

TAX RETURN COMPARISON
2021 / 2022 / 2023

2023

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

Name(s) as shown on return AKSHAI K & CHANCHAL RUNCHAL	Identifying number XXX-XX-5912			
	2021	2022	2023	Difference 2022-2023
Filing Status	Married Joint	Married Joint	Married Joint	
Number of Dependents				
Income				
Wages, salaries, tips, etc.				
Taxable interest and dividends	8,458	10,347	58,314	47,967
Taxable state and local refunds				
Alimony				
Business income (loss)				
Gains (losses)	650,605	178	(3,000)	(3,178)
Pensions and IRA distributions	54,516	56,148	45,895	(10,253)
Rent and royalty income (loss)	136,397	296,866	369,230	72,364
Part, S-corps, trusts income (loss) . . .	334,444	372,466	393,919	21,453
Farm income (loss)				
Unemployment compensation				
Total SS benefits received	44,716	47,360	51,480	4,120
Taxable SS benefits	38,009	40,256	43,758	3,502
Other income (loss)				
Total Income	1,222,429	776,261	908,116	131,855
Adjusted Gross Income				
Half of self-employment tax				
IRA deduction				
Other adjustments				
Total Adjusted Gross Income	1,222,429	776,261	908,116	131,855
Deductions				
Medical deductions				
State and local taxes		10,140	10,000	(140)
Interest		18,765	24,719	5,954
Contributions	600			
Other deductions				
Total itemized deductions	600	28,905	34,719	5,814
Standard deduction	27,800	28,700	30,700	2,000
Total deductions claimed	28,400	28,905	34,719	5,814
Qualified Business Income Deduction .	82,497	126,910	153,182	26,272
Tax and Credits				
Taxable Income	1,111,532	620,446	720,215	99,769
Tax	245,940	164,131	194,788	30,657
Credits				
Self-employment tax				
Other taxes	30,227	11,681	15,955	4,274
Total Tax	276,167	175,812	210,743	34,931
Payments				
Withholdings				
Estimated tax payments	249,849	258,682	237,865	(20,817)
Earned income credit				
Other payments and credits	30,000			
Estimated tax penalty		5	50	45
Overpayment	3,682	82,870	27,122	(55,748)
Overpayment applied	3,682	82,865	27,072	(55,793)
Refund		5		(5)
Balance Due				
Marginal tax rate	37.00	35.00	37.00	2.00
Effective tax rate	22.13	26.45	27.05	0.60

FOR TAX YEAR 2023

AKSHAI K & CHANCHAL RUNCHAL

J ARORA INC

17037 CHATSWORTH ST STE 101

Granada Hills, CA 91344

(818) 923-5038

J ARORA INC

17037 CHATSWORTH ST STE 101
Granada Hills, CA 91344
JARORAEA@GMAIL.COM
Phone: (818)923-5038 | Fax: (818)923-5053

July 30, 2024

AKSHAI K & CHANCHAL RUNCHAL
1931 STRADELLA RD
LOS ANGELES, CA 90077-2320

Subject: Preparation of Your 2023 Tax Returns

AKSHAI K & CHANCHAL RUNCHAL:

Thank you for choosing J ARORA INC to assist you with your 2023 taxes. This letter confirms the terms of our engagement with you and outlines the nature and extent of the services we will provide.

We will prepare your 2023 federal and state income tax returns. We will depend on you to provide the information we need to prepare complete and accurate returns. We may ask you to clarify some items but will not audit or otherwise verify the data you submit. An Organizer is enclosed to help you collect the data required for your return. The Organizer will help you avoid overlooking important information. By using it, you will contribute to the efficient preparation of your returns and help minimize the cost of our services.

We will perform accounting services only as needed to prepare your tax returns. Our work will not include procedures to find defalcations or other irregularities. Accordingly, our engagement should not be relied upon to disclose errors, fraud, or other illegal acts, though it may be necessary for you to clarify some of the information you submit. We will inform you of any material errors, fraud, or other illegal acts we discover.

The law imposes penalties when taxpayers underestimate their tax liability. Call us if you have concerns about such penalties.

Should we encounter instances of unclear tax law, or of potential conflicts in the interpretation of the law, we will outline the reasonable courses of action and the risks and consequences of each. We will ultimately adopt, on your behalf, the alternative you select.

Our fee is based on the time required at standard billing rates plus out-of-pocket expenses. Invoices are due and payable upon presentation. All accounts not paid within thirty (30) days are subject to interest charges to the extent permitted by state law.

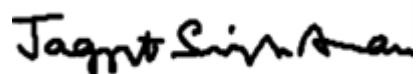
We will return your original records to you at the end of this engagement. Store these records, along with all supporting documents, in a secure location. We retain copies of your records and our work papers from your engagement for up to seven years, after which these documents will be destroyed.

If you have not selected to e-file your returns with our office, you will be solely responsible to file the returns with the appropriate taxing authorities. Review all tax-return documents carefully before signing them. Our engagement to prepare your 2023 tax returns will conclude with the delivery of the completed returns to you, or with e-filed returns, with your signature and our subsequent submittal of your tax return.

To affirm that this letter correctly summarizes your understanding of the arrangements for this work, sign the enclosed copy of this letter in the space indicated and return it to us in the envelope provided.

Thank you for the opportunity to be of service. If you have any questions, contact our office at (818)923-5038.

Sincerely,

A handwritten signature in black ink that reads "Jagjit Singh Arora". The signature is written in a cursive, flowing style.

JAGJIT SINGH ARORA, E.A
J ARORA INC

(Both spouses must sign for preparation of joint returns.)

Accepted By:

Taxpayer

Spouse

Date

J ARORA INC

17037 CHATSWORTH ST STE 101
Granada Hills, CA 91344
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Phone: (818)923-5038 | Fax: (818)923-5053

July 30, 2024

AKSHAI K & CHANCHAL RUNCHAL
1931 STRADELLA RD
LOS ANGELES, CA 90077-2320

AKSHAI K & CHANCHAL RUNCHAL:

Below is a summary of your 2023 tax year.

Return Type	Refund/Balance Due	Transaction Method
Federal Income Tax	Zero Due (\$27,072 applied to next year)	
California Income Tax	Zero Due (\$48,691 applied to next year)	
California Limited Liability Company Return of Income	Zero Due	
California Limited Liability Company Return of Income	Zero Due	
Georgia Income Tax	Zero Due (\$18,131 applied to next year)	
New York Income Tax	Zero Due (\$15,710 applied to next year)	

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

- * Federal Income Tax
- * California Income Tax
- * California Limited Liability Company Return of Income
- * California Limited Liability Company Return of Income
- * Georgia Income Tax
- * New York Income Tax

Federal Income Tax

Quarter	Estimate Due	Due Date	Transaction Method
1st	\$30,888	April 15, 2024	Mail a check
2nd	\$57,960	June 17, 2024	Mail a check
3rd	\$57,960	September 16, 2024	Mail a check
4th	\$57,960	January 15, 2025	Mail a check

Sincerely,

Jagjit Singh Arora

JAGJIT SINGH ARORA, E.A
J ARORA INC

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17037 CHATSWORTH ST STE 101
Granada Hills, CA 91344
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July 30, 2024

AKSHAI K & CHANCHAL RUNCHAL
1931 STRADELLA RD
LOS ANGELES, CA 90077-2320

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

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

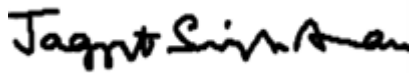
- * Interviews regarding your tax situation
- * Applications, organizers, or other documents that supply such information as your name, address, telephone number, Social Security Number, number of dependents, income, and other tax-related data
- * Tax-related documents you provide that are required for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

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

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

If you have any questions about our privacy policy, contact our office at (818)923-5038.

Sincerely,



JAGJIT SINGH ARORA, E.A
J ARORA INC

Acknowledgement and General Information for Taxpayers Who File Returns Electronically

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

Taxpayer name

AKSHAI K & CHANCHAL RUNCHAL

Taxpayer address (optional)

1931 STRADELLA RD

LOS ANGELES, CA 90077-2320

1. ☐ Your federal income tax return for **2023** was filed electronically with the **IRS** Submission Processing Center. The electronic filing services were provided by **J ARORA INC**
2. ☐ Your return was accepted on _____ using a Personal Identification Number (PIN) as your electronic signature. You entered a PIN or authorized the Electronic Return Originator (ERO) to enter or generate a PIN for you. The Submission ID assigned to your return is _____
3. ☐ Your return was accepted on _____. Allow 4 to 6 weeks for the processing of your return. The Earned Income Credit or a dependent's exemption on your return may be reduced or disallowed due to a child's name and social security number mismatch.
4. ☐ Your electronic funds withdrawal payment request was accepted for processing.
5. ☐ Your electronic funds withdrawal payment request was not accepted for processing. Refer to the "If You Owe Tax" section.
6. ☒ Your Form 4868, Application for Automatic Extension of Time to File U.S. Individual Income Tax Return, was accepted on **04-09-2024**. The Submission ID assigned to your extension is **XXXXXX2024100pwtvrvw**.
DCN: 00-XXXXXX-001134

**DO NOT SEND A PAPER COPY OF YOUR RETURN TO THE IRS.
IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.**

If You Need to Make a Change to Your Return

If you need to make a change or correct the return you filed electronically, you should send a Form 1040X, Amended U.S. Individual Income Tax Return, to the IRS Submission Processing Center that processes paper returns for your area. The address is available at www.irs.gov, or you can call the IRS toll-free at 1-800-829-1040.

If You Need to Ask About Your Refund

The IRS notifies your Electronic Return Originator (ERO) when your return is accepted, usually within 48 hours. If your return was not accepted, the IRS notifies your ERO of the reasons for rejection. If it has been more than three weeks since the IRS accepted your return and you have not received your refund, go to www.irs.gov and click on "Where's My Refund?" to view your refund status. Exception: If box 3 above is checked, allow 4 to 6 weeks for processing of your return. A notice will be sent to you advising of changes to your return.

Also, you can call the TeleTax line at 1-800-829-4477, for automated refund information. You should have available the first social security number shown on your return, your filing status, and the exact amount of the refund you expect. TeleTax gives you the date for mailing or depositing your refund. You should receive your refund check within 30 days of the date given by TeleTax, or within one week of that date, if you chose direct deposit. If you do not receive it by then, or if TeleTax does not give your refund information, call the Refund Hotline at 1-800-829-1954.

The IRS uses refunds to cover overdue taxes and notifies you when this occurs. The Fiscal Service offsets refunds through the Treasury Offset Program to cover past due child support, federal agency non-tax debts such as student loans and state income tax obligations. Fiscal Service sends you an offset notice if it applies your refund or part of your refund to non-tax debts. If you have questions about the offset, contact the agency identified in the notice. You may also call the Treasury Offset Program Call Center at 1-800-304-3107, if you have additional questions.

If You Owe Tax

If your return has a balance due, you must pay the amount you owe by the prescribed due date. If you paid by electronic funds withdrawal (direct debit) or by credit card, no voucher is needed. The credit card service providers will charge a convenience fee based on the amount of taxes you are paying. The fees and the type of credit or debit cards accepted may vary between providers. You will be told the amount of the fee during the transaction and you will be given the option to either continue or end the transaction. For information on paying your taxes electronically, including by credit or debit card, go to www.irs.gov/e-pay.

If you are not paying electronically you may use Form 1040-V, Payment Voucher, which you can obtain from your Electronic Return Originator. If the IRS does not receive your payment by the prescribed due date, you will receive a notice that requests full payment of the tax due, plus penalties and interest. If you can not pay the amount in full, complete Form 9465, Installment Agreement Request, which you may file electronically. To apply for an installment agreement online, go to www.irs.gov. You may also order Form 9465 by calling 1-800-TAX-FORM (1-800-829-3676). If approved, the IRS charges a user fee to set up an installment agreement.

If You Need to Inquire About Your Electronic Funds Withdrawal Payment

You may call 1-888-353-4537 to inquire about the status of your electronic funds withdrawal payment. If there is a change to the bank account information included on your return, you should call this number to cancel a scheduled payment. You should have available the social security number of the first person listed on the tax return, the payment amount, and the bank account number. Cancellation requests must be received no later than 11:59 p.m. E.T. two business days prior to the scheduled payment date.

Tax Refund Related Financial Products

Financial institutions offer a variety of financial products to taxpayers based on their refunds. Contracts for financial products are between you and the financial institution. The IRS is not associated with the contract. **If you have questions about tax refund related products, contact your Electronic Return Originator or the lender.**

Instructions for Electronic Return Originators

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

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

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

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

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

EF_PDF~	EF Attachments <small>(These PDF files will be included with the e-filed return. Do not attach this page if paper filing.)</small>		2023
Name as shown on return AKSHAI K & CHANCHAL RUNCHAL			Tax ID Number XXX-XX-5912
Reference	Description	Filename:	
SCH D	CAPTIAL GAINS AND LOSSES	1099ML7557.PDF	

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

See separate instructions.

Your first name and middle initial

AKSHAI K

Last name

RUNCHAL

Your social security number

XXX-XX-5912

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

CHANCHAL

Last name

RUNCHAL

Spouse's social security number

XXX-XX-5200

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

1931 STRADELLA RD

Apt. no.

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.

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

LOS ANGELES

State

CA

ZIP code

90077-2320

Foreign country name

Foreign province/state/county

Foreign postal code

☐ You ☐ Spouse

Filing Status

☐ Single ☐ Head of household (HOH)

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

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

Check only one box.

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

Digital Assets

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

Standard Deduction

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

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

Age/Blindness

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

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

Income

1a Total amount from Form(s) W-2, box 1 (see instructions) 1a

1b Household employee wages not reported on Form(s) W-2 1b

1c Tip income not reported on line 1a (see instructions) 1c

1d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) 1d

1e Taxable dependent care benefits from Form 2441, line 26 1e

1f Employer-provided adoption benefits from Form 8839, line 29 1f

1g Wages from Form 8919, line 6 1g

1h Other earned income (see instructions) 1h

1i Nontaxable combat pay election (see instructions) 1i

1z Add lines 1a through 1h 1z

2a Tax-exempt interest 2a 6,545

2b Taxable interest 2b 39,262

3a Qualified dividends 3a 9,448

3b Ordinary dividends 3b 19,052

4a IRA distributions 4a

4b Taxable amount 4b 45,895

5a Pensions and annuities 5a

5b Taxable amount 5b

6a Social security benefits 6a 51,480

6b Taxable amount 6b 43,758

c If you elect to use the lump-sum election method, check here (see instructions) ☐

7 Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐ 7 (3,000)

8 Additional income from Schedule 1, line 10 8 763,149

9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 908,116

10 Adjustments to income from Schedule 1, line 26 10

11 Subtract line 10 from line 9. This is your adjusted gross income 11 908,116

12 Standard deduction or itemized deductions (from Schedule A) 12 34,719

13 Qualified business income deduction from Form 8995 or Form 8995-A 13 153,182

14 Add lines 12 and 13 14 187,901

15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income 15 720,215

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

Form 1040 (2023)

EEA

SCHEDULE 1
(Form 1040)Department of the Treasury
Internal Revenue Service**Additional Income and Adjustments to Income**

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

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

OMB No. 1545-0074

2023Attachment
Sequence No. **01**

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

AKSHAI K & CHANCHAL RUNCHAL

Your social security number

XXX-XX-5912

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions): _____		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	763,149
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income:		
a	Net operating loss	8a	()
b	Gambling	8b	
c	Cancellation of debt	8c	
d	Foreign earned income exclusion from Form 2555	8d	()
e	Income from Form 8853	8e	
f	Income from Form 8889	8f	
g	Alaska Permanent Fund dividends	8g	
h	Jury duty pay	8h	
i	Prizes and awards	8i	
j	Activity not engaged in for profit income	8j	
k	Stock options	8k	
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	
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8m	
n	Section 951(a) inclusion (see instructions)	8n	
o	Section 951A(a) inclusion (see instructions)	8o	
p	Section 461(l) excess business loss adjustment	8p	
q	Taxable distributions from an ABLE account (see instructions)	8q	
r	Scholarship and fellowship grants not reported on Form W-2	8r	
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s	()
t	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan	8t	
u	Wages earned while incarcerated	8u	
z	Other income. List type and amount: _____	8z	
9	Total other income. Add lines 8a through 8z	9	
10	Combine lines 1 through 7 and 9. This is your additional income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	10	763,149

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

Schedule 1 (Form 1040) 2023

EEA

Part II Adjustments to Income

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

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

AKSHAI K & CHANCHAL RUNCHAL

Your social security number

XXX-XX-5912

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	0

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 type="checkbox"/>	8	
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	15,955
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

EEA

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

15,955

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

Your social security number

AKSHAI K & CHANCHAL RUNCHAL**XXX-XX-5912****Medical
and
Dental
Expenses****Caution:** Do not include expenses reimbursed or paid by others.

- | | | | |
|---|---|---|---------|
| 1 | Medical and dental expenses (see instructions) | 1 | 15,285 |
| 2 | Enter amount from Form 1040 or 1040-SR, line 11 | 2 | 908,116 |
| 3 | Multiply line 2 by 7.5% (0.075) | 3 | 68,109 |
| 4 | Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- | 4 | 0 |

**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 <input type="checkbox"/> | 5a | 158,292 |
| b | State and local real estate taxes (see instructions) | 5b | |
| c | State and local personal property taxes | 5c | |
| d | Add lines 5a through 5c | 5d | 158,292 |
| e | Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) | 5e | 10,000 |
| 6 | Other taxes. List type and amount: | 6 | |
| 7 | Add lines 5e and 6 | 7 | 10,000 |

**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 <input type="checkbox"/> | | |
| a | Home mortgage interest and points reported to you on Form 1098. See instructions if limited | 8a | 24,719 |
| b | Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address | 8b | |
| c | Points not reported to you on Form 1098. See instructions for special rules | 8c | |
| d | Reserved for future use | 8d | |
| e | Add lines 8a through 8c | 8e | 24,719 |
| 9 | Investment interest. Attach Form 4952 if required. See instructions | 9 | |
| 10 | Add lines 8e and 9 | 10 | 24,719 |

**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 | 11 | |
| 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 | 12 | |
| 13 | Carryover from prior year | 13 | |
| 14 | Add lines 11 through 13 | 14 | |

**Casualty and
Theft Losses**

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

**Other
Itemized
Deductions**

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

**Total
Itemized
Deductions**

- | | | | |
|----|--|----|--------|
| 17 | Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 12 | 17 | 34,719 |
| 18 | If you elect to itemize deductions even though they are less than your standard deduction, check this box <input type="checkbox"/> | | |

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

Schedule A (Form 1040) 2023

SCHEDULE 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

AKSHAI K & CHANCHAL RUNCHAL

Your social security number

XXX-XX-5912

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.

		Amount
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:	
	Statement #1	39,262
	INTEREST SUBTOTAL	39,262
2	Add the amounts on line 1	39,262
3	Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815	
4	Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b . . .	39,262

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

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.

		Amount
5	List name of payer:	
	BLUE OWL CAPITAL	9,318
	MARILL LYNCH	5,851
	MARILL LYNCH	3,581
	MARILL LYNCH	302
	DIVIDEND SUBTOTAL	19,052
6	Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b . . .	19,052

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.

		Yes	No
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		
b	If you are required to file FinCEN Form 114, list the name(s) of the foreign country(-ies) where the financial account(s) are located:		
8	During 2023, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions		X

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

Schedule B (Form 1040) 2023

SCHEDULE D
(Form 1040)

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

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

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

OMB No. 1545-0074

2023

Attachment
Sequence No. **12**

Name(s) shown on return

AKSHAI K & CHANCHAL RUNCHAL

Your social security number

XXX-XX-5912

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	284,561	299,686	513	(14,612)
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
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	()
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 page 2			7	(14,612)

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	164,365	156,933	186	7,618
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	3,636
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions			14	()
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III on page 2			15	11,254

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	(3,358)
<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.

OMB No. 1545-0074

2023

Attachment
Sequence No. **12A**

Name(s) shown on return

Social security number or taxpayer identification number	
--	--

AKSHAT K & CHANCHAL RUNCHAL

XXX-XX-5912

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	
	MERRILL LYNCH -STATEMENT ATTACHED			284,561	299,686	W	513	(14,612)
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)				284,561	299,686		513	(14,612)

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.

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

Form 8949 (2023)

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

AKSHAI K & CHANCHAL RUNCHAL**XXX-XX-5912**

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	
	MERRILL LYNCH STATEMENT	ATTACHED		164,365	156,933	W	186	7,618
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).			164,365	156,933		186	7,618

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.

SCHEDULE E
(Form 1040)

Department of the Treasury
Internal Revenue Service

Name(s) shown on return

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

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

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

OMB No. 1545-0074

2023

Attachment
Sequence No. **13**

Your social security number

XXX-XX-5912

AKSHAI K & CHANCHAL RUNCHAL

Part I **Income or Loss From Rental Real Estate and Royalties**

Note: If you are in the business of renting personal property, use **Schedule C**. See instructions. If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

- A** Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions ☐ **Yes** ☐ **No**
B If "Yes," did you or will you file required Form(s) 1099? ☐ **Yes** ☐ **No**

1a Physical address of each property (street, city, state, ZIP code)				
A	3106 INGLEWOOD BLVD, LOS ANGELES, CA 90066			
B	12029 CLOVER AVE, LOS ANGELES, CA 90066			
C	105 ST STEPHENS, Tyrone, GA 30290			

1b Type of Property (from list below)		2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV	
A	1		A	0	<input type="checkbox"/>	
B	1		B	365	0	<input type="checkbox"/>
C	4		C	365	0	<input type="checkbox"/>

Type of Property:

- 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental
2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe)

Income:

	A	B	C
3 Rents received	3	74,760	232,518
4 Royalties received	4		

Expenses:

	A	B	C
5 Advertising	5	101	314
6 Auto and travel (see instructions)	6	282	877
7 Cleaning and maintenance	7 12,205	9,889	6,100
8 Commissions	8		2,225
9 Insurance	9	980	4,128
10 Legal and other professional fees	10	1,421	3,665
11 Management fees	11 2,225	3,307	9,900
12 Mortgage interest paid to banks, etc. (see instructions)	12 4,250		30,847
13 Other interest	13		
14 Repairs	14 10,301	8,176	11,991
15 Supplies	15 4,485	3,076	3,997
16 Taxes	16	7,016	22,142
17 Utilities	17 2,086	154	12,258
18 Depreciation expense or depletion	18 282	8,487	41,916
19 Other (list Statement #2)	19 504	443	608
20 Total expenses. Add lines 5 through 19	20 36,338	43,332	150,968
21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21 (36,338)	31,428	81,550
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22 (36,338)	()	()

23a Total of all amounts reported on line 3 for all rental properties	23a 1,652,555	
b Total of all amounts reported on line 4 for all royalty properties	23b 0	
c Total of all amounts reported on line 12 for all properties	23c 366,790	
d Total of all amounts reported on line 18 for all properties	23d 311,188	
e Total of all amounts reported on line 20 for all properties	23e 1,283,325	

24 Income. Add positive amounts shown on line 21. Do not include any losses	24 449,736
25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25 (80,506)
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1041 Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2	26 369,230

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2023

SCHEDULE E
(Form 1040)

Department of the Treasury
Internal Revenue Service

Name(s) shown on return

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

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

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

OMB No. 1545-0074

2023

Attachment
Sequence No. **13**

Your social security number

XXX-XX-5912

AKSHAI K & CHANCHAL RUNCHAL

Part I **Income or Loss From Rental Real Estate and Royalties**

Note: If you are in the business of renting personal property, use **Schedule C**. See instructions. If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

- A** Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions ☐ Yes ☐ No
- B** If "Yes," did you or will you file required Form(s) 1099? ☐ Yes ☐ No

1a Physical address of each property (street, city, state, ZIP code)			
A	2081-2109 JONESBORO ROAD, McDonough, GA 30253		
B	8055 SENOIA ROAD, FAIRBURN, GEORGIA, Fairburn, GA 30213		
C	805 SPENCER STREET, Syracuse, NY 13204		

1b Type of Property (from list below)		2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV
A	2		A 365	0	<input type="checkbox"/>
B	4		B 365	0	<input type="checkbox"/>
C	8		C 365	0	<input type="checkbox"/>

Type of Property:

- 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental
2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe)

Income:

	A	B	C
3 Rents received	3 472,301	263,636	249,535
4 Royalties received	4		

Expenses:

5 Advertising	5 638	556	326
6 Auto and travel (see instructions)	6 1,782	994	863
7 Cleaning and maintenance	7 13,911	4,180	
8 Commissions	8 15,065		
9 Insurance	9 5,950	3,849	7,018
10 Legal and other professional fees	10 4,941	5,576	8,066
11 Management fees	11 17,201	10,050	6,939
12 Mortgage interest paid to banks, etc. (see instructions)	12 160,841	34,164	78,688
13 Other interest	13		
14 Repairs	14 24,517	1,125	1,101
15 Supplies	15		
16 Taxes	16 41,989	29,484	17,578
17 Utilities	17 38,203	10,841	471
18 Depreciation expense or depletion	18 63,228	38,568	74,352
19 Other (list Statement #3)	19 4,310	1,747	4,949
20 Total expenses. Add lines 5 through 19	20 392,576	141,134	200,351
21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21 79,725	122,502	49,184
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22 ()	()	()

23a Total of all amounts reported on line 3 for all rental properties	23a	
b Total of all amounts reported on line 4 for all royalty properties	23b	
c Total of all amounts reported on line 12 for all properties	23c	
d Total of all amounts reported on line 18 for all properties	23d	
e Total of all amounts reported on line 20 for all properties	23e	

24 Income. Add positive amounts shown on line 21. Do not include any losses	24
25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25 (0)
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2	26

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2023

SCHEDULE E
(Form 1040)

Department of the Treasury
Internal Revenue Service

Name(s) shown on return

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

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

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

OMB No. 1545-0074

2023

Attachment
Sequence No. **13**

Your social security number

XXX-XX-5912

AKSHAI K & CHANCHAL RUNCHAL

Part I **Income or Loss From Rental Real Estate and Royalties**

Note: If you are in the business of renting personal property, use **Schedule C**. See instructions. If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

- A** Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions ☐ **Yes** ☐ **No**
B If "Yes," did you or will you file required Form(s) 1099? ☐ **Yes** ☐ **No**

1a Physical address of each property (street, city, state, ZIP code)				
A	2001 S GRAMERCY, Los Angeles, CA 90018			
B	226 JAY STREET, Rochester, NY 14608			
C				

1b	Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV
A	2		365	0	<input type="checkbox"/>
B	8		365	0	<input type="checkbox"/>
C					<input type="checkbox"/>

Type of Property:

- 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental
2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe)

Income:

	A	B	C
3 Rents received	21,840	337,965	
4 Royalties received			

Expenses:

5 Advertising	30	457	
6 Auto and travel (see instructions)	82	1,275	
7 Cleaning and maintenance	5,778	170	
8 Commissions			
9 Insurance	4,770	17,592	
10 Legal and other professional fees	14,506	6,597	
11 Management fees	2,090	7,387	
12 Mortgage interest paid to banks, etc. (see instructions)		58,000	
13 Other interest			
14 Repairs	4,902		
15 Supplies	5,172		
16 Taxes	16,868	80,051	
17 Utilities	7,095	695	
18 Depreciation expense or depletion	4,350	80,005	
19 Other (list Statement #4)	365	389	
20 Total expenses. Add lines 5 through 19	66,008	252,618	
21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	(44,168)	85,347	
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	(44,168)		

23a Total of all amounts reported on line 3 for all rental properties	23a	
b Total of all amounts reported on line 4 for all royalty properties	23b	
c Total of all amounts reported on line 12 for all properties	23c	
d Total of all amounts reported on line 18 for all properties	23d	
e Total of all amounts reported on line 20 for all properties	23e	

24 Income. Add positive amounts shown on line 21. Do not include any losses	24	
25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25	0
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2	26	

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2023

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

Your social security number

AKSHAI K & CHANCHAL RUNCHAL

XXX-XX-5912

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

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

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

28	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if basis computation is required	(f) Check if any amount is not at risk
A	Statement #5		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
B			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
C			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
D			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

Passive Income and Loss		Nonpassive Income and Loss		
(g) Passive loss allowed (attach Form 8582 if required)	(h) Passive income from Schedule K-1	(i) Nonpassive loss allowed (see Schedule K-1)	(j) Section 179 expense deduction from Form 4562	(k) Nonpassive income from Schedule K-1
A				
B				
C				
D				
29a Totals				421,750
b Totals		27,831		
30 Add columns (h) and (k) of line 29a			30	421,750
31 Add columns (g), (i), and (j) of line 29b			31	(27,831)
32 Total partnership and S corporation income or (loss). Combine lines 30 and 31			32	393,919

Part III Income or Loss From Estates and Trusts

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

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

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

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

Part V Summary

40	Net farm rental income or (loss) from Form 4835. Also, complete line 42 below	40	
41	Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Schedule 1 (Form 1040), line 5	41	763,149
42	Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120-S), box 17, code AN; and Schedule K-1 (Form 1041), box 14, code F. See instructions	42	
43	Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040, Form 1040-SR, or Form 1040-NR from all rental real estate activities in which you materially participated under the passive activity loss rules	43	193,597

Name **AKSHAI K & CHANCHAL RUNCHAL** Identifying number as shown on page 1 of your tax return **XXX-XX-5912**

Use 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) **United States**

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	
		Various	RIC		
1a	Gross income from sources within country shown above and of the type checked above (see instructions): DIVIDEND				1a
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)				
b	Other deductions (attach statement)				
c	Add lines 3a and 3b				
d	Gross foreign source income (see instructions)				
e	Gross income from all sources (see instructions)	2,233,526	2,233,526		
f	Divide line 3d by line 3e (see instructions)				
g	Multiply line 3c by line 3f				
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				6
7	Subtract line 6 from line 1a. Enter the result here and on line 15, page 2				7

Part II Foreign Taxes Paid or Accrued (see instructions)

Country	Credit is claimed for taxes (you must check one) (j) <input 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:			Taxes withheld at source on:			(u) Total foreign taxes paid or accrued (add cols. (q) through (t))		
		(l) Date paid or accrued	(m) Dividends	(n) Rents and royalties	(o) Interest	(p) Other foreign taxes paid or accrued	(q) Dividends	(r) Rents and royalties	(s) Interest	(t) Other foreign taxes paid or accrued
A										
B										
C										

8 Add lines A through C, column (u). Enter the total here and on line 9, page 2 8

FOR ALT MIN TAX PURPOSES ONLY

Foreign Tax Credit

(Individual, Estate, or Trust)

Form

1116

Department of the Treasury
Internal Revenue Service
Name

AMT

Attach to Form 1040, 1040-SR, 1040-NR, 1041, or 990-T.

Go to www.irs.gov/Form1116 for instructions and the latest information.

OMB No. 1545-0121

2023

Attachment
Sequence No. 19

AKSHAI K & CHANCHAL RUNCHAL

Identifying number as shown on page 1 of your tax return
XXX-XX-5912Use 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) **United States****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	
		Various	RIC		
1a	Gross income from sources within country shown above and of the type checked above (see instructions): DIVIDEND				1a
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)				
b	Other deductions (attach statement)				
c	Add lines 3a and 3b				
d	Gross foreign source income (see instructions)				
e	Gross income from all sources (see instructions)				
f	Divide line 3d by line 3e (see instructions)				
g	Multiply line 3c by line 3f				
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				6
7	Subtract line 6 from line 1a. Enter the result here and on line 15, page 2				7

Part II Foreign Taxes Paid or Accrued (see instructions)

Country	Credit is claimed for taxes (you must check one) (j) <input 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:			(u) Total foreign taxes paid or accrued (add cols. (q) through (t))
		(l) Date paid or accrued	(m) Dividends	(n) Rents and royalties		(q) Dividends	(r) Rents and royalties	(s) Interest	
A									
B									
C									
8	Add lines A through C, column (u). Enter the total here and on line 9, page 2								8

For Paperwork Reduction Act Notice, see instructions.

Form 1116 (2023)

Name. If married, file a separate form for each spouse required to file 2023 Form 8606. See instructions.

Your social security number
XXX-XX-5912

AKSHAI K RUNCHAL

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).

Foreign country name

Foreign province/state/county

Foreign postal code

Part I

Nondeductible Contributions to Traditional IRAs and Distributions From Traditional, Traditional SEP, and Traditional SIMPLE IRAs

Complete this part only if one or more of the following apply.

You made nondeductible contributions to a traditional IRA for 2023.

You took distributions from a traditional, traditional SEP, or traditional SIMPLE IRA in 2023 and you made nondeductible contributions to a traditional IRA in 2023 or an earlier year. For this purpose, a distribution does not include a rollover (other than certain qualified disaster distribution, repayments from 2023 Form(s) 8915-F), qualified charitable distribution, one-time distribution to fund an HSA, conversion, recharacterization, or return of certain contributions.

You converted part, but not all, of your traditional, traditional SEP, and traditional SIMPLE IRAs to Roth, Roth SEP, or Roth SIMPLE IRAs in 2023 and you made nondeductible contributions to a traditional IRA in 2023 or an earlier year.

1	Enter your nondeductible contributions to traditional IRAs for 2023, including those made for 2023 from January 1, 2024, through April 15, 2024. See instructions	1	7,500
2	Enter your total basis in traditional IRAs. See instructions	2	
3	Add lines 1 and 2	3	7,500
<div><div>In 2023, did you take a distribution from traditional, traditional SEP, or traditional SIMPLE IRAs, or make a Roth, Roth SEP, or Roth SIMPLE IRA conversion?</div><div><div>No</div><div>Enter the amount from line 3 on line 14. Do not complete the rest of Part I.</div></div><div><div>Yes</div><div>Go to line 4.</div></div></div>			
4	Enter those contributions included on line 1 that were made from January 1, 2024, through April 15, 2024	4	
5	Subtract line 4 from line 3	5	
6	Enter the value of all your traditional, traditional SEP, and traditional SIMPLE IRAs as of December 31, 2023, plus any outstanding rollovers. Subtract certain repayments of qualified disaster distributions, if any, from 2023 Form(s) 8915-F (see instructions)	6	
7	Enter your distributions from traditional, traditional SEP, and traditional SIMPLE IRAs in 2023. Do not include rollovers (other than repayments of qualified disaster distributions; if any, from 2023 Form(s) 8915-F (see instructions)); qualified charitable distributions; a one-time distribution to fund an HSA; conversions to a Roth, Roth SEP, or Roth SIMPLE IRA; certain returned contributions; or recharacterizations of traditional IRA contributions (see instructions)	7	
8	Enter the net amount you converted from traditional, traditional SEP, and traditional SIMPLE IRAs to Roth, Roth SEP, or Roth SIMPLE IRAs in 2023. Also, enter this amount on line 16	8	
9	Add lines 6, 7, and 8	9	
10	Divide line 5 by line 9. Enter the result as a decimal rounded to at least 3 places. If the result is 1.000 or more, enter "1.000"	10	x
11	Multiply line 8 by line 10. This is the nontaxable portion of the amount you converted to Roth, Roth SEP, or Roth SIMPLE IRAs. Also, enter this amount on line 17	11	
12	Multiply line 7 by line 10. This is the nontaxable portion of your distributions that you did not convert to a Roth, Roth SEP, or Roth SIMPLE IRA	12	
13	Add lines 11 and 12. This is the nontaxable portion of all your distributions	13	
14	Subtract line 13 from line 3. This is your total basis in traditional IRAs for 2023 and earlier years	14	7,500
15a	Subtract line 12 from line 7	15a	
b	Enter the amount on line 15a attributable to qualified disaster distributions, if any, from 2023 Form(s) 8915-F (see instructions). Also, enter this amount on 2023 Form(s) 8915-F, line 18, as applicable (see instructions)	15b	
c	Taxable amount. Subtract line 15b from line 15a. If more than zero, also include this amount on 2023 Form 1040, 1040-SR, or 1040-NR, line 4b	15c	
Note: You may be subject to an additional 10% tax on the amount on line 15c if you were under age 59 1/2 at the time of the distribution. See instructions.			

Name. If married, file a separate form for each spouse required to file 2023 Form 8606. See instructions.

CHANCHAL RUNCHAL

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).

Foreign country name

Foreign province/state/county

Foreign postal code

Your social security number

XXX-XX-5200

Part I

Nondeductible Contributions to Traditional IRAs and Distributions From Traditional, Traditional SEP, and Traditional SIMPLE IRAs

Complete this part only if one or more of the following apply.

You made nondeductible contributions to a traditional IRA for 2023.

You took distributions from a traditional, traditional SEP, or traditional SIMPLE IRA in 2023 and you made nondeductible contributions to a traditional IRA in 2023 or an earlier year. For this purpose, a distribution does not include a rollover (other than certain qualified disaster distribution, repayments from 2023 Form(s) 8915-F), qualified charitable distribution, one-time distribution to fund an HSA, conversion, recharacterization, or return of certain contributions.

You converted part, but not all, of your traditional, traditional SEP, and traditional SIMPLE IRAs to Roth, Roth SEP, or Roth SIMPLE IRAs in 2023 and you made nondeductible contributions to a traditional IRA in 2023 or an earlier year.

