radio"/> |
| 18 Penalty on early withdrawal of savings ... 18 | <input type="radio"/> | | | <input type="radio"/> | <input type="radio"/> |
| 19 a Alimony paid. b Enter recipient's: SSN <input type="radio"/> - - - - - Last name <input type="radio"/> 19a | <input type="radio"/> | | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 20 IRA deduction 20 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 21 Student loan interest deduction 21 | <input type="radio"/> | | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 22 Reserved for future use 22 | | | | | |
| 23 Archer MSA deduction 23 | <input type="radio"/> | | | <input type="radio"/> | <input type="radio"/> |
| 24 Other adjustments: | | | | | |
| a Jury duty pay 24a | <input type="radio"/> | | | <input type="radio"/> | <input type="radio"/> |
| b Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit. 24b | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m 24c | <input type="radio"/> | <input type="radio"/> | | | |
| d Reforestation amortization and expenses. 24d | <input type="radio"/> | <input type="radio"/> | | <input type="radio"/> | <input type="radio"/> |
| e Repayment of supplemental unemployment benefits under the federal Trade Act of 1974 24e | <input type="radio"/> | | | <input type="radio"/> | <input type="radio"/> |
| f Contributions to IRC Section 501(c)(18)(D) pension plans .. 24f | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g Contributions by certain chaplains to IRC Section 403(b) plans 24g | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| h Attorney fees and court costs for actions involving certain unlawful discrimination claims 24h | <input type="radio"/> | | | <input type="radio"/> | <input type="radio"/> |

REV 03/05/24 PRO

| Section C — Adjustments to Income Continued | A Federal Amounts (taxable amounts from your federal tax return) | B Subtractions See instructions (difference between CA & federal law) | C Additions See instructions (difference between CA & federal law) | D Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result) | E CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident) |
|--|---|---|--|--|---|
| i Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations 24i | <input checked="" type="radio"/> | <input checked="" type="radio"/> | | | |
| j Housing deduction from federal Form 2555 24j | <input checked="" type="radio"/> | <input checked="" type="radio"/> | | | |
| k Excess deductions of IRC Section 67(e) expenses from federal Schedule K-1 (Form 1041) 24k | <input checked="" type="radio"/> | | | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| z Other adjustments. List type and amount. <input checked="" type="radio"/> 24z | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 25 Total other adjustments. Add line 24a through line 24z. 25 | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 26 Add line 11 through line 23 and line 25 in each column, A through E 26 | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 27 Total. Subtract line 26 from line 10 in each column, A through E. See instructions. 27 | <input checked="" type="radio"/> 32318 | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> 32318 | <input checked="" type="radio"/> 2330 |

Part III Adjustments to Federal Itemized Deductions

Check the box if you did NOT itemize for federal but will itemize for California ☒ ☐

| | A Federal Amounts (from federal Schedule A (Form 1040)) | B Subtractions See instructions | C Additions See instructions |
|--|---|------------------------------------|---------------------------------|
|--|---|------------------------------------|---------------------------------|

Medical and Dental Expenses See instructions.

| | | | |
|--|--|--|----------------------------------|
| 1 Medical and dental expenses 1 | <input checked="" type="radio"/> | | |
| 2 Enter amount from federal Form 1040 or 1040-SR, line 11 2 | <input checked="" type="radio"/> 32318 | | |
| 3 Multiply line 2 by 7.5% (0.075) 3 | <input checked="" type="radio"/> 2424 | | |
| 4 Subtract line 3 from line 1. If line 3 is more than line 1, enter 0. 4 | <input checked="" type="radio"/> | | <input checked="" type="radio"/> |