1	Enter your nondeductible contributions to traditional IRAs for 2023, including those made for 2023 from January 1, 2024, through April 15, 2024. See instructions	1	7,500
2	Enter your total basis in traditional IRAs. See instructions	2	
3	Add lines 1 and 2	3	7,500
<div><div>In 2023, did you take a distribution from traditional, traditional SEP, or traditional SIMPLE IRAs, or make a Roth, Roth SEP, or Roth SIMPLE IRA conversion?</div><div><div>No</div><div>Enter the amount from line 3 on line 14. Do not complete the rest of Part I.</div></div><div><div>Yes</div><div>Go to line 4.</div></div></div>			
4	Enter those contributions included on line 1 that were made from January 1, 2024, through April 15, 2024	4	
5	Subtract line 4 from line 3	5	
6	Enter the value of all your traditional, traditional SEP, and traditional SIMPLE IRAs as of December 31, 2023, plus any outstanding rollovers. Subtract certain repayments of qualified disaster distributions, if any, from 2023 Form(s) 8915-F (see instructions)	6	
7	Enter your distributions from traditional, traditional SEP, and traditional SIMPLE IRAs in 2023. Do not include rollovers (other than repayments of qualified disaster distributions; if any, from 2023 Form(s) 8915-F (see instructions)); qualified charitable distributions; a one-time distribution to fund an HSA; conversions to a Roth, Roth SEP, or Roth SIMPLE IRA; certain returned contributions; or recharacterizations of traditional IRA contributions (see instructions)	7	
8	Enter the net amount you converted from traditional, traditional SEP, and traditional SIMPLE IRAs to Roth, Roth SEP, or Roth SIMPLE IRAs in 2023. Also, enter this amount on line 16	8	
9	Add lines 6, 7, and 8	9	
10	Divide line 5 by line 9. Enter the result as a decimal rounded to at least 3 places. If the result is 1.000 or more, enter "1.000"	10	x
11	Multiply line 8 by line 10. This is the nontaxable portion of the amount you converted to Roth, Roth SEP, or Roth SIMPLE IRAs. Also, enter this amount on line 17	11	
12	Multiply line 7 by line 10. This is the nontaxable portion of your distributions that you did not convert to a Roth, Roth SEP, or Roth SIMPLE IRA	12	
13	Add lines 11 and 12. This is the nontaxable portion of all your distributions	13	
14	Subtract line 13 from line 3. This is your total basis in traditional IRAs for 2023 and earlier years	14	7,500
15a	Subtract line 12 from line 7	15a	
b	Enter the amount on line 15a attributable to qualified disaster distributions, if any, from 2023 Form(s) 8915-F (see instructions). Also, enter this amount on 2023 Form(s) 8915-F, line 18, as applicable (see instructions)	15b	
c	Taxable amount. Subtract line 15b from line 15a. If more than zero, also include this amount on 2023 Form 1040, 1040-SR, or 1040-NR, line 4b	15c	
Note: You may be subject to an additional 10% tax on the amount on line 15c if you were under age 59 1/2 at the time of the distribution. See instructions.			

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

Form 8606 (2023)

EEA

**Net Investment Income Tax-
Individuals, Estates, and Trusts**

Attach to your tax return.

Go to www.irs.gov/Form8960 for instructions and the latest information.**2023**Attachment
Sequence No. **72**

Name(s) shown on your tax return

Your social security number or EIN

AKSHAI K & CHANCHAL RUNCHAL**XXX-XX-5912****Part I Investment Income**

- ☐ Section 6013(g) election (see instructions)
☐ Section 6013(h) election (see instructions)
☐ Regulations section 1.1411-10(g) election (see instructions)

1	Taxable interest (see instructions)		1	39,262
2	Ordinary dividends (see instructions)		2	19,052
3	Annuities (see instructions)		3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, trades or businesses, etc. (see instructions)	4a 763,149		
b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions)	4b (393,919)		
c	Combine lines 4a and 4b		4c	369,230
5a	Net gain or loss from disposition of property (see instructions)	5a (3,000)		
b	Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)	5b		
c	Adjustment from disposition of partnership interest or S corporation stock (see instructions)	5c		
d	Combine lines 5a through 5c		5d	(3,000)
6	Adjustments to investment income for certain CFCs and PFICs (see instructions)		6	
7	Other modifications to investment income (see instructions)		7	
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7		8	424,544

Part II Investment Expenses Allocable to Investment Income and Modifications

9a	Investment interest expenses (see instructions)	9a		
b	State, local, and foreign income tax (see instructions)	9b	4,675	
c	Miscellaneous investment expenses (see instructions)	9c		
d	Add lines 9a, 9b, and 9c		9d	4,675
10	Additional modifications (see instructions)		10	
11	Total deductions and modifications. Add lines 9d and 10		11	4,675

Part III Tax Computation

12	Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, complete lines 13-17. Estates and trusts complete lines 18a-21. If zero or less, enter -0-		12	419,869
Individuals:				
13	Modified adjusted gross income (see instructions)	13 908,116		
14	Threshold based on filing status (see instructions)	14 250,000		
15	Subtract line 14 from line 13. If zero or less, enter -0-	15 658,116		
16	Enter the smaller of line 12 or line 15		16	419,869
17	Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). Enter here and include on your tax return (see instructions)		17	15,955
Estates and Trusts:				
18a	Net investment income (line 12 above)	18a		
b	Deductions for distributions of net investment income and charitable deductions (see instructions)	18b		
c	Undistributed net investment income. Subtract line 18b from line 18a (see instructions). If zero or less, enter -0-	18c		
19a	Adjusted gross income (see instructions)	19a		
b	Highest tax bracket for estates and trusts for the year (see instructions)	19b		
c	Subtract line 19b from line 19a. If zero or less, enter -0-	19c		
20	Enter the smaller of line 18c or line 19c		20	
21	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.038). Enter here and include on your tax return (see instructions)		21	

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

Form **8960** (2023)

Name(s) shown on tax return
AKSHAI K & CHANCHAL RUNCHAL

Identifying number
XXX-XX-5912

Part I Information on the Like-Kind Exchange

Note: Only real property should be described on lines 1 and 2. If the property described on line 1 or line 2 is real property located outside the United States, indicate the country.

- 1 Description of like-kind property given up:
3106 INGLEWOOD BLVD
- 2 Description of like-kind property received:
1696 WALDON AVE 10 TRACK DR 140 FIRE TOWER 22672 MURROC CIR 651 KEYST
- | | | | |
|---|---|---|------------|
| 3 | Date like-kind property given up was originally acquired (month, day, year) | 3 | 10-01-1992 |
| 4 | Date you actually transferred your property to the other party (month, day, year) | 4 | 05-03-2023 |
| 5 | Date like-kind property you received was identified by written notice to another party (month, day, year). See instructions for 45-day written identification requirement | 5 | 07-01-2023 |
| 6 | Date you actually received the like-kind property from other party (month, day, year). See instructions | 6 | 11-09-2023 |
- 7 Was the exchange of the property given up or received made with a related party, either directly or indirectly (such as through an intermediary)? See instructions. If "Yes," complete Part II. If "No," go to Part III ☐ Yes ☒ No

Note: Do not file this form if a related party sold property into the exchange, directly or indirectly (such as through an intermediary); that property became your replacement property; and none of the exceptions on line 11 applies to the exchange. Instead, report the disposition of the property as if the exchange had been a sale. If one of the exceptions on line 11 applies to the exchange, complete Part II.

Part II Related Party Exchange Information

- | | | | |
|--|-----------------------|---------------------|------------------------------------|
| 8 | Name of related party | Relationship to you | Related party's identifying number |
| Address (no., street, and apt., room, or suite no.; city or town, state; and ZIP code) | | | |

- 9 During this tax year (and before the date that is 2 years after the last transfer of property that was part of the exchange), did the related party sell or dispose of any part of the like-kind property received from you (or an intermediary) in the exchange? ☐ Yes ☐ No
- 10 During this tax year (and before the date that is 2 years after the last transfer of property that was part of the exchange), did you sell or dispose of any part of the like-kind property you received? ☐ Yes ☐ No

If both lines 9 and 10 are "No" and this is the year of the exchange, go to Part III. If both lines 9 and 10 are "No" and this is **not** the year of the exchange, stop here. If either line 9 or line 10 is "Yes," complete Part III and report on this year's tax return the deferred gain or (loss) from line 24 **unless** one of the exceptions on line 11 applies.

- 11 If one of the exceptions below applies to the disposition, check the applicable box.
- a ☐ The disposition was after the death of either of the related parties.

b ☐ The disposition was an involuntary conversion, and the threat of conversion occurred after the exchange.

c ☐ You can establish to the satisfaction of the IRS that neither the exchange nor the disposition had tax avoidance as one of its principal purposes. If this box is checked, attach an explanation. See instructions.

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

Your social security number

AKSHAI K & CHANCHAL RUNCHAL

XXX-XX-5912

Part III Realized Gain or (Loss), Recognized Gain, and Basis of Like-Kind Property Received

Before you begin:

- If you are **e-filing** Form 8824 and completing line 12, 15, or 25, see the instructions for important information regarding a separate statement you must attach.
- If you transferred **and** received (a) more than one group of like-kind properties, or (b) cash or other (not like-kind) property, see **Reporting of multi-asset exchanges** in the instructions.

Note: Complete lines 12 through 14 **only** if you gave up property that was not like-kind. Otherwise, go to line 15.

12	Fair market value (FMV) of other property given up. See instructions	12	
a	Description of other property given up		
13	Adjusted basis of other property given up	13	
14	Gain or (loss) recognized on other property given up. Subtract line 13 from line 12. Report the gain or (loss) in the same manner as if the exchange had been a sale	14	
Caution: If the property given up was used previously or partly as a home, see Property used as home in the instructions.			
15	Cash received, FMV of other property received, plus net liabilities assumed by other party, reduced (but not below zero) by any exchange expenses you incurred. See instructions	15	
a	Description of other property you received		
COMMERCIAL RENTAL			
16	FMV of like-kind property you received	16	6,671,000
17	Add lines 15 and 16	17	6,671,000
18	Adjusted basis of like-kind property you gave up, net amounts paid to other party, plus any exchange expenses not used on line 15. See instructions	18	4,791,951
19	Realized gain or (loss). Subtract line 18 from line 17	19	1,879,049
20	Enter the smaller of line 15 or line 19, but not less than zero	20	
21	Ordinary income under recapture rules. Enter here and on Form 4797, line 16. See instructions	21	
22	Subtract line 21 from line 20. If zero or less, enter -0-. If more than zero, enter here and on Schedule D or Form 4797, unless the installment method applies. See instructions	22	
23	Recognized gain. Add lines 21 and 22	23	
24	Deferred gain or (loss). Subtract line 23 from line 19. If a related party exchange, see instructions	24	1,879,049
25	Basis of like-kind property received. Subtract line 15 from the sum of lines 18 and 23. See instructions Note: Complete lines 25a, 25b, and 25c if you received like-kind section 1250 property, like-kind section 1245 property, or like-kind intangible property in the exchange.	25	4,791,951
a	Basis of like-kind section 1250 property received	25a	4,791,951
b	Basis of like-kind section 1245 property received	25b	
c	Basis of like-kind intangible property received	25c	

Part IV Deferral of Gain From Section 1043 Conflict-of-Interest Sales

Note: This part is to be used **only** by officers or employees of the executive branch of the federal government or judicial officers of the federal government (including certain spouses, minor or dependent children, and trustees as described in section 1043) for reporting nonrecognition of gain under section 1043 on the sale of property to comply with the conflict-of-interest requirements. This part can be used **only** if the cost of the replacement property is more than the basis of the divested property.

26	Enter the number from the upper right corner of your certificate of divestiture. (Do not attach a copy of your certificate. Keep the certificate with your records.)	
27	Description of divested property	
28	Description of replacement property	
29	Date divested property was sold (month, day, year)	29
30	Sales price of divested property. See instructions	30
31	Basis of divested property	31
32	Realized gain. Subtract line 31 from line 30	32
33	Cost of replacement property purchased within 60 days after date of sale	33
34	Subtract line 33 from line 30. If zero or less, enter -0-	34
35	Ordinary income under recapture rules. Enter here and on Form 4797, line 10. See instructions	35
36	Subtract line 35 from line 34. If zero or less, enter -0-. If more than zero, enter here and on Schedule D or Form 4797. See instructions	36
37	Deferred gain. Subtract the sum of lines 35 and 36 from line 32	37
38	Basis of replacement property. Subtract line 37 from line 33	38

Depreciation and Amortization
(Including Information on Listed Property)

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.**2023**Attachment
Sequence No. **179**

Name(s) shown on return AKSHAI K & CHANCHAL RUNCHAL	Business or activity to which this form relates 3106 INGLEWOOD BLVD	Identifying number XXX-XX-5912
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Part I Election To Expense Certain Property Under Section 179**Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2022 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2024. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Don't include listed property. See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2023	17	282
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B - Assets Placed in Service During 2023 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			27.5 yrs.	MM	S/L	
			39 yrs.	MM	S/L	
				MM	S/L	

Section C - Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	282
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Depreciation and Amortization
(Including Information on Listed Property)

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.**2023**Attachment
Sequence No. **179**

Name(s) shown on return

AKSHAI K & CHANCHAL RUNCHAL

Business or activity to which this form relates

12029 CLOVER AVE

Identifying number

XXX-XX-5912**Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2022 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2024. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Don't include listed property. See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2023	17	8,487
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B - Assets Placed in Service During 2023 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C - Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	8,487
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Depreciation and Amortization
(Including Information on Listed Property)

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.**2023**Attachment
Sequence No. **179**

Name(s) shown on return AKSHAI K & CHANCHAL RUNCHAL	Business or activity to which this form relates CARRIAGE OAKS LLC	Identifying number XXX-XX-5912
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Part I Election To Expense Certain Property Under Section 179**Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2022 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2024. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	41,916

Part III MACRS Depreciation (Don't include listed property. See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2023	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B - Assets Placed in Service During 2023 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			27.5 yrs.	MM	S/L	
			39 yrs.	MM	S/L	
				MM	S/L	

Section C - Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	41,916
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Depreciation and Amortization
(Including Information on Listed Property)

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.**2023**Attachment
Sequence No. **179**

Name(s) shown on return AKSHAI K & CHANCHAL RUNCHAL	Business or activity to which this form relates TOWN CRST VILLAGE	Identifying number XXX-XX-5912
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Part I Election To Expense Certain Property Under Section 179**Note:** If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions)	1	
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6 (a) Description of property (b) Cost (business use only) (c) Elected cost		
7 Listed property. Enter the amount from line 29	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2022 Form 4562	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13 Carryover of disallowed deduction to 2024. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	63,228

Part III MACRS Depreciation (Don't include listed property. See instructions.)**Section A**

17 MACRS deductions for assets placed in service in tax years beginning before 2023	17	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B - Assets Placed in Service During 2023 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			27.5 yrs.	MM	S/L	
			39 yrs.	MM	S/L	
				MM	S/L	

Section C - Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	63,228
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No					24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No				
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost	
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions							25		
26 Property used more than 50% in a qualified business use:									
		%							
		%							
		%							
27 Property used 50% or less in a qualified business use:									
		%				S/L-			
		%				S/L-			
		%				S/L-			
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28		
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1							29		

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (don't include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **aren't** more than 5% owners or related persons. See instructions.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? See instructions		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2023 tax year (see instructions):					
43 Amortization of costs that began before your 2023 tax year					43
					3,255
44 Total. Add amounts in column (f). See the instructions for where to report					44
					3,255

Depreciation and Amortization
(Including Information on Listed Property)

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2023

Attachment
Sequence No. 179

Name(s) shown on return

AKSHAI K & CHANCHAL RUNCHAL

Business or activity to which this form relates

MEADOW GLEN LLC

Identifying number

XXX-XX-5912

Part I Election To Expense Certain Property Under Section 179**Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2022 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2024. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	38,568

Part III MACRS Depreciation (Don't include listed property. See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2023	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B - Assets Placed in Service During 2023 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			27.5 yrs.	MM	S/L	
			39 yrs.	MM	S/L	
				MM	S/L	

Section C - Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	38,568
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2023)

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No					24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No				
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost	
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions							25		
26 Property used more than 50% in a qualified business use:									
		%							
		%							
		%							
27 Property used 50% or less in a qualified business use:									
		%				S/L-			
		%				S/L-			
		%				S/L-			
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28		
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1							29		

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (don't include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **aren't** more than 5% owners or related persons. See instructions.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? See instructions		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2023 tax year (see instructions):					
43 Amortization of costs that began before your 2023 tax year					43
					1,284
44 Total. Add amounts in column (f). See the instructions for where to report					44
					1,284

Depreciation and Amortization
(Including Information on Listed Property)

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.**2023**Attachment
Sequence No. **179**

Name(s) shown on return

AKSHAI K & CHANCHAL RUNCHAL

Business or activity to which this form relates

FLEETPRIDE

Identifying number

XXX-XX-5912**Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2022 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2024. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	74,352

Part III MACRS Depreciation (Don't include listed property. See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2023	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B - Assets Placed in Service During 2023 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C - Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	74,352
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No					24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No				
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost	
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions							25		
26 Property used more than 50% in a qualified business use:									
		%							
		%							
		%							
27 Property used 50% or less in a qualified business use:									
		%				S/L-			
		%				S/L-			
		%				S/L-			
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28		
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1							29		

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (don't include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **aren't** more than 5% owners or related persons. See instructions.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? See instructions		
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.		

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2023 tax year (see instructions):					
43 Amortization of costs that began before your 2023 tax year					43
					4,600
44 Total. Add amounts in column (f). See the instructions for where to report					44
					4,600

Depreciation and Amortization
(Including Information on Listed Property)

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.**2023**Attachment
Sequence No. **179**

Name(s) shown on return AKSHAI K & CHANCHAL RUNCHAL	Business or activity to which this form relates GRAMERCY	Identifying number XXX-XX-5912
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Part I Election To Expense Certain Property Under Section 179**Note:** If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions)	1	
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property. Enter the amount from line 29	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2022 Form 4562	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13 Carryover of disallowed deduction to 2024. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Don't include listed property. See instructions.)**Section A**

17 MACRS deductions for assets placed in service in tax years beginning before 2023	17	4,350
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B - Assets Placed in Service During 2023 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C - Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	4,350
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Depreciation and Amortization
(Including Information on Listed Property)

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.**2023**Attachment
Sequence No. **179**

Name(s) shown on return

AKSHAI K & CHANCHAL RUNCHAL

Business or activity to which this form relates

ROCHESTER-226 Jay St

Identifying number

XXX-XX-5912**Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2022 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2024. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	80,005

Part III MACRS Depreciation (Don't include listed property. See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2023	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B - Assets Placed in Service During 2023 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			27.5 yrs.	MM	S/L	
			39 yrs.	MM	S/L	
				MM	S/L	

Section C - Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	80,005
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

IRS e-file Signature Authorization

OMB No. 1545-0074

2023

- 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 AKSHAI K RUNCHAL	Social security number XXX-XX-5912
Spouse's name CHANCHAL RUNCHAL	Spouse's social security number XXX-XX-5200

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	908,116
2	Total tax	2	210,743
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	
4	Amount you want refunded to you	4	
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 J ARORA INC to enter or generate my PIN 70846 as my
ERO firm name signature on the income tax return (original or amended) I am now authorizing.
Enter five digits, but don't enter all zeros
- ☐ 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 J ARORA INC to enter or generate my PIN 81020 as my
ERO firm name signature on the income tax return (original or amended) I am now authorizing.
Enter five digits, but don't enter all zeros
- ☐ 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. XXXXXX-50346
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 ► JAGJIT SINGH ARORA, E.A Date ► 07-30-2024

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

Federal Supporting Statements**2023 PG01**

Name(s) as shown on return

Tax ID Number

AKSHAI K & CHANCHAL RUNCHAL

XXX-XX-5912

Schedule B - Interest

Statement #1

Payer**Amount**

BANK OF AMERICA NA
BMO BANK
BMO BANK
MARILL LYNCH
MARILL LYNCH
MARILL LYNCH
UNITED BUSINESS BANK

13
77
5,885
28,743
146
3,650
748

Total**39,262****Schedule E - Line 19 - Other Expenses**PG01
Statement #2**Other Expenses****Property A****Property B****Property C**

BANK CHARGES
OTHER MISC
MISC

124
380

12
431

41
567

Total**504****443****608****Schedule E - Line 19 - Other Expenses**PG01
Statement #3**Other Expenses****Property A****Property B****Property C**

BANK CHARGES
MISC
Amortization
BANK FEE

104
951
3,255

61
402
1,284

218
4,600
131

Total**4,310****1,747****4,949**

Federal Supporting Statements

2023 PG01

Name(s) as shown on return

Tax ID Number

AKSHAI K & CHANCHAL RUNCHAL

XXX-XX-5912

Schedule E - Line 19 - Other Expenses

Statement #4

Other Expenses

Property A

Property B

Property C

BANK FEE

4

53

MISC

361

336

Total

365

389

Client Copy

Federal Supporting Statements

2023 PG01

Name(s) as shown on return

Tax ID Number

AKSHAI K & CHANCHAL RUNCHAL

XXX-XX-5912

Schedule E - Line 28 - Partnerships and S Corporations

Statement #5

A- Name of Entity	B- Partnership or S Corp	C- X If Foreign	D- EIN	E- Basis Req.	F- Not At Risk	G- P Loss	H- P Income	I- Loss	J- Sec 179	K- Income
MD LIVE OAK PROPERTIES LLC	P		26-0429153			0	0	0	0	210,875
MD LIVE OAK PROPERTIES LLC	P		26-0429153			0	0	0	0	210,875
BRADY CAP 11 LLC	P		93-4274875			0	0	11,941	0	0
BRADY CAP 11 LLC	P		93-4274875			0	0	11,943	0	0
BERKELEY FAMILY GROUP LLC	P		47-1024958			0	0	3,947	0	0
Total						0	0	27,831	0	421,750

Federal Supporting Statements

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

2023

Name(s) as shown on return

Your Social Security Number

AKSHAI K & CHANCHAL RUNCHAL**XXX-XX-5912****Form 8960 Line 4b Item Detail**

K-1: MD LIVE OAK PROPERTIES LLC	(210,875)
K-1: MD LIVE OAK PROPERTIES LLC	(210,875)
K-1: BRADY CAP 11 LLC	11,941
K-1: BRADY CAP 11 LLC	11,943
K-1: BERKELEY FAMILY GROUP LLC	3,947

Total	(393,919)

Client Copy

Summary of Estimates

2024

Name(s) as shown on return

Tax ID Number

AKSHAI K & CHANCHAL RUNCHAL

XXX-XX-5912

Federal

Form: 1040-ES

Payment Schedule

Due Date	04-15-2024	06-17-2024	09-16-2024	01-15-2025	Total
Total Installment Amount	57,960	57,960	57,960	57,960	231,840
Overpayment Applied	27,072	0	0	0	27,072
Net Installment Due	30,888	57,960	57,960	57,960	204,768

Taxpayer Records

Amount Actually Paid				
Date Paid				
Check #/Confirmation				

Estimated Tax Worksheet for Next Year

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

2023

Name(s) as shown on return

Tax ID Number

AKSHAI K & CHANCHAL RUNCHAL

XXX-XX-5912

1.	Wages	1.	
2.	Interest and Dividend income	2.	
3.	Capital gain income	3.	
4.	Taxable IRA/Pension income	4.	
5.	Taxable Social Security income	5.	
6.	Business income	6.	
7.	Other income	7.	
8.	Total income (add lines 1 thru 7)	8.	
9.	Adjustments to income	9.	
10.	Adjusted gross income (subtract line 9 from line 8)	10.	
11a.	Itemized deductions	11a.	
11b.	Standard deduction	11b.	
12.	Taxable income (subtract the larger of line 11a or 11b from line 10)	12.	
13.	Estimated Section 199A deduction for qualified trade or business income	13.	
14.	Projected taxable income (subtract line 13 from line 12)	14.	
15.	Projected Tax	15.	
16.	Alternative Minimum Tax	16.	
17.	Total tax	17.	
18a.	Child Tax Credit and Other Dependent Credit	18a.	
18b.	Other projected Credits	18b.	
18c.	Total projected credits	18c.	
19.	Subtract line 18d from line 17	19.	
20.	Projected SE Tax - Taxpayer	20.	
21.	Projected SE Tax - Spouse	21.	
22.	Other taxes	22.	
23a.	Add lines 19 through 22	23a.	
b.	Earned income credit, additional child tax credit, fuel tax credit, net premium tax credit, refundable American opportunity credit, and refundable credit from Form 8885	23b.	
c.	Total 2024 estimated tax. Subtract line 23b from line 23a. If zero or less enter -0-	23c.	
24a.	Multiply line 23c by 90% (66 2/3% for farmers and fishermen)	24a.	
b.	Required annual payment based on prior year's tax (see instructions) 110%	24b.	231,817
c.	Required annual payment to avoid a penalty. Enter the smaller of line 24a or 24b	24c.	231,817
25.	Projected Withholding	25.	
26.	Projected Net Tax (subtract line 25 from line 24c)	26.	231,817

Estimates will be computed on \$231,817. This is line 26.

Use screen ETA to provide accurate estimates of next year's income, deductions, and credits. If screen ETA is used, lines 1-24a of this worksheet will be autofilled.

The Estimated Tax Worksheet for Next Year (WK_ES) does not take every tax scenario into account. The worksheet recomputes calculations for taxable Social Security, Schedule A, and tax including capital gains tax rates, as well as Child Tax Credit (CTC), Additional Child Tax Credit (ACTC), and self-employment (SE) tax. If other calculations are needed for an accurate estimated tax determination, (Ex. Form 8959, Form 8960), use the Tax Planner.

\$1 Million Tax Audit Defense Membership Program Agreement

The terms and conditions of this Membership Agreement (the "Agreement") govern the **Protection Plus \$1 Million Tax Audit Defense Membership Program ("Program")** provided to members of the Program ("**Members**") by Tax Protection Plus, LLC and the American Advantage Association (cumulatively referred to as "**Company**"). By accepting enrollment in the Program, you are agreeing to the terms of this Agreement.

1. Definitions: The following definitions are applicable to the Agreement.

- a. "**ERO**" means the Electronic Return Originator participating in the **Program** approved and authorized by **Company**.
- b. "**Protection Plus \$1 Million Tax Audit Defense Membership Program**" (or the "**Program**") is a service program offered by **Company** and is paid for by the ERO and provided to the Taxpayer as part of the tax preparation services at no additional cost to the Taxpayer.
- c. "**Return**" means an IRS acknowledged individual federal tax return form 1040, 1040SR and 1040NR, and/or a state acknowledged individual state return (if applicable) for the previous year's tax return and is not otherwise excluded in this Agreement. **Returns** filed after the October Extension filing deadline are not eligible for enrollment or **Company** services.
- d. "**Negligence**" means failure on the part of the tax preparer to exercise the care or apply the effort to research IRS and/or state tax codes, instructions and guidelines that a reasonably prudent tax preparer would exercise in their efforts to comply with IRS and/or state tax codes in the preparation of a tax **Return**; or failure on the part of the **Taxpayer** to exercise the care or apply the effort that a reasonably prudent person would exercise in providing their tax preparer with complete and accurate information to enable them to accurately prepare the tax **Return**.
- e. "**Tax Preparer**" means the individual completing and signing the acknowledged **Return** as the paid preparer.
- f. "**Taxpayer**" or "**Member**" means the individual (or individuals if filing a Joint **Return**) for whom the **Tax Preparer** completes and signs an acknowledged **Return**.
- g. "**Company**" Tax Protection Plus, LLC and the American Advantage Association
- h. "**Company Program Fee**" the **Company** established fee charged by **Company** for a **Taxpayer** to participate in the **Program** and paid to **Company** by the ERO.

2. Services provided by Company under the Program: From the date the IRS or state (if applicable) has acknowledged transmission of your **Return** and **Company** receives payment of the **Company Program Fee** and for a period of three (3) years (for Federal **Returns**) and four (4) years (for state **Returns**) after the April filing deadline for the **Return** (the Membership Term), if the IRS or state audits or issues a letter or notice regarding the **Taxpayer's Return**, **Company** will provide the **Taxpayer** with the following services to be performed exclusively by **Company** representatives for up to \$1,000,000.00 in service fees at **Company's** then current retail rate structure for such services (collectively, the "Services"):

- 2.1 Evaluation of all related IRS and/or state correspondence.
- 2.2 Explanation of case requirements and the available options.
- 2.3 Professional IRS and/or state document review, consultation and organization.
- 2.4 Drafting of letters and other necessary correspondence with the IRS and/or state as needed.
- 2.5 Assistance with telephone communication with the IRS and/or state agent for explanations and discussions during the audit process.
- 2.6 Assistance with all IRS forms unless excluded below in section 3.
- 2.7 Assistance with denied credits, including: Earned Income Credit, Child and Dependent Care Credit, Education Credits, Child Tax Credit, Additional Child Tax Credit, Adoption Credit, Credit for the Elderly or Disabled, Savers Credit.
- 2.8 Assistance with rejected W-7 applications.
- 2.9 Assistance with IRS and/or state Identity Theft
- 2.10 Tax debt relief including but not limited to Installment Agreements, Offers in Compromise, Tax Penalty Abatement, Tax Liens, Wage Garnishment Relief, and Innocent Spouse Relief provided that **Taxpayer** meets all guidelines for approval of the applicable debt relief and pays all associated governmental fees. Note: Taxpayers with unpaid prior tax debt may not qualify for assistance with some or all tax debt relief option, including but not limited to Offers in Compromise.
- 2.11 Representation before the IRS or state taxing authority by a credentialed **Company** representative, when **Company**, in its sole discretion, determines such representation is necessary.
- 2.12 Legal representation in a federal or state tax court by a **Company** appointed tax attorney, when **Company**, in its sole discretion, determines such legal representation is the most advisable option.
- 2.13 The Services are subject to change, modification, or substitution at any time without notice to the **Member**. In order to receive Services, a **Member** must access the services as instructed within the Membership materials provided.

3. Program Exclusions: The following types of tax returns and or Inquiries are specifically excluded. **Company** is under no obligation to provide **Taxpayer** with the Services in connection with such returns and or Inquiries:

- 3.1 **Returns** other than individual 1040, 1040SR, and 1040NR, and state **Returns** including, but not limited to, corporate, partnership, trust, estate, gift and employment returns.
- 3.2 Returns in which the **Taxpayer**, **Tax Preparer** or **ERO** had knowledge of additional taxes owed as of the date **Taxpayer** enrolled in the **Program**.
- 3.3 Returns prepared with **Negligence**, recklessness, intentional misrepresentation or fraud.
- 3.4 Local, city and county tax.
- 3.5 Returns that have become subject to IRS or state criminal investigations.
- 3.6 Inquiries and/or notices related to foreign income, flow-through entities (partnerships and S-corporations as reported on Schedule K), court awards and damages, bartering income, cancelled debt, estate tax or gift tax.
- 3.7 Inquiries and/or notices related to the following credits: Foreign tax credit, Plug-in electric vehicle credit, Residential energy efficient property credit, Mortgage interest credit, Credit to holders of tax credit bonds, Health coverage tax credit, "Credit" for prior year minimum tax, "Credit" for excess railroad retirement tax withheld.
- 3.8 When there is a lack of clarity from the IRS and/or state taxing authorities, we may not be able to provide complete assistance.
- 3.9 Any services performed by any individual or company other than the Services performed by **Company** or a **Company** appointed representative.

4. Taxpayer Responsibilities: In order for **Company** to be obligated to provide the Services to **Taxpayer**, the **Taxpayer** agrees to take the following actions:

- 4.1 Contact the IRS and/or state (with the assistance of **Company**) per the audit notice received to request an extension of the deadline for responding.
- 4.2 Notify **Company** of any IRS and/or state correspondence or notice regarding the **Return** within thirty (30) days from the date of such notice along with a complete copy of the **Return**.
- 4.3 Provide **Company** any further assistance or documents as requested that support claims made on the **Return**.

5. Disclosure of Information: Taxpayer hereby agrees that his/her specific Taxpayer information, including all information that Taxpayer has disclosed to the ERO or has been included on the Return, may be disclosed by the ERO to Company and used by Company in the manner consistent with this Agreement.

6. Cancellation: If, for any reason, a Member is not satisfied with the Program and wishes to terminate his/her membership, the Member may cancel the membership by notifying Company in writing or by telephoning a Program representative. Membership in the Program shall terminate on the date that Company receives written notice of cancellation.

7. Member Representations and Acknowledgements: In return for the Services available under the Program, the Member makes the following representations and acknowledgements:

7.1 Member has read this Agreement carefully and understands the Program.

7.2 Member may cancel his/her Program membership at any time before the conclusion of the Membership Term.

7.3 Membership in the Program and benefits thereunder are not assignable without the express written consent of Company. Member agrees that he/she will use his/her Program membership only for his/her personal benefit. A Member's violation of this paragraph 7.3 will result in immediate termination of the Program Membership.

7.4 Member acknowledges that Company bears no responsibility for the payment of (or contribution to) any use or sales tax that may be imposed by any state or federal taxing authority on the Services provided under the Program. Payment of such taxes, to the extent imposed, shall remain the sole responsibility of the Member.

7.5 Member understands that Member is responsible for paying the Tax Preparer or ERO for their services rendered.

7.6 Member understands and agrees that all Tax Preparers and EROs are independent contractors, and that Company in no way is responsible for the Services provided by a Tax Preparer or ERO.

7.7 Member understands and agrees that they will be enrolled as a member of the American Advantage Association to be eligible to receive the benefits of the Program.

7.8 Member understands and agrees that the Program is not insurance.

7.9 The Taxpayer represents and warrants that they have truthfully provided correct, accurate and complete information to the Tax Preparer and to the best of Taxpayer's knowledge, the Tax Preparer has truthfully, completely and accurately completed all tax return forms and due diligence worksheets and procedures in accordance with all applicable IRS and state (if applicable) rules, regulations, procedures, guidelines, publications and requirements, and that the Services provided under the Program are conditioned upon such completion.

8. Disclaimer: Failure to comply with procedure and strategy actions recommended by Company may result in an IRS and/or state (if applicable) ruling unfavorable to the Taxpayer. Failure or refusal to comply with requests or instructions from the IRS and/or state (if applicable) during the audit may result in adverse actions taken by the IRS and/or state to Taxpayer's detriment. In all cases, Company will not be held responsible for the outcome and reserves the right to cease providing services when reasonably warranted.

9. Disclaimer of Warranties: Company is not a Tax Preparer, ERO, or a direct Provider of the tax services provided to Members other than the Program. ACCORDINGLY, COMPANY GIVES NO WARRANTY, EXPRESS OR IMPLIED, AS TO DESCRIPTION, QUALITY, MERCHANTABILITY, FITNESS FOR ANY PARTICULAR PURPOSE, PRODUCTIVENESS, OR ANY OTHER MATTER, FOR ANY SERVICES OR MERCHANDISE PURCHASED OR RECEIVED BY A MEMBER FROM A PARTICIPATING TAX PREPARER OR ERO. MEMBER ACKNOWLEDGES THAT HE/SHE IS NOT RELYING ON COMPANY'S SKILL OR JUDGMENT IN SELECTING A TAX PREPARER OR ERO FOR THE SERVICES PROVIDED TO MEMBERS BY THE TAX PREPARER OR ERO. In the event any product or service (other than the Program) purchased or received by a Member from a Tax Preparer or ERO is canceled, modified, defective, or otherwise unsatisfactory to the Member, the Member will look solely to the Provider, Seller, Merchant, or Manufacturer of the product or service for any repair, exchange, refund, or satisfaction of claim.

10. General Release: Each Member who uses the Services under the Program membership hereby forever releases, acquits and discharges Company and their employees, agents and affiliates from any and all liabilities, claims, demands, actions, and causes of action that such Member or Member's legal representative(s) may have by reason of any monetary damage or personal injury sustained as a result of or during the course of the use of any and all Services under the Program. The sole recourse available to a Member or Member's legal representative(s) against Company shall be cancellation of the Program membership as provided in Section 6.

11. Notices: Any and all notices, consents, approvals, requests, and other written communications given or required under the terms of this Agreement shall be deemed to have been duly given and served when sent by email, U.S. Postal mail, postage prepaid and addressed to the Member, at the address provided by the Member.

12. Entire Agreement: This Agreement sets forth the entire agreement and understanding of the parties with regard to membership in the Program. No representations, inducements, promises or agreements, or otherwise, shall be of any force or effect. The validity or unenforceability of any term of this Agreement shall in no way affect the validity or enforceability of any other terms or provisions of this Agreement. Member Acknowledges that **THE PROGRAM IS NOT INSURANCE.**

13. Binding Effect: This Agreement shall be binding upon and inure to the benefit of the parties as well as their respective successors and permitted assigns.

14. Governing Law: This Agreement shall be governed and construed in accordance with the laws of the State of North Carolina regardless of any application of principles regarding conflicts of laws.

15. Headings: The headings or captions provided throughout this Agreement are for reference purposes only and shall in no way affect the meaning or interpretation of this Agreement.

16. Waiver of Breach: Waiver of breach of any provision of this Agreement shall not be deemed a waiver of any other breach of the same or different provision.

Tax Reimbursement Program Membership Agreement

The following terms and conditions of this Membership Agreement (the "Agreement") govern the Tax Reimbursement Program. Throughout this document, **Program** refers to this Tax Reimbursement Program. **You** and **Your** refer to the person(s) or **Participant(s)** who have been enrolled in the **Program** by a **Participating Tax Preparer**. **We, Us** and **Our** refer to the **Company** providing this benefit to **Participants**. In addition, when in bold certain words and phrases are defined as follows:

1. Definitions:

The following definitions are applicable to the Agreement.

- a. **"Assessment"** means an initial assessment by the Internal Revenue Service (IRS) or state taxing authority against the Return for additional fees, penalties and/or interest that is made within three (3) years from the April filing deadline.
- b. **"Error"** means a miscalculation by a **Tax Preparer** or certain mistakes by the **Tax Preparer** that result in an **Assessment**.
- c. **"Negligence"** means failure on the part of the tax preparer to exercise the care or apply the effort to research IRS and/or state tax codes, instructions and guidelines that a reasonably prudent tax preparer would exercise in their efforts to comply with IRS and/or state tax codes in the preparation of a tax **Return**; or failure on the part of the **Taxpayer** to exercise the care or apply the effort that a reasonably prudent person would exercise in providing their tax preparer with complete and accurate information to enable them to accurately prepare the tax **Return**.
- d. **"Return"** means an IRS acknowledged individual federal tax return form 1040, 1040SR, and 1040NR, and/or a state acknowledged individual state tax return (if applicable) for the previous year's tax return and is not otherwise excluded in this Agreement. **Returns** filed after the October Extension filing deadline are not eligible for enrollment or **Company** services.
- e. **"Tax Preparer"** and **"Participating Tax Preparer"** means the Electronic Return Originator (ERO) and/or the individual completing and signing the acknowledged Return as the paid preparer who is an Organization Member of the American Advantage Association authorized to enroll **Participants** in the **Program**.
- f. **"Participant"** means the individual (or individuals if filing a Joint **Return**) for which a **Participating Tax Preparer** or **ERO** completes and signs an acknowledged Return and reports them as a participant in the **Program** to **Company**.
- g. **"Company"** means Tax Protection Plus, LLC through the American Advantage Risk Purchasing Group and its members and the American Advantage Association and its Organization Member **Participating Tax Preparers** and **EROs**.
- h. **"Company Program Fee"** the **Company** established fee charged by **Company** for a **Taxpayer** to participate in the **Program** and paid to **Company** by the **ERO**.
- i. **"Membership"** a term defining a **Participant's** status as a **Participant** in the **Program** who is eligible to receive the Services defined in this Agreement.

2. Services provided by Company under the Program: From the date the IRS or state (if applicable) has acknowledged transmission of your **Return** and **Company** receives payment of the **Company Program Fee** and for a period of three (3) years after the April filing deadline for the **Return** (the **Membership Term**), if the **Participant's Return** is audited, and it is determined that additional taxes, penalties and interest are due as the direct result of a legitimate **Error** made by a **Participating Tax Preparer**, **Company** will provide the **Participant** with the reimbursement of up to a combined total of \$2,500.00 in additional taxes, penalties and interest as calculated by the IRS and state, subject to the limitations and qualification criteria described in section 5. The **Company Program Fee** is paid for by the **ERO** and this **Program** is provided to the **Taxpayer** as part of the tax preparation services at no additional cost to the **Taxpayer**. REIMBURSEMENT BENEFITS ARE NOT AVAILABLE AND WILL NOT BE PAID TO TAXPAYERS WHO RESIDE IN SD, TN, WY, PUERTO RICO OR IN ANY OTHER STATE IN WHICH APPLICABLE LAW PROHIBITS COMPANY FROM MAKING SUCH PAYMENT

3. Program Exclusions: The following types of tax returns and/or inquiries are specifically excluded. **Company** is under no obligation to provide **Participant** with the Services in connection with such tax returns and/or inquiries:

- 3.1 Returns other than individual 1040, 1040SR, and 1040NR, and individual state returns including, but not limited to, corporate, partnership, trust, estate, gift and employment returns.
- 3.2 **Returns** in which the **Participant** or **Tax Preparer** had knowledge of additional taxes owed as of the date **Participant** enrolled in the **Program**.
- 3.3 **Returns** prepared with **Negligence**, recklessness, intentional misrepresentation or fraud.
- 3.4 Self-prepared returns.
- 3.5 Local, city and county tax.
- 3.6 **Returns** that have become subject to IRS and/or state criminal investigations.
- 3.7 Inquiries and/or notices related to foreign income, flow-through entities (partnerships and S-corporations as reported on Schedule K), court awards and damages, bartering income, cancelled debt, estate and gift tax.
- 3.8 Inquiries and/or notices related to the following credits: Foreign tax credit, Plug-in electric vehicle credit, Residential energy efficient property credit, Mortgage interest credit, Credit to holders of tax credit bonds, Health coverage tax credit, "Credit" for prior year minimum tax, "Credit" for excess railroad retirement tax withheld.
- 3.9 Inquiries and/or notices related to Cryptocurrency.
- 3.10 No reimbursement will be made for issues arising from estimated taxes.

4. Participant Responsibilities: In order for **Company** to be obligated to provide the Services to **Participant**, the **Participant** agrees to take the following actions:

- 4.1 Contact the IRS and/or state (with the assistance of **Company**) per the notice received to request an extension of the deadline for responding,
- 4.2 Notify **Company** of any IRS and/or state correspondence or notice regarding the **Return** within thirty (30) days from the date of such notice along with a complete copy of the **Return**.
- 4.3 Provide **Company** any further assistance or documents as requested that support claims made on the **Return**.

5. Reimbursement Policy and Criteria:

5.1 The Service that provides for reimbursement of assessed penalties, interest and taxes is provided through **Company** and its **Participating Tax Preparers** and **EROs**.

5.2 A **Participant's** eligibility for reimbursement of assessed penalties; interest and taxes are subject to the exclusions described in Section 3. If the audit is a result of a legitimate **Error** made by a **Participating Tax Preparer**, **Company** will reimburse the affected **Participant** for the net effect of additional taxes, penalties and interest assessed up to \$2,500.00 for the **Return**. Qualified reimbursements will be paid by **Company** only after all of the obligations of **Participant** in Section 4 are satisfied, the **Participant** provides **Company** with proof satisfactory to **Company** that either (a) all tax obligations have been paid in full to the IRS and/or state or (b) the **Participant** is current with any payment agreement entered into with the IRS and/or state and **Company** receives a completed Reimbursement Request Form from the **Participating Tax Preparer** describing the **Error** and how it occurred.

5.3 Notwithstanding anything contained herein to the contrary, the **Participant** is not eligible for reimbursement if the additional tax, penalty or interest is assessed as a result of:

5.3.1 Incomplete, incorrect or misleading information intentionally provided by the **Participant, Tax Preparer or ERO**.
5.3.2 **ERO's or Tax Preparer's** reckless failure to include W-2, 1099 or any other taxable income on the **Return**.
5.3.3 The **Participant's** inability to provide the IRS and/or state or **Company** with sufficient records to support any item on the **Return**, including (but not limited to) filing status, deductions, expenses or dependents.
5.3.4 **Returns** prepared with **Negligence**.

6. Disclosure of Information: **Participant** hereby agrees that his/her specific **Taxpayer** information, including all information that **Participant** has disclosed to the **ERO** or has been included on the **Return**, may be disclosed by the **ERO** to **Company** and used by **Company** in the manner consistent with this Agreement.

7. Participant Representations and Acknowledgements: In return for the Services available under the **Program**, the **Participant** makes the following representations and acknowledgements:

7.1 **Participant** has read this Agreement carefully and understands the **Program**.

7.2 **Membership** in the **Program** and benefits thereunder are not assignable without the express written consent of **Company**. **Participant** agrees that he/she will use his/her **Program Membership** only for his/her personal benefit. A **Participant's** violation of this paragraph 7.2 will result in immediate termination of the **Program Membership**.

7.3 **Participant** understands that **Participant** is responsible for paying the **Tax Preparer** or **ERO** for their services rendered.

7.4 **Participant** understands and agrees that all **Tax Preparers** and **EROs** are independent contractors, and that **Company** in no way is responsible for the Services provided by a **Tax Preparer** or **ERO**.

7.5 The **Taxpayer** represents and warrants that they have truthfully provided correct, accurate and complete information to the **Tax Preparer** and to the best of **Taxpayer's** knowledge, the **Tax Preparer** has truthfully, completely and accurately completed all tax return forms and due diligence worksheets and procedures in accordance with all applicable IRS and state (if applicable) rules, regulations, procedures, guidelines, publications and requirements, and that the Services provided under the **Program** are conditioned upon such completion.

8. Disclaimer: Failure to comply with procedure and strategy actions recommended by **Company** may result in an IRS and/or state (if applicable) ruling unfavorable to the **Participant**. Failure or refusal to comply with requests or instructions from the IRS and/or state (if applicable) during the audit may result in adverse actions taken by the IRS and/or state to **Participant's** detriment. In all cases, **Company** will not be held responsible for the outcome and reserves the right to cease providing services when reasonably warranted.

9. Disclaimer of Warranties: **Company** is not a **Tax Preparer, ERO**, or a direct Provider of the tax services provided to **PARTICIPANTS** other than the **Program**. ACCORDINGLY, **COMPANY** GIVES NO WARRANTY, EXPRESS OR IMPLIED, AS TO DESCRIPTION, QUALITY, MERCHANTABILITY, FITNESS FOR ANY PARTICULAR PURPOSE, PRODUCTIVENESS, OR ANY OTHER MATTER, FOR ANY SERVICES OR MERCHANDISE PURCHASED OR RECEIVED BY A **PARTICIPANT** FROM A **PARTICIPATING TAX PREPARER OR ERO**. **PARTICIPANT** ACKNOWLEDGES THAT HE/SHE IS NOT RELYING ON **COMPANY'S** SKILL OR JUDGMENT IN SELECTING A **TAX PREPARER OR ERO** FOR THE SERVICES PROVIDED TO **PARTICIPANT** BY THE **TAX PREPARER OR ERO**. In the event any product or service (other than the **Program**) purchased or received by a **Participant** from a **Tax Preparer** or **ERO** is canceled, modified, defective, or otherwise unsatisfactory to the **Participant**, the **Participant** will look solely to the Provider, Seller, Merchant, or Manufacturer of the product or service for any repair, exchange, refund, or satisfaction of claim.

10. General Release: Each **Participant** who uses the Services under the **Program** hereby forever releases, acquits and discharges **Company** and their employees, agents and affiliates from any and all liabilities, claims, demands, actions, and causes of action that such **Participant** or **Participant's** legal representative(s) may have by reason of any monetary damage or personal injury sustained as a result of or during the course of the use of any and all Services under the **Program**. The sole recourse available to a **Participant** or **Participant's** legal representative(s) against **Company** shall be cancellation of their **Program Membership**.

11. Notices: Any and all notices, consents, approvals, requests, and other written communications given or required under the terms of this Agreement shall be deemed to have been duly given and served when sent by email, U.S. Postal mail, postage prepaid and addressed to the **Participant**, at the address provided by the **Participant**.

12. Entire Agreement: This Agreement sets forth the entire agreement and understanding of the parties with regard to **Membership** in the **Program**. No representations, inducements, promises or agreements, or otherwise, shall be of any force or effect. The validity or unenforceability of any term of this Agreement shall in no way affect the validity or enforceability of any other terms or provisions of this Agreement.

13. Binding Effect: This Agreement shall be binding upon and inure to the benefit of the parties as well as their respective successors and permitted assigns.

14. Governing Law: This Agreement shall be governed and construed in accordance with the laws of the State of North Carolina regardless of any application of principles regarding conflicts of laws.

15. Headings: The headings or captions provided throughout this Agreement are for reference purposes only and shall in no way affect the meaning or interpretation of this Agreement.

16. Waiver of Breach: Waiver of breach of any provision of this Agreement shall not be deemed a waiver of any other breach of the same or different provision.

Tax Protection Plus
Through the American Advantage Association
P.O. Box 24279 Winston Salem, NC 27114
cases@taxprotectionplus.com
Phone # 866-942-8348
Fax# 850-424-1420

Information: Tax Protection Plus through the American Advantage Association has obtained a policy from an 'A' rated insurer to back up its provision of the Tax Reimbursement Program.

Identity Theft Restoration Membership Program Agreement

Services provided by Company under the Program: From the date the IRS and/or state (if applicable) has acknowledged transmission of your **Return** and **Company** receives payment of the **Company Program Fee** paid by the ERO and for a period of one (1) year (the Membership Term), **Company** will provide the **Taxpayer**, and other individuals listed on the tax **Return** (collectively, the "**Taxpayer**") with the following services (collectively, the "Services"):

Identity Theft Restoration: Taxpayer is provided with toll free telephone access to an Identity Theft Risk Management Specialist who will provide **Taxpayer** with the following recovery services*:

- Assist members with Investigating fraudulent activity.
- Place phone calls, send electronic notifications, and prepare appropriate documentation on the member's behalf, including dispute letters for defensible complaints to any and all appropriate state agencies and financial institutions.
- Issue fraud alerts and victim statements when necessary, with the three consumer credit reporting agencies, the FTC, SSA, and U.S. Postal Service.
- Submit ID Theft Affidavit to involved creditors for card cancellation and new card issuance.
- Contact, follow up and escalate issues with affected agencies, creditors, financial institutions, to reinforce member's rights.
- Assist the member in notifying local law enforcement authorities to file the appropriate official reports.
- Provide peace of mind and resolution of key issues from start to finish as swiftly as possible.
- Provide members with a "Case Completion Kit" including copies of documentation, correspondence, forms and letters for their personal records.
- Provide daily identity monitoring with all three credit bureaus for six months.

* Requires Taxpayer to sign a Special Limited Power of Attorney

Unlimited Legal Care at Discounted Rates:

As an Identity theft victim, **Member** is also provided access to a proprietary attorney network that will represent **Member** at the low hourly rate of \$125.00, or when appropriate, 40% off their usual and customary hourly rate, for all extended legal care. **Member** may use **Program** to prosecute identity theft thieves. This **Program** provides unlimited discounted legal care, at capped hourly rates, enabling **Member** to both defend yourself and prosecute thieves.

The Services are subject to change, modification, or substitution at any time without notice to the **Member**. In order to receive Services, a **Member** must access the services as instructed within the Membership materials provided.

If you have questions you can contact us at 866-942-8348.

Dividend List

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

2023

Name(s) as shown on return

Tax ID Number

AKSHAI K & CHANCHAL RUNCHAL

XXX-XX-5912

#	TSJ	Name of Payer	Res ST	Ordinary Dividends	Qualified Dividends	Capital Gain Distributions	Federal Tax Withheld	199A
1	J	AMERITRADE	CA					
2	T	BLACKSTGONE REAL ESTATE	CA			567		
3	T	BLUE OWL CAPITAL	CA	9,318		11		
4	J	CHARLES SCHWAB & CO INC	CA					
5	S	CHARLES SCHWAB & CO INC	CA					
6	S	JP MORGAN	CA					
7	J	MARILL LYNCH	CA	5,851	5,565	20		285
8	J	MARILL LYNCH	CA	3,581	3,581			
9	S	MARILL LYNCH	CA	302	302			
10	S	PG PVT EQ	CA			3,038		
Totals from all pages				19,052	9,448	3,636		285

[illegible]

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

Name(s) as shown on return

AKSHAI K & CHANCHAL RUNCHAL

Tax ID Number

XXX-XX-5912

TSJ	Name of Payer	Res ST	Interest Income	Penalty for Early Withdrawal	United States Government Interest	Exempt from federal tax Resident State Interest	Other State Interest	Nominee Interest	Accrued Interest	Other Tax-Exempt Interest	Federal Tax Withheld
J	BANK OF AMERICA NA	CA	13								
S	BANK OF THE WEST	CA									
T	BMO BANK	CA	77								
T	BMO BANK	CA	5,885								
J	MARILL LYNCH	CA	146			6,545					
T	MARILL LYNCH	CA	3,650								
S	MARILL LYNCH	CA	28,743								
S	UNITED BUSINESS BANK	CA	748								
TOTALS			39,262			6,545					

Tax-exempt Interest

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2023

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AKSHAI K & CHANCHAL RUNCHAL

XXX-XX-5912

Screen	Payer Name	Amount received	Total
INT	MARILL LYNCH	13,344	
	Total tax-exempt interest received		13,344
INT	MARILL LYNCH - Bond Premium	(6,799)	
	Total bond premium on tax-exempt bonds		(6,799)
	Subtract total bond premium on tax-exempt bonds from total interest received. Enter here and on Form 1040, line 2a.		6,545

1099-Misc Detail Listing

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[illegible]

SSA Detail Listing

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2023

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AKSHAI K & CHANCHAL RUNCHAL

XXX-XX-5912

T/S	Name	Net Benefit	Medicare Premium	Tax Withheld
T S	AKSHAI K RUNCHAL	34,326	7,642	
	CHANCHAL RUNCHAL	17,154	7,643	
Taxpayer Totals		34,326	7,642	
Spouse Totals		17,154	7,643	
Totals		51,480	15,285	

Worksheet 1
Forms 1040

Social Security Benefits Worksheet
Figuring Your Taxable Benefits

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

2023

Name(s) as shown on return

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AKSHAI K & CHANCHAL RUNCHAL

XXX-XX-5912

Before you begin:

- If you are married filing separately and you **lived apart** from your spouse for all of 2023, enter "D" to the right of the word "benefits" on Form 1040 or 1040-SR, line 6a.
- Don't use this worksheet if you repaid benefits in 2023 and your total repayments (box 4 of Forms SSA-1099 and RRB-1099) were more than your gross benefits for 2023 (box 3 of Forms SSA-1099 and RRB-1099). None of your benefits are taxable for 2023. For more information, see Repayments More Than Gross Benefits.
- If you are filing Form 8815, Exclusion of Interest From Series EE and I U.S. Savings Bonds Issued After 1989, don't include the amount from line 2b of Form 1040 or 1040-SR on line 3 of this worksheet. Instead, include the amount from Schedule B (Form 1040), line 2.

1. Enter the total amount from **box 5 of ALL your Forms SSA-1099 and RRB-1099**. Also enter this amount on Form 1040 or 1040-SR, line 6a **1. 51,480**
2. Multiply line 1 by 50% (0.50) **2. 25,740**
3. Combine the amounts from Form 1040 or 1040-SR, lines 1z, 2b, 3b, 4b, 5b, 7, and 8 **3. 864,358**
4. Enter the amount, if any, from Form 1040 or 1040-SR, line 2a **4. 6,545**
5. Enter the total of any exclusions/adjustments for:
 - Adoption benefits (Form 8839, line 28),
 - Foreign earned income or housing (Form 2555, lines 45 and 50), and
 - Certain income of bona fide residents of American Samoa (Form 4563, line 15) or Puerto Rico **5.**
6. Combine lines 2, 3, 4, and 5 above **6. 896,643**
7. Enter the total of the amounts from Schedule 1 (Form 1040), lines 11 through 20, and 23 and 25 **7.**
8. Is the amount on line 7 less than the amount on line 6?
No. STOP None of your social security benefits are taxable. Enter -0- on Form 1040 or 1040-SR, line 6b.
X Yes. Subtract line 7 from line 6 **8. 896,643**
9. If you are:
 - Married filing jointly, enter \$32,000; or
 - Single, head of household, qualifying surviving spouse, or married filing separately and you **lived apart** from your spouse for all of 2023, enter \$25,000 **9. 32,000****Note.** If you are married filing separately and you lived with your spouse at any time in 2023, skip lines 9 through 16, multiply line 8 by 85% (0.85), and enter the result on line 17. Then, go to line 18.
10. Is the amount on line 9 less than the amount on line 8?
No. STOP None of your benefits are taxable. Enter -0- on Form 1040 or 1040-SR, line 6b. If you are married filing separately and you **lived apart** from your spouse for all of 2023, be sure you entered "D" to the right of the word "benefits" on Form 1040 or 1040-SR, line 6a.
X Yes. Subtract line 9 from line 8 **10. 864,643**
11. Enter \$12,000 if married filing jointly; or \$9,000 if single, head of household, qualifying surviving spouse, or married filing separately and you **lived apart** from your spouse for all of 2023 **11. 12,000**
12. Subtract line 11 from line 10. If zero or less, enter -0- **12. 852,643**
13. Enter the **smaller** of line 10 or line 11 **13. 12,000**
14. Multiply line 13 by 50% (0.50) **14. 6,000**
15. Enter the **smaller** of line 2 or line 14 **15. 6,000**
16. Multiply line 12 by 85% (0.85). If line 12 is zero, enter -0- **16. 724,747**
17. Add lines 15 and 16 **17. 730,747**
18. Multiply line 1 by 85% (0.85) **18. 43,758**
19. **Taxable benefits.** Enter the **smaller** of line 17 or line 18. Also enter this amount on Form 1040 or 1040-SR, line 6b **19. 43,758**

TIP

If you received a lump-sum payment in 2023 that was for an earlier year, also complete Worksheet 2 or 3 and Worksheet 4 to see if you can report a lower taxable benefit.

Computation of Regular Tax

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

2023

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AKSHAI K & CHANCHAL RUNCHAL

XXX-XX-5912

Statement for line 16 of Form 1040

Tax Rate Schedule for Married Filing Joint Filing Status

If taxable income is					of the
over	but not over	pay	plus	% on excess	amount over
0	22,000	0.00		10%	0
22,000	89,450	2,200.00		12%	22,000
89,450	190,750	10,294.00		22%	89,450
190,750	364,200	32,580.00		24%	190,750
364,200	462,500	74,208.00		32%	364,200
462,500	693,750	105,664.00		35%	462,500
693,750	. . . . .	186,601.50		37%	693,750

$\$186,601.50 + ((\$720,215.00 - \$693,750.00) \times 37.0\%) = \$196,394$

Tax from Tax Rate Schedule \$ 196,394

Tax from Qualified Dividends/Capital Gain Worksheet \$ 194,788

\$ 194,788 Tax computed using the most advantageous method allowed

Qualified Dividends and Capital Gain Tax Worksheet - Line 16 (Form 1040)

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

2023

Name(s) as shown on return

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AKSHAI K & CHANCHAL RUNCHAL

XXX-XX-5912

Before you begin:

- See the earlier instructions for line 16 to see if you can use this worksheet to figure your tax.
- Before completing this worksheet, complete Form 1040 or 1040-SR through line 15.
- If you don't have to file Schedule D and you received capital gain distributions, be sure you checked the box on Form 1040 or 1040-SR, line 7.

1. Enter the amount from Form 1040 or 1040-SR, line 15. However, if you are filing Form 2555 (relating to foreign earned income), enter the amount from line 3 of the Foreign Earned Income Tax Worksheet	1.	720,215
2. Enter the amount from Form 1040 or 1040-SR, line 3a*	2.	9,448
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 a loss, enter -0-	3.	
<input type="checkbox"/> No. Enter the amount from Form 1040 or 1040-SR, line 7.		
4. Add lines 2 and 3	4.	9,448
5. Subtract line 4 from line 1. If zero or less, enter -0-	5.	710,767
6. Enter: \$44,625 if single or married filing separately, \$89,250 if married filing jointly or qualifying surviving spouse, \$59,750 if head of household.	6.	89,250
7. Enter the smaller of line 1 or line 6	7.	89,250
8. Enter the smaller of line 5 or line 7	8.	89,250
9. Subtract line 8 from line 7. This amount is taxed at 0%	9.	
10. Enter the smaller of line 1 or line 4	10.	9,448
11. Enter the amount from line 9	11.	
12. Subtract line 11 from line 10	12.	9,448
13. Enter: \$492,300 if single, \$276,900 if married filing separately, \$553,850 if married filing jointly or qualifying surviving spouse, \$523,050 if head of household.	13.	553,850
14. Enter the smaller of line 1 or line 13	14.	553,850
15. Add lines 5 and 9	15.	710,767
16. Subtract line 15 from line 14. If zero or less, enter -0-	16.	
17. Enter the smaller of line 12 or line 16	17.	
18. Multiply line 17 by 15% (0.15)	18.	
19. Add lines 9 and 17	19.	
20. Subtract line 19 from line 10	20.	9,448
21. Multiply line 20 by 20% (0.20)	21.	1,890
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.	192,898
23. Add lines 18, 21, and 22	23.	194,788
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 the tax. If the amount on line 1 is \$100,000 or more, use the Tax Computation Worksheet	24.	196,394
25. Tax on all taxable income. Enter the smaller of line 23 or 24. Also include this amount on the entry space on Form 1040 or 1040-SR, line 16. If you are filing Form 2555, don't enter this amount on the entry space on Form 1040 or 1040-SR, line 16. Instead, enter it on line 4 of the Foreign Earned Income Tax Worksheet	25.	194,788

* If you are filing Form 2555, see the footnote in the Foreign Earned Income Tax Worksheet before completing this line.

Form 1040 or
1040-SRInvestment Income for the
Earned Income Credit

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

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AKSHAI K & CHANCHAL RUNCHAL

XXX-XX-5912

Interest and Dividends

1. Enter any amount from Form 1040 or 1040-SR, line 2b 1. 39,262
2. Enter any amount from Form 1040 or 1040-SR, line 2a, plus any amount on Form 8814, line 1b 2. 6,545
3. Enter any amount from Form 1040 or 1040-SR, line 3b 3. 19,052
4. Enter the amount from Schedule 1 (Form 1040), line 8z, that is from Form 8814 if you are filing that form to report your child's interest and dividend income on your return. (If your child received an Alaska Permanent Fund dividend, use Worksheet 2, on the next page, to figure the amount to enter on this line.) 4. _____

Capital Gain Net Income

5. Enter the amount from Form 1040 or 1040-SR, line 7. If the amount on that line is a loss, enter -0- 5. _____
6. Enter any gain from Form 4797, Sales of Business Property, line 7. If the amount on that line is a loss, enter -0-. (But, if you completed lines 8 and 9 of Form 4797, enter the amount from line 9 instead.) 6. _____
7. Subtract line 6 of this worksheet from line 5 of this worksheet. (If the result is less than zero, enter -0-.) 7. _____

Royalties and Rental Income From Personal Property

8. Enter any royalty income from Schedule E, line 23b, plus any income from the rental of personal property shown on Schedule 1 (Form 1040), line 8l. Subtract any expenses from Schedule E, line 20, related to royalty income, plus any expenses from the rental of personal property deducted on Schedule 1 (Form 1040), line 24b. (If the result is less than zero, enter -0-) 8. _____

Passive Activities

9. Enter the total of any net income from passive activities (such as income included on Schedule E, line 26, 29a (col. (h)), 34a (col. (d)), or 40) and the total of any losses from passive activities (included on Schedule E, line 26, 29b (col. (g)), 34b (col. (c)), or 40). (See instructions below for line 9.) (if zero or less, enter -0-) 9. 171,686
10. Adjustment from EIC screen 10. _____
11. Add the amounts on lines 1, 2, 3, 4, 7, 8, 9 and 10. Enter the total. **This is your investment income** 11. 236,545
12. Is the amount on line 11 more than **\$11,000**? 12. _____

☒ **Yes.** You can't take the credit.☐ **No.** Go to *Step 3* of the Form 1040 instructions for line 27 to find out if you can take the credit (unless you are using this publication to find out if you can take the credit; in that case, go to *Rule 7*, next).

Instructions for line 9. In figuring the amount to enter on line 9, don't take into account any royalty income (or loss) included on line 26 of Schedule E or any amount included in your earned income. To find out if the income on line 26 or line 40 of Schedule E is from a passive activity, see the Schedule E instructions. If any of the rental real estate income (or loss) included on Schedule E, line 26, isn't from a passive activity, enter "NPA" and the amount of that income (or loss) on the dotted line next to line 26.

1040**Explanation of Schedule A, Income Taxes****2023**

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

Name(s) as shown on return

Tax ID Number

AKSHAI K & CHANCHAL RUNCHAL**XXX-XX-5912****Schedule A, Line 5a - STATE AND LOCAL INCOME TAXES****Description****Amount****From Estimated Tax Payments****\$ 158,292****Total:****\$ 158,292**

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Explanation of Schedule A, line 5e

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AKSHAI K & CHANCHAL RUNCHAL

XXX-XX-5912

This worksheet shows the breakdown of which state and local taxes are actually being deducted on federal Schedule A when the state and local taxes are limited to \$10,000 (\$5,000 if married filing separately.)

	<u>Total paid</u>	<u>Allowed amount</u>
1. Real estate taxes	<u>0</u>	<u>0</u>
2. Personal property taxes	<u>0</u>	<u>0</u>
3. State and local income taxes	<u>158,292</u>	<u>10,000</u>
4. Sales tax	<u>2,405</u>	<u>0</u>
5. Add amounts in right column of lines 1-4. Enter this amount on Schedule A, line 5e		<u>10,000</u>

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Projected State and Local Income Tax Refund Worksheet For 2024

This amount will carry to next year's screen 3.
(This page is not filed with the return. It is for your records only.)

2023

Name(s) as shown on return

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AKSHAI K & CHANCHAL RUNCHAL

XXX-XX-5912

Worksheet 1 - 2023 Schedule A as filed

- 1a. Enter the total amount from Schedule A, line 5a. If Wks SALT was produced, enter line 3, "Allowed amount" 1a. 10,000
- 1b. Enter the amount from Schedule A, line 5, that does not affect the federal income tax calculation if the taxpayer has a state refund and is subject to AMT 1b. 0
- 1c. Subtract line 1b from line 1a. This is the maximum amount from Schedule A, line 5e, that can be taxable on next year's tax return per the Tax Benefit Rule 1c. 10,000

Worksheet 2 - 2023 Schedule A recomputed using original Schedule A line 5a less state refunds

1. Enter total state taxes actually paid in 2023 from Schedule A, line 5a 1. 158,292
2. Enter state refund that will be received on 2024 Form 1099-G from the state WK_REF, line F 2. 82,532
3. Subtract line 2 from line 1. Total state and local taxes that would have been reported on Schedule A, line 5a, if it reflected only the portion of the total state and local taxes paid that were due 3. 75,760

Worksheet 3 - Difference

1. Enter the amount from line 1c, worksheet 1 above 1. 10,000
2. Enter the amount from line 3, worksheet 2 above 2. 75,760
3. Subtract line 2 from line 1. This is the **maximum** amount of the total refund that is taxable in 2024 3. (65,760)
- If line 3 is -0- or less, **STOP**. None of your state refund is taxable.
- If line 3 is greater than -0-, complete worksheet 4 below to determine how much of your state refund is taxable.

Worksheet 4 - State and Local Income Tax Refund Worksheet

1. Enter the amount from line 3, worksheet 3 above 1.
2. Enter your total allowable itemized deductions from your 2023 Schedule A line 17 2.
- Note.** If your 2023 filing status was MFS and your spouse itemized deductions in 2023, skip lines 3, 4, and 5, and enter the amount from line 2 on line 6 below.
3. Enter the amount shown below for the filing status claimed on your 2023 Form 1040 or 1040-SR.
Enter: \$13,850(S) / \$27,700(MFJ) / \$13,850(MFS) / \$20,800(HOH) 3.
4. If you were over 65, add 1. If MFJ and your spouse was over 65, add 1
If you were blind, add 1. If MFJ and spouse was blind, add 1.
Multiply the total computed above by:
\$1,500 if your 2023 filing status was MFJ or MFS or QSS;
\$1,850 if your 2023 filing status was single or HOH 4.
5. Add lines 3 and 4 5.
6. Is the amount on line 5 less than the amount on line 2?
No. STOP None of your refund is taxable.
Yes. Subtract line 5 from line 2 6.
7. Enter the smaller of line 1 or line 6 7.
8. Taxable income for 2023 8.
9. Taxable part of your refund. If line 8 is zero or more, enter the amount from line 7. If line 8 is less than zero, add lines 7 and 8, and enter the result but not less than zero 9.

Worksheet 5 - State and Local Income Tax and General State Sales Tax Computation

1. 2023 State Income Tax Deduction from Schedule A, Line 5a or WK_SALT line 3 1.
2. 2023 General sales tax deduction that could have been claimed instead of state income tax 2.
3. Difference 3.
4. Worksheet 4, line 8 if less than zero 4.
5. Add lines 3 and 4 5.
6. Taxable part of your refund from line 9 of worksheet 4 6.
7. Lesser of line 5 or 6, this is the maximum taxable portion of your state refund 7.

Worksheet To Figure Your Qualified Loan Limit and Deductible Home Mortgage Interest for the Current Year

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

2023

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AKSHAI K & CHANCHAL RUNCHAL

XXX-XX-5912

Part I Qualified Loan Limit

1. Enter the average balance of all your grandfathered debt. See the line 1 instructions 1. _____
2. Enter the average balance of all your home acquisition debt incurred after October 12, 1987, and prior to December 16, 2017. See the line 2 instructions 2. 1,354,796
3. Enter \$1,000,000 (\$500,000 if married filing separately) 3. 1,000,000
4. Enter the larger of the amount on line 1 or the amount on line 3 4. 1,000,000
5. Add the amounts on lines 1 and 2. Enter the total here 5. 1,354,796
6. Enter the smaller of the amount on line 4 or the amount on line 5 6. 1,000,000
 - If you have no home acquisition debt incurred after December 15, 2017, or the amount on line 6 is \$750,000 (\$375,000 if married filing separately) or more, line 6 is your qualified loan limit. Enter this amount on line 11 and go to Part II, line 12.
 - If you have home acquisition debt incurred after December 15, 2017, go to line 7.
7. Enter the average balance of all your home acquisition debt incurred after December 15, 2017. See the line 7 instructions 7. _____
8. Enter \$750,000 (\$375,000 if married filing separately) 8. _____
9. Enter the larger of the amount on line 6 or the amount on line 8 9. _____
10. Add the amounts on lines 6 and 7. Enter the total here 10. _____
11. Enter the smaller of line 9 or line 10. **This is your qualified loan limit** 11. 1,000,000

Part II Deductible Home Mortgage Interest

12. Enter the total of the average balances of all mortgages from lines 1, 2, and 7 on all qualified homes.
See the line 12 instructions 12. 1,354,796
 - If line 11 is less than line 12, go on to line 13.
 - If line 11 is equal to or more than line 12, stop here. All of your interest on all the mortgages included on line 12 is deductible as home mortgage interest on Schedule A (Form 1040).
13. Enter the total amount of interest that you paid on the loans from line 12. See the line 13 instructions 13. 33,495
14. Divide the amount on line 11 by the amount on line 12. Enter the result as a decimal amount (rounded to three places) 14. 0.738
15. Multiply the amount on line 13 by the decimal amount on line 14. Enter the result.
This is your deductible home mortgage interest. Enter this amount on Schedule A (Form 1040) 15. 24,719
16. Subtract the amount on line 15 from the amount on line 13. Enter the result. **This isn't home mortgage interest.** See the line 16 instructions 16. 8,776
17. \$ _____ points times the decimal on line 14 17. _____
18. Add lines 15 and 17. This amount carried to Schedule A 18. 24,719

Unrecaptured Section 1250 Gain Worksheet - Line 19

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2023

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AKSHAI K & CHANCHAL RUNCHAL

XXX-XX-5912

If you aren't reporting a gain on Form 4797, line 7, skip lines 1 through 9 and go to line 10.

1. If you have a section 1250 property in Part III of Form 4797 for which you made an entry in Part I of Form 4797 (but not on Form 6252), enter the **smaller** of line 22 or line 24 of Form 4797 for that property. If you didn't have any such property, go to line 4. If you had more than one such property, see instructions 1. _____
2. Enter the amount from Form 4797, line 26g, for the property for which you made an entry on line 1 2. _____
3. Subtract line 2 from line 1 3. _____
4. Enter the total unrecaptured section 1250 gain included on line 26 or line 37 of Form(s) 6252 from installment sales of trade or business property held more than 1 year. See instructions 4. _____
5. Enter the total of any amounts reported to you on a Schedule K-1 from a partnership or an S corporation as "unrecaptured section 1250 gain" 5. _____
6. Add lines 3 through 5 6. _____
7. Enter the **smaller** of line 6 or the gain from Form 4797, line 7 7. _____
8. Enter the amount, if any, from Form 4797, line 8 8. _____
9. Subtract line 8 from line 7. If zero or less, enter -0- 9. _____
10. Enter the amount of any gain from the sale or exchange of an interest in a partnership attributable to unrecaptured section 1250 gain. See instructions 10. _____
11. Enter the total of any amounts reported to you as "unrecaptured section 1250 gain" on a Schedule K-1, Form 1099-DIV, or Form 2439 from an estate, a trust, a real estate investment trust, or a mutual fund (or other regulated investment company) or in connection with a Form 1099-R 11. 482
12. Enter the total of any unrecaptured section 1250 gain from sales (including installment sales) or other dispositions of section 1250 property held more than 1 year for which you didn't make an entry in Part I of Form 4797 for the year of sale. See instructions 12. _____
13. Add lines 9 through 12 13. 482
14. If you had any section 1202 gain or collectibles gain or (loss), enter the total of lines 1 through 4 of the **28% Rate Gain Worksheet**. Otherwise, enter -0- 14. _____
15. Enter the (loss), if any, from Schedule D, line 7. If Schedule D, line 7, is zero or a gain, enter -0- 15. (14,612)
16. Enter your long-term capital loss carryovers from Schedule D, line 14, and Schedule K-1 (Form 1041), box 11, code D* 16. (0)
17. Combine lines 14 through 16. If the result is a (loss), enter it as a positive amount. If the result is zero or a gain, enter -0- 17. 14,612
18. **Unrecaptured section 1250 gain.** Subtract line 17 from line 13. If zero or less, enter -0-. If more than zero, enter the result here and on Schedule D, line 19 18. _____

* If you are filing Form 2555 (relating to foreign earned income), see the footnote in the Foreign Earned Income Tax Worksheet in the Instructions for Form 1040 before completing this line.

Federal Supporting Statements

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2023

PG01

Name(s) as shown on return

Tax ID Number

AKSHAI K & CHANCHAL RUNCHAL

XXX-XX-5912

All Source Gross Income

WK_TTLGI

Description

Amount

Taxable IRA dist., pensions, and annuities

45,895

Taxable Social Security income

43,758

Schedule B interest

39,262

Schedule B dividends

19,052

Schedule E rent

1,652,555

Schedule E, line 30 & 35

421,750

Capital gain distributions

3,636

Form 8949 long term gains

7,618

Total

2,233,526

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Worksheet for Line 18
(Worldwide Qualified Dividends and Capital Gains)

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Caution: See the instructions for line 18 before starting this worksheet.