Taxes You Paid

| | | | |
|--|--------------------------------------|--------------------------------------|------------------------------------|
| 5a State and local income tax or general sales taxes 5a | <input checked="" type="radio"/> 598 | <input checked="" type="radio"/> 598 | |
| 5b State and local real estate taxes 5b | <input checked="" type="radio"/> | | |
| 5c State and local personal property taxes 5c | <input checked="" type="radio"/> | | |
| 5d Add line 5a through line 5c. 5d | <input checked="" type="radio"/> 598 | | |
| 5e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) in column A. Enter the amount from line 5a, column B in line 5e, column B. Enter the difference from line 5d and line 5e, column A in line 5e, column C. 5e | <input checked="" type="radio"/> 598 | <input checked="" type="radio"/> 598 | <input checked="" type="radio"/> 0 |
| 6 Other taxes. List type <input checked="" type="radio"/> 6 | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 7 Add line 5e and line 6. 7 | <input checked="" type="radio"/> 598 | <input checked="" type="radio"/> 598 | <input checked="" type="radio"/> 0 |

Interest You Paid

| | | | |
|--|----------------------------------|----------------------------------|----------------------------------|
| 8a Home mortgage interest and points reported to you on federal Form 1098 8a | <input checked="" type="radio"/> | | <input checked="" type="radio"/> |
| 8b Home mortgage interest not reported to you on federal Form 1098 8b | <input checked="" type="radio"/> | | <input checked="" type="radio"/> |
| 8c Points not reported to you on federal Form 1098. 8c | <input checked="" type="radio"/> | | <input checked="" type="radio"/> |
| 8d Reserved for future use 8d | | | |
| 8e Add line 8a through line 8c. 8e | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 9 Investment interest. 9 | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 10 Add line 8e and line 9. 10 | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |

Gifts to Charity

| | | | |
|---|----------------------------------|----------------------------------|----------------------------------|
| 11 Gifts by cash or check 11 | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 12 Other than by cash or check. 12 | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 13 Carryover from prior year. 13 | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 14 Add line 11 through line 13 14 | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |

Part III Adjustments to Federal Itemized Deductions
Continued

A Federal Amounts
(from federal Schedule A
(Form 1040))

B Subtractions
See instructions

C Additions
See instructions

Casualty and Theft Losses

- 15** Casualty or theft loss(es) (other than net qualified disaster losses).
Attach federal Form 4684. See instructions. **15**

Other Itemized Deductions

- 16** Other—from list in federal instructions. **16**
- 17** Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C. **17** 598 598 0
- 18 Total.** Combine line 17 column A less column B plus column C. **18** 0

Job Expenses and Certain Miscellaneous Deductions

- 19** Unreimbursed employee expenses: job travel, union dues, job education, etc.
Attach federal Form 2106 if required. See instructions. **19**
- 20** Tax preparation fees. **20**
- 21** Other expenses: investment, safe deposit box, etc. List type ☒ **21** 0
- 22** Add line 19 through line 21. **22** 0
- 23** Enter amount from federal Form 1040 or 1040-SR, line 11 ☒ 32318
- 24** Multiply line 23 by 2% (0.02). If less than zero, enter 0. **24** 646
- 25** Subtract line 24 from line 22. If line 24 is more than line 22, enter 0. **25** 0
- 26 Total Itemized Deductions.** Add line 18 and line 25. **26** 0
- 27** Other adjustments. See instructions. Specify. ☒ **27**
- 28** Combine line 26 and line 27. **28** 0

29 Is your federal AGI (Form 540NR, line 13) more than the amount shown below for your filing status?

Single or married/RDP filing separately \$237,035

Head of household \$355,558

Married/RDP filing jointly or qualifying surviving spouse/RDP. \$474,075

No. Transfer the amount on line 28 to line 29.

Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540NR), line 29. **29** 0

30 Enter the larger of the amount on line 29 or your standard deduction shown below:

Single or married/RDP filing separately. See instructions. \$5,363

Married/RDP filing jointly, head of household, or qualifying
surviving spouse/RDP \$10,726 **30** 5363

Part IV California Taxable Income

- 1 California AGI.** Enter your California AGI from Part II, line 27, column E. **1** 2330
- 2** Enter your deductions from line 30. **2** 5363
- 3 Deduction Percentage.** Divide Part II, line 27, column E by Part II, line 27, column D. Carry the decimal
to four places. If the result is greater than 1.0000, enter 1.0000. If less than zero, enter -0-. **3** 0.0721
- 4 California Itemized/Standard Deductions.** Multiply line 2 by the percentage on line 3. **4** 387
- 5 California Taxable Income.** Subtract line 4 from line 1. Transfer this amount to Form 540NR, line 35. If less than
zero, enter -0-. **5** 1943