1. Individuals: Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 15.

Estates and trusts: Enter taxable income without the deduction for your exemption **1.** 720,215

2. Enter your worldwide 28% gains. See instructions **2.** _____

3. Multiply line 2 by 0.2432 **3.** _____

4. Enter your worldwide 25% gains. See instructions **4.** _____

5. Multiply line 4 by 0.3243 **5.** _____

6. Enter your worldwide 20% gains and qualified dividends. See instructions **6.** 9,448

7. Multiply line 6 by 0.4595 **7.** 4,341

8. Enter your worldwide 15% gains and qualified dividends. See instructions **8.** _____

9. Multiply line 8 by 0.5946 **9.** _____

10. Enter your worldwide 0% gains and qualified dividends. See instructions **10.** _____

11. Add lines 3, 5, 7, 9, and 10 **11.** 4,341

12. Subtract line 11 from line 1. Enter the result here and on Form 1116, line 18 **12.** 715,874

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

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XXX-XX-5912

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

		Payment Due Dates			
		(a) 04/15/23	(b) 06/15/23	(c) 09/15/23	(d) 01/15/24
1a Enter your underpayment from Part III, Section A, line 17	1a			9,386	
1b Date and amount of each payment applied to the underpayment in the same column. Don't enter more than the underpayment amount on line 1a for each column (see instructions). Note. Your payments are applied in the order made first to any underpayment balance in an earlier column until that underpayment is fully paid.	1b			10-11-2023 9,386	
Rate Period 1: April 16, 2023 - June 30, 2023					
2 Computation starting dates for this period	2	04/15/23	06/15/23		
		Days:	Days:		
3 Number of days from the date on line 2 to the date the amount on line 1a was paid or 6/30/23, whichever is earlier	3				
4 Underpayment on line 1a x $\frac{\text{Number of days on line 3}}{365}$ x 0.07	4	\$	\$		
Rate Period 2: July 1, 2023 - September 30, 2023					
5 Computation starting dates for this period	5	06/30/23	06/30/23	09/15/23	
		Days:	Days:	Days:	
6 Number of days from the date on line 5 to the date the amount on line 1a was paid or 9/30/23, whichever is earlier	6			15	
7 Underpayment on line 1a x $\frac{\text{Number of days on line 6}}{365}$ x 0.07	7	\$	\$	27	
Rate Period 3: October 1, 2023 - December 31, 2023					
8 Computation starting dates for this period	8	09/30/23	09/30/23	09/30/23	
		Days:	Days:	Days:	
9 Number of days from the date on line 8 to the date the amount on line 1a was paid or 12/31/23, whichever is earlier	9			11	
10 Underpayment on line 1a x $\frac{\text{Number of days on line 9}}{365}$ x 0.08	10	\$	\$	23	
Rate Period 4: January 1, 2024 - April 15, 2024					
11 Computation starting dates for this period	11	12/31/23	12/31/23	12/31/23	01/15/24
		Days:	Days:	Days:	Days:
12 Number of days from the date on line 11 to the date the amount on line 1a was paid or 4/15/24, whichever is earlier	12				
13 Underpayment on line 1a x $\frac{\text{Number of days on line 12}}{366}$ x 0.08	13	\$	\$	\$	\$
14 Penalty. Add all amounts on lines 4, 7, 10, and 13 in all columns. Enter the total here and on line 19 of Part III, Section B					14 \$ 50

Modified Adjusted Gross Income (MAGI)
Form 8582, Line 6

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

2023

Name(s) as shown on return

Tax ID Number

AKSHAI K & CHANCHAL RUNCHAL

XXX-XX-5912

Income

Regular tax

Alt Min Tax

Wages		
Interest income before Series EE bond exclusion	39,262	39,262
Dividend income	19,052	19,052
Taxable state and local refunds		
Alimony received		
Nonpassive business income or (loss)		
Schedule D and Form 4797	(3,000)	(3,000)
Taxable IRA distributions	45,895	45,895
Taxable pensions and annuities		
Nonpassive partnership income or (loss) (including overall PTP gains and sold PTP losses)	397,866	397,866
Nonpassive S corporation income or (loss)		
Nonpassive estate and trust income or (loss)		
Real Estate Mortgage Investment Conduits (REMICS)		
Royalty Income		
Net rental real estate gains for a real estate professional or non-passive rental	278,050	278,050
Overall loss from the entire disposition of a passive activity		
Nonpassive farm income or (loss)		
Unemployment compensation		
Other income		
Total income	777,125	777,125

Adjustments

Educator expenses		
Certain business expenses of reservists, performing artists, and fee-based government officials		
Health savings account deduction		
Moving expenses		
Self-employed SEP, SIMPLE, and qualified plans		
Self-employed health insurance deduction		
Penalty on early withdrawal of savings		
Alimony paid		
Other adjustments		
Total adjustments	0	0

Subtract total adjustments from total income	777,125	777,125
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MAGI adjustment from input screen E2		
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Modified adjusted gross income	777,125	777,125
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IRA Deduction Worksheet - Schedule 1, Line 20

Form 1040

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

2023

Name(s) as shown on return

Tax ID Number

AKSHAI K & CHANCHAL RUNCHAL

XXX-XX-5912

Before you begin:

- Be sure you have read the instructions for this line. You may not be able to use this worksheet.
- Figure any write-in adjustments to be entered on Schedule 1, line 24z (see the instructions for Schedule 1, line 24z).
- If you are married filing separately and you lived apart from your spouse for all of 2023, enter "D" on the dotted line next to Schedule 1, line 20. If you don't, you may get a math error notice from the IRS.

Your IRA

Spouse's IRA

<p>1a. Were you covered by a retirement plan (see <i>Were You Covered by a Retirement Plan?</i>)? 1a. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>b. If married filing jointly, was your spouse covered by a retirement plan? 1b. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Next. If you checked "No" on line 1a (and "No" on line 1b if married filing jointly), skip lines 2 through 6, enter the applicable amount below on line 7a (and line 7b, if applicable), and go to line 8.</p> <ul style="list-style-type: none"> • \$6,500, if under age 50 at the end of 2023. • \$7,500, if age 50 or older at the end of 2023. <p>Otherwise, go to line 2.</p> <p>2. Enter the amount shown below that applies to you.</p> <ul style="list-style-type: none"> • Single, head of household, or married filing separately and you lived apart from your spouse for all of 2023, enter \$83,000. • Qualifying surviving spouse, enter \$136,000. • Married filing jointly, enter \$136,000 in both columns. But if you checked "No" on either line 1a or 1b, enter \$228,000 for the person who wasn't covered by a plan. • Married filing separately and you lived with your spouse at any time in 2023, enter \$10,000. <p>3. Enter the amount from Form 1040 or 1040-SR, line 9 3. _____</p> <p>4. Enter the total of the amounts from Schedule 1, lines 11 through 19a, plus 23 and 25 4. _____</p> <p>5. Subtract line 4 from line 3. If married filing jointly, enter the result in both columns 5a. _____ 5b. _____</p> <p>6. Is the amount on line 5 less than the amount on line 2? <input type="checkbox"/> No. STOP! None of your IRA contributions are deductible. For details on nondeductible IRA contributions, see Form 8606.</p> <p><input type="checkbox"/> Yes. Subtract line 5 from line 2 in each column. Follow the instruction below that applies to you.</p> <ul style="list-style-type: none"> • If single, head of household, or married filing separately, and the result is \$10,000 or more, enter the applicable amount below on line 7 for that column and go to line 8. <ul style="list-style-type: none"> i. \$6,500, if under age 50 at the end of 2023. ii. \$7,500, if age 50 or older at the end of 2023. • If married filing jointly or qualifying surviving spouse, and the result is \$20,000 or more (\$10,000 or more in the column for the IRA of a person who wasn't covered by a retirement plan), enter the applicable amount below on line 7 for that column and go to line 8. <ul style="list-style-type: none"> i. \$6,500, if under age 50 at the end of 2023. ii. \$7,500, if age 50 or older at the end of 2023. <p>Otherwise, go to line 7.</p>	<p>2a. _____ 2b. _____</p> <p>6a. _____ 6b. _____</p>
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IRA Deduction Worksheet - Continued

Form 1040

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

2023

Name(s) as shown on return

Tax ID Number

AKSHAI K & CHANCHAL RUNCHAL

Your IRA

Spouse's IRA

7. Multiply lines 6a and 6b by the percentage below that applies to you. If the result isn't a multiple of \$10, increase it to the next multiple of \$10 (for example, increase \$490.30 to \$500). If the result is \$200 or more, enter the result. But if it is less than \$200, enter \$200.

- Single, head of household, or married filing separately, multiply by 65% (0.65) (or by 75% (0.75) in the column for the IRA of a person who is age 50 or older at the end of 2023).
- Married filing jointly or qualifying surviving spouse, multiply by 32.5% (0.325) (or by 37.5% (0.375) in the column for the IRA of a person who is age 50 or older at the end of 2023). But if you checked "No" on either line 1a or 1b, then in the column for the IRA of the person who wasn't covered by a retirement plan, multiply by 65% (0.65) (or by 75% (0.75) if age 50 or older at the end of 2023).

7a. 7,500 7b. 7,500

8. Enter the total of your (and your spouse's if filing jointly):

- Wages, salaries, tips, etc. Generally, this is the amount reported in box 1 of Form W-2. Exceptions are explained earlier in these instructions for line 20.
- Alimony and separate maintenance payments reported on Schedule 1, line 2a.
- Nontaxable combat pay. This amount should be reported in box 12 of Form W-2 with code Q or reported on Form 1040, line 1i.

8. _____

9. Enter the earned income you (and your spouse if filing jointly) received as a self-employed individual or a partner. Generally, this is your (and your spouse's if filing jointly) net earnings from self-employment if your personal services were a material income-producing factor, minus any deductions on Schedule 1, lines 15 and 16. If zero or less, enter -0-. For more details, see Pub. 590-A 9. _____

10. Add lines 8 and 9 10. _____

CAUTION! If married filing jointly and line 10 is less than \$13,000 (\$14,000 if one spouse is age 50 or older at the end of 2023; \$15,000 if both spouses are age 50 or older at the end of 2023), **stop here** and use the worksheet in Pub. 590-A to figure your IRA deduction.

11. Enter traditional IRA contributions made, or that will be made by the due date of your 2023 return not counting extensions (April 15, 2024, for most people), for 2023 to your IRA on line 11a and to your spouse's IRA on line 11b 11a. 7,500 11b. 7,500

12. On line 12a, enter the **smallest** of line 7a, 10, or 11a. On line 12b, enter the **smallest** of line 7b, 10, or 11b. This is the most you can deduct. Add the amounts on lines 12a and 12b and enter the total on Schedule 1, line 20. Or, if you want, you can deduct a smaller amount and treat the rest as a nondeductible contribution (see Form 8606) 12a. 0 12b. 0

Worksheet 1
Computation of Modified AGI
(For use only by taxpayers who receive social security benefits)

Form 86062

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

2023

Name(s) as shown on return

Tax ID Number

AKSHAI K & CHANCHAL RUNCHAL

XXX-XX-5912

Filing Status - Check only one box:

☒

A. Married filing jointly

☐

B. Single, Head of household, Qualifying surviving spouse, or Married filing separately and

lived apart from your spouse during the **entire year**

☐

C. Married filing separately and **lived with** your spouse at **any time** during the year

1. Adjusted gross income (AGI) from Form 1040 or 1040-SR.
(For purposes of this worksheet, figure your AGI without taking into account any social security benefits from Form SSA-1099 or RRB-1099, any deduction for contributions to a traditional IRA, any student loan interest deduction, or any exclusion of interest from savings bonds to be reported on Form 8815. See the Line 1 Worksheet in Appendix C for assistance with this calculation.) 1. 864,358
2. Enter the amount in box 5 of all Forms SSA-1099 and Forms RRB-1099 2. 51,480
3. Enter one-half of line 2 3. 25,740
4. Enter the amount of any foreign earned income exclusion, foreign housing exclusion, U.S. territories income exclusion, exclusion of income from Puerto Rico you claimed as a bona fide resident of Puerto Rico, or exclusion of employer-provided adoption benefits 4. _____
5. Enter the amount of any tax-exempt interest reported on Form 1040 or 1040-SR, line 2a 5. 6,545
6. Add lines 1, 3, 4, and 5 6. 896,643
7. Enter the amount listed below for your filing status.
• **\$32,000** if you checked box **A** above.
• **\$25,000** if you checked box **B** above.
• **\$0** if you checked box **C** above 7. 32,000
8. Subtract line 7 from line 6. If zero or less, enter -0- on this line 8. 864,643
9. If line 8 is zero, skip to line 17, enter -0-, and continue with line 18.
If line 8 is more than zero, enter the amount listed below for your filing status.
• **\$12,000** if you checked box **A** above.
• **\$9,000** if you checked box **B** above.
• **\$0** if you checked box **C** above 9. 12,000
10. Subtract line 9 from line 8. If zero or less, enter -0- 10. 852,643
11. Enter the smaller of line 8 or line 9 11. 12,000
12. Enter one-half of line 11 12. 6,000
13. Enter the smaller of line 3 or line 12 13. 6,000
14. Multiply line 10 by 0.85. If line 10 is zero, enter -0- 14. 724,747
15. Add lines 13 and 14 15. 730,747
16. Multiply line 2 by 0.85 16. 43,758
17. **Taxable benefits** to be included in modified AGI for traditional IRA deduction purposes.
Enter the smaller of line 15 or line 16 17. 43,758
18. Enter the amount of any employer-provided adoption benefits exclusion and any foreign earned income exclusion and foreign housing exclusion or deduction that you claimed 18. _____
19. **Modified AGI** for determining your reduced traditional IRA deduction - add lines 1, 17, and 18. Enter here and on line 2 of Worksheet 2, next 19. 908,116

Qualified Business Income Deduction

OMB No. 1545-2294

Department of the Treasury
Internal Revenue Service

Attach to your tax return.

Go to www.irs.gov/Form8995A for instructions and the latest information.**2023**Attachment
Sequence No. **55A**

Name(s) shown on return

Your taxpayer identification number

AKSHAI K & CHANCHAL RUNCHAL**XXX-XX-5912**

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

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

Part I Trade, Business, or Aggregation Information

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

See instructions.

1	(a) Trade, business, or aggregation name	(b) Check if specified service	(c) Check if aggregation	(d) Taxpayer identification number	(e) Check if patron
A	Schedule E: 3106 INGLEWOOD BLVD, LO	<input type="checkbox"/>	<input type="checkbox"/>	XXX-XX-5912	<input type="checkbox"/>
B	Schedule E: 12029 CLOVER AVE, LOS A	<input type="checkbox"/>	<input type="checkbox"/>	XXX-XX-5912	<input type="checkbox"/>
C	Schedule E: 105 ST STEPHENS, Tyrone	<input type="checkbox"/>	<input type="checkbox"/>	XXX-XX-5912	<input type="checkbox"/>

Part II Determine Your Adjusted Qualified Business Income

		A	B	C	
2	Qualified business income from the trade, business, or aggregation. See instructions	2	0	27,664	71,781
3	Multiply line 2 by 20% (0.20). If your taxable income is \$182,100 or less (\$364,200 if married filing jointly), skip lines 4 through 12 and enter the amount from line 3 on line 13	3	0	5,533	14,356
4	Allocable share of W-2 wages from the trade, business, or aggregation	4	0	0	0
5	Multiply line 4 by 50% (0.50)	5			
6	Multiply line 4 by 25% (0.25)	6			
7	Allocable share of the unadjusted basis immediately after acquisition (UBIA) of all qualified property	7	0	233,415	2,104,110
8	Multiply line 7 by 2.5% (0.025)	8		5,835	52,603
9	Add lines 6 and 8	9	0	5,835	52,603
10	Enter the greater of line 5 or line 9	10	0	5,835	52,603
11	W-2 wage and UBIA of qualified property limitation. Enter the smaller of line 3 or line 10	11	0	5,533	14,356
12	Phased-in reduction. Enter the amount from line 26, if any	12			
13	Qualified business income deduction before patron reduction. Enter the greater of line 11 or line 12	13	0	5,533	14,356
14	Patron reduction. Enter the amount from Schedule D (Form 8995-A), line 6, if any. See instructions	14			
15	Qualified business income component. Subtract line 14 from line 13	15	0	5,533	14,356
16	Total qualified business income component. Add all amounts reported on line 15	16	153,125		

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

Form **8995-A** (2023)

Part III Phased-in Reduction

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

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

Part IV Determine Your Qualified Business Income Deduction

27	Total qualified business income component from all qualified trades, businesses, or aggregations. Enter the amount from line 16	27	153,125		
28	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss). See instructions	28	285		
29	Qualified REIT dividends and PTP (loss) carryforward from prior years	29	()		
30	Total qualified REIT dividends and PTP income. Combine lines 28 and 29. If less than zero, enter -0-	30	285		
31	REIT and PTP component. Multiply line 30 by 20% (0.20)	31	57		
32	Qualified business income deduction before the income limitation. Add lines 27 and 31	32		153,182	
33	Taxable income before qualified business income deduction	33	873,397		
34	Enter your net capital gain, if any, increased by any qualified dividends (see instructions)	34	9,448		
35	Subtract line 34 from line 33. If zero or less, enter -0-	35		863,949	
36	Income limitation. Multiply line 35 by 20% (0.20)	36		172,790	
37	Qualified business income deduction before the domestic production activities deduction (DPAD) under section 199A(g). Enter the smaller of line 32 or line 36	37		153,182	
38	DPAD under section 199A(g) allocated from an agricultural or horticultural cooperative. Don't enter more than line 33 minus line 37	38			
39	Total qualified business income deduction. Add lines 37 and 38	39		153,182	
40	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 28 and 29. If zero or greater, enter -0-	40	(0)		

Department of the Treasury
Internal Revenue Service

Attach to your tax return.

Go to www.irs.gov/Form8995A for instructions and the latest information.**2023**Attachment
Sequence No. **55A**

Name(s) shown on return

Your taxpayer identification number

AKSHAI K & CHANCHAL RUNCHAL**XXX-XX-5912**

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

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

Part I Trade, Business, or Aggregation Information

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

See instructions.

1	(a) Trade, business, or aggregation name	(b) Check if specified service	(c) Check if aggregation	(d) Taxpayer identification number	(e) Check if patron
A	Schedule E: 2081-2109 JONESBORO ROA	<input type="checkbox"/>	<input type="checkbox"/>	XXX-XX-5912	<input type="checkbox"/>
B	Schedule E: 8055 SENOIA ROAD, FAIRB	<input type="checkbox"/>	<input type="checkbox"/>	XXX-XX-5912	<input type="checkbox"/>
C	Schedule E: 805 SPENCER STREET, Syr	<input type="checkbox"/>	<input type="checkbox"/>	45-4344496	<input type="checkbox"/>

Part II Determine Your Adjusted Qualified Business Income

	A	B	C
2 Qualified business income from the trade, business, or aggregation. See instructions	2 70,175	107,828	43,292
3 Multiply line 2 by 20% (0.20). If your taxable income is \$182,100 or less (\$364,200 if married filing jointly), skip lines 4 through 12 and enter the amount from line 3 on line 13	3 14,035	21,566	8,658
4 Allocable share of W-2 wages from the trade, business, or aggregation	4 0	0	0
5 Multiply line 4 by 50% (0.50)	5		
6 Multiply line 4 by 25% (0.25)	6		
7 Allocable share of the unadjusted basis immediately after acquisition (UBIA) of all qualified property	7 3,573,783	1,942,256	3,215,530
8 Multiply line 7 by 2.5% (0.025)	8 89,345	48,556	80,388
9 Add lines 6 and 8	9 89,345	48,556	80,388
10 Enter the greater of line 5 or line 9	10 89,345	48,556	80,388
11 W-2 wage and UBIA of qualified property limitation. Enter the smaller of line 3 or line 10	11 14,035	21,566	8,658
12 Phased-in reduction. Enter the amount from line 26, if any	12		
13 Qualified business income deduction before patron reduction. Enter the greater of line 11 or line 12	13 14,035	21,566	8,658
14 Patron reduction. Enter the amount from Schedule D (Form 8995-A), line 6, if any. See instructions	14		
15 Qualified business income component. Subtract line 14 from line 13	15 14,035	21,566	8,658
16 Total qualified business income component. Add all amounts reported on line 15	16		

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

Form **8995-A** (2023)

Form 8995-A	Qualified Business Income Deduction	OMB No. 1545-2294
Department of the Treasury Internal Revenue Service	Attach to your tax return. Go to www.irs.gov/Form8995A for instructions and the latest information.	2023 Attachment Sequence No. 55A
Name(s) shown on return AKSHAI K & CHANCHAL RUNCHAL		Your taxpayer identification number XXX-XX-5912

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

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

Part I Trade, Business, or Aggregation Information

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

1	(a) Trade, business, or aggregation name	(b) Check if specified service	(c) Check if aggregation	(d) Taxpayer identification number	(e) Check if patron
A	Schedule E: 2001 S GRAMERCY, Los An	<input type="checkbox"/>	<input type="checkbox"/>	45-4344496	<input type="checkbox"/>
B	Schedule E: 226 JAY STREET, Rochest	<input type="checkbox"/>	<input type="checkbox"/>	45-4393189	<input type="checkbox"/>
C	K1P: 564 MACON ST MCDONOUGH GA 3025	<input type="checkbox"/>	<input type="checkbox"/>	26-0429153	<input type="checkbox"/>

Part II Determine Your Adjusted Qualified Business Income

	A	B	C
2 Qualified business income from the trade, business, or aggregation. See instructions	2 0	75,124	185,616
3 Multiply line 2 by 20% (0.20). If your taxable income is \$182,100 or less (\$364,200 if married filing jointly), skip lines 4 through 12 and enter the amount from line 3 on line 13	3 0	15,025	37,123
4 Allocable share of W-2 wages from the trade, business, or aggregation	4 0	0	0
5 Multiply line 4 by 50% (0.50)	5		
6 Multiply line 4 by 25% (0.25)	6		
7 Allocable share of the unadjusted basis immediately after acquisition (UBIA) of all qualified property	7 0	3,120,194	1,479,050
8 Multiply line 7 by 2.5% (0.025)	8	78,005	36,976
9 Add lines 6 and 8	9 0	78,005	36,976
10 Enter the greater of line 5 or line 9	10 0	78,005	36,976
11 W-2 wage and UBIA of qualified property limitation. Enter the smaller of line 3 or line 10	11 0	15,025	36,976
12 Phased-in reduction. Enter the amount from line 26, if any	12		
13 Qualified business income deduction before patron reduction. Enter the greater of line 11 or line 12	13 0	15,025	36,976
14 Patron reduction. Enter the amount from Schedule D (Form 8995-A), line 6, if any. See instructions	14		
15 Qualified business income component. Subtract line 14 from line 13	15 0	15,025	36,976
16 Total qualified business income component. Add all amounts reported on line 15	16		

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

Form **8995-A** (2023)

Qualified Business Income Deduction

OMB No. 1545-2294

Department of the Treasury
Internal Revenue Service

Attach to your tax return.

Go to www.irs.gov/Form8995A for instructions and the latest information.**2023**Attachment
Sequence No. **55A**

Name(s) shown on return

Your taxpayer identification number

AKSHAI K & CHANCHAL RUNCHAL**XXX-XX-5912**

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

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

Part I Trade, Business, or Aggregation Information

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

See instructions.

1	(a) Trade, business, or aggregation name	(b) Check if specified service	(c) Check if aggregation	(d) Taxpayer identification number	(e) Check if patron
A	K1P: 564 MACON ST MCDONOUGH GA 3025	<input type="checkbox"/>	<input type="checkbox"/>	26-0429153	<input type="checkbox"/>
B	K1P: 1696 WALDEN AVE Buffalo NY 142	<input type="checkbox"/>	<input type="checkbox"/>	93-4274875	<input type="checkbox"/>
C	K1P: 10 TRACK DR Binghamton NY 1390	<input type="checkbox"/>	<input type="checkbox"/>	93-4274875	<input type="checkbox"/>

Part II Determine Your Adjusted Qualified Business Income

	A	B	C
2 Qualified business income from the trade, business, or aggregation. See instructions	2 185,616	0	0
3 Multiply line 2 by 20% (0.20). If your taxable income is \$182,100 or less (\$364,200 if married filing jointly), skip lines 4 through 12 and enter the amount from line 3 on line 13	3 37,123	0	0
4 Allocable share of W-2 wages from the trade, business, or aggregation	4 0	0	0
5 Multiply line 4 by 50% (0.50)	5		
6 Multiply line 4 by 25% (0.25)	6		
7 Allocable share of the unadjusted basis immediately after acquisition (UBIA) of all qualified property	7 1,479,050	0	0
8 Multiply line 7 by 2.5% (0.025)	8 36,976		
9 Add lines 6 and 8	9 36,976	0	0
10 Enter the greater of line 5 or line 9	10 36,976	0	0
11 W-2 wage and UBIA of qualified property limitation. Enter the smaller of line 3 or line 10	11 36,976	0	0
12 Phased-in reduction. Enter the amount from line 26, if any	12		
13 Qualified business income deduction before patron reduction. Enter the greater of line 11 or line 12	13 36,976	0	0
14 Patron reduction. Enter the amount from Schedule D (Form 8995-A), line 6, if any. See instructions	14		
15 Qualified business income component. Subtract line 14 from line 13	15 36,976	0	0
16 Total qualified business income component. Add all amounts reported on line 15	16		

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

Form **8995-A** (2023)

Qualified Business Income Deduction

OMB No. 1545-2294

Department of the Treasury
Internal Revenue Service

Attach to your tax return.

Go to www.irs.gov/Form8995A for instructions and the latest information.**2023**Attachment
Sequence No. **55A**

Name(s) shown on return

Your taxpayer identification number

AKSHAI K & CHANCHAL RUNCHAL**XXX-XX-5912**

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

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

Part I Trade, Business, or Aggregation Information

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

See instructions.

1	(a) Trade, business, or aggregation name	(b) Check if specified service	(c) Check if aggregation	(d) Taxpayer identification number	(e) Check if patron
A	K1P: 140 FIRE TOWER DR Tonawanda NY	<input type="checkbox"/>	<input type="checkbox"/>	93-4274875	<input type="checkbox"/>
B	K1P: 22672 MURROCK CIR Erieville NY	<input type="checkbox"/>	<input type="checkbox"/>	93-4274875	<input type="checkbox"/>
C	K1P: 651 KEYSTONE INDUSTRIAL Scrant	<input type="checkbox"/>	<input type="checkbox"/>	93-4274875	<input type="checkbox"/>

Part II Determine Your Adjusted Qualified Business Income

	A	B	C
2 Qualified business income from the trade, business, or aggregation. See instructions	2	0	0
3 Multiply line 2 by 20% (0.20). If your taxable income is \$182,100 or less (\$364,200 if married filing jointly), skip lines 4 through 12 and enter the amount from line 3 on line 13	3	0	0
4 Allocable share of W-2 wages from the trade, business, or aggregation	4	0	0
5 Multiply line 4 by 50% (0.50)	5		
6 Multiply line 4 by 25% (0.25)	6		
7 Allocable share of the unadjusted basis immediately after acquisition (UBIA) of all qualified property	7	0	0
8 Multiply line 7 by 2.5% (0.025)	8		
9 Add lines 6 and 8	9	0	0
10 Enter the greater of line 5 or line 9	10	0	0
11 W-2 wage and UBIA of qualified property limitation. Enter the smaller of line 3 or line 10	11	0	0
12 Phased-in reduction. Enter the amount from line 26, if any	12		
13 Qualified business income deduction before patron reduction. Enter the greater of line 11 or line 12	13	0	0
14 Patron reduction. Enter the amount from Schedule D (Form 8995-A), line 6, if any. See instructions	14		
15 Qualified business income component. Subtract line 14 from line 13	15	0	0
16 Total qualified business income component. Add all amounts reported on line 15	16		

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

Form **8995-A** (2023)

Form 8995-A	Qualified Business Income Deduction	OMB No. 1545-2294
Department of the Treasury Internal Revenue Service	Attach to your tax return. Go to www.irs.gov/Form8995A for instructions and the latest information.	2023 Attachment Sequence No. 55A
Name(s) shown on return AKSHAI K & CHANCHAL RUNCHAL		Your taxpayer identification number XXX-XX-5912

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

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

Part I Trade, Business, or Aggregation Information

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

1	(a) Trade, business, or aggregation name	(b) Check if specified service	(c) Check if aggregation	(d) Taxpayer identification number	(e) Check if patron
A	K1P: 1696 WALDEN AVE Buffalo NY 142	<input type="checkbox"/>	<input type="checkbox"/>	93-4274875	<input type="checkbox"/>
B	K1P: 10 TRACK DR Binghamton NY 1390	<input type="checkbox"/>	<input type="checkbox"/>	93-4274875	<input type="checkbox"/>
C	K1P: 140 FIRE TOWER DR Tonawanda NY	<input type="checkbox"/>	<input type="checkbox"/>	93-4274875	<input type="checkbox"/>

Part II Determine Your Adjusted Qualified Business Income

	A	B	C
2 Qualified business income from the trade, business, or aggregation. See instructions	2 0	0	0
3 Multiply line 2 by 20% (0.20). If your taxable income is \$182,100 or less (\$364,200 if married filing jointly), skip lines 4 through 12 and enter the amount from line 3 on line 13	3 0	0	0
4 Allocable share of W-2 wages from the trade, business, or aggregation	4 0	0	0
5 Multiply line 4 by 50% (0.50)	5		
6 Multiply line 4 by 25% (0.25)	6		
7 Allocable share of the unadjusted basis immediately after acquisition (UBIA) of all qualified property	7 0	0	0
8 Multiply line 7 by 2.5% (0.025)	8		
9 Add lines 6 and 8	9 0	0	0
10 Enter the greater of line 5 or line 9	10 0	0	0
11 W-2 wage and UBIA of qualified property limitation. Enter the smaller of line 3 or line 10	11 0	0	0
12 Phased-in reduction. Enter the amount from line 26, if any	12		
13 Qualified business income deduction before patron reduction. Enter the greater of line 11 or line 12	13 0	0	0
14 Patron reduction. Enter the amount from Schedule D (Form 8995-A), line 6, if any. See instructions	14		
15 Qualified business income component. Subtract line 14 from line 13	15 0	0	0
16 Total qualified business income component. Add all amounts reported on line 15	16		

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

Form **8995-A** (2023)

Form	8995-A	Qualified Business Income Deduction	OMB No. 1545-2294
Department of the Treasury Internal Revenue Service		Attach to your tax return. Go to www.irs.gov/Form8995A for instructions and the latest information.	2023 Attachment Sequence No. 55A
Name(s) shown on return AKSHAI K & CHANCHAL RUNCHAL			Your taxpayer identification number XXX-XX-5912

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

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

Part I Trade, Business, or Aggregation Information

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

1	(a) Trade, business, or aggregation name	(b) Check if specified service	(c) Check if aggregation	(d) Taxpayer identification number	(e) Check if patron
A	K1P: 22672 MURROCK CIR Erieville NY	<input type="checkbox"/>	<input type="checkbox"/>	93-4274875	<input type="checkbox"/>
B	K1P: 651 KEYSTONE INDUSTRIAL Scrant	<input type="checkbox"/>	<input type="checkbox"/>	93-4274875	<input type="checkbox"/>
C		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

Part II Determine Your Adjusted Qualified Business Income

	A	B	C
2 Qualified business income from the trade, business, or aggregation. See instructions	2 0	0	
3 Multiply line 2 by 20% (0.20). If your taxable income is \$182,100 or less (\$364,200 if married filing jointly), skip lines 4 through 12 and enter the amount from line 3 on line 13	3 0	0	
4 Allocable share of W-2 wages from the trade, business, or aggregation	4 0	0	
5 Multiply line 4 by 50% (0.50)	5		
6 Multiply line 4 by 25% (0.25)	6		
7 Allocable share of the unadjusted basis immediately after acquisition (UBIA) of all qualified property	7 0	0	
8 Multiply line 7 by 2.5% (0.025)	8		
9 Add lines 6 and 8	9 0	0	
10 Enter the greater of line 5 or line 9	10 0	0	
11 W-2 wage and UBIA of qualified property limitation. Enter the smaller of line 3 or line 10	11 0	0	
12 Phased-in reduction. Enter the amount from line 26, if any	12		
13 Qualified business income deduction before patron reduction. Enter the greater of line 11 or line 12	13 0	0	
14 Patron reduction. Enter the amount from Schedule D (Form 8995-A), line 6, if any. See instructions	14		
15 Qualified business income component. Subtract line 14 from line 13	15 0	0	
16 Total qualified business income component. Add all amounts reported on line 15	16		

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

Form **8995-A** (2023)

(Rev. December 2022)
Department of the Treasury
Internal Revenue Service
Name(s) shown on return

Attach to Form 8995-A.

Go to www.irs.gov/Form8995A for instructions and the latest information.

OMB No. 1545-2294

Attachment
Sequence No. **55D**

AKSHAI K & CHANCHAL RUNCHAL

Your taxpayer identification number	
-------------------------------------	--

XXX-XX-5912

If you have more than three trades, businesses, or aggregations, complete and attach as many Schedules C as needed. See instructions.

[illegible]

- | | | | |
|---|---|---|-------------|
| 2 | Qualified business net (loss) carryforward from prior years. See instructions | 2 | () |
| 3 | Total of the trades, businesses, or aggregations losses. Combine the negative amounts on lines 1, column (a), and 2 for all trades, businesses, or aggregations | 3 | (104,390) |
| 4 | Total of the trades, businesses, or aggregations income. Add the positive amounts on line 1, column (a), for all trades, businesses, or aggregations | 4 | 871,486 |
| 5 | Losses netted with income of other trades, businesses, or aggregations. Enter in the parentheses on line 5 the smaller of the absolute value of line 3 or line 4. Allocate this amount to each of the trades, businesses, or aggregations on line 1, column (b) | 5 | (104,390) |
| 6 | Qualified business net (loss) carryforward. Subtract line 5 from line 3. If zero or more, enter -0- | 6 | (0) |

* Item is included in UBIA
for Section 199A calculations.
See "UBIA" in lower right corner.
Name(s) as shown on return

Depreciation Detail Listing

3106 INGLEWOOD BLVD

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

2023

PAGE 1

AKSHAI K & CHANCHAL RUNCHAL

Social security number/EIN

XXX-XX-5912

No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
Assets Sold/Abandoned															
1	3106 INGLEWOOD AVE	10-01-1992	260,000	91,000	100.00			169,000	27.5		0	165,671		165,671	
2	3106 INGLEWOOD BLVD	10-15-2011	20,710		100.00			20,710	27.5	SL	MM	1.364	8,942	282	9,224 282
Totals															
			280,710					189,710				174,613	282	174,895	282

Land Amount
Net Depreciable Cost

280,710

CY 179 and CY Bonus
TOTAL CY Depr including 179/bonus

ST ADJ:
282

* Item is included in UBIA
for Section 199A calculations.
See "UBIA" in lower right corner.
Name(s) as shown on return

Depreciation Detail Listing

12029 CLOVER AVE

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

2023

PAGE 1

AKSHAI K & CHANCHAL RUNCHAL

Social security number/EIN

XXX-XX-5912

No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current	
3	12029 CLOVER AVE-IMPR	09-01-2013	160,214*		100.00			160,214	27.5	SL	MM	3.636	54,305	5,825	60,130	5,825
4	CLOVER-IMPROVEMENTS	03-15-2014	73,201*		100.00			73,201	27.5	SL	MM	3.636	23,403	2,662	26,065	2,662
Client Copy																
Totals			233,415					233,415				77,708	8,487	86,195	8,487	

Land Amount
Net Depreciable Cost

233,415

CY 179 and CY Bonus
TOTAL CY Depr including 179/bonus

8,487

ST ADJ: (1)
UBIA: 233,415

Depreciation Detail Listing

CARRIAGE OAKS LLC

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

PAGE 1

XXX-XX-5912

AKSHAI K & CHANCHAL RUNCHAL

No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
5	CARRIAGE OAKS PARTNER	05-05-2016	2,104,110	469,400	100.00			1,634,710	39	SL MM	2.564	277,700	41,916	319,616	41,916
Client Copy															
Totals			2,104,110					1,634,710				277,700	41,916	319,616	41,916

41,916	ST ADJ:	
	UBIA:	2,104,110

Depreciation Detail Listing

TOWN CRST VILLAGE

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

2023

PAGE 1

Social security number/EIN

XXX-XX-5912

AKSHAI K & CHANCHAL RUNCHAL

No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
11	TOWN CREST VILLAGE	10-04-2022	3,573,783	3,107,873	100.00			2,465,910	39	SL MM	2.564	13,168	63,228	76,396	63,228
12	REFINANCING-TCW	11-07-2022	81,369		100.00			81,369	25	AMT-AMT	4	542	3,255	3,797	3,255
Client Copy															
Totals			3,655,152					2,547,279				13,710	66,483	80,193	66,483

66,483	ST ADJ:	
	UBIA:	3,573,783

* Item is included in UBIA
for Section 199A calculations.
See "UBIA" in lower right corner.
Name(s) as shown on return

Depreciation Detail Listing

MEADOW GLEN LLC

2023

PAGE 1

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

AKSHAI K & CHANCHAL RUNCHAL

Social security number/EIN

XXX-XX-5912

No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
6	MEADOW GLEN	05-05-2016	1,942,256	438,100	100.00			1,504,156	39	SL MM	2.564	255,520	38,568	294,088	38,568
10	MEADOW GLEN -REFINANC	05-17-2021	32,105		100.00			32,105	25	AMT-AMT	4	2,140	1,284	3,424	1,284
Totals															
			1,974,361					1,536,261				257,660	39,852	297,512	39,852

Land Amount
Net Depreciable Cost

1,974,361

CY 179 and CY Bonus
TOTAL CY Depr including 179/bonus

39,852

ST ADJ:
UBIA: 1,942,256

Depreciation Detail Listing

FLEETPRIDE

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

2023

PAGE 1

Social security number/EIN

XXX-XX-5912

No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
7	FLEETPRIDE	08-07-2020	3,215,530	315,800	100.00			2,899,730	39	SL MM	2.564	176,599	74,352	250,951	74,352
13	REFINANCING-FLEET PR	05-05-2022	115,007		100.00			115,007	25	AMT-AMT	4	3,067	4,600	7,667	4,600
Client Copy															
Totals			3,330,537					3,014,737				179,666	78,952	258,618	78,952

78,952	ST ADJ:	
	UBIA:	3,215,530

Depreciation Detail Listing

GRAMERCY

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

2023

PAGE 1

	Social security number/EIN
--	----------------------------

XXX-XX-5912

XXX-XX-5912

No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current	
8	GRAMERCY (1031 EXCHANGE)	07-20-2020	119,644		100.00			119,644	27.5	SL	MM	3.636	10,696	4,350	15,046	4,350
Client Copy																
Totals			119,644					119,644				10,696	4,350	15,046	4,350	

Land Amount
Net Depreciable Cost

119,644

CY 179 and CY Bonus
TOTAL CY Depr including 179/bonus

4,350

ST ADJ:
UBIA: 119,644

* Item is included in UBIA
for Section 199A calculations.
See "UBIA" in lower right corner.
Name(s) as shown on return

Depreciation Detail Listing

ROCHESTER-226 Jay St

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

2023

PAGE 1

AKSHAI K & CHANCHAL RUNCHAL

Social security number/EIN

XXX-XX-5912

No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
9	ROCHESTER-226 JAY ST	07-02-2021	3,120,194		100.00			3,120,194	39	SL MM	2.564	116,667	80,005	196,672	80,005
9	LAND	07-02-2021	163,000		100.00				0	NDA					
Totals															
			3,283,194					3,120,194				116,667	80,005	196,672	80,005

Land Amount 163,000
Net Depreciable Cost 3,120,194

CY 179 and CY Bonus
TOTAL CY Depr including 179/bonus

80,005

ST ADJ:
UBIA: 3,120,194

Depreciation Reconciliation for AKSHAI K & CHANCHAL RUNCHAL

	Cost	Basis	Current Depreciation	Accumulated Depreciation	Bonus Depreciation
Beginning of Year	14,818,123	12,395,950	320,327	1,428,747	
Placed in Service in Current Year					
Removed from Service in Current Year	280,710	189,710	282	174,895	
End of Year	14,537,413	12,206,240	320,045	1,253,852	

Next Year's Depreciation Worksheet

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

2023

Name(s) as shown on return

Tax ID Number

AKSHAI K & CHANCHAL RUNCHAL

XXX-XX-5912

Form	Multi-Form	Description	Date	Basis	Method	Life	Deduction
E	2	12029 CLOVER AVE-IMPROVE	09-01-2013	160,214	SL MM	27.5	5,826
E	2	CLOVER-IMPROVEMENTS	03-15-2014	73,201	SL MM	27.5	2,662
E	3	CARRIAGE OAKS PARTNERS	05-05-2016	1,634,710	SL MM	39	41,916
E	5	MEADOW GLEN	05-05-2016	1,504,156	SL MM	39	38,568
E	6	FLEETPRIDE	08-07-2020	2,899,730	SL MM	39	74,352
E	7	GRAMERCY(1031 EXCHAGNE B	07-20-2020	119,644	SL MM	27.5	4,351
E	8	ROCHESTER-226 JAY ST	07-02-2021	3,120,194	SL MM	39	80,005
E	5	MEADOW GLEN -REFINANCING	05-17-2021	32,105	AMT	25	1,284
E	4	TOWN CREST VILLAGE	10-04-2022	2,465,910	SL MM	39	63,228
E	4	REFINANCING-TCW	11-07-2022	81,369	AMT	25	3,255
E	6	REFINANCING-FLEET PRIDE	05-05-2022	115,007	AMT	25	4,600
		TOTAL					320,047

Carryover Worksheet
List of items that will carryover to the 2024 tax return

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

2023

Name(s) as shown on return

Tax ID Number

AKSHAI K & CHANCHAL RUNCHAL

XXX-XX-5912

Itemized Deductions

Carryover Amount

Contributions subject to 100% of AGI limitations		
Contributions subject to 60% of AGI limitations		
Contributions subject to 30% of AGI limitations (50% capital gains appreciated property)		
Contributions subject to 30% of AGI limitations		
Contributions subject to 20% of AGI limitations (30% capital gains appreciated property)		
Taxable state and local refunds to Schedule 1 (Form 1040) line 1		
State/local taxes paid in 2024 to flow to the Schedule A		
State donations and contributions carryover		
State overpayment applied to next year		82,532

Expenses

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

Losses

Short-term capital loss	AMT	358	Reg. Tax	358
Long-term capital loss	AMT		Reg. Tax	
Net operating loss	AMT		Reg. Tax	
Excess business loss from Form 461 (becomes part of NOL next year)	AMT		Reg. Tax	
Qualified REIT and PTP loss carryover				
QBI loss carryover				
Nonrecaptured net section 1231 losses from WK_1231C	AMT		Reg. Tax	

Credits

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

Other

Preparer Fee				1,500
Overpayment applied to next year's estimates				27,072
Estimated Tax Payment 1	57,960	Estimated Tax Payment 2		57,960
Estimated Tax Payment 3	57,960	Estimated Tax Payment 4		57,960
Federal tax liability for 2210 calculation				210,743
State tax liability for state 2210 calculation				37,845
IRA basis	Taxpayer	7,500	Spouse	7,500
Disaster distributions taxable in 2024	Taxpayer		Spouse	
Disaster distributions taxable in 2025	Taxpayer		Spouse	
Excess repayments from 8915-F	Taxpayer		Spouse	

Passive Activity

At Risk Limitations

Capital Loss Carryover Worksheet to 2024

Schedule D

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

2023

Name(s) as shown on return

Tax ID Number

AKSHAI K & CHANCHAL RUNCHAL

XXX-XX-5912

1. Enter the amount from your 2023 Form 1040 or 1040-SR, line 15, or your 2023 Form 1040-NR, line 15. If the amount would have been a loss if you could enter a negative number on that line, enclose the amount in parentheses 1. 720,215
 2. Enter the loss from your 2023 Schedule D, line 21, as a positive amount 2. 3,000
 3. Combine lines 1 and 2. If zero or less, enter -0- 3. 723,215
 4. Enter the **smaller** of line 2 or line 3 4. 3,000
- If line 7 of your 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 your 2023 Schedule D, line 7, as a positive amount 5. 14,612
 6. Enter any gain from your 2023 Schedule D, line 15. If a loss, enter -0- 6. 11,254
 7. Add lines 4 and 6 7. 14,254
 8. **Short-term capital loss carryover to 2024.** Subtract line 7 from line 5. If zero or less, enter -0-. If more than zero, also enter this amount on Schedule D, line 6 8. 358
- If line 15 of your 2023 Schedule D is a loss, go to line 9; otherwise, skip lines 9 through 13.**
9. Enter the loss from your 2023 Schedule D, line 15, as a positive amount 9. 0
 10. Enter any gain from your 2023 Schedule D, line 7. If a loss, enter -0- 10. 0
 11. Subtract line 5 from line 4. If zero or less, enter -0- 11. 0
 12. Add lines 10 and 11 12.
 13. **Long-term capital loss carryover for 2024.** Subtract line 12 from line 9. 13.

AMT Capital Loss Carryover to 2024 Worksheet

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

2023

Name(s) as shown on return

Tax ID Number

AKSHAI K & CHANCHAL RUNCHAL

XXX-XX-5912

1. Enter the amount from your 2023 Form 1040 or 1040-SR, line 15, or your 2023 Form 1040-NR, line 15. If the amount would have been a loss if you could enter a negative number on that line, enclose the amount in parentheses 1. 729,938
2. Enter the loss from your 2023 AMT Schedule D, line 21, as a positive amount 2. 3,000
3. Combine lines 1 and 2. If zero or less, enter -0- 3. 732,938
4. Enter the **smaller** of line 2 or line 3 4. 3,000
If line 7 of your 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 your 2023 AMT Schedule D, line 7, as a positive amount 5. 14,612
6. Enter any gain from your 2023 AMT Schedule D, line 15. If a loss, enter -0- 6. 11,254
7. Add lines 4 and 6 7. 14,254
8. **Short-term capital loss carryover for 2024.** Subtract line 7 from line 5. If zero or less, enter -0-. If more than zero, also enter this amount on AMT Schedule D, line 6 8. 358
If line 15 of your 2023 Schedule D is a loss, go to line 9; otherwise, skip lines 9 through 13.
9. Enter the loss from your 2023 AMT Schedule D, line 15, as a positive amount 9.
10. Enter any gain from your 2023 AMT Schedule D, line 7. If a loss enter -0- 10. 0
11. Subtract line 5 from line 4. If zero or less, enter -0- 11. 0
12. Add lines 10 and 11 12.
13. **Long-term capital loss carryover for 2024.** Subtract line 12 from line 9. 13. 0

FOR ALT MIN TAX PURPOSES ONLY
Worksheet for AMT Form 1116, line 18
(Worldwide Qualified Dividends and Capital Gains)

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

2023

Name(s) as shown on return

Tax ID Number

AKSHAI K & CHANCHAL RUNCHAL

XXX-XX-5912

Caution: See the instructions for line 18 before starting this worksheet.

Percentages on lines 5, 7, and 9, are found in the instructions for Form 6251.

1. Individuals: Enter the amount from Form 6251, line 4.

Estates and trusts: Enter taxable income without the deduction for your exemption **1.** 729,938

2. Reserved. **2.** _____

3. Reserved. **3.** _____

4. Enter the amount from Form 6251, line 36 (25% gains) **4.** _____

5. Multiply line 4 by 0.1071 **5.** _____

6. Enter the amount from Form 6251, line 33 (20% gains and qualified dividends) **6.** 9,448

7. Multiply line 6 by 0.2857 **7.** 2,699

8. Enter the amount from Form 6251, line 30 (15% gains and qualified dividends) **8.** _____

9. Multiply line 8 by 0.4643 **9.** _____

10. Enter the amount from Form 6251, line 23 (0% gains and qualified dividends) **10.** _____

11. Add lines 3, 5, 7, 9, and 10 **11.** 2,699

12. Subtract line 11 from line 1. Enter the result here and on your AMT Form 1116, line 18 **12.** 727,239

Schedule E Comparison

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

2023

Name(s) as shown on return

Tax ID Number

AKSHAI K RUNCHAL

XXX-XX-5912

Property description and address

Input order

3106 INGLEWOOD BLVD - 3106 INGLEWOOD BLVD, LOS ANGELES, CA 90066

1

	2022	2023	Difference
Income			
Rents received	68,730		(68,730)
Royalties received			
Expenses			
Advertising	174		(174)
Auto and travel	332		(332)
Cleaning and maintenance	3,439	12,205	8,766
Commissions			
Insurance	1,201		(1,201)
Legal & professional fees	1,500		(1,500)
Management fees	5,120	2,225	(2,895)
Mortgage interest		4,250	4,250
Other interest			
Repairs	8,862	10,301	1,439
Supplies	4,700	4,485	(215)
Taxes	5,695		(5,695)
Utilities		2,086	2,086
Depreciation expense	753	282	(471)
Other	284	504	220
Total expenses	32,060	36,338	4,278
Net income or (loss)	36,670	(36,338)	(73,008)
Allowed on return after Form 6198 and Form 8582 limitations	36,670	(36,338)	(73,008)

Property description and address

Input order

12029 CLOVER AVE - 12029 CLOVER AVE, LOS ANGELES, CA 90066

2

	2022	2023	Difference
Income			
Rents received	72,300	74,760	2,460
Royalties received			
Expenses			
Advertising	221	101	(120)
Auto and travel	349	282	(67)
Cleaning and maintenance	5,157	9,889	4,732
Commissions			
Insurance	1,009	980	(29)
Legal & professional fees	500	1,421	921
Management fees	3,110	3,307	197
Mortgage interest			
Other interest			
Repairs	7,317	8,176	859
Supplies	2,518	3,076	558
Taxes	6,698	7,016	318
Utilities		154	154
Depreciation expense	8,488	8,487	(1)
Other	323	443	120
Total expenses	35,690	43,332	7,642
Net income or (loss)	36,610	31,428	(5,182)
Allowed on return after Form 6198 and Form 8582 limitations	36,610	31,428	(5,182)

Schedule E Comparison

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2023

Name(s) as shown on return

Tax ID Number

AKSHAI K RUNCHAL

XXX-XX-5912

Property description and address

Input order

CARRIAGE OAKS LLC - 105 ST STEPHENS, Tyrone, GA 30290

3

	2022	2023	Difference
Income			
Rents received	218,093	232,518	14,425
Royalties received			
Expenses			
Advertising	77	314	237
Auto and travel	1,053	877	(176)
Cleaning and maintenance	4,800	6,100	1,300
Commissions	19,724	2,225	(17,499)
Insurance	4,366	4,128	(238)
Legal & professional fees	3,143	3,665	522
Management fees	7,509	9,900	2,391
Mortgage interest	34,627	30,847	(3,780)
Other interest			
Repairs	8,058	11,991	3,933
Supplies		3,997	3,997
Taxes	24,499	22,142	(2,357)
Utilities	13,681	12,258	(1,423)
Depreciation expense	41,916	41,916	
Other	337	608	271
Total expenses	163,790	150,968	(12,822)
Net income or (loss)	54,303	81,550	27,247
Allowed on return after Form 6198 and Form 8582 limitations	54,303	81,550	27,247

Property description and address

Input order

TOWN CRST VILLAGE - 2081-2109 JONESBORO ROAD, McDonough, GA 30253

4

	2022	2023	Difference
Income			
Rents received	109,497	472,301	362,804
Royalties received			
Expenses			
Advertising	39	638	599
Auto and travel	529	1,782	1,253
Cleaning and maintenance	2,063	13,911	11,848
Commissions		15,065	15,065
Insurance	13,928	5,950	(7,978)
Legal & professional fees	28,074	4,941	(23,133)
Management fees	3,535	17,201	13,666
Mortgage interest	24,982	160,841	135,859
Other interest	19,802		(19,802)
Repairs	17,140	24,517	7,377
Supplies			
Taxes	10,238	41,989	31,751
Utilities	7,021	38,203	31,182
Depreciation expense	13,710	66,483	52,773
Other	287	1,055	768
Total expenses	141,348	392,576	251,228
Net income or (loss)	(31,851)	79,725	111,576
Allowed on return after Form 6198 and Form 8582 limitations	(31,851)	79,725	111,576

Schedule E Comparison

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2023

Name(s) as shown on return

Tax ID Number

AKSHAI K RUNCHAL

XXX-XX-5912

Property description and address

Input order

MEADOW GLEN LLC - 8055 SENOIA ROAD, FAIRBURN, GEORGIA, Fairburn, GA 30213

5

	2022	2023	Difference
Income			
Rents received	218,561	263,636	45,075
Royalties received			
Expenses			
Advertising	78	556	478
Auto and travel	1,056	994	(62)
Cleaning and maintenance	4,230	4,180	(50)
Commissions			
Insurance	4,081	3,849	(232)
Legal & professional fees	2,800	5,576	2,776
Management fees	7,693	10,050	2,357
Mortgage interest	35,176	34,164	(1,012)
Other interest			
Repairs		1,125	1,125
Supplies			
Taxes	26,801	29,484	2,683
Utilities	10,832	10,841	9
Depreciation expense	39,852	39,852	
Other	363	463	100
Total expenses	132,962	141,134	8,172
Net income or (loss)	85,599	122,502	36,903
Allowed on return after Form 6198 and Form 8582 limitations	85,599	122,502	36,903

Property description and address

Input order

FLEETPRIDE - 805 SPENCER STREET, Syracuse, NY 13204

6

	2022	2023	Difference
Income			
Rents received	247,757	249,535	1,778
Royalties received			
Expenses			
Advertising	455	326	(129)
Auto and travel	1,197	863	(334)
Cleaning and maintenance	600		(600)
Commissions			
Insurance	7,812	7,018	(794)
Legal & professional fees	7,940	8,066	126
Management fees	5,187	6,939	1,752
Mortgage interest	79,088	78,688	(400)
Other interest	222		(222)
Repairs	1,186	1,101	(85)
Supplies			
Taxes	3,732	17,578	13,846
Utilities		471	471
Depreciation expense	77,419	78,952	1,533
Other	498	349	(149)
Total expenses	185,336	200,351	15,015
Net income or (loss)	62,421	49,184	(13,237)
Allowed on return after Form 6198 and Form 8582 limitations	62,421	49,184	(13,237)

Schedule E Comparison

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2023

Name(s) as shown on return

Tax ID Number

AKSHAI K RUNCHAL

XXX-XX-5912

Property description and address

Input order

GRAMERCY - 2001 S GRAMERCY, Los Angeles, CA 90018

7

	2022	2023	Difference
Income			
Rents received	20,020	21,840	1,820
Royalties received			
Expenses			
Advertising	7	30	23
Auto and travel	97	82	(15)
Cleaning and maintenance	4,738	5,778	1,040
Commissions			
Insurance	4,627	4,770	143
Legal & professional fees	600	14,506	13,906
Management fees	1,095	2,090	995
Mortgage interest			
Other interest			
Repairs	6,652	4,902	(1,750)
Supplies	4,887	5,172	285
Taxes	15,790	16,868	1,078
Utilities	6,332	7,095	763
Depreciation expense	4,351	4,350	(1)
Other	641	365	(276)
Total expenses	49,817	66,008	16,191
Net income or (loss)	(29,797)	(44,168)	(14,371)
Allowed on return after Form 6198 and Form 8582 limitations	(29,797)	(44,168)	(14,371)

Property description and address

Input order

ROCHESTER-226 Jay St - 226 JAY STREET, Rochester, NY 14608

8

	2022	2023	Difference
Income			
Rents received	337,965	337,965	
Royalties received			
Expenses			
Advertising	280	457	177
Auto and travel	1,632	1,275	(357)
Cleaning and maintenance		170	170
Commissions			
Insurance	15,634	17,592	1,958
Legal & professional fees	2,800	6,597	3,797
Management fees	8,195	7,387	(808)
Mortgage interest	59,694	58,000	(1,694)
Other interest			
Repairs			
Supplies			
Taxes	80,331	80,051	(280)
Utilities		695	695
Depreciation expense	80,005	80,005	
Other	344	389	45
Total expenses	248,915	252,618	3,703
Net income or (loss)	89,050	85,347	(3,703)
Allowed on return after Form 6198 and Form 8582 limitations	89,050	85,347	(3,703)

2023 CALLC01 Filing Instructions
14523 TUPPER LLC

Form filed:

CALLC01 and supplemental forms and schedules

Filing method:

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

Due date:

04-15-2024

Other instructions:

The return reflects neither a refund nor a balance due

Client Copy

2023

Limited Liability Company Return of Income

568

201203510348 1452 454344496 23
 TYB 01-01-2023 TYE 12-31-2023
 14523 TUPPER LLC

1931 STRADELLA RD
 LOS ANGELES CA 90077

ACCTMETHOD 1 01-20-2012 ASSETS 0.
 INITIAL 0 FINAL 0 AMENDED 0

- I (1) During this taxable year, did this LLC acquire control or majority ownership (more than a 50% interest) in another legal entity?
 If yes, did the acquired entity(ies) own California real property (i.e., land, buildings), lease such property for a term of 35 years or more, or lease such property from a government agency for any term? **If yes to both questions, answer yes** ☐ Yes ☒ No
- (2) During this taxable year, did another person or legal entity acquire control or majority ownership (more than a 50% interest) of this LLC or any legal entity in which the partnership holds a controlling or majority interest?
 If yes, did the acquired entity(ies) own California real property (i.e., land, buildings), lease such property for a term of 35 years or more, or lease such property from a government agency for any term? **If yes to both questions, answer yes** ☐ Yes ☒ No
- (3) Has California real property (i.e., land, buildings) transferred to the LLC that was excluded from property tax reassessment under Revenue and Taxation Code Section 62(a)(2)?
 If yes, during this taxable year, has more than 50% of the LLC's ownership interests cumulatively transferred in one or more transactions and it was not reported on a previous year's tax return? **If yes to both questions, answer yes** ☐ Yes ☒ No
- (Yes requires filing of BOE-100-B statement, penalties may apply - see instructions.)**

Complete Schedule IW, LLC Income Worksheet (on Side 7) first to determine line 1.		Whole dollars only	
Enclose, but do not staple, any payment.	1 Total income from Schedule IW, Limited Liability Company Income Worksheet. See instructions	1	00
	2 Limited Liability Company fee. See instructions	2	00
	3 2023 annual Limited Liability Company tax. See instructions	3	800 00
	4 Pass-through entity elective tax. See instructions	4	00
	5 Nonconsenting nonresident members' tax liability from Schedule T (Side 4)	5	00
	6 Partnership level tax. If IRS concluded a centralized audit for this year, see instructions. If not, leave blank. •	6	00
	7 Total tax and fee. Add line 2, line 3, line 4, line 5, and line 6	7	800 00
	8 Amount paid with form FTB 3537 and 2023 form FTB 3522 and form FTB 3536	8	800 00
	9 Amounts paid for pass-through entity elective tax	9	00
	10 Overpayment from prior year allowed as a credit	10	00
	11 Withholding (Form 592-B and/or 593)	11	00
	12 Total payments. Add line 8, line 9, line 10 and line 11	12	800 00
	13 Use tax. This is not a total line. See instructions	13	0 00
	14 Payments balance. If line 12 is more than line 13, subtract line 13 from line 12	14	800 00
	15 Use tax balance. If line 13 is more than line 12, subtract line 12 from line 13	15	00
	16 Tax and fee due. If line 7 is more than line 14, subtract line 14 from line 7	16	00
	17 Overpayment. If line 14 is more than line 7, subtract line 7 from line 14	17	00



		Whole dollars only	
18	Amount of line 17 to be credited to 2024 tax or fee	18	00
19	Refund. If the total of line 18 is less than line 17, subtract the total from line 17	19	.00
20	Penalties and interest. See instructions	20	00
21	Total amount due. Add line 15, line 16, line 18, and line 20, then subtract line 17 from the result	21	.00

J Principal business activity code (**Do not** leave blank) 531310
Business activity REAL ESTATE Product or service MANAGEMENT

K Enter the maximum number of members in the LLC at any time during the year. For multiple member LLCs, attach a California Schedule K-1 (568) for each of these members 1

L Is this LLC an investment partnership? See General Information O ☐ Yes ☒ No

M (1) Is this LLC apportioning or allocating income to California using Schedule R? ☐ Yes ☒ No
(2) If "No," was this LLC registered in California without earning any income sourced in this state during the taxable year? ☒ Yes ☐ No

N Was there a distribution of property or a transfer (for example, by sale or death) of an LLC interest during the taxable year? ☐ Yes ☒ No

P (1) Does the LLC have any foreign (non-U.S.) nonresident members? ☐ Yes ☒ No
(2) Does the LLC have any domestic (non-foreign) nonresident members? ☐ Yes ☒ No
(3) Were Form 592, Form 592-A, Form 592-B, Form 592-F, and Form 592-PTE filed for these members? ☐ Yes ☒ No

Q Are any members in this LLC also LLCs or partnerships? ☐ Yes ☒ No

R Is this LLC under audit by the IRS or has it been audited in a prior year? ☐ Yes ☒ No

S Is this LLC a member or partner in another multiple member LLC or partnership? ☐ Yes ☒ No
If "Yes," complete Schedule EO, Part I.

T Is this LLC a publicly traded partnership as defined in IRC Section 469(k)(2)? ☒ Yes ☐ No

U (1) Is this LLC a business entity disregarded for tax purposes? ☒ Yes ☐ No
(2) If "Yes," see instructions and complete Side 1, Side 2, Side 3, Schedule B, Side 5, and Side 7, if applicable. Are there credits or credit carryovers attributable to the disregarded entity? ☐ Yes ☒ No
(3) If "Yes" to U(1), does the disregarded entity have total income derived from or attributable to California that is less than the LLC's total income from all sources? ☐ Yes ☒ No

V Has the LLC included a Reportable Transaction, or Listed Transaction within this return?
(See instructions for definitions). If "Yes," complete and attach federal Form 8886 for each transaction ☐ Yes ☒ No

W Did this LLC file the Federal Schedule M-3 (federal Form 1065)? ☐ Yes ☒ No

X Is this LLC a direct owner of an entity that filed a federal Schedule M-3? ☐ Yes ☒ No

Y Does the LLC have a beneficial interest in a trust or is it a grantor of a Trust? ☐ Yes ☒ No
If "Yes," attach schedule of trusts and federal identification numbers.

Z Does this LLC own an interest in a business entity disregarded for tax purposes? ☒ Yes ☐ No
If "Yes," complete Schedule EO, Part II.

AA Is any member of the LLC related (as defined in IRC Section 267(c)(4)) to any other member of the LLC? ☐ Yes ☒ No

BB Is any member of the LLC a trust for the benefit of any person related (as defined in IRC Section 267(c)(4)) to any other member? ☐ Yes ☒ No

(continued on Side 3)

(continued from Side 2)

CC (1) Is the LLC deferring any income from the disposition of assets? (see instructions) ☐ Yes ☒ No
(2) If "Yes," enter the year of asset disposition

DD Is the LLC reporting previously deferred Income from:
(see instructions) ☐ Installment Sale • ☐ IRC §1031 • ☒ IRC §1033 • ☒ Other

EE "Doing business as" name. See instructions:

FF (1) Has this LLC operated as another entity type such as a Corporation, S Corporation, General Partnership,
Limited Partnership, or Sole Proprietorship in the previous five (5) years? ☐ Yes ☒ No
(2) If "Yes," provide prior FEIN(s) if different, business name(s), and entity type(s) for prior returns
filed with the FTB and/or IRS (see instructions):

GG (1) Has this LLC previously operated outside California? ☐ Yes ☒ No
(2) Is this the first year of doing business in California? ☐ Yes ☒ No

HH Is the LLC a section 721(c) partnership, as defined in Treasury Regulations Section 1.721(c)-1T(b)(14)? ☐ Yes ☒ No

II At any time during the tax year, were there any transfers between the LLC and its members subject to the
disclosure requirements of Regulations section 1.707-8? ☐ Yes ☒ No

JJ Check if the LLC: (1) ☐ Aggregated activities for IRC Section 465 at-risk purposes
(2) ☐ Grouped activities for IRC Section 469 passive activity purposes

KK (1) Has this business entity previously filed an unclaimed property Holder Remit Report with the State Controller's Office? ☐ Yes ☒ No
(2) If "Yes," when was the last report filed? (mm/dd/yyyy) • (3) Amount last remitted ■ \$

Single Member LLC Information and Consent - Complete only if the LLC is disregarded. • Federal TIN/SSN

Sole Owner's name (as shown on owner's return) FOR DETAILED INFORMATION - SEE FORM CASMLLC
☒ CHANCHAL RUNCHAL
1931 STRADELLA RD LOS ANGELES, CA 90077-2320
Street Address, City, State, and ZIP Code

What type of entity is the ultimate owner of this SMLLC? See instructions. Check only one box:
☒ (1) Individual ☐ (2) C Corporation ☐ (3) Pass-Through (S corporation, partnership, LLC classified as a partnership)
☐ (4) Estate/Trust ☐ (5) Exempt Organization

Member's Consent Statement: I consent to the jurisdiction of the State of California to tax my LLC income and agree to file returns and pay tax as may be required by the Franchise Tax Board.

Signature ► Date 2019-04-05

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 return, including accompanying schedules and statements, 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.

Sign Here
Signature of authorized member or manager ► CHANCHAL RUNCHAL Date
Authorized member or manager's email address (optional) runchal@gmail.com Telephone
• 310-471-5013

Paid Preparer's Use Only
Paid preparer's signature ► Date 07-30-2024 Check if self-employed ☐ PTIN
• XXXXX6900
Firm's name (or yours, if self-employed) and address ► J ARORA INC
17037 CHATSWORTH ST STE 101
Granada Hills, CA 91344 Firm's FEIN
• 32-0225393 Telephone
• 818-923-5038

May the FTB discuss this return with the preparer shown above (see instructions)? ☐ Yes ☒ No



Schedule A Cost of Goods Sold

1	Inventory at beginning of year	1	00
2	Purchases less cost of items withdrawn for personal use	2	00
3	Cost of labor	3	00
4	Additional IRC Section 263A costs. Attach schedule	4	00
5	Other costs. Attach schedule	5	00
6	Total. Add line 1 through line 5	6	00
7	Inventory at end of year	7	00
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and on Schedule B, line 2	8	00

9 a Check all methods used for valuing closing inventory:

(1) ☐ Cost (2) ☐ Lower of cost or market as described in Treas. Reg. Section 1.471-4 (3) ☐ Write down of "subnormal" goods as described in Treas. Reg. Section 1.471-2(c) (4) ☐ Other. Specify method used and attach explanation _____

b Check this box if the LIFO inventory method was adopted this taxable year for any goods. If checked, attach federal Form 970 ☐

c Do the rules of IRC Section 263A (with respect to property produced or acquired for resale) apply to the LLC? ☐ Yes ☐ No

d Was there any change (other than for IRC Section 263A purposes) in determining quantities, cost, or valuations between opening and closing inventory? If "Yes," attach explanation ☐ Yes ☐ No

Schedule B Income and Deductions

Caution: Include **only** trade or business income and expenses on line 1a through line 22 below. See the instructions for more information.

Income	1	a Gross receipts or sales \$	b Less returns and allowances \$	c Balance *	1c	00	
	2	Cost of goods sold (Schedule A, line 8)				2	00
	3	GROSS PROFIT. Subtract line 2 from line 1c				3	00
	4	Total ordinary income from other LLCs, partnerships, and fiduciaries. Attach schedule				4	00
	5	Total ordinary loss from other LLCs, partnerships, and fiduciaries. Attach schedule				5	00
	6	Total farm profit. Attach federal Schedule F (Form 1040)				6	00
	7	Total farm loss. Attach federal Schedule F (Form 1040)				7	00
	8	Total gains included on Schedule D-1, Part II, line 17 (gain only)				8	00
	9	Total losses included on Schedule D-1, Part II, line 17 (loss only)				9	00
	10	Other income. Attach schedule				10	00
	11	Other loss. Attach schedule				11	00
	12	Total income (loss). Combine line 3 through line 11				12	00
Deductions	13	Salaries and wages (other than to members)				13	00
	14	Guaranteed payments to members				14	00
	15	Bad debts				15	00
	16	Deductible interest expense not claimed elsewhere on return				16	00
	17	a Depreciation and amortization. Attach form FTB 3885L \$	b Less depreciation reported on Schedule A and elsewhere on return \$	c Balance *	17c	00	
	18	Depletion. Do not deduct oil and gas depletion				18	00
	19	Retirement plans, etc				19	00
	20	Employee benefit programs				20	00
	21	Other deductions. Attach schedule				21	00
	22	Total deductions. Add line 13 through line 21				22	00
	23	Ordinary income (loss) from trade or business activities. Subtract line 22 from line 12				23	00

Schedule T Nonconsenting Nonresident Members' Tax Liability. Attach additional sheets if necessary.

(a) Member's name	(b) SSN, ITIN, or FEIN	(c) Distributive share of income	(d) Tax rate	(e) Member's total tax due (see instructions)	(f) Amount withheld by this LLC on this member - reported on Form 592-B	(g) Member's net tax due

Total the amount of tax due. Enter the total here and on Side 1, line 4. If less than zero enter -0- _____

Schedule K Members' Shares of Income, Deductions, Credits, etc.

		(a) Distributive share items	(b) Amounts from federal K (1065)	(c) California adjustments	(d) Total amounts using California law	
Income (Loss)	1	Ordinary income (loss) from trade or business activities	1 • 0	0	• 0	
	2	Net income (loss) from rental real estate activities. Attach federal Form 8825	2 • 5,016		• 5,016	
	3a	Gross income (loss) from other rental activities	3a •		•	
	3b	Less expenses. Attach schedule	3b			
	3c	Net income (loss) from other rental activities. Subtract line 3b from line 3a	3c •		•	
	4a	Guaranteed payments a Services	4a			
	4b	b Capital	4b			
	4c	c Total	4c •		•	
	5	Interest income	5 •		•	
	6	Dividends	6 •		•	
	7	Royalties	7 •		•	
	8	Net short-term capital gain (loss). Attach Schedule D (568)	8 •		•	
	9	Net long-term capital gain (loss). Attach Schedule D (568)	9 •		•	
	10a	Total gain under IRC Section 1231 (other than due to casualty or theft)	10a •		•	
	10b	Total loss under IRC Section 1231 (other than due to casualty or theft)	10b •		•	
Deductions	11a	Other portfolio income (loss). Attach schedule	11a •		•	
	11b	Total other income. Attach schedule	11b •		•	
	11c	Total other loss. Attach schedule	11c •		•	
	12	Expense deduction for recovery property (IRC Section 179). Attach schedule	12 •		•	
	13a	Cash contributions	13a •		•	
	13b	Noncash contributions	13b •		•	
Credits	13c	Investment interest expense	13c •		•	
	13d1	1 Total expenditures to which IRC Section 59(e) election may apply	13d1 •		•	
	13d2	2 Type of expenditures	13d2			
	13e	Deductions related to portfolio income	13e •		•	
	13f	Other deductions. Attach schedule	13f •		•	
	15a	Withholding on LLC allocated to all members	15a		•	
Alternative Minimum Tax (AMT) Items	15b	Low-income housing credit	15b		•	
	15c	Credits other than the credit shown on line 15b related to rental real estate activities. Attach schedule	15c		•	
	15d	Credits related to other rental activities. Attach schedule	15d		•	
	15e	Nonconsenting nonresident members' tax paid by LLC	15e		•	
	15f	Other credits. Attach schedule	15f		•	
	17a	Depreciation adjustment on property placed in service after 1986	17a		•	
Other Information	17b	Adjusted gain or loss	17b		•	
	17c	Depletion (other than oil and gas)	17c		•	
	17d	Gross income from oil, gas, and geothermal properties	17d		•	
	17e	Deductions allocable to oil, gas, and geothermal properties	17e		•	
	17f	Other alternative minimum tax items. Attach schedule	17f		•	
	18a	Tax-exempt interest income	18a		•	
	18b	Other tax-exempt income	18b		•	
	18c	Nondeductible expenses	18c		•	
	19a	Distributions of money (cash and marketable securities)	19a		•	
Analysis	19b	Distribution of property other than money	19b		•	
	20a	Investment income	20a		•	
	20b	Investment expenses	20b		•	
20c	Other information. See instructions	20c		•		
Analysis	21a	Total distributive income/payment items. Combine lines 1, 2, 3c and 4c through 11c. From the result, subtract the sum of lines 12 through 13f	21a • 5,016		• 5,016	
	b	Analysis of members:				
	(a) Corporate	(b) Individual	(c) Partnership	(d) Exempt Organization	(e) Nominee/Other	(f) LLC
		i. Active	ii. Passive			
	Members	• 0	• 0	• 0	• 0	• 0

Schedule L Balance Sheets. See instructions before completing Schedules L, M-1, and M-2.

Assets	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
1 Cash				*
2 a Trade notes and accounts receivable				
b Less allowance for bad debts	()		()	
3 Inventories				•
4 U.S. government obligations				
5 Tax-exempt securities				
6 Other current assets. Attach schedule				•
7 a Loans to members				
b Mortgage and real estate loans				
8 Other investments. Attach schedule				•
9 a Buildings and other depreciable assets				
b Less accumulated depreciation	()	*	()	•
10 a Depletable assets				
b Less accumulated depletion	()		()	
11 Land (net of any amortization)		*		•
12 a Intangible assets (amortizable only)				
b Less accumulated amortization	()		()	
13 Other assets. Attach schedule				•
14 Total assets				
Liabilities and Capital				
15 Accounts payable				•
16 Mortgages, notes, bonds payable in less than 1 year				•
17 Other current liabilities. Attach schedule				*
18 All nonrecourse loans		*		•
19 a Loans from members		*		•
b Mortgages, notes, bonds payable in 1 year or more		*		•
20 Other liabilities. Attach schedule				•
21 Members' capital accounts		*		•
22 Total liabilities and capital				

Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return. Use total amount under California law. See inst.

1 Net income (loss) per books *		6 Income recorded on books this year not included on Schedule K, line 1 through line 11c. Itemize:	
2 Income included on Schedule K, line 1 through line 11c not recorded on books this year. Itemize •		a Tax-exempt interest *	\$
3 Guaranteed payments (other than health insurance) *		b Other *	\$
4 Expenses recorded on books this year not included on Schedule K, line 1 through line 13f. Itemize:		c Total. Add line 6a and line 6b •	
a Depreciation *	\$	7 Deductions included on Sch K, line 1 through line 13f not charged against book income this year. Itemize:	
b Travel and entertainment *	\$	a Depreciation *	\$
c Annual LLC tax *	\$	b Other *	\$
d Other *	\$	c Total. Add line 7a and line 7b •	
e Total. Add line 4a through line 4d •		8 Total. Add line 6c and line 7c	
5 Total of line 1 through line 4e		9 Income (loss) (Schedule K, line 21a.) Subtract line 8 from line 5 *	

Schedule M-2 Analysis of Members' Capital Accounts. Use California amounts.

1 Balance at beginning of year *		5 Total of line 1 through line 4	
2 Capital contributed during year		6 Distributions:	
a Cash •		a Cash •	
b Property •		b Property •	
3 Net income (loss) per books *		7 Other decreases. Itemize •	
4 Other increases. Itemize •		8 Total of line 6 and line 7	
		9 Balance at end of year. Subtract line 8 from line 5 *	

Schedule O Amounts from Liquidation used to Capitalize a Limited Liability Company. (Complete only if initial return box is checked on Side 1, Question H.)

Name of entity liquidated (if more than one, attach a schedule) _____

Type of entity: ☐ (1) C Corporation ☐ (2) S Corporation ☐ (3) Partnership ☐ (4) Limited Partnership ☐ (5) Sole Proprietor ☐ (6) Farmer

Entity identification number(s): FEIN _____ SSN or ITIN _____ CA Corp. No. _____ CA SOS File No. _____

Amount of liquidation gains recognized to capitalize the LLC • _____



Schedule IW Limited Liability Company (LLC) Income Worksheet

Enter your California income amounts on the worksheet. All amounts entered must be assigned for California law differences. **Use only amounts that are from sources derived from or attributable to California when completing lines 1-17 of this worksheet.** If your business is both within and outside of California, see Schedule IW instructions to assign the correct amounts to California. If the LLC is wholly within California, the total income amount is assigned to California and is entered beginning with line 1a. If the single member LLC (SMLLC) does not meet the 3 million criteria for filing Schedule B (568) and Schedule K (568), the SMLLC is still required to complete Schedule IW. Disregarded entities that do not meet the filing requirements to complete Schedule B or Schedule K should prepare Schedule IW by entering the California amounts attributable to the disregarded entity from the member's federal Schedule B, C, D, E, F (Form 1040), or additional schedules associated with other activities. **Do not enter amounts on this worksheet that have already been reported by another LLC to determine its fee.**

See instructions on page 14 of the Form 568 Booklet for more information on how to complete Schedule IW.