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California Capital Loss Carryover Worksheet

2023

► Keep for your records

Name as Shown on Return

PATRICK WARD

Social Security Number

780-37-3263

Part I — Capital Loss Carryover Worksheet

| | | | |
|---|---|---|---------|
| 1 | Enter loss from Schedule D, line 11, stated as a positive number | 1 | 3,000. |
| 2 | Enter amount from Form 540, line 17 | 2 | 32,318. |
| 3 | Enter amount from Form 540, line 18 | 3 | 5,363. |
| 4 | Subtract line 3 from line 2. If less than zero, enter as a negative number. | 4 | 26,955. |
| 5 | Combine line 1 and line 4. If less than zero, enter -0- | 5 | 29,955. |
| 6 | Enter loss from Schedule D, line 8, stated as a positive amount. | 6 | 4,067. |
| 7 | Enter the smaller of line 1 or line 5 | 7 | 3,000. |
| 8 | Subtract line 7 from line 6. This is your capital loss carryover to 2024 | 8 | 1,067. |

Part II — Capital Loss Carryover Worksheet for Nonresidents and Part-Year Residents

| | | | |
|---|---|---|---------|
| 1 | Enter loss from California Schedule D Nonresident and Part-Year Resident Capital Gain/Loss Allocation Worksheet, line 5, stated as a positive number. | 1 | 3,000. |
| 2 | Enter amount from Form 540NR, line 17 | 2 | 32,318. |
| 3 | Enter amount from Form 540NR, line 18 | 3 | 5,363. |
| 4 | Subtract line 3 from line 2. If less than zero, enter as a negative number. | 4 | 26,955. |
| 5 | Combine line 1 and line 4. If less than zero, enter -0- | 5 | 29,955. |
| 6 | Enter loss from California Schedule D Nonresident and Part-Year Resident Capital Gain/Loss Allocation Worksheet, line 4, stated as a positive amount. | 6 | 4,067. |
| 7 | Enter the smaller of line 1 or line 5 | 7 | 3,000. |
| 8 | Subtract line 7 from line 6. This is your capital loss carryover to 2024 | 8 | 1,067. |

California Schedule D Worksheet for Nonresidents and Part-Year Residents

2023

► Keep for your records

Name as Shown on Return
PATRICK WARD

Social Security Number
780-37-3263

Part I – Worksheet to Allocate Capital Gains/Losses Sale by Sale

| Description of property | | A | B | | C | D |
|-------------------------|--------------|--|---|---------------|--|---|
| Date Acquired | Date Sold | Gain/Loss | All 540NR Filers | Alloc Type | Part-year Filers | |
| | | Enter total amounts as if you were a CA resident for the entire year | Amounts earned or received from California sources as if you were a nonresident for the entire year | | Amounts earned or received during the portion of the year you were a California Resident | Amounts earned or received from CA sources during the portion of the year you were a nonresident |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Part II – Schedule D Worksheet for Nonresidents and Part-Year Residents

| | A | B | C | D | E |
|---|--|--|--|---|--|
| | Enter total as if you were a CA resident for the entire year | Enter amounts earned or received from CA sources as if you were a nonresident for the entire year | Enter amounts earned or received during the portion of the year you were a California Resident | Enter amounts earned or received from CA sources during the portion of the year you were a nonresident | Total Combine column C and column D |
| 1/2 Gains or losses | 1,571. | 1,571. | | | |
| 3 Prior year loss carryover | -5,638. | -5,638. | | | |
| 4 Combine line 1 through line 3. | -4,067. | -4,067. | | | |
| 5 Enter smaller of loss on line 4 or \$3,000 (\$1,500 if married filing separately). | -3,000. | -3,000. | | | |
| 6 Amount to be reported on Schedule CA(NR) | | | | | -3,000. |