1	a	Total California income from Form 568, Schedule B, line 3. See instructions	1a	
	b	Enter the California cost of goods sold from Form 568, Schedule B, line 2 and from federal Schedule F (Form 1040) (plus California adjustments) associated with the receipts assigned to California on lines 1a and 4	1b	
2	a	If the answer to Question U(1) on Form 568 Side 2, is "Yes", include the gross income of this disregarded entity that is not included in lines 1 and 8 through 16	2a	
	b	Enter the cost of goods sold of disregarded entities associated with the receipts assigned to California on line 2a	2b	
3	a	LLC's distributive share of ordinary income from pass-through entities	3a	
	b	Enter the LLC's distributive share of cost of goods sold from other pass-through entities associated with the receipt assigned to California on line 3a (see Schedule K-1s (565), Table 3, line 1a)	3b	
	c	Enter the LLC's distributive share of deductions from other pass-through entities associated with the receipt assigned to California on line 3a (see Schedule K-1s (565), Table 3, line 1b)	3c	
4		Add gross farm income from federal Schedule F (Form 1040). Use California amounts	4	
5		Enter the total of other income (not loss) from Form 568, Schedule B, line 10	5	
6		Enter the total gains (not losses) from Form 568, Schedule B, line 8	6	
7		Add line 1a through line 6	7	
8		California rental real estate		
	a	Enter the total gross rents from federal Form 8825, line 18a	8a	
	b	Enter the total gross rents from all Schedule K-1s (565), Table 3, line 2	8b	
	c	Add line 8a and line 8b	8c	
9		Other California rentals.		
	a	Enter the amount from Schedule K (568), line 3a	9a	
	b	Enter the amount from all Schedule K-1s (565), Table 3, line 3	9b	
	c	Add lines 9a and 9b	9c	
10		California interest. Enter the amount from Form 568, Schedule K, line 5	10	
11		California dividends. Enter the amount from Form 568, Schedule K, line 6	11	
12		California royalties. Enter the amount from Form 568, Schedule K, line 7	12	
13		California capital gains. Enter the capital gains (not losses) included in the amounts from Form 568, Schedule K, lines 8 and 9	13	
14		California 1231 gains. Enter the amount of total gains (not losses) from Form 568, Schedule K, line 10a	14	
15		Other California portfolio income (not loss). Enter the amount from Form 568, Schedule K, line 11a	15	
16		Other California income (not loss) not included in line 5. Enter the amount from Form 568, Schedule K, line 11b	16	
17		Total California income. Add lines 7, 8c, 9c, 10, 11, 12, 13, 14, 15, and 16. Line 17 may not be a negative number. Enter here and on Form 568, Side 1, line 1. If less than zero enter -0-	17	

Federal ITIN 9
SSN 9 XXX-XX-5200
SOS Number 12
CA Corporation number 7
FEIN 9
LLC Temp number 9
Not Applicable 50
Business Name Line 1 75
Business Name Line 2 75
Individual Name 35 CHANCHAL RUNCHAL
F Address Line 1 35
F Address Line 2 35
F City 50
F Province 17
F Country 2
F Postal Code 16
US Address Line 1 35 1931 STRADELLA RD
US Address Line 2 35
US City 22 LOS ANGELES
US State 2 CA
US Zip Code 16 90077-2320
Consent Date 10 2019-04-05
Title 100
Entity Type Individual
Explain 30

G. Accounting Method Additional Information

Accounting Method {7} cash Allowable values = Cash, Accrual, Hybrid

J. K-1s Filed

Filed by Mag Media {5} false

K1 Mag Media Count _____

Client Copy

Date Accepted _____

TAXABLE YEAR

2023**California e-file Return Authorization for
Limited Liability Companies**

FORM

8453-LLC

Limited liability company name

14523 TUPPER LLC

California Secretary of State (SOS) file number or FEIN

45434496

Part I Tax Return Information (whole dollars only)

1 Total income (Form 568, Schedule B, line 12 or Form 568, line 1 for Single Member LLCs)	1
2 Ordinary income (Form 568, Schedule B, line 23 or Form 568, line 1 for Single Member LLCs)	2
3 Tax and fee due (Form 568, line 16)	3
4 Overpayment (Form 568, line 17)	4
5 Total amount due (Form 568, line 21)	5

Part II Settle Your Account Electronically for Taxable Year 2023.6 ☐ Electronic funds withdrawal

6a Tax due amount _____ 6b Withdrawal date (mm/dd/yyyy) _____

6c PTE amount due _____ 6d Withdrawal date (mm/dd/yyyy) _____

Part III Make Annual Tax or Estimated Fee Payment for Taxable Year 2024This is **not** an installment payment for the current amount the LLC owes.

	Annual Tax Payment	Estimated Fee Payment
7 Amount		
8 Withdrawal date (mm/dd/yyyy)		

Part IV Pass-Through Entity (PTE) Elective Tax Payment for Taxable Year 2024

	First Payment
9 Amount	
10 Withdrawal date (mm/dd/yyyy)	

Part V Banking Information (Have you verified the LLC's banking information?)

11 Routing number _____

12 Account number _____

13 Type of account: ☐ Checking ☐ Savings**Part VI Declaration of Authorized Member or Manager**

I authorize the limited liability company account to be settled as designated in Parts II, III, IV, and V. If I check box 6, I authorize an electronic funds withdrawal for the amount listed on line 6a, line 6c, any 2024 annual tax or estimated fee payment amounts listed on Part III, line 7, and on Part IV, line 9 from the bank account specified in Part V.

Under penalties of perjury, I declare that I am an authorized member or manager of the above limited liability company and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the limited liability company's 2023 California income tax return. To the best of my knowledge and belief, the limited liability company's return is true, correct, and complete. If the limited liability company is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the limited liability company's tax liability, the limited liability company will remain liable for the tax liability and all applicable interest and penalties. I authorize the limited liability company return and accompanying schedules and statements be transmitted to the FTB by my ERO, transmitter, or intermediate service provider. **If the processing of the limited liability company's return or refund is delayed, I authorize the FTB to disclose to my ERO or intermediate service provider the reason(s) for the delay or the date when the refund was sent.**

**Sign
Here**

Signature of authorized member or manager

Date

Title

TMP

Part VII Declaration of Electronic Return Originator (ERO) and Paid Preparer. See instructions.

I declare that I have reviewed the above limited liability company's return and that the entries on form FTB 8453-LLC are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the limited liability company's return. I declare, however, that form FTB 8453-LLC accurately reflects the data on the return.) I have obtained the signature from the limited liability company authorized member or manager on form FTB 8453-LLC before transmitting this return to the FTB; I have provided the limited liability company authorized member or manager with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2023 Handbook for Authorized e-file Providers. I will keep form FTB 8453-LLC on file for **four** years from the due date of the return or **four** years from the date the limited liability company return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above limited liability company's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO Must Sign	ERO's signature	JAGJIT SINGH ARORA, E.A	Date	07-30-2024	Check if also paid preparer	<input checked="" type="checkbox"/>	Check if self-employed	<input type="checkbox"/>	ERO's PTIN	XXXXXX6900
	Firm's name (or yours if self-employed) and address	J ARORA INC 17037 CHATSWORTH ST STE 101 Granada Hills, CA				Firm's FEIN		32-0225393		
					ZIP code		91344			

Under penalties of perjury, I declare that I have examined the above limited liability company's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Preparer Must Sign	Paid preparer's signature		Date		Check if self-employed	<input type="checkbox"/>	Paid preparer's PTIN	
	Firm's name (or yours if self-employed) and address					Firm's FEIN		
					ZIP code			

2023 CALLC02 Filing Instructions
2408 OCEAN PARK LLC

Form filed:

CALLC02 and supplemental forms and schedules

Filing method:

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

Due date:

04-15-2024

Other instructions:

The return reflects neither a refund nor a balance due

Client Copy

2023

Limited Liability Company Return of Income

568

201204210532 2408 454393189
 TYB 01-01-2023 TYE 12-31-2023
 2408 OCEAN PARK LLC

23

1931 STRADELLA DR
 LOS ANGELES CA 90077

ACCTMETHOD 1 03-10-2012 ASSETS
 INITIAL 0 FINAL 0 AMENDED 0

0.

- I (1) During this taxable year, did this LLC acquire control or majority ownership (more than a 50% interest) in another legal entity?
 If yes, did the acquired entity(ies) own California real property (i.e., land, buildings), lease such property for a term of 35 years or more, or lease such property from a government agency for any term? **If yes to both questions, answer yes** ☐ Yes ☒ No
- (2) During this taxable year, did another person or legal entity acquire control or majority ownership (more than a 50% interest) of this LLC or any legal entity in which the partnership holds a controlling or majority interest?
 If yes, did the acquired entity(ies) own California real property (i.e., land, buildings), lease such property for a term of 35 years or more, or lease such property from a government agency for any term? **If yes to both questions, answer yes** ☐ Yes ☒ No
- (3) Has California real property (i.e., land, buildings) transferred to the LLC that was excluded from property tax reassessment under Revenue and Taxation Code Section 62(a)(2)?
 If yes, during this taxable year, has more than 50% of the LLC's ownership interests cumulatively transferred in one or more transactions and it was not reported on a previous year's tax return? **If yes to both questions, answer yes** ☐ Yes ☒ No
- (Yes requires filing of BOE-100-B statement, penalties may apply - see instructions.)**

Complete Schedule IW, LLC Income Worksheet (on Side 7) first to determine line 1.		Whole dollars only	
Enclose, but do not staple, any payment.	1 Total income from Schedule IW, Limited Liability Company Income Worksheet. See instructions	1	00
	2 Limited Liability Company fee. See instructions	2	00
	3 2023 annual Limited Liability Company tax. See instructions	3	800 00
	4 Pass-through entity elective tax. See instructions	4	00
	5 Nonconsenting nonresident members' tax liability from Schedule T (Side 4)	5	00
	6 Partnership level tax. If IRS concluded a centralized audit for this year, see instructions. If not, leave blank. •	6	00
	7 Total tax and fee. Add line 2, line 3, line 4, line 5, and line 6	7	800 00
	8 Amount paid with form FTB 3537 and 2023 form FTB 3522 and form FTB 3536	8	800 00
	9 Amounts paid for pass-through entity elective tax	9	00
	10 Overpayment from prior year allowed as a credit	10	00
	11 Withholding (Form 592-B and/or 593)	11	00
	12 Total payments. Add line 8, line 9, line 10 and line 11	12	800 00
	13 Use tax. This is not a total line. See instructions	13	0 00
	14 Payments balance. If line 12 is more than line 13, subtract line 13 from line 12	14	800 00
	15 Use tax balance. If line 13 is more than line 12, subtract line 12 from line 13	15	00
	16 Tax and fee due. If line 7 is more than line 14, subtract line 14 from line 7	16	00
	17 Overpayment. If line 14 is more than line 7, subtract line 7 from line 14	17	00



		Whole dollars only	
18	Amount of line 17 to be credited to 2024 tax or fee	18	00
19	Refund. If the total of line 18 is less than line 17, subtract the total from line 17	19	.00
20	Penalties and interest. See instructions	20	00
21	Total amount due. Add line 15, line 16, line 18, and line 20, then subtract line 17 from the result	21	.00

J Principal business activity code (**Do not** leave blank) 531310
Business activity REAL ESTATE Product or service MANAGEMENT

K Enter the maximum number of members in the LLC at any time during the year. For multiple member LLCs, attach a California Schedule K-1 (568) for each of these members 1

L Is this LLC an investment partnership? See General Information O ☐ Yes ☒ No

M (1) Is this LLC apportioning or allocating income to California using Schedule R? ☐ Yes ☒ No
(2) If "No," was this LLC registered in California without earning any income sourced in this state during the taxable year? ☒ Yes ☐ No

N Was there a distribution of property or a transfer (for example, by sale or death) of an LLC interest during the taxable year? ☐ Yes ☒ No

P (1) Does the LLC have any foreign (non-U.S.) nonresident members? ☐ Yes ☒ No
(2) Does the LLC have any domestic (non-foreign) nonresident members? ☐ Yes ☒ No
(3) Were Form 592, Form 592-A, Form 592-B, Form 592-F, and Form 592-PTE filed for these members? ☐ Yes ☒ No

Q Are any members in this LLC also LLCs or partnerships? ☐ Yes ☒ No

R Is this LLC under audit by the IRS or has it been audited in a prior year? ☐ Yes ☒ No

S Is this LLC a member or partner in another multiple member LLC or partnership? ☐ Yes ☒ No
If "Yes," complete Schedule EO, Part I.

T Is this LLC a publicly traded partnership as defined in IRC Section 469(k)(2)? ☒ Yes ☐ No

U (1) Is this LLC a business entity disregarded for tax purposes? ☒ Yes ☐ No
(2) If "Yes," see instructions and complete Side 1, Side 2, Side 3, Schedule B, Side 5, and Side 7, if applicable. Are there credits or credit carryovers attributable to the disregarded entity? ☐ Yes ☒ No
(3) If "Yes" to U(1), does the disregarded entity have total income derived from or attributable to California that is less than the LLC's total income from all sources? ☐ Yes ☒ No

V Has the LLC included a Reportable Transaction, or Listed Transaction within this return?
(See instructions for definitions). If "Yes," complete and attach federal Form 8886 for each transaction ☐ Yes ☒ No

W Did this LLC file the Federal Schedule M-3 (federal Form 1065)? ☐ Yes ☒ No

X Is this LLC a direct owner of an entity that filed a federal Schedule M-3? ☐ Yes ☒ No

Y Does the LLC have a beneficial interest in a trust or is it a grantor of a Trust? ☐ Yes ☒ No
If "Yes," attach schedule of trusts and federal identification numbers.

Z Does this LLC own an interest in a business entity disregarded for tax purposes? ☒ Yes ☐ No
If "Yes," complete Schedule EO, Part II.

AA Is any member of the LLC related (as defined in IRC Section 267(c)(4)) to any other member of the LLC? ☐ Yes ☒ No

BB Is any member of the LLC a trust for the benefit of any person related (as defined in IRC Section 267(c)(4)) to any other member? ☐ Yes ☒ No

(continued on Side 3)

(continued from Side 2)

CC (1) Is the LLC deferring any income from the disposition of assets? (see instructions) ☐ Yes ☒ No
(2) If "Yes," enter the year of asset disposition

DD Is the LLC reporting previously deferred Income from:
(see instructions) ☐ Installment Sale • ☐ IRC §1031 • ☒ IRC §1033 • ☒ Other

EE "Doing business as" name. See instructions:

FF (1) Has this LLC operated as another entity type such as a Corporation, S Corporation, General Partnership,
Limited Partnership, or Sole Proprietorship in the previous five (5) years? ☐ Yes ☒ No
(2) If "Yes," provide prior FEIN(s) if different, business name(s), and entity type(s) for prior returns
filed with the FTB and/or IRS (see instructions):

GG (1) Has this LLC previously operated outside California? ☐ Yes ☒ No
(2) Is this the first year of doing business in California? ☐ Yes ☒ No

HH Is the LLC a section 721(c) partnership, as defined in Treasury Regulations Section 1.721(c)-1T(b)(14)? ☐ Yes ☒ No

II At any time during the tax year, were there any transfers between the LLC and its members subject to the
disclosure requirements of Regulations section 1.707-8? ☐ Yes ☒ No

JJ Check if the LLC: (1) ☐ Aggregated activities for IRC Section 465 at-risk purposes
(2) ☐ Grouped activities for IRC Section 469 passive activity purposes

KK (1) Has this business entity previously filed an unclaimed property Holder Remit Report with the State Controller's Office? ☐ Yes ☒ No
(2) If "Yes," when was the last report filed? (mm/dd/yyyy) • (3) Amount last remitted ■ \$

Single Member LLC Information and Consent - Complete only if the LLC is disregarded. • Federal TIN/SSN

Sole Owner's name (as shown on owner's return) FOR DETAILED INFORMATION - SEE FORM CASMLLC
☒ CHANCHAL RUNCHAL
1931 STRADELLA RD LOS ANGELES, CA 90077-2320
Street Address, City, State, and ZIP Code

What type of entity is the ultimate owner of this SMLLC? See instructions. Check only one box:
☒ (1) Individual ☐ (2) C Corporation ☐ (3) Pass-Through (S corporation, partnership, LLC classified as a partnership)
☐ (4) Estate/Trust ☐ (5) Exempt Organization

Member's Consent Statement: I consent to the jurisdiction of the State of California to tax my LLC income and agree to file returns and pay tax as may be required by the Franchise Tax Board.

Signature ► Date 2019-04-05

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 return, including accompanying schedules and statements, 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.

Sign Here
Signature of authorized member or manager ► CHANCHAL RUNCHAL Date
Authorized member or manager's email address (optional) runchal@gmail.com Telephone
• 310-471-5013

Paid Preparer's Use Only
Paid preparer's signature ► Date 07-30-2024 Check if self-employed ☐
Firm's FEIN
• XXXXX6900
Firm's name (or yours, if self-employed) and address ► J ARORA INC
17037 CHATSWORTH ST STE 101
Granada Hills, CA 91344
Telephone
• 32-0225393
• 818-923-5038

May the FTB discuss this return with the preparer shown above (see instructions)? ☐ Yes ☒ No



Schedule A Cost of Goods Sold

1	Inventory at beginning of year	1	00
2	Purchases less cost of items withdrawn for personal use	2	00
3	Cost of labor	3	00
4	Additional IRC Section 263A costs. Attach schedule	4	00
5	Other costs. Attach schedule	5	00
6	Total. Add line 1 through line 5	6	00
7	Inventory at end of year	7	00
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and on Schedule B, line 2	8	00

9 a Check all methods used for valuing closing inventory:

(1) ☐ Cost (2) ☐ Lower of cost or market as described in Treas. Reg. Section 1.471-4 (3) ☐ Write down of "subnormal" goods as described in Treas. Reg. Section 1.471-2(c) (4) ☐ Other. Specify method used and attach explanation _____

b Check this box if the LIFO inventory method was adopted this taxable year for any goods. If checked, attach federal Form 970 ☐

c Do the rules of IRC Section 263A (with respect to property produced or acquired for resale) apply to the LLC? ☐ Yes ☐ No

d Was there any change (other than for IRC Section 263A purposes) in determining quantities, cost, or valuations between opening and closing inventory? If "Yes," attach explanation ☐ Yes ☐ No

Schedule B Income and Deductions

Caution: Include **only** trade or business income and expenses on line 1a through line 22 below. See the instructions for more information.

Income	1	a Gross receipts or sales \$ _____	b Less returns and allowances \$ _____	c Balance *	1c	00		
	2	Cost of goods sold (Schedule A, line 8)				2	00	
	3	GROSS PROFIT. Subtract line 2 from line 1c				3	00	
	4	Total ordinary income from other LLCs, partnerships, and fiduciaries. Attach schedule				4	00	
	5	Total ordinary loss from other LLCs, partnerships, and fiduciaries. Attach schedule				5	00	
	6	Total farm profit. Attach federal Schedule F (Form 1040)				6	00	
	7	Total farm loss. Attach federal Schedule F (Form 1040)				7	00	
	8	Total gains included on Schedule D-1, Part II, line 17 (gain only)				8	00	
	9	Total losses included on Schedule D-1, Part II, line 17 (loss only)				9	00	
	10	Other income. Attach schedule				10	00	
	11	Other loss. Attach schedule				11	00	
	12	Total income (loss). Combine line 3 through line 11				12	00	
Deductions	13	Salaries and wages (other than to members)				13	00	
	14	Guaranteed payments to members				14	00	
	15	Bad debts				15	00	
	16	Deductible interest expense not claimed elsewhere on return				16	00	
	17	a Depreciation and amortization. Attach form FTB 3885L \$ _____						
		b Less depreciation reported on Schedule A and elsewhere on return \$ _____				c Balance *	17c	00
	18	Depletion. Do not deduct oil and gas depletion				18	00	
	19	Retirement plans, etc				19	00	
	20	Employee benefit programs				20	00	
	21	Other deductions. Attach schedule				21	00	
	22	Total deductions. Add line 13 through line 21				22	00	
23	Ordinary income (loss) from trade or business activities. Subtract line 22 from line 12				23	00		

Schedule T Nonconsenting Nonresident Members' Tax Liability. Attach additional sheets if necessary.

(a) Member's name	(b) SSN, ITIN, or FEIN	(c) Distributive share of income	(d) Tax rate	(e) Member's total tax due (see instructions)	(f) Amount withheld by this LLC on this member - reported on Form 592-B	(g) Member's net tax due

Total the amount of tax due. Enter the total here and on Side 1, line 4. If less than zero enter -0- _____

Schedule K **Members' Shares of Income, Deductions, Credits, etc.**

		(a) Distributive share items	(b) Amounts from federal K (1065)	(c) California adjustments	(d) Total amounts using California law			
Income (Loss)	1	Ordinary income (loss) from trade or business activities	1 0	0	0			
	2	Net income (loss) from rental real estate activities. Attach federal Form 8825	2 165,072		165,072			
	3 a	Gross income (loss) from other rental activities	3a					
	b	Less expenses. Attach schedule	3b					
	c	Net income (loss) from other rental activities. Subtract line 3b from line 3a	3c					
	4 a	Guaranteed payments a Services	4a					
	b	Capital	4b					
	c	Total	4c					
	5	Interest income	5					
	6	Dividends	6					
	7	Royalties	7					
	8	Net short-term capital gain (loss). Attach Schedule D (568)	8					
	9	Net long-term capital gain (loss). Attach Schedule D (568)	9					
	10 a	Total gain under IRC Section 1231 (other than due to casualty or theft)	10a					
	b	Total loss under IRC Section 1231 (other than due to casualty or theft)	10b					
Deductions	11 a	Other portfolio income (loss). Attach schedule	11a					
	b	Total other income. Attach schedule	11b					
	c	Total other loss. Attach schedule	11c					
	12	Expense deduction for recovery property (IRC Section 179). Attach schedule	12					
	13 a	Cash contributions	13a					
	b	Noncash contributions	13b					
	c	Investment interest expense	13c					
	d 1	Total expenditures to which IRC Section 59(e) election may apply	13d1					
	2	Type of expenditures	13d2					
	e	Deductions related to portfolio income	13e					
Credits	f	Other deductions. Attach schedule	13f					
	15 a	Withholding on LLC allocated to all members	15a					
	b	Low-income housing credit	15b					
	c	Credits other than the credit shown on line 15b related to rental real estate activities. Attach schedule	15c					
	d	Credits related to other rental activities. Attach schedule	15d					
	e	Nonconsenting nonresident members' tax paid by LLC	15e					
	f	Other credits. Attach schedule	15f					
Alternative Minimum Tax (AMT) Items	17 a	Depreciation adjustment on property placed in service after 1986	17a					
	b	Adjusted gain or loss	17b					
	c	Depletion (other than oil and gas)	17c					
	d	Gross income from oil, gas, and geothermal properties	17d					
	e	Deductions allocable to oil, gas, and geothermal properties	17e					
	f	Other alternative minimum tax items. Attach schedule	17f					
	Other Information	18 a	Tax-exempt interest income	18a				
b		Other tax-exempt income	18b					
c		Nondeductible expenses	18c					
19 a		Distributions of money (cash and marketable securities)	19a					
b		Distribution of property other than money	19b					
20 a		Investment income	20a					
b		Investment expenses	20b					
c		Other information. See instructions	20c					
Analysis		21 a	Total distributive income/payment items. Combine lines 1, 2, 3c and 4c through 11c. From the result, subtract the sum of lines 12 through 13f	21a 165,072		165,072		
	b	Analysis of members:						
		(a) Corporate	(b) Individual		(c) Partnership	(d) Exempt Organization	(e) Nominee/Other	(f) LLC
			i. Active	ii. Passive				
Members		0	0	0	0	0	0	0

Schedule L Balance Sheets. See instructions before completing Schedules L, M-1, and M-2.

Assets	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
1 Cash				*
2 a Trade notes and accounts receivable				
b Less allowance for bad debts	()		()	
3 Inventories				•
4 U.S. government obligations				
5 Tax-exempt securities				
6 Other current assets. Attach schedule				•
7 a Loans to members				
b Mortgage and real estate loans				
8 Other investments. Attach schedule				•
9 a Buildings and other depreciable assets				
b Less accumulated depreciation	()	*	()	•
10 a Depletable assets				
b Less accumulated depletion	()		()	
11 Land (net of any amortization)		*		•
12 a Intangible assets (amortizable only)				
b Less accumulated amortization	()		()	
13 Other assets. Attach schedule				•
14 Total assets				
Liabilities and Capital				
15 Accounts payable				•
16 Mortgages, notes, bonds payable in less than 1 year				•
17 Other current liabilities. Attach schedule				*
18 All nonrecourse loans		*		•
19 a Loans from members				
b Mortgages, notes, bonds payable in 1 year or more		*		•
20 Other liabilities. Attach schedule				•
21 Members' capital accounts		*		•
22 Total liabilities and capital				

Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return. Use total amount under California law. See inst.

1 Net income (loss) per books *		6 Income recorded on books this year not included on Schedule K, line 1 through line 11c. Itemize:	
2 Income included on Schedule K, line 1 through line 11c not recorded on books this year. Itemize •		a Tax-exempt interest *	\$
3 Guaranteed payments (other than health insurance) *		b Other *	\$
4 Expenses recorded on books this year not included on Schedule K, line 1 through line 13f. Itemize:		c Total. Add line 6a and line 6b •	
a Depreciation *	\$	7 Deductions included on Sch K, line 1 through line 13f not charged against book income this year. Itemize:	
b Travel and entertainment *	\$	a Depreciation *	\$
c Annual LLC tax *	\$	b Other *	\$
d Other *	\$	c Total. Add line 7a and line 7b •	
e Total. Add line 4a through line 4d •		8 Total. Add line 6c and line 7c	
5 Total of line 1 through line 4e		9 Income (loss) (Schedule K, line 21a.) Subtract line 8 from line 5 *	

Schedule M-2 Analysis of Members' Capital Accounts. Use California amounts.

1 Balance at beginning of year *		5 Total of line 1 through line 4	
2 Capital contributed during year		6 Distributions:	
a Cash •		a Cash •	
b Property •		b Property •	
3 Net income (loss) per books *		7 Other decreases. Itemize •	
4 Other increases. Itemize •		8 Total of line 6 and line 7	
		9 Balance at end of year. Subtract line 8 from line 5 *	

Schedule O Amounts from Liquidation used to Capitalize a Limited Liability Company. (Complete only if initial return box is checked on Side 1, Question H.)

Name of entity liquidated (if more than one, attach a schedule) _____

Type of entity: ☐ (1) C Corporation ☐ (2) S Corporation ☐ (3) Partnership ☐ (4) Limited Partnership ☐ (5) Sole Proprietor ☐ (6) Farmer

Entity identification number(s): FEIN _____ SSN or ITIN _____ CA Corp. No. _____ CA SOS File No. _____

Amount of liquidation gains recognized to capitalize the LLC • _____



Schedule IW Limited Liability Company (LLC) Income Worksheet

Enter your California income amounts on the worksheet. All amounts entered must be assigned for California law differences. **Use only amounts that are from sources derived from or attributable to California when completing lines 1-17 of this worksheet.** If your business is both within and outside of California, see Schedule IW instructions to assign the correct amounts to California. If the LLC is wholly within California, the total income amount is assigned to California and is entered beginning with line 1a. If the single member LLC (SMLLC) does not meet the 3 million criteria for filing Schedule B (568) and Schedule K (568), the SMLLC is still required to complete Schedule IW. Disregarded entities that do not meet the filing requirements to complete Schedule B or Schedule K should prepare Schedule IW by entering the California amounts attributable to the disregarded entity from the member's federal Schedule B, C, D, E, F (Form 1040), or additional schedules associated with other activities. **Do not enter amounts on this worksheet that have already been reported by another LLC to determine its fee.**

See instructions on page 14 of the Form 568 Booklet for more information on how to complete Schedule IW.

1	a	Total California income from Form 568, Schedule B, line 3. See instructions	1a	
	b	Enter the California cost of goods sold from Form 568, Schedule B, line 2 and from federal Schedule F (Form 1040) (plus California adjustments) associated with the receipts assigned to California on lines 1a and 4	1b	
2	a	If the answer to Question U(1) on Form 568 Side 2, is "Yes", include the gross income of this disregarded entity that is not included in lines 1 and 8 through 16	2a	
	b	Enter the cost of goods sold of disregarded entities associated with the receipts assigned to California on line 2a	2b	
3	a	LLC's distributive share of ordinary income from pass-through entities	3a	
	b	Enter the LLC's distributive share of cost of goods sold from other pass-through entities associated with the receipt assigned to California on line 3a (see Schedule K-1s (565), Table 3, line 1a)	3b	
	c	Enter the LLC's distributive share of deductions from other pass-through entities associated with the receipt assigned to California on line 3a (see Schedule K-1s (565), Table 3, line 1b)	3c	
4		Add gross farm income from federal Schedule F (Form 1040). Use California amounts	4	
5		Enter the total of other income (not loss) from Form 568, Schedule B, line 10	5	
6		Enter the total gains (not losses) from Form 568, Schedule B, line 8	6	
7		Add line 1a through line 6	7	
8		California rental real estate		
	a	Enter the total gross rents from federal Form 8825, line 18a	8a	
	b	Enter the total gross rents from all Schedule K-1s (565), Table 3, line 2	8b	
	c	Add line 8a and line 8b	8c	
9		Other California rentals.		
	a	Enter the amount from Schedule K (568), line 3a	9a	
	b	Enter the amount from all Schedule K-1s (565), Table 3, line 3	9b	
	c	Add lines 9a and 9b	9c	
10		California interest. Enter the amount from Form 568, Schedule K, line 5	10	
11		California dividends. Enter the amount from Form 568, Schedule K, line 6	11	
12		California royalties. Enter the amount from Form 568, Schedule K, line 7	12	
13		California capital gains. Enter the capital gains (not losses) included in the amounts from Form 568, Schedule K, lines 8 and 9	13	
14		California 1231 gains. Enter the amount of total gains (not losses) from Form 568, Schedule K, line 10a	14	
15		Other California portfolio income (not loss). Enter the amount from Form 568, Schedule K, line 11a	15	
16		Other California income (not loss) not included in line 5. Enter the amount from Form 568, Schedule K, line 11b	16	
17		Total California income. Add lines 7, 8c, 9c, 10, 11, 12, 13, 14, 15, and 16. Line 17 may not be a negative number. Enter here and on Form 568, Side 1, line 1. If less than zero enter -0-	17	

Federal ITIN 9
SSN 9 XXX-XX-5200
SOS Number 12
CA Corporation number 7
FEIN 9
LLC Temp number 9
Not Applicable 50
Business Name Line 1 75
Business Name Line 2 75
Individual Name 35 CHANCHAL RUNCHAL
F Address Line 1 35
F Address Line 2 35
F City 50
F Province 17
F Country 2
F Postal Code 16
US Address Line 1 35 1931 STRADELLA RD
US Address Line 2 35
US City 22 LOS ANGELES
US State 2 CA
US Zip Code 16 90077-2320
Consent Date 10 2019-04-05
Title 100
Entity Type Individual
Explain 30

G. Accounting Method Additional Information

Accounting Method {7} cash Allowable values = Cash, Accrual, Hybrid

J. K-1s Filed

Filed by Mag Media {5} false

K1 Mag Media Count _____

Client Copy

Date Accepted _____

TAXABLE YEAR

2023**California e-file Return Authorization for
Limited Liability Companies**

FORM

8453-LLC

Limited liability company name

2408 OCEAN PARK LLC

California Secretary of State (SOS) file number or FEIN

454393189

Part I Tax Return Information (whole dollars only)

1 Total income (Form 568, Schedule B, line 12 or Form 568, line 1 for Single Member LLCs)	1
2 Ordinary income (Form 568, Schedule B, line 23 or Form 568, line 1 for Single Member LLCs)	2
3 Tax and fee due (Form 568, line 16)	3
4 Overpayment (Form 568, line 17)	4
5 Total amount due (Form 568, line 21)	5

Part II Settle Your Account Electronically for Taxable Year 2023.6 ☐ Electronic funds withdrawal

6a Tax due amount _____ 6b Withdrawal date (mm/dd/yyyy) _____

6c PTE amount due _____ 6d Withdrawal date (mm/dd/yyyy) _____

Part III Make Annual Tax or Estimated Fee Payment for Taxable Year 2024This is **not** an installment payment for the current amount the LLC owes.

	Annual Tax Payment	Estimated Fee Payment
7 Amount		
8 Withdrawal date (mm/dd/yyyy)		

Part IV Pass-Through Entity (PTE) Elective Tax Payment for Taxable Year 2024

	First Payment
9 Amount	
10 Withdrawal date (mm/dd/yyyy)	

Part V Banking Information (Have you verified the LLC's banking information?)

11 Routing number _____

12 Account number _____

13 Type of account: ☐ Checking ☐ Savings**Part VI Declaration of Authorized Member or Manager**

I authorize the limited liability company account to be settled as designated in Parts II, III, IV, and V. If I check box 6, I authorize an electronic funds withdrawal for the amount listed on line 6a, line 6c, any 2024 annual tax or estimated fee payment amounts listed on Part III, line 7, and on Part IV, line 9 from the bank account specified in Part V.

Under penalties of perjury, I declare that I am an authorized member or manager of the above limited liability company and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the limited liability company's 2023 California income tax return. To the best of my knowledge and belief, the limited liability company's return is true, correct, and complete. If the limited liability company is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the limited liability company's tax liability, the limited liability company will remain liable for the tax liability and all applicable interest and penalties. I authorize the limited liability company return and accompanying schedules and statements be transmitted to the FTB by my ERO, transmitter, or intermediate service provider. **If the processing of the limited liability company's return or refund is delayed, I authorize the FTB to disclose to my ERO or intermediate service provider the reason(s) for the delay or the date when the refund was sent.**

**Sign
Here**

Signature of authorized member or manager

Date

Title

TMP

Part VII Declaration of Electronic Return Originator (ERO) and Paid Preparer. See instructions.

I declare that I have reviewed the above limited liability company's return and that the entries on form FTB 8453-LLC are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the limited liability company's return. I declare, however, that form FTB 8453-LLC accurately reflects the data on the return.) I have obtained the signature from the limited liability company authorized member or manager on form FTB 8453-LLC before transmitting this return to the FTB; I have provided the limited liability company authorized member or manager with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2023 Handbook for Authorized e-file Providers. I will keep form FTB 8453-LLC on file for **four** years from the due date of the return or **four** years from the date the limited liability company return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above limited liability company's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO Must Sign	ERO's signature	JAGJIT SINGH ARORA, E.A	Date	07-30-2024	Check if also paid preparer	<input checked="" type="checkbox"/>	Check if self-employed	<input type="checkbox"/>	ERO's PTIN	XXXXXX6900
	Firm's name (or yours if self-employed) and address	J ARORA INC 17037 CHATSWORTH ST STE 101 Granada Hills, CA				Firm's FEIN		32-0225393		
					ZIP code		91344			

Under penalties of perjury, I declare that I have examined the above limited liability company's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Preparer Must Sign	Paid preparer's signature		Date		Check if self-employed	<input type="checkbox"/>	Paid preparer's PTIN	
	Firm's name (or yours if self-employed) and address					Firm's FEIN		
					ZIP code			

2023 CA540 Filing Instructions
AKSHAI K & CHANCHAL RUNCHAL

Form filed:

CA540 and supplemental forms and schedules

Filing method:

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

Due date:

04-15-2024

Overpayment Applied:

The full overpayment of \$48,691.00 will be applied to the 2024 liability

Client Copy

2023 California Resident Income Tax Return

540

ATTACH FEDERAL RETURN

XXX-XX-5912 RUNC XXX-XX-5200
AKSHAI K RUNCHAL
CHANCHAL RUNCHAL

23

1931 STRADELLA RD
LOS ANGELES CA 90077-2320

10-16-1943 07-16-1951

Principal Residence

Enter your county at time of filing (see instructions)

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

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

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

Apt. no/ste. no.

☒

City

State

ZIP code

☒

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

Filing Status

1 ☐ Single4 ☐ Head of household (with qualifying person). See instructions.2 ☒ Married/RDP filing jointly (even if only one spouse/RDP had income). See instructions.5 ☐ Qualifying surviving spouse/RDP. Enter year spouse/RDP died.

See instructions.

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

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

6 ☐

Exemptions

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

Whole dollars only

7 **Personal:** If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2 in the box. If you checked the box on line 6, see instructions.☒ 7 2 X \$144 = ☒ \$ 2888 **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 2 X \$144 = ☒ \$ 288

Your name: AKSHAI K & CHANCH Your SSN or ITIN: XXXXX5912

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

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

Total dependent exemptions 10 X \$446 = \$

11 Exemption amount: Add line 7 through line 10. Transfer this amount to line 32 11 \$ 576

12	State wages from your federal Form(s) W-2, box 16	12		.00
13	Enter federal adjusted gross income from federal Form 1040 or 1040-SR, line 11	13	908116	.00
14	California adjustments - subtractions. Enter the amount from Schedule CA (540), Part I, line 27, column B	14	43975	.00
15	Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions	15	864141	.00
16	California adjustments - additions. Enter the amount from Schedule CA (540), Part I, line 27, column C	16		.00
17	California adjusted gross income. Combine line 15 and line 16	17	864141	.00
18	Enter the larger of { Your California itemized deductions from Schedule CA (540), Part II, line 30; OR Your California standard deduction shown below for your filing status: • Single or Married/RDP filing separately \$5,363 • Married/RDP filing jointly, Head of household, or Qualifying surviving spouse/RDP . . . \$10,726 If Married/RDP filing separately or the box on line 6 is checked, STOP. See instructions	18	10726	.00
19	Subtract line 18 from line 17. This is your taxable income. If less than zero, enter -0-	19	853415	.00

31	Tax. Check the box if from: <input type="checkbox"/> Tax Table <input checked="" type="checkbox"/> Tax Rate Schedule • <input checked="" type="checkbox"/> FTB 3800 • <input type="checkbox"/> FTB 3803	31	74380	.00
32	Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$237,035, see instructions	32	0	.00
33	Subtract line 32 from line 31. If less than zero, enter -0-	33	74380	.00
34	Tax. See instructions. Check the box if from: • <input type="checkbox"/> Schedule G-1 • <input type="checkbox"/> FTB 5870A •	34		.00
35	Add line 33 and line 34	35	74380	.00

40	Nonrefundable Child and Dependent Care Expenses Credit. See instructions	40		.00
43	Enter credit name OTHER STATE code 187 and amount	43	36535	.00
44	Enter credit name code and amount	44		.00

Your name: AKSHAI K & CHANCH Your SSN or ITIN: XXXXX5912

Special Credits

- 45 To claim more than two credits, see instructions. Attach Schedule P (540) . . . • 45 .00
- 46 Nonrefundable Renter's Credit. See instructions . . . • 46 .00
- 47 Add line 40 through line 46. These are your total credits . . . • 47 36535 .00
- 48 Subtract line 47 from line 35. If less than zero, enter -0- . . . • 48 37845 .00

Other Taxes

- 61 Alternative Minimum Tax. Attach Schedule P (540) . . . • 61 .00
- 62 Mental Health Services Tax. See instructions . . . • 62 .00
- 63 Other taxes and credit recapture. See instructions . . . • 63 .00
- 64 Add line 48, line 61, line 62, and line 63. This is your total tax . . . • 64 37845 .00

Payments

- 71 California income tax withheld. See instructions . . . • 71 .00
- 72 2023 California estimated tax and other payments. See instructions . . . • 72 86536 .00
- 73 Withholding (Form 592-B and/or Form 593). See instructions . . . • 73 .00
- 74 Excess SDI (or VPD) withheld. See instructions . . . • 74 .00
- 75 Earned Income Tax Credit (EITC). See instructions . . . • 75 .00
- 76 Young Child Tax Credit (YCTC). See instructions . . . • 76 .00
- 77 Foster Youth Tax Credit (FYTC). See instructions . . . • 77 .00
- 78 Add line 71 through line 77. These are your total payments.
See instructions . . . • 78 86536 .00

Use Tax

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

ISR Penalty

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

Overpaid Tax/Tax Due

- 93 Payments balance. If line 78 is more than line 91, subtract line 91 from line 78 . . • 93 86536 .00
- 94 Use Tax balance. If line 91 is more than line 78, subtract line 78 from line 91 . . • 94 .00
- 95 Payments after Individual Shared Responsibility Penalty. If line 93 is more than line 92,
subtract line 92 from line 93 . . . • 95 86536 .00
- 96 Individual Shared Responsibility Penalty Balance. If line 92 is more than line 93,
subtract line 93 from line 92 . . . • 96 .00
- 97 Overpaid tax. If line 95 is more than line 64, subtract line 64 from line 95 . . . • 97 48691 .00

Your name:

AKSHAI K & CHANCH

Your SSN or ITIN:

XXXXXX5912

Overpaid
Tax/Tax Due

- 98 Amount of line 97 you want applied to your **2024** estimated tax 98 48691 .00
- 99 Overpaid tax available this year. Subtract line 98 from line 97 99 .00
- 100 Tax due. If line 95 is less than line 64, subtract line 95 from line 64 100 .00

Code Amount

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

Contributions

Your name: AKSHAI K & CHANCH Your SSN or ITIN: XXXXX5912

Amount You Owe 111 **AMOUNT YOU OWE.** If you do not have an amount on line 99, add line 94, line 96, line 100, and line 110. See instructions. **Do not send cash.**
Mail to: **FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001** . . . • 111 .00
Pay Online - Go to **ftb.ca.gov/pay** for more information.

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

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

Refund and Direct Deposit
Fill in the information to authorize direct deposit of your refund into one or two accounts. **Do not** attach a voided check or a deposit slip.
See instructions. **Have you verified the routing and account numbers?** Use whole dollars only.
All or the following amount of my refund (line 115) is authorized for direct deposit into the account shown below:
• Type
• Routing number • Account number • 116 Direct deposit amount .00
☐ Checking
☐ Savings
The remaining amount of my refund (line 115) is authorized for direct deposit into the account shown below:
• Type
• Routing number • Account number • 117 Direct deposit amount .00
☐ Checking
☐ Savings

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

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

Sign your tax return on Side 6

CAWK_AGI	For your records only. Adjusted Gross Income Split Worksheet		2023 AGI FD/ST Summary	
Name(s) as shown on state return AKSHAI K & CHANCHAL RUNCHAL			Social Security Number XXX-XX-5912	
Federal 1040 Income and Adjustments	Federal		State	
	Col. A Taxpayer	Col. B Spouse	Col. A Taxpayer	Col. B Spouse
Federal 1040				
1 Wages, salaries, tips, etc.	1			
2b Taxable interest	2b	9,691	29,571	9,691 29,571
3b Ordinary dividends	3b	14,034	5,018	14,034 5,018
4b Taxable amount of IRA distributions	4b	45,895		45,895
5b Taxable amount of Pensions and annuities	5b			
6b Taxable amount of Social security benefits	6b	29,177	14,581	29,178 14,580
7 Capital gain or (loss)	7	(2,599)	(401)	(2,599) (401)
8 Other income from Schedule 1	8	381,041	382,108	381,041 381,892
9 Total income (Sum of Lines 1-8)	9	477,239	430,877	477,240 430,660
10 Adjustments to income from Schedule 1	10			
11 Adjusted Gross Income (line 9 - line 10)	11	477,239	430,877	477,240 430,660
Schedule 1 - Additional Income				
1 Taxable refunds, credits, or offsets of state and local income taxes	1			
2a Alimony received	2a			
3 Business income or (loss)	3			
4 Other gains or (losses)	4			
5 Rental real estate, royalties, partnerships, S corporations, trusts, etc.	5	381,041	382,108	381,041 381,892
6 Farm income or (loss)	6			
7 Unemployment compensation	7			
8 Other income.	8			
10 Total Additional Income (Sum of lines 1-8)	10	381,041	382,108	381,041 381,892
Schedule 1 - Adjustments to Income				
11 Educator Expenses	11			
12 Certain business expenses of reservists, performing artists, & fee-basis gov. officials	12			
13 Health savings account deduction	13			
14 Moving expenses	14			
15 Deductible part of self-employment tax	15			
16 Self-employed SEP, SIMPLE, and qualified plans	16			
17 Self-employed health insurance deduction	17			
18 Penalty on early withdrawal of savings	18			
19a Alimony paid	19a			
20 IRA deduction	20			
21 Student loan interest deduction	21			
22 Reserved	22			
23 Archer MSA Deduction	23			
24 Other Deductions (see STWK_ADJ)	24			
26 Total Adjustments to income (Sum of lines 11-24)	26			

2023

California Adjustments - Residents

CA (540)

Important: Attach this schedule behind Form 540, Side 6 as a supporting California schedule.

Name(s) as shown on tax return

SSN or ITIN

AKSHAI K & CHANCHAL RUNCHAL

XXX-XX-5912

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

1 a Total amount from federal Form(s) W-2, box 1. See instructions 1a	<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"/>
c Tip income not reported on line 1a 1c	<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"/>
e Taxable dependent care benefits from federal Form 2441, line 26 1e	<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"/>
g Wages from federal Form 8919, line 6 1g	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h Other earned income. See instructions . . . 1h	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i Nontaxable combat pay election. See instructions 1i			<input type="radio"/>
z Add line 1a through line 1i 1z	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2 Taxable interest. a <input type="radio"/> 6545 2b <input type="radio"/> 39262	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3 Ordinary dividends. See instructions. a <input type="radio"/> 9448 3b <input type="radio"/> 19052	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4 IRA distributions. See instructions. a <input type="radio"/> 45895 4b <input type="radio"/> 45895	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5 Pensions and annuities. See instructions . . a <input type="radio"/> 5b <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6 Social security benefits a <input type="radio"/> 51480 6b <input type="radio"/> 43758	<input type="radio"/>	<input type="radio"/> 43758	
7 Capital gain or (loss). See instructions 7	<input type="radio"/> (3000)	<input type="radio"/>	<input type="radio"/>

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

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"/>
3 Business income or (loss). See instructions . . 3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4 Other gains or (losses) 4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5 Rental real estate, royalties, partnerships, S corporations, trusts, etc 5	<input type="radio"/> 763149	<input type="radio"/> 217	<input type="radio"/>
6 Farm income or (loss) 6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7 Unemployment compensation 7	<input type="radio"/>	<input type="radio"/>	



Section B - Additional Income Continued	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
8 Other income:			
a Federal net operating loss 8a	()		
b Gambling 8b			
c Cancellation of debt 8c			
d Foreign earned income exclusion from federal Form 2555 8d	()		
e Income from federal Form 8853 8e			
f Income from federal Form 8889 8f			
g Alaska Permanent Fund dividends 8g			
h Jury duty pay 8h			
i Prizes and awards 8i			
j Activity not engaged in for profit income 8j			
k Stock options 8k			
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			
m Olympic and Paralympic medals and USOC prize money 8m			
n IRC Section 951(a) inclusion 8n			
o IRC Section 951A(a) inclusion 8o			
p IRC Section 461(l) excess business loss adjustment 8p			
q Taxable distributions from an ABLE account . . . 8q			
r Scholarship and fellowship grants not reported on federal Form(s) W-2 8r			
s Nontaxable amount of Medicaid waiver payments included on federal Form 1040, line 1a or line 1d 8s	()		
t Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental IRC Section 457 plan 8t			
u Wages earned while incarcerated 8u			
z Other income. List type and amount.			
() 8z			



Section B - Additional Income Continued	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
9 a Total other income. Add lines 8a through 8z . 9a	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b1 Disaster loss deduction from form FTB 3805V . . . 9b1		<input type="radio"/>	
b2 NOL deduction from form FTB 3805V . . . 9b2		<input type="radio"/>	
b3 NOL deduction from form FTB 3805Z, 3807, or 3809 9b3		<input type="radio"/>	
10 Total. Combine Section A, line 1z through line 7, and Section B, line 1 through line 7, and line 9a in column A and column C. Add Section A, line 1z through line 7, and Section B, line 1 through line 7, line 9a, and line 9b1 through line 9b3 in column B (as applicable). See instructions 10	<input type="radio"/> 908116	<input type="radio"/> 43975	<input type="radio"/>

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"/>
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"/>
15 Deductible part of self-employment tax. See instructions 15	<input type="radio"/>	<input type="radio"/>	
16 Self-employed SEP, SIMPLE, and qualified plans 16	<input type="radio"/>		
17 Self-employed health insurance deduction. See instructions 17	<input type="radio"/>	<input type="radio"/>	
18 Penalty on early withdrawal of savings 18	<input type="radio"/>		
19 a Alimony paid 19a	<input type="radio"/>		<input type="radio"/>
b Recipient's: SSN <input type="radio"/>			
Last Name <input type="radio"/>			
20 IRA deduction 20	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21 Student loan interest deduction 21	<input type="radio"/>		<input type="radio"/>
22 Reserved for future use 22			
23 Archer MSA deduction 23	<input type="radio"/>		

CAWK_ID	Itemized Deductions Worksheet Line 29	2023
Name(s) AKSHAI K & CHANCHAL RUNCHAL	California ID Number XXX-XX-5912	

Is the amount on Form 540, 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 widow(er)	\$ 474,075

NO Transfer the amount from line 28 to line 29. Do not complete the Itemized Deductions Worksheet.

YES Complete the Itemized Deductions Worksheet below.

Note:

- If married or an RDP and filing a separate tax return, you and your spouse/RDP must either both itemize your deductions (even if the itemized deductions of one spouse/RDP are less than the standard deduction) or both take the standard deduction.
- Also, if someone else can claim you as a dependent, claim the greater of the standard deduction or your itemized deductions. See the instructions for "California Standard Deduction Worksheet for Dependents" within the Form 540 Personal Income Tax Booklet to figure your standard deduction.

1. Amount from Schedule CA (540), Part II, line 28	1	33,495.
2. Add the amounts on federal Schedule A (Form 1040), line 4, line 9, and line 15 plus any gambling losses included on line 16, if applicable	2	
3. Subtract line 2 from line 1	3	33,495.
If zero, STOP. Enter the amount from line 1 on Schedule CA (540), Part II, line 29.		
4. Multiply line 3 by 80% (.80)	4	26,796.
5. Amount from Form 540, line 13	5	908,116.
6. Enter the amount shown above for your filing status	6	474,075.
7. Subtract line 6 from line 5	7	434,041.
Note: If zero or less, STOP. Enter the amount from line 1 on Schedule CA (540), Part II, line 29.		
8. Multiply line 7 by 6% (.06)	8	26,042.
9. Compare line 4 and line 8. Enter the smaller amount here	9	26,042.
10. Total itemized deductions. Subtract line 9 from line 1. Enter here and on Schedule CA (540), Part II, line 29	10	7,453.

Line 2 - Computation

Federal Form 1040, Schedule A, line 4		
Federal Form 1040, Schedule A, line 9		
Federal Form 1040, Schedule A, line 15		
Federal Form 1040, Schedule A, plus any gambling losses included on line 16		
Total		

Do not file with California. Keep for your records.

CAWK_CLC	California Capital Loss Carryover Worksheet (Keep for your records)	2023
Name AKSHAI K & CHANCHAL RUNCHAL		California ID Number XXX-XX-5912

1.	Enter loss from Schedule D (540), line 11, stated as a positive number	1	<u>3,000</u>
2.	Enter amount from Form 540, line 17	2	<u>864,141</u>
3.	Enter amount from Form 540, line 18	3	<u>10,726</u>
4.	Subtract line 3 from line 2. If less than zero, enter as a negative number	4	<u>853,415</u>
5.	Combine line 1 and line 4. If less than zero, enter -0-	5	<u>856,415</u>
6.	Enter loss from Schedule D (540), line 8, as a positive number	6	<u>3,358</u>
7.	Enter the smaller of line 1 or line 5	7	<u>3,000</u>
8.	Subtract line 7 from line 6. This is your capital loss carryover to 2024	8	<u>358</u>

Client Copy

CAWK_D	For your records only. Capital Gains and Losses Worksheet	2023 STATE D Summary
Name(s) as shown on state return AKSHAI K & CHANCHAL RUNCHAL		Social Security Number XXX-XX-5912

Part I Short-Term Capital Gains and Losses		Taxpayer	Spouse	Total
Line 1a	Totals for all ST 1099-B transactions reported to the IRS			
Line 1b	Transactions reported on 8949 with Box A checked	(7,306)	(7,306)	(14,612)
Line 2	Transactions reported on 8949 with Box B checked			
Line 3	Transactions reported on 8949 with Box C checked			
Line 4	Federal 6252 Short Term			
	Federal 4684 Short Term			
	Federal 6781 Short Term			
	Federal 8824 Short Term			
	Fed D2 ST Ln 4 (6252,4684,6781& 8824)			
Line 5	Partnership, S-Corporation, Fiduciary			
	Fiduciary Final Year Deductions			
Line 6	Federal Schedule D ST carryover amounts			
Subtotal:		(7,306)	(7,306)	(14,612)

Part II Long-Term Capital Gains and Losses		Taxpayer	Spouse	
Line 8a	Totals for all LT 1099-B transactions reported to the IRS			
Line 8b	Transactions reported on 8949 with Box D checked	3,809	3,809	7,618
Line 9	Transactions reported on 8949 with Box E checked			
Line 10	Transactions reported on 8949 with Box F checked			
Line 11	Federal 4797 Long Term			
	Federal 4797 Prior Year Unallowed Passive			
	Federal 4797 Sec 1231 from 6252			
	Federal 4797 Sec 1231 from 8824			
	Federal 2439 Long Term			
	Federal 6252 Long Term			
	Federal 4684 Long Term			
	Federal 6781 Long Term			
	Federal 8824 Long Term			
Line 12	Partnership, S-Corporation, Fiduciary			
	Final Year Deductions from Fiduciary			
Line 13	Capital Gain Distributions	588	3,048	3,636
Line 14	Federal Schedule D LT carryover amounts			
Subtotal:		4,397	6,857	11,254

State's Computation				
Total Capital Gain or Loss		(2,909)	(449)	(3,358)
Limited Capital Gain or Loss (Amount carrying to the State)		(2,599)	(401)	(3,000)

Special Note 1

When multiple Federal 6252s & 8824s are entered for business **and** personal properties, Overrides **will** be required.

You may enter individual Overrides on state Sch D screen. Please review the following lines to determine if an Override is necessary.

- * Line 4 - Federal 6252 Short Term
- * Line 4 - Federal 8824 Short Term
- * Line 11 - Federal 4797 Sec 1231 from 6252
- * Line 11 - Federal 4797 Sec 1231 from 8824
- * Line 11 - Federal 6252 Long Term
- * Line 11 - Federal 8824 Long Term

CAWK_D	For your records only. Capital Gains and Losses Worksheet	2023 FEDERAL D Summary
Name(s) as shown on state return AKSHAI K & CHANCHAL RUNCHAL		Social Security Number XXX-XX-5912

Part I Short-Term Capital Gains and Losses		Taxpayer	Spouse	Total
Line 1a	Totals for all ST 1099-B transactions reported to the IRS			
Line 1b	Transactions reported on 8949 with Box A checked	(7,306)	(7,306)	(14,612)
Line 2	Transactions reported on 8949 with Box B checked			
Line 3	Transactions reported on 8949 with Box C checked			
Line 4	Federal 6252 Short Term			
	Federal 4684 Short Term			
	Federal 6781 Short Term			
	Federal 8824 Short Term			
	Fed D2 ST Ln 4 (6252,4684,6781& 8824)			
Line 5	Partnership, S-Corporation, Fiduciary			
	Fiduciary Final Year Deductions			
Line 6	Federal Schedule D ST carryover amounts			
Subtotal:		(7,306)	(7,306)	(14,612)

Part II Long-Term Capital Gains and Losses		Taxpayer	Spouse	
Line 8a	Totals for all LT 1099-B transactions reported to the IRS			
Line 8b	Transactions reported on 8949 with Box D checked	3,809	3,809	7,618
Line 9	Transactions reported on 8949 with Box E checked			
Line 10	Transactions reported on 8949 with Box F checked			
Line 11	Federal 4797 Long Term			
	Federal 4797 Prior Year Unallowed Passive			
	Federal 4797 Sec 1231 from 6252			
	Federal 4797 Sec 1231 from 8824			
	Federal 2439 Long Term			
	Federal 6252 Long Term			
	Federal 4684 Long Term			
	Federal 6781 Long Term			
	Federal 8824 Long Term			
Line 12	Partnership, S-Corporation, Fiduciary			
	Final Year Deductions from Fiduciary			
Line 13	Capital Gain Distributions	588	3,048	3,636
Line 14	Federal Schedule D LT carryover amounts			
Subtotal:		4,397	6,857	11,254

State's Computation				
Total Capital Gain or Loss		(2,909)	(449)	(3,358)
Limited Capital Gain or Loss (Amount carrying to the State)		(2,599)	(401)	(3,000)

Special Note 1

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- * Line 4 - Federal 6252 Short Term
- * Line 4 - Federal 8824 Short Term
- * Line 11 - Federal 4797 Sec 1231 from 6252
- * Line 11 - Federal 4797 Sec 1231 from 8824
- * Line 11 - Federal 6252 Long Term
- * Line 11 - Federal 8824 Long Term

2023

Alternative Minimum Tax and Credit Limitations - Residents

P (540)

Attach this schedule to Form 540.

Name(s) as shown on Form 540

Your SSN or ITIN

AKSHAI K & CHANCHAL RUNCHAL

XXX-XX-5912

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

1	If you itemized deductions, go to line 2. If you did not itemize deductions, enter your standard deduction from Form 540, line 18, and go to line 6	1	10726	00
2	Medical and dental expenses. Enter the smaller of federal Schedule A (Form 1040), line 4, or 2 1/2% (.025) of federal Form 1040 or 1040-SR, line 11. See instructions	2		00
3	Personal property taxes and real property taxes. See instructions	3		00
4	Certain interest on a home mortgage not used to buy, build, or improve your home. See instructions	4		00
5	Miscellaneous itemized deductions. See instructions	5		00
6	Refund of personal property taxes and real property taxes. See instructions	6	(	00)
Do not include your state income tax refund on this line.				
7	Investment interest expense adjustment. See instructions	7		00
8	Post-1986 depreciation. See instructions	8	(277)	00
9	Adjusted gain or loss. See instructions	9		00
10	Incentive stock options (ISOs) and California qualified stock options (CQSOs). See instructions	10		00
11	Passive activities adjustment. See instructions	11		00
12	Beneficiaries of estates and trusts. Enter the amount from Schedule K-1 (541), line 12a	12		00
13	Other adjustments and preferences. Enter the amount, if any, for each item, a through l. See instructions.			
a	Circulation expenditures	00		00
b	Depletion	00		00
c	Installment sales	00		00
d	Intangible drilling costs	00		00
e	Long-term contracts	00		00
f	Loss limitations	00		00
g	Mining costs	00		00
h	Patron's adjustment	00		00
i	Pollution control facilities	00		00
j	Research and experimental	00		00
k	Tax shelter farm activities	00		00
l	Related adjustments	00		00
Add amounts on line a through line l, and enter total here				
14	Total Adjustments and Preferences. Combine line 1 through line 13	14	10449	00
15	Enter taxable income from Form 540, line 19. See instructions	15	853415	00
16	Net operating loss (NOL) deductions from Schedule CA (540), Part I, Section B, line 9b1, line 9b2, and line 9b3, column B. Enter as a positive amount	16		00
17	AMTI exclusion. See instructions	17	(	00)
18	If your federal adjusted gross income (AGI) is less than the amount for your filing status (listed below), skip this line and go to line 19. If you itemized deductions and your federal AGI is more than the amount for your filing status, see instructions	18	(26042	00)
Single or married/RDP filing separately \$237,035				
Married/RDP filing jointly or qualifying surviving spouse/RDP \$474,075				
Head of household \$355,558				
19	Combine line 14 through line 18	19	837822	00
20	Alternative minimum tax NOL deduction. See instructions	20		00
21	Alternative Minimum Taxable Income. Subtract line 20 from line 19 (if married/RDP filing separately and line 21 is more than \$450,368, see instructions)	21	837822	00

Part II Alternative Minimum Tax (AMT)

22	Exemption Amount. (If this schedule is for a certain child under age 24, see instructions.)																			
<table border="0"> <tr> <td>If your filing status is:</td> <td>And line 21 is not over:</td> <td>Enter on line 22:</td> <td></td> <td></td> </tr> <tr> <td>Single or head of household</td> <td>\$ 326,891</td> <td>\$ 87,171</td> <td rowspan="3">}</td> <td rowspan="3">22</td> </tr> <tr> <td>Married/RDP filing jointly or qualifying surviving spouse/RDP</td> <td>\$ 435,855</td> <td>\$ 116,229</td> </tr> <tr> <td>Married/RDP filing separately</td> <td>\$ 217,924</td> <td>\$ 58,111</td> </tr> </table>					If your filing status is:	And line 21 is not over:	Enter on line 22:			Single or head of household	\$ 326,891	\$ 87,171	}	22	Married/RDP filing jointly or qualifying surviving spouse/RDP	\$ 435,855	\$ 116,229	Married/RDP filing separately	\$ 217,924	\$ 58,111
If your filing status is:	And line 21 is not over:	Enter on line 22:																		
Single or head of household	\$ 326,891	\$ 87,171	}	22																
Married/RDP filing jointly or qualifying surviving spouse/RDP	\$ 435,855	\$ 116,229																		
Married/RDP filing separately	\$ 217,924	\$ 58,111																		
If Part I, line 21 is more than the amount shown above for your filing status, see instructions.																				
23	Subtract line 22 from line 21. If zero or less, enter -0-. See instructions	23	822085	00																
24	Tentative Minimum Tax. Multiply line 23 by 7.0% (.07)	24	57546	00																
25	Regular tax before credits from Form 540, line 31	25	74380	00																
26	Alternative Minimum Tax. Subtract line 25 from line 24. If zero or less, enter -0- here and on Form 540, line 61. If more than zero, enter here and on Form 540, line 61. If you make estimated tax payments for taxable year 2024, enter amount from line 26 on the 2024 Form 540-ES, California Estimated Tax Worksheet, line 16. (Exception: If you have carryover credit for solar energy or commercial solar energy, first enter the result on Side 2, Part III, Section C, line 23 or 24)	26	0	00																

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

XXX-XX-5912

1	Enter the amount from Form 540, line 35	1	74380	00
2	Enter the tentative minimum tax from Side 1, Part II, line 24	2	57546	00

	(a) Credit amount	(b) Credit used this year	(c) Tax balance that may be offset by credits	(d) Credit carryover
Section A - Credits that reduce excess tax.				
3	Subtract line 2 from line 1. If zero or less enter -0- and see instructions. This is your excess tax which may be offset by credits 3			
16834				
A1 Credits that reduce excess tax and have no carryover provisions.				
4	Code: 162 Prison inmate labor credit (FTB 3507) 4			
5	Code: 232 Child and dependent care expenses credit (FTB 3506) 5			
A2 Credits that reduce excess tax and have carryover provisions. See instructions.				
6	Code: 6			
7	Code: 7			
8	Code: 8			
9	Code: 9			
10	Code: 188 Credit for prior year alternative minimum tax 10			
Section B - Credits that may reduce tax below tentative minimum tax.				
11	If Part III, line 3 is zero, enter the amount from line 1. If line 3 is more than zero, enter the total of line 2 and the last entry in column (c) 11			
74380				
B1 Credits that reduce net tax and have no carryover provisions.				
12	Code: 170 Credit for joint custody head of household 12			
13	Code: 173 Credit for dependent parent 13			
14	Code: 163 Credit for senior head of household 14			
15	Code: 15 Nonrefundable renter's credit 15			
B2 Credits that reduce net tax and have carryover provisions. See instructions.				
16	Code: 16			
17	Code: 17			
18	Code: 18			
19	Code: 19			
B3 Other state tax credit.				
20	Code: 187 Other state tax credit 20	36535	36535	37845
B4 Pass-through entity elective tax credit. See instructions.				
21	Code: 242 Pass-through entity elective tax credit 21			
Section C - Credits that may reduce alternative minimum tax.				
22	Enter your alternative minimum tax from Side 1, Part II, line 26 22			
23	Code: 180 Solar energy credit carryover from Section B2, column (d) 23			
24	Code: 181 Commercial solar energy credit carryover from Section B2, column (d) 24			
25	Adjusted AMT. Enter the balance from line 24, column (c) here and on Form 540, line 61 25			

CAWK_AMT	California Schedule P Limitations Worksheet	2023
Name(s) AKSHAI K & CHANCHAL RUNCHAL	California ID Number XXX-XX-5912	

Part II Alternative Minimum Tax

Line 22 - Exemption amount

If line 21 is more than the amount shown for your filing status in the middle column of the chart on line 22, Side 1 of Schedule P (540), complete the Exemption Worksheet within this line instruction to figure the amount to enter on line 22.

Certain Children Under Age 24

Your exemption amount is limited to the amount of your earned income plus \$8,950 if condition 1, 2, or 3 below applies to you.

1. You were under age 18 at the end of 2023.
2. You were age 18 at the end of 2023 and did not have earned income that was more than half of your support.
3. You were a full-time student over age 18 and under age 24 at the end of 2023 and did not have earned income that was more than half of your support.

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

Do not complete this worksheet if the child filed a joint tax return for 2023 or if both parents were deceased at the end of 2023.

Certain January 1 Birthdays. If you were born on January 1, 2005, you are considered to be age 18 at the end of 2023. Your exemption amount is limited only if you did not have earned income that was more than half of your support.

If you were born on January 1, 2004, you are considered to be age 19 at the end of 2023. Your exemption amount is limited only if you were a full-time student who did not have earned income that was more than half of your support.

If you were born on January 1, 2000, you are considered to be age 24 at the end of 2023. Your exemption amount is not limited.

Exemption Worksheet

If line 21 (AMTI) is equal to or more than: \$675,575 if single or head of household; \$900,771 if married/RDP filing jointly or qualifying surviving spouse/RDP \$450,368 if married/RDP filing separately, your exemption amount is zero. **Do not** complete this worksheet; instead, enter -0- on line 22.

1. Enter \$87,171 if single or head of household; \$116,229 if married/RDP filing jointly or qualifying surviving spouse/RDP \$58,111 if married/RDP filing separately	1	116,229
2. Enter your AMTI from Schedule P (540), Part I, line 21	2	837,822
3. Enter \$326,891 if single or head of household; \$435,855 if married/RDP filing jointly or qualifying surviving spouse; \$217,924 if married/RDP filing separately	3	435,855
4. Subtract line 3 from line 2. If zero or less, enter -0-	4	401,967
5. Multiply line 4 by 25% (.25)	5	100,492
6. Subtract line 5 from line 1. If zero or less, enter -0-. If any of the three conditions under "Certain Children Under Age 24" apply to you, go to line 7. Otherwise, enter this amount on Schedule P (540), Part II, line 22 and complete Schedule P (540)	6	15,737
7. Minimum exemption amount for certain children under age 24	7	\$8,950
8. Enter your earned income*, if any.	8	
9. Add line 7 and line 8	9	
10. Enter the smaller of line 6 or line 9 here and on Schedule P (540), Part II, line 22	10	

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

2023**Other State Tax Credit****S**

Attach to Form 540, Form 540NR, or Form 541.

Name(s) as shown on your California tax return

SSN, ITIN, or FEIN

AKSHAI K & CHANCHAL RUNCHAL

XXX-XX-5912

Part I Double-Taxed Income (Read specific line instructions for Part I before completing.)

(a) Income item(s) description	(b) Double-taxed income taxable by California	(c) Double-taxed income taxable by other state
<input checked="" type="radio"/> RENTAL INCOME	<input checked="" type="radio"/> 506,161	<input checked="" type="radio"/> 506,161
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1 Total double-taxed income	<input checked="" type="radio"/> 506,161	<input checked="" type="radio"/> 506,161

Part II Figure Your Other State Tax Credit (Read specific line instructions for Part II before completing.)

2 California tax liability. See instructions	<input checked="" type="radio"/> 2	74,380	00
3 Double-taxed income taxable by California. Enter the amount from Part I, line 1, column (b)	<input checked="" type="radio"/> 3	506,161	00
4 California adjusted gross income. See instructions	<input checked="" type="radio"/> 4	864,141	00
5 Divide line 3 by line 4. Do not enter more than 1.0000	<input checked="" type="radio"/> 5	0.5857	
6 Multiply line 2 by line 5	<input checked="" type="radio"/> 6	43,564	00
7 Income tax liability paid to other state (use state's abbreviation) <input checked="" type="radio"/> GA See instructions	<input checked="" type="radio"/> 7	28,869	00
8 Double-taxed income taxable by other state. Enter the amount from Part I, line 1, column (c)	<input checked="" type="radio"/> 8	506,161	00
9 Adjusted gross income taxable by other state. See instructions	<input checked="" type="radio"/> 9	531,558	00
10 Divide line 8 by line 9. Do not enter more than 1.0000	<input checked="" type="radio"/> 10	0.9522	
11 Multiply line 7 by line 10	<input checked="" type="radio"/> 11	27,489	00
12 Other state tax credit. Enter the smaller of line 6 or line 11. Use credit code 187 . See instructions	<input checked="" type="radio"/> 12	27,489	00

2023

Other State Tax Credit

S

Attach to Form 540, Form 540NR, or Form 541.

Name(s) as shown on your California tax return

SSN, ITIN, or FEIN

AKSHAI K & CHANCHAL RUNCHAL

XXX-XX-5912

Part I Double-Taxed Income (Read specific line instructions for Part I before completing.)

(a) Income item(s) description	(b) Double-taxed income taxable by California	(c) Double-taxed income taxable by other state
<input checked="" type="radio"/> RENTAL INCOME	<input checked="" type="radio"/> 841,652	<input checked="" type="radio"/> 841,652
<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"/>
1 Total double-taxed income	<input checked="" type="radio"/> 841,652	<input checked="" type="radio"/> 841,652

Part II Figure Your Other State Tax Credit (Read specific line instructions for Part II before completing.)

2 California tax liability. See instructions	<input checked="" type="radio"/> 2	74,380	00
3 Double-taxed income taxable by California. Enter the amount from Part I, line 1, column (b)	<input checked="" type="radio"/> 3	841,652	00
4 California adjusted gross income. See instructions	<input checked="" type="radio"/> 4	864,141	00
5 Divide line 3 by line 4. Do not enter more than 1.0000	<input checked="" type="radio"/> 5	0.9740	
6 Multiply line 2 by line 5	<input checked="" type="radio"/> 6	72,446	00
7 Income tax liability paid to other state (use state's abbreviation) <input checked="" type="radio"/> NY See instructions	<input checked="" type="radio"/> 7	9,046	00
8 Double-taxed income taxable by other state. Enter the amount from Part I, line 1, column (c)	<input checked="" type="radio"/> 8	841,652	00
9 Adjusted gross income taxable by other state. See instructions	<input checked="" type="radio"/> 9	134,531	00
10 Divide line 8 by line 9. Do not enter more than 1.0000	<input checked="" type="radio"/> 10	1.0000	
11 Multiply line 7 by line 10	<input checked="" type="radio"/> 11	9,046	00
12 Other state tax credit. Enter the smaller of line 6 or line 11. Use credit code 187. See instructions	<input checked="" type="radio"/> 12	9,046	00

2023**Passive Activity Loss Limitations****3801****Attach to Form 540, Form 540NR, Form 541, or Form 100S.**

Name(s) as shown on tax return

SSN, ITIN, FEIN, or CA corporation no.

AKSHAI K & CHANCHAL RUNCHAL

XXX-XX-5912

Part I 2023 Passive Activity Loss

See the instructions for Part IV and Part VI for federal Form 8582, Passive Activity Loss Limitations, before completing Part I.

Be sure to **use California amounts**.**Rental Real Estate Activities with Active Participation**

1a Activities with net income from Part IV, column (a)	1a	449,735	00
1b Activities with net loss from Part IV, column (b)	1b	(84,669)	00
1c Prior year unallowed losses from Part IV, column (c)	1c	()	00
1d Combine line 1a, line 1b, and line 1c	1d	365,066	00

All Other Passive Activities

2a Activities with net income from Part V, column (a)	2a		00
2b Activities with net loss from Part V, column (b)	2b	()	00
2c Prior year unallowed losses from Part V, column (c)	2c	()	00
2d Combine line 2a, line 2b, and line 2c	2d		00
3 Combine line 1d and line 2d. If the result is net income or zero, see the instructions for line 3. If line 3 and line 1d are losses, go to line 4. Otherwise, enter -0- on line 9 and go to line 10. See instructions	3	365,066	00

Part II Special Allowance for Rental Real Estate Activities with Active Participation

Enter all numbers in Part II as positive amounts. See instructions.

4 Enter the smaller of losses from line 1d or line 3	4		00
5 Enter \$150,000. If married/RDP filing a separate tax return, see instructions	5		00
6 Enter federal modified adjusted gross income, but not less than zero. See instructions. If line 6 is greater than or equal to line 5, skip line 7 and line 8, enter -0- on line 9, and then go to line 10. Otherwise, go to line 7	6		00
7 Subtract line 6 from line 5	7		00
8 Multiply line 7 by 50% (.50). Do not enter more than \$25,000	8		00
9 Enter the smaller of line 4 or line 8	9		00

Part III Total Losses Allowed

10 Add the income, if any, from line 1a and line 2a and enter the total	10		00
11 Total losses allowed from all passive activities for 2023. Add line 9 and line 10 See the instructions on Page 2 to find out how to report the losses on your tax return.	11		00

California Passive Activity Worksheet (See General Instructions for Step 1.)Use this worksheet to figure California income (loss) from passive activities **before** application of passive activity loss (PAL) rules.

(a) Passive Activity Enter a description of the activity	(b) Federal Schedule Enter the name of the federal form or schedule on which you reported the activity	(c) California Schedule Enter the name of the California form or schedule, if any, used to calculate the California adjustment	(d) Federal Amount Enter your current year federal net income (loss) before application of the PAL rules	(e) California Adjustment Enter any adjustment resulting from differences in federal and California law	(f) California Amount Combine column (d) and column (e)
Statement #710					

California Adjustment Worksheets (See General Instructions for Step 4.)Use these worksheets to figure your California adjustments **after** application of the PAL rules.

(a) Activities Enter a description of the activity. Group activities by the federal schedules on which they were reported	(b) Passive or Nonpassive Enter the character of the activity as passive or nonpassive for California purposes	(c) California Amount Enter the California net income (loss) from the activity after application of the PAL rules	(d) Federal Amount Enter the federal net income (loss) from the activity after application of the PAL rules	(e) California Adjustment Subtract the Total amount of column (d) from the Total amount of column (c) and enter the difference in column (e) below. Individuals should transfer this amount to Schedule CA (540 or 540NR) as follows:
---	--	---	---	---

(a) Schedule C Activities	(b) Passive or Nonpassive	(c) California Amount	(d) Federal Amount	(e) California Adjustment
				If the amount below is positive , transfer the amount to Sch. CA (540), Part I or Sch. CA (540NR), Part II, Section B, line 3, column C.
Total		1(c)	1(d)*	1(e)

(a) Schedule E Activities	(b) Passive or Nonpassive	(c) California Amount	(d) Federal Amount	(e) California Adjustment
Statement #714				If the amount below is positive , transfer the amount to Sch. CA (540), Part I or Sch. CA (540NR), Part II, Section B, line 5, column C.
Total		2(c) 762,932	2(d)** 763,149	2(e) (217)

(a) Schedule F Activities	(b) Passive or Nonpassive	(c) California Amount	(d) Federal Amount	(e) California Adjustment
				If the amount below is positive , transfer the amount to Sch. CA (540), Part I or Sch. CA (540NR), Part II, Section B, line 6, column C.
Total		3(c)	3(d)***	3(e)

* This amount should be the same as the amount reported on Sch. CA (540), Part I or Sch. CA (540NR), Part II, Section B, line 3, column A.

** This amount should be the same as the amount reported on Sch. CA (540), Part I or Sch. CA (540NR), Part II, Section B, line 5, column A.

*** This amount should be the same as the amount reported on Sch. CA (540), Part I or Sch. CA (540NR), Part II, Section B, line 6, column A.

Part IV through Part IX are **not** required to be filed with your California tax return and may be detached before filing form FTB 3801. Keep a copy for your records. Refer to the instructions for federal Form 8582 for specific instructions on how to complete Part IV through Part IX.

Part IV Complete this part before Part I, line 1a, line 1b, and line 1c.

	Current year		Prior year	Overall gain or loss	
	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
Name of activity					
SEE CAWK3801					
Total. Enter on Part I, line 1a, line 1b, and line 1c ▶	449,735	84,669			

Part V Complete this part before Part I, line 2a, line 2b, and line 2c.

	Current year		Prior year	Overall gain or loss	
	(a) Net income (line 2a)	(b) Net loss (line 2b)	(c) Unallowed loss (line 2c)	(d) Gain	(e) Loss
Name of activity					
Total. Enter on form Part I, line 2a, line 2b, and line 2c ▶					

Part VI Use this part if an amount is shown on Part II, line 9.

Name of activity	Form or schedule to be reported on	(a) Loss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a)
Total ▶			1.00		

Part VII Allocation of Unallowed Losses

Name of activity	Form or schedule to be reported on	(a) Loss	(b) Ratio	(c) Unallowed loss
Total ▶			1.00	

Part VIII Allowed Losses

Name of activity	Form or schedule to be reported on	(a) Loss	(b) Unallowed loss	(c) Allowed loss
SEE CAWK3801.PG5				
Total ▶		84,669		84,669

(Keep for your records)

Name(s) as shown on return

California ID Number

AKSHAI K & CHANCHAL RUNCHAL

XXX-XX-5912

Worksheet 1

For form FTB 3801, line 1a, line 1b, and line 1c

[illegible]

(Keep for your records)

Name(s) as shown on return

California ID Number

AKSHAI K & CHANCHAL RUNCHAL

XXX-XX-5912

Worksheet 5 Allowed Losses

[illegible]

CA 3801 Passive Activity Loss Limitations

2023

California Adjustment Worksheet - Schedule E Activities

Statement #714

Use this worksheet to figure your California adjustments **after** application of the PAL rules.

PG01

Name(s) shown on return

Identifying Number

AKSHAI K & CHANCHAL RUNCHAL

XXX-XX-5912

(a) Activities	(b) Passive or Nonpassive	(c) California Amount	(d) Federal Amount	(e) California Adjustment
3106 INGLEWO	P	(36,338)	(36,338)	If the amount below is positive , transfer the amount to Sch. CA (540), Part I or Sch. CA (540NR), Part II, Section B, line 5, column C.
12029 CLOVER	P	31,427	31,428	
CARRIAGE OAK	P	81,550	81,550	
TOWN CRST VI	P	79,725	79,725	
MEADOW GLEN	P	122,502	122,502	If the amount below is negative , transfer the amount to Sch. CA (540), Part I or Sch. CA (540NR), Part II, Section B, (as a positive amount) line 5, col. B.
FLEETPRIDE	P	49,184	49,184	
GRAMERCY	P	(44,168)	(44,168)	
ROCHESTER-22	P	85,347	85,347	
BERKELEY FAM	P	(4,163)	(3,947)	
MD LIVE OAK	N	210,875	210,875	
MD LIVE OAK	N	210,875	210,875	
BRADY CAP 11	N	(11,941)	(11,941)	
BRADY CAP 11	N	(11,943)	(11,943)	
		762,932	763,149	

2023

Depreciation and Amortization Adjustments

3885A

Do not complete this form if your California depreciation amounts are the same as federal amounts.

Name(s) as shown on tax return

AKSHAI K & CHANCHAL RUNCHAL

SSN or ITIN

XXX-XX-5912

Part I Identify the Activity as Passive or Nonpassive (See instructions.)1 ☒ This form is being completed for a passive activity.☐ This form is being completed for a nonpassive activity.

Business or activity to which form FTB 3885A relates

SCH E - 2

Part II Election to Expense Certain Tangible Property (IRC Section 179)

2 Enter the amount from line 12 of the Tangible Property Expense Worksheet in the instructions

2

Part III Depreciation

	(a) Description of property placed in service	(b) Date placed in service mm/dd/yyyy	(c) California basis for depreciation	(d) Method	(e) Life or rate	(f) California depreciation deduction
3						

4	Add the amounts on line 3, column (f)	4	
5	California depreciation for assets placed in service prior to 2023	5	8,488
6	Total California depreciation from this activity. Add the amounts on line 2, line 4, and line 5	6	8,488
7	Total federal depreciation from this activity. Enter depreciation from federal Form 4562, line 22	7	8,487
8 a	If line 6 is more than line 7, enter the difference here and see instructions	8a	1
8 b	If line 6 is less than line 7, enter the difference here and see instructions	8b	

Part IV Amortization

	(a) Description of cost	(b) Date amortization begins mm/dd/yyyy	(c) California basis for amortization	(d) Code section	(e) Period or percentage	(f) California amortization deduction
9						

10	Total California amortization from this activity. Add the amounts on line 9, column (f)	10	
11	California amortization of costs that began before 2023	11	
12	Total California amortization from this activity. Add the amounts on line 10 and line 11	12	
13	Total federal amortization from this activity. Enter amortization from federal Form 4562, line 44	13	
14 a	If line 12 is more than line 13, enter the difference here and see instructions	14a	
14 b	If line 12 is less than line 13, enter the difference here and see instructions	14b	

TAXABLE YEAR

FORM

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

Your name

AKSHAI K RUNCHAL

Your SSN or ITIN

XXX-XX-5912

Spouse's/RDP's name

CHANCHAL RUNCHAL

Spouse's/RDP's SSN or ITIN

XXX-XX-5200

Part I Tax Return Information (whole dollars only)

1 California adjusted gross income (AGI). See instructions **1** 864141

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

3 Refund or no amount due. See instructions **3** _____

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

Under penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying schedules and statements for the tax year ending December 31, 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 J ARORA INC to enter my PIN

ERO firm name

7 0 8 4 6

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 ► 07-30-2024

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

☒ I authorize J ARORA INC to enter my PIN

ERO firm name

8 1 0 2 0

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 ► 07-30-2024

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.

9 6 2 6 0 7 5 0 3 4 6

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 ► JAGJIT SINGH ARORA, E.A Date ► 07-30-2024

CAWK_USE	California Use Tax Worksheet	2023
Name(s) as shown on return AKSHAI K & CHANCHAL RUNCHAL		California ID Number XXX-XX-5912

Round all amounts to the nearest whole dollar.

1. Enter purchases from out-of-state sellers made without payment of California sales/use tax. See worksheet instructions \$.00
2. Enter the applicable sales and use tax rate. See worksheet instructions
3. Multiply line 1 by the tax rate on line 2. Enter result here \$.00
4. Enter any sales or use tax paid to another state for purchases included on line 1. See worksheet instructions \$.00
5. Total Use Tax Due. Subtract line 4 from line 3. This is the total use tax due. If amount is less than zero, enter -0- \$.00

Client Copy

CAWK_TEI

**For your records only.
Tax Exempt Interest Worksheet**

2023 Tax Exempt Int
FD/ST Summary

Name(s) as shown on state return

AKSHAI K & CHANCHAL RUNCHAL

Social Security Number

XXX-XX-5912

Federal

	Taxpayer	Spouse	Total
1099-Int (Line 8)	3,272	3,273	6,545
Schedule K-1 Tax Exempt Interest (1041 Ln 14, 1065 Ln 18, 1120S Ln 16)			
1099-Div (Line 11)			
1099-OID (Line 11)			
Subtotal:	3,272	3,273	6,545

Federal's Computation

Tax Exempt Interest Income (Federal Amount)	3,272	3,273	6,545
---	-------	-------	-------

State

	Taxpayer	Spouse	Total
1099-Int (Line 3) U.S. Gov't Interest			
1099-Int Ln 8 & 1099-Div Ln 11 Federal Tax Exempt Interest	3,272	3,273	6,545
1099-OID (Line 11)			
Schedule K-1 Tax Exempt Interest (1041 Ln 14, 1065 Ln 18, 1120S Ln 16)			
Schedule K-1 U.S. Gov't Interest (1041, 1065, 1120S)			
State tax-exempt interest & dividends taxable to Federal			
Less U.S. Savings Bond Interest previously reported			
Less Federal 8815 - Line 14			
1099-Div (Box 1a) U.S. Gov't dividends			
Less Other state municipal interest & dividends			
Subtotal:	3,272	3,273	6,545

State's Computation

Tax Exempt Interest Income (State Amount)	3,272	3,273	6,545
---	-------	-------	-------

Federal

U.S. Gov't interest	Total:		
-------------------------------	---------------	--	--

State

U.S. Gov't interest	Total:		
-------------------------------	---------------	--	--

Documentation Only

Int Screen amount of box 8 less box 13 and Div Screen Amount of box 10

Resident state municipal interest & dividends	3,272	3,273	6,545
---	-------	-------	-------

CAWK_REF	2023 Taxable State / Local Refund Carries to Federal worksheet WK_REF23 to determine total Taxable Refunds	2023
Name(s) as shown on return AKSHAI K & CHANCHAL RUNCHAL		Your Social Security Number XXX-XX-5912
<div><div>A. State / Local Refund</div><div>A1. Bottom line on return, after state adjustments</div><div>A2. Adjustments to Line A1</div><div>A3. Total Adjusted State/Local Refund (Line A1 Less A2)</div><div>A.</div></div>		
<div><div>B. Applied amounts</div><div>B1. Total Contributions, Donation, Checkoffs (Will carry to 2024 Sch A)</div><div>B2. Penalty and/or interest</div><div>B3. Overpayment applied to 2024 (Will carry to 2024 ES screen)48,691</div><div>B4. Other Tax (Use tax, Property tax,Tangible tax, etc)</div><div>B5. Total applied amounts (Total of B1 thru B4)</div><div>B.</div></div>		
<div><div>C. Subtotal: State / Local Refund plus Applied amounts (Line A plus line B)</div><div>C.</div></div>		
<div><div>D. Payments</div><div>D1. Tax withheld/2023 payments deducted on Schedule A133,536</div><div>D2. 4th quarter estimate and extension paid in 2024</div><div>D3. Total payments applied to 2023 State / Local tax return (Total of D1 thru D2)</div><div>D.</div></div>		
<div><div>E. Allocation of Payments</div><div>E1. Percent of payments made in 2023 (D1 divided by D3)1.0000</div><div>E2. Line C multiplied by line E148,691</div><div>E3. Percent of payments made in 2024 (D2 divided by D3)</div><div>E4. Line C multiplied by line E3</div></div>		
<div><div>F. Potential Taxable State / Local Refund (Lesser of E2 or D1, BUT NOT LESS THAN ZERO)</div><div>F.</div></div>		
<div><div>G. Taxes paid in 2024 deductible on 2024 Schedule A</div><div>G1. 4th quarter estimate and extension paid in 2024 (From line D2)</div><div>G2. Balance of refund that did not carry to the 1040, line 10 (From line E4)</div><div>G3. Adjusted taxes paid in 2024 allowed to carry to 2024 Sch A (Line G1 less line G2)</div><div>G.</div></div>		
<div>Subject to tax benefit rules</div>		

CAWK_IRA

For your records only.
Total IRA Distributions Worksheet2023 IRA
FD/ST Summary

Name(s) as shown on state return

AKSHAI K & CHANCHAL RUNCHAL

Social Security Number

XXX-XX-5912

Federal

1099R (Line 1)

Income Screen (Line 4a)

Taxpayer

Spouse

Total

45,895

45,895

Subtotal:

45,895

45,895

Federal's Computation

Total IRA Distributions (Amount carrying to the Federal)

45,895

45,895

State

1099R (Line 1 or Line 14 if state distribution)

Income Screen (Line 4a)

Taxpayer

Spouse

Total

45,895

45,895

Subtotal:

45,895

45,895

State's Computation

Total IRA Distributions (Amount carrying to the State)

45,895

45,895

Name(s)

AKSHAI K & CHANCHAL RUNCHAL

California ID Number

XXX-XX-5912

Line 32 - Exemption Credits

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

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

If your filing status is:	Is Form 540 line 13 more than:
Single or married/RDP filing separately	\$237,035
Married/RDP filing jointly or qualifying surviving spouse/RDP	\$474,075
Head of household	\$355,558

Yes Complete the AGI Limitation Worksheet on this page.

No Follow the instructions on Form 540, line 32.

a Enter the amount from Form 540, line 13	a <u>908,116.</u>
b Enter the amount for your filing status on line b:	
• Single or married/RDP filing separately \$237,035	
• Married/RDP filing jointly or qualifying surviving spouse/RDP \$474,075	b <u>474,075.</u>
• Head of household \$355,558	
c Subtract line b from line a	c <u>434,041.</u>
d Divide line c by \$2,500 (\$1,250 if married/RDP filing separately). If the result is not a whole number, round it to the next higher whole number	d <u>174.</u>
e Multiply line d by \$6	e <u>1,044.</u>
f Add the numbers from the boxes on Form 540, lines 7, 8, and 9 (not the dollar amounts)	f <u>4.</u>
g Multiply line e by line f	g <u>4,176.</u>
h Add the total dollar amount from Form 540, lines 7, 8, and 9	h <u>576.</u>
i Subtract line g from line h. If zero or less, enter -0-	i <u>0.</u>
j Enter the number from the box on Form 540, line 10 (not the dollar amount)	j <u> </u>
k Multiply line e by line j	k <u> </u>
l Enter the dollar amount from Form 540, line 10	l <u> </u>
m Subtract line k from line l. If zero or less, enter -0-	m <u>0.</u>
n Add line i and line m. Enter the result here and on Form 540, line 32	n <u>0.</u>

Do not file with California. Keep for your records.

CAWK_E

For your records only.
Rents, royalties, partnerships, estates, etc... Worksheet

2023 Schedule E
 FD/ST Summary

Name(s) as shown on state return

AKSHAI K & CHANCHAL RUNCHAL

Social Security Number

XXX-XX-5912

Federal

	Taxpayer	Spouse	Total
Rental/Royalty Income	182,107	187,123	369,230
Federal 4835 Farm Rental			
Partnership income (Total active & passive)	198,934	194,985	393,919
Estate/trust income (Total active & passive)			
Subchapter S income (Total active & passive)			
Federal REMIC Schedule Q			
Section 179 Deduction			
Federal 8829 Office in Home deduction			

Subtotal:

381,041	382,108	763,149
---------	---------	---------

Federal's Computation

Total Rents, Royalties, Partnerships, Estates, etc.. (Amount carrying to the Federal) .

381,041	382,108	763,149
---------	---------	---------

State

	Taxpayer	Spouse	Total
Rental/Royalty Income	182,107	187,123	369,230
Federal 4835 Farm Rental			
Partnership income (Total active & passive)	198,934	194,769	393,703
Estate/trust income (Total active & passive)			
Subchapter S income (Total active & passive)			
Federal REMIC Schedule Q			
Section 179 Deduction			
Federal 8829 Office in Home deduction			

Subtotal:

381,041	381,892	762,933
---------	---------	---------

State's Computation

Total Rents, Royalties, Partnerships, Estates, etc.. (Amount carrying to the State) . .

381,041	381,892	762,933
---------	---------	---------

CAWK_SSB

Social Security Benefits Worksheet Figuring Your Taxable Benefits

(Keep for your records)

2023

Name(s) as shown on return

AKSHAI K & CHANCHAL RUNCHAL

Your Social Security Number

XXX-XX-5912

1. Enter the total amount from **box 5** of **ALL** your **Forms SSA-1099** and **RRB-1099**. Also

enter this amount on Form 1040 or 1040-SR, line 6a 1. 51,480

2. Multiply line 1 by 50% (0.50) 2. 25,740

3. Combine the amounts from Form 1040 or 1040-SR, lines 1z, 2b, 3b, 4b, 5b, 7, and 8 3. 864,358

4. Enter the amount, if any, from Form 1040 or 1040-SR, line 2a 4. 6,545

5. Enter the total of any exclusions/adjustments for:

- Adoption benefits (Form 8839, line 28),
- Foreign earned income or housing (Form 2555, lines 45 and 50), and
- Certain income of bona fide residents of American Samoa (Form 4563, line 15) or Puerto Rico 5.

6. Combine lines 2, 3, 4, and 5 above 6. 896,643

7. Enter the amounts from Form 1040 or 1040-SR, Schedule 1, lines 11 through 20, and 23 and 25 7.

8. Is the amount on line 7 less than the amount on line 6?

No. STOP None of your social security benefits are taxable. Enter -0- on Form 1040 or 1040-SR, line 6b.

- ☒ **Yes.** Subtract line 7 from line 6 8. 896,643

9. If you are:

- Married filing jointly, enter \$32,000; or
- Single, head of household, qualifying surviving spouse, or married filing separately and you **lived apart** from your spouse for all of 2023, enter \$25,000 9. 32,000

Note. If you are married filing separately and you lived with your spouse at any time in 2023, skip lines 9 through 16; multiply line 8 by 85% (0.85) and enter the result on line 17. Then, go to line 18.

10. Is the amount on line 9 less than the amount on line 8?

No. STOP None of your benefits are taxable. Enter -0- on Form 1040 or 1040-SR, line 6b. If you are married filing separately and you **lived apart** from your spouse for all of 2023, be sure you entered "D" to the right of the word "benefits" on line 6a.

- ☒ **Yes.** Subtract line 9 from line 8 10. 864,643

11. Enter \$12,000 if married filing jointly; or \$9,000 if single, head of household, qualifying surviving spouse, or married filing separately and you **lived apart** from your spouse for all of 2023 11. 12,000

12. Subtract line 11 from line 10. If zero or less, enter -0- 12. 852,643

13. Enter the **smaller** of line 10 or line 11 13. 12,000

14. Multiply line 13 by 50% (0.50) 14. 6,000

15. Enter the **smaller** of line 2 or line 14 15. 6,000

16. Multiply line 12 by 85% (0.85). If line 12 is zero, enter -0- 16. 724,747

17. Add lines 15 and 16 17. 730,747

18. Multiply line 1 by 85% (0.85) 18. 43,758

19. **Taxable benefits.** Enter the **smaller** of line 17 or line 18. Also enter this amount on Form 1040 or 1040-SR, line 6b 19. 43,758

Note: a. If both spouses received SS benefits, the taxable amount is allocated between the spouses in the ratio of the benefits received by one spouse to the total benefits received.

Taxpayer's portion

29,178

Spouse's portion

14,580

b. If only one spouse received benefits, that spouse should report the portion of the benefits that is taxable.

Notes about SS benefits:

CANOTES	Notes about the return	2023 PAGE 1
Name(s) as shown on return AKSHAI K & CHANCHAL RUNCHAL		SSN/FEIN XXX-XX-5912
70	Schedule CA is present in this return therefore the short form will be suppressed and the long form will be produced.	
77	Principal Residence has been populated automatically by the software based on the resident state and street address on federal screen 1. If the information is not correct please use the CA screen ADDR - Principal Address Information to correct the data.	
140	<p>If you want to suppress the state's notes page from generating when it only concerns long form versus short form do the following:</p> <p>Escape out of the tax package data entry screen, go to Setup-Options-States tab. Select CA from the list; check box for "Suppress the CA Notes Page concerning ONLY the reason a short form did not print."</p> <p>Note: This will turn off ONLY notes about why a California short form was not generated.</p>	
400	<p>Mandatory E-Pay Information</p> <p>This client may be required to make their payments electronically (Mandatory E-Pay)</p> <p>Starting January 1, 2011, the mandatory e-pay penalty will be assessed when a person required to make payments electronically pays using any other method.</p> <p>The penalty is equal to one percent (1%) of the amount paid, unless failure to pay was for reasonable cause and not willful neglect. (Revenue and Taxation Code section 19011.5)</p> <p>SB 1389 (Enacted September 30, 2008) added Section 19011.5 to the Revenue & Taxation Code, requiring some taxpayers to make their tax payments using an electronic method (Mandatory E-Pay).</p> <p>Electronic payments are required once a person:</p> <ol style="list-style-type: none"> 1. Makes an estimate tax or extension payment (by check or electronic method) over \$20,000. 2. Files an original tax return with a tax liability over \$80,000. <p>Taxpayers whose tax thresholds fall below the mandatory e-pay amounts may request to discontinue making electronic payments. In March 2009, FTB will provide a waiver form for taxpayers to file.</p>	

CA-COMP	Three-year State Tax Return Comparison			2023
Name(s) as shown on return AKSHAI K & CHANCHAL RUNCHAL			Taxpayer ID Number XXX-XX-5912	
[State] Income Tax Return	2021	2022	2023	Difference 2022-2023
Filing Status	MFJ	MFJ	MFJ	
Gross Income	1,222,429	776,261	908,116	131,855
Additions				
Subtractions	38,009	40,256	43,975	3,719
Exemptions	516	560	576	16
Standard Deduction			10,726	10,726
Itemized Deduction	10,708	39,586		(39,586)
Deductions	10,708	39,586		(39,586)
Taxable Income	1,173,712	696,419	853,415	156,996
Actual State Income				
State Income Tax	91,315	27,149	37,845	10,696
Local Taxes				
Use Tax				
Contributions				
Income Tax Withheld				
Estimates and Extension payments	125,577	83,685	86,536	2,851
Underpayment Penalty				
Overpayment Applied to Next Year	48,685	56,536	48,691	(7,845)
Refund				
Balance Due				
Marginal tax rate	11.300000	10.300000	11.300000	1.000000
Effective tax rate	7.780000	3.900000	4.430000	0.530000



Section C - Adjustments to Income		A	B	C
Continued		Federal Amounts (taxable amounts from your federal tax return)	Subtractions See instructions	Additions See instructions
24	Other adjustments:			
a	Jury duty pay 24a			
b	Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit 24b			
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m 24c			
d	Reforestation amortization and expenses 24d			
e	Repayment of supplemental unemployment benefits under the federal Trade Act of 1974 . . . 24e			
f	Contributions to IRC Section 501(c)(18)(D) pension plans 24f			
g	Contributions by certain chaplains to IRC Section 403(b) plans 24g			
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims 24h			
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			
j	Housing deduction from federal Form 2555 . . . 24j			
k	Excess deductions of IRC Section 67(e) expenses from federal Schedule K-1 (Form 1041) 24k			
z	Other adjustments. List type and amount.			
	24z			
25	Total other adjustments. Add line 24a through line 24z 25			
26	Add line 11 through line 23 and line 25 in columns A, B, and C. See instructions 26			
27	Total. Subtract line 26 from line 10 in columns A, B, and C. See instructions 27	908116	43975	



Part II 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	15285		
Enter amount from federal Form 1040 or 1040-SR, line 11 2	908116		
3 Multiply line 2 by 7.5% (0.075) 3	68109		
4 Subtract line 3 from line 1. If line 3 is more than line 1, enter 0 4			
Taxes You Paid			
5 a State and local income tax or general sales taxes 5a	158292	158292	
b State and local real estate taxes 5b			
c State and local personal property taxes 5c			
d Add line 5a through line 5c 5d	158292		
e 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	10000	158292	148292
6 Other taxes. List type 6			
7 Add line 5e and line 6 7	10000	158292	148292
Interest You Paid			
8 a Home mortgage interest and points reported to you on federal Form 1098 8a	24719		8776
b Home mortgage interest not reported to you on federal Form 1098 8b			
c Points not reported to you on federal Form 1098 8c			
d Reserved for future use 8d			
e Add line 8a through line 8c 8e	24719		8776
9 Investment interest 9			
10 Add line 8e and line 9 10	24719		8776

2023 GA500 Filing Instructions
AKSHAI K & CHANCHAL RUNCHAL

Form filed:

GA500 and supplemental forms and schedules

Filing method:

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

Due date:

10-15-2024

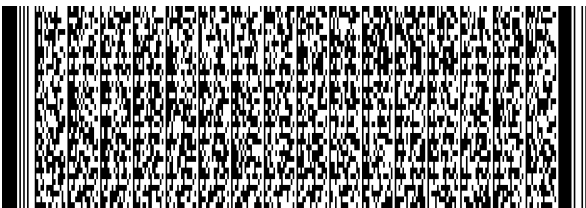
Overpayment Applied:

The full overpayment of \$18,131.00 will be applied to the 2024 liability

Client Copy



2400402615

**Georgia Form 500** (Rev. 08/30/23)

Individual Income Tax Return

Georgia Department of Revenue

2023 (Approved software version)**Page 1**Fiscal Year
Beginning 01/01/2023STATE CA
ISSUEDFiscal Year
Ending 12/31/2023YOUR DRIVER'S
LICENSE/STATE ID N58305841. YOUR FIRST NAME
AKSHAIMI
KYOUR SOCIAL SECURITY NUMBER
XXX-XX-5912LAST NAME (For Name Change See IT-511 Tax Booklet)
RUNCHAL

SUFFIX

SPOUSE'S FIRST NAME
CHANCHAL

MI

SPOUSE'S SOCIAL SECURITY NUMBER
XXX-XX-5200LAST NAME
RUNCHAL

SUFFIX

DEPARTMENT USE ONLY

2. ADDRESS (NUMBER AND STREET or P.O. BOX) (Use 2nd address line for Apt, Suite or Building Number)
1931 STRADELLA RD

CHECK IF ADDRESS HAS CHANGED

3. CITY (Please insert a space if the city has multiple names)
LOS ANGELESSTATE ZIP CODE
CA 90077-2320

(COUNTRY IF FOREIGN)

4. Enter your Residency Status with the appropriate number

Residency Status
4. 3

1. FULL-YEAR RESIDENT 2. PART-YEAR RESIDENT

TO

3. NONRESIDENT

Omit Lines 9 thru 14 and use Form 500 Schedule 3 if you are a part-year or nonresident filer.

5. Enter Filing Status with appropriate letter (See IT-511 Tax Booklet)

Filing Status
5. B

A. Single B. Married filing joint C. Married filing separate (Spouse's social security number must be entered above) D. Head of Household or Qualifying Surviving Spouse

6. Number of exemptions (Check appropriate box(es) and enter total in 6c.)

6a. Yourself X 6b. Spouse X 6c. 2

7a. Number of Qualified Dependents*

7b. Number of Unborn Dependents

7c. Total Number of Dependents

*Enter details on Line 7d., and DO NOT include yourself, spouse and/or your unborn dependents. See IT-511 Tax Booklet.

All Pages (1-5) are required for processing



YOUR SOCIAL SECURITY NUMBER
XXX-XX-5912

7d. Qualified Dependents. (If you have more than 4 dependents, attach a list of additional dependents)

First Name, MI. Last Name
Social Security Number Relationship to You

First Name, MI. Last Name
Social Security Number Relationship to You

First Name, MI. Last Name
Social Security Number Relationship to You

First Name, MI. Last Name
Social Security Number Relationship to You

INCOME COMPUTATIONS

If amount on line 8, 9, 10, 13 or 15 is negative, use the minus sign (-). Example -3456.

8. Federal adjusted gross income (From Federal Form 1040) 8. 908116

(Do not use FEDERAL TAXABLE INCOME) If the amount on Line 8 is \$40,000 or more, or your gross income is less than your W-2s you must include a copy of your Federal Form 1040 Pages 1, 2, and Schedule 1.

9. Adjustments from Form 500 Schedule 1 (See IT-511 Tax Booklet) 9.

10. Georgia adjusted gross income (Net total of Line 8 and Line 9) 10.

11. Standard Deduction (Do not use FEDERAL STANDARD DEDUCTION) 11a.
(See IT-511 Tax Booklet)

b. Self: 65 or over? Blind? Total x 1,300= 11b

Spouse: 65 or over? Blind?

c. Total Standard Deduction (Line 11a + Line 11b) 11c.

Use EITHER Line 11c OR Line 12c (Do not write on both lines)

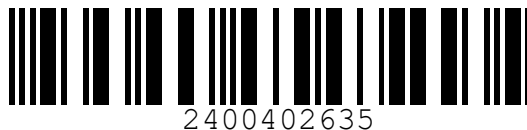
12. Total Itemized Deductions used in computing Federal Taxable Income. If you use itemized deductions, you must include Federal Schedule A.

a. Federal Itemized Deductions (Schedule A-Form 1040) 12a.

b. Less adjustments: (See IT-511 Tax Booklet) 12b.

c. Georgia Total Itemized Deductions 12c.

13. Subtract either Line 11c or Line 12c from Line 10; enter balance 13.



YOUR SOCIAL SECURITY NUMBER
XXX-XX-5912

Page 3

14a. Enter the number from Line 6c. Multiply by \$2,700 for filing status A or D 14a.
or multiply by \$3,700 for filing status B or C

14b. Enter the number from Line 7c. Multiply by \$3,000 14b.

14c. Add Lines 14a. and 14b. Enter total 14c.

15a. Income before GA NOL (Line 13 less Line 14c or Schedule 3, Line 14) 15a. 506161

15b. Georgia NOL utilized (Cannot exceed Line 15a or the amount after
applying the 80% limitation, see IT-511 Tax Booklet for more information) . . . 15b.

15c. Georgia Taxable Income (Line 15a less Line 15b) 15c. 506161

16. Tax (Use Tax Rate Schedule in the IT-511 Tax Booklet) 16. 28869

17. Low Income Credit 17a. 17b. 17c.

18. Other State(s) Tax Credit (Include a copy of the other state(s) return) 18.

19. Credits used from IND-CR Summary Worksheet 19.

20. **Total Credits Used from Schedule 2 Georgia Tax Credits (must be filed
electronically)** 20.

21. Total Credits Used (sum of Lines 17-20) cannot exceed Line 16 21.

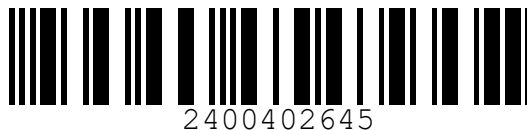
22. Balance (Line 16 less Line 21) if zero or less than zero, enter zero 22. 28869

INCOME STATEMENT DETAILS Only enter income on which Georgia tax was withheld. Enter income from W-2s, 1099s, and G2-As on Line 4
GA Wages/Income. For other income statements complete Line 4 using the income reported from **Form G2-RP Line 12 or 13; Form G2-LP Line
11, or for Form G2-FL enter zero.**

(INCOME STATEMENT A)			(INCOME STATEMENT B)			(INCOME STATEMENT C)		
1. WITHHOLDING TYPE:	1. WITHHOLDING TYPE:	1. WITHHOLDING TYPE:	1. WITHHOLDING TYPE:	1. WITHHOLDING TYPE:	1. WITHHOLDING TYPE:	1. WITHHOLDING TYPE:	1. WITHHOLDING TYPE:	1. WITHHOLDING TYPE:
W-2	G2-A	G2-LP	W-2	G2-A	G2-LP	W-2	G2-A	G2-LP
1099	G2-FL	G2-RP	1099	G2-FL	G2-RP	1099	G2-FL	G2-RP
2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN	2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN	2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN	2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN	2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN	2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN	2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN	2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN	2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN
3. EMPLOYER/PAYER STATE WITHHOLDING ID	3. EMPLOYER/PAYER STATE WITHHOLDING ID	3. EMPLOYER/PAYER STATE WITHHOLDING ID	3. EMPLOYER/PAYER STATE WITHHOLDING ID	3. EMPLOYER/PAYER STATE WITHHOLDING ID	3. EMPLOYER/PAYER STATE WITHHOLDING ID	3. EMPLOYER/PAYER STATE WITHHOLDING ID	3. EMPLOYER/PAYER STATE WITHHOLDING ID	3. EMPLOYER/PAYER STATE WITHHOLDING ID
4. GA WAGES / INCOME	4. GA WAGES / INCOME	4. GA WAGES / INCOME	4. GA WAGES / INCOME	4. GA WAGES / INCOME	4. GA WAGES / INCOME	4. GA WAGES / INCOME	4. GA WAGES / INCOME	4. GA WAGES / INCOME
5. GA TAX WITHHELD	5. GA TAX WITHHELD	5. GA TAX WITHHELD	5. GA TAX WITHHELD	5. GA TAX WITHHELD	5. GA TAX WITHHELD	5. GA TAX WITHHELD	5. GA TAX WITHHELD	5. GA TAX WITHHELD

PLEASE COMPLETE INCOME STATEMENT DETAILS ON PAGE 4.

All Pages (1-5) are required for processing



YOUR SOCIAL SECURITY NUMBER
XXX-XX-5912

Page 4

(INCOME STATEMENT D)

1. WITHHOLDING TYPE:
W-2 G2-A G2-LP
1099 G2-FL G2-RP
2. EMPLOYER/PAYER FEDERAL
ID NUMBER (FEIN) SSN
3. EMPLOYER/PAYER STATE WITHHOLDING ID
4. GA WAGES / INCOME
5. GA TAX WITHHELD

(INCOME STATEMENT E)

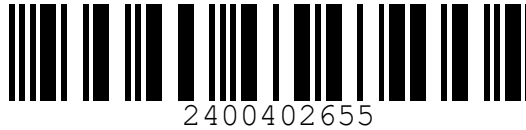
1. WITHHOLDING TYPE:
W-2 G2-A G2-LP
1099 G2-FL G2-RP
2. EMPLOYER/PAYER FEDERAL
ID NUMBER (FEIN) SSN
3. EMPLOYER/PAYER STATE WITHHOLDING ID
4. GA WAGES / INCOME
5. GA TAX WITHHELD

(INCOME STATEMENT F)

1. WITHHOLDING TYPE:
W-2 G2-A G2-LP
1099 G2-FL G2-RP
2. EMPLOYER/PAYER FEDERAL
ID NUMBER (FEIN) SSN
3. EMPLOYER/PAYER STATE WITHHOLDING ID
4. GA WAGES / INCOME
5. GA TAX WITHHELD

23. Georgia Income Tax Withheld on Wages and 1099s 23. 47000
(Enter Tax Withheld Only and include W-2s and/or 1099s)
24. Other Georgia Income Tax Withheld 24.
(Must include G2-A, G2-FL, G2-LP and/or G2-RP)
25. Estimated Tax paid for 2023 and Form IT-560 25. 47000
26. Schedule 2B Refundable Tax Credits 26.
(Cannot be claimed unless filed electronically)
27. Total prepayment credits (Add Lines 23, 24, 25 and 26) 27. 47000
28. If Line 22 exceeds Line 27, subtract Line 27 from Line 22 and enter
balance due 28.
29. If Line 27 exceeds Line 22, subtract Line 22 from Line 27 and enter
overpayment 29. 18131
30. Amount to be credited to 2024 ESTIMATED TAX 30. 18131
31. Georgia Wildlife Conservation Fund (No gift of less than \$1.00) 31.
32. Georgia Fund for Children and Elderly (No gift of less than \$1.00) 32.
33. Georgia Cancer Research Fund (No gift of less than \$1.00) 33.
34. Georgia Land Conservation Program (No gift of less than \$1.00) 34.
35. Georgia National Guard Foundation (No gift of less than \$1.00) 35.
36. Dog & Cat Sterilization Fund (No gift of less than \$1.00) 36.
37. Saving the Cure Fund (No gift of less than \$1.00) 37.
38. Realizing Educational Achievement Can Happen (REACH) Program 38.
(No gift of less than \$1.00)

Georgia Form **500**
Individual Income Tax Return
Georgia Department of Revenue
2023 Page 5



YOUR SOCIAL SECURITY NUMBER
XXX-XX-5912

39. Public Safety Memorial Grant (No gift of less than \$1.00) 39.
40. Disabled Veterans' Scholarship Fund (No gift of less than \$1.00) 40.
41. Form 500 UET (Estimated tax penalty) 500 UET exception attached 41.
42. Penalty: Late Payment and/or Late Filing 42.
43. Interest 43.
44. (If you owe) Add Lines 28, 31 through 43 44.

MAKE CHECK PAYABLE TO GEORGIA DEPARTMENT OF REVENUE.
Mail To: GEORGIA DEPARTMENT OF REVENUE PROCESSING CENTER,
PO BOX 740399 ATLANTA, GA 30374-0399

45. (If you are due a refund) Subtract the sum of Lines 30 thru 43 from Line 29
THIS IS YOUR REFUND 45.

Refund Due Mail To: GEORGIA DEPARTMENT OF REVENUE PROCESSING CENTER,
PO BOX 740380 ATLANTA, GA 30374-0380

If you do not enter Direct Deposit information or if you are a first time filer you will be issued a paper check.

45a. Direct Deposit (U.S. Accounts Only) Type: Checking Savings

Routing
Number

Account
Number

Mail pages 1-5 and any applicable schedules, forms, and documentation. DO NOT staple pages.

I/We declare under the penalties of perjury that I/we have examined this return (including accompanying schedules and statements) and to the best of my/our knowledge and belief, it is true, correct, and complete. If prepared by a person other than the taxpayer(s), this declaration is based on all information of which the preparer has knowledge.

Taxpayer's Signature (Check box if deceased)

Spouse's Signature (Check box if deceased)

Taxpayer's Date of Death

Spouse's Date of Death

Taxpayer's Signature Date
07/30/2024

Taxpayer's Phone Number
310-471-5013

Spouse's Signature Date
07/30/2024

By providing my e-mail address I am authorizing the Georgia Department of Revenue to electronically notify me at the below e-mail address regarding any updates to my account(s).

Taxpayer's E-mail Address
RUNCHAL@GMAIL.COM

I authorize DOR to discuss this return
with the named preparer

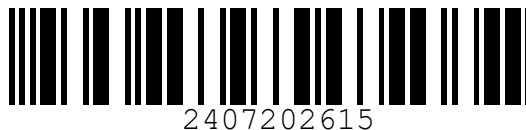
Preparer's Phone Number
818-923-5038

Signature of Preparer
Name of Preparer Other Than Taxpayer
JAGJIT SINGH ARORA, E.A

Preparer's FEIN
32-0225393

Preparer's Firm Name
J ARORA INC

Preparer's SSN/PTIN/SIDN
XXXXX6900



YOUR SOCIAL SECURITY NUMBER
XXX-XX-5912

SCHEDULE 1 ADJUSTMENTS to INCOME BASED on GEORGIA LAW

See IT-511 Tax Booklet

ADDITIONS to INCOME

1. Interest on Non-Georgia Municipal and State Bonds 1.
2. Lump Sum Distributions 2.
3. Depreciation 3.
4. Net operating loss carryover deducted on Federal return 4.
5. Other (Specify) 5.
6. Total Additions (Enter sum of Lines 1-5 here) 6.

SUBTRACTION from INCOME (See IT-511 Tax Booklet)

7. Retirement Income Exclusion

Taxpayer

Date of Birth: 10/16/1943

Required for Retirement Income Exclusion and Military Retirement Income Exclusion

- a. Retirement Income Exclusion - Complete Schedule 1, page 2. 7a. 65000
- b. Military Retirement Income Exclusion (Must be under 62 years of age) - Complete Schedule 1, page 3. 7b.
- c. Date of Disability: Type of Disability: 7c.

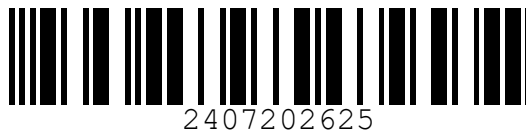
Spouse

Date of Birth: 07/16/1951

Required for Retirement Income Exclusion and Military Retirement Income Exclusion

- d. Retirement Income Exclusion - Complete Schedule 1, page 2. 7d. 65000
- e. Military Retirement Income Exclusion (Must be under 62 years of age) - Complete Schedule 1, page 3. 7e.
- f. Date of Disability: Type of Disability: 7f.

8. Social Security Benefits (Taxable portion from Federal return) 8. 43758
9. Path2College 529 Plan 9.
10. Interest on United States Obligations (See IT-511 Tax Booklet) 10.
11. Depreciation 11.
12. Other Adjustments (Specify) 12.
13. Total Subtractions (Enter sum of Lines 7-12 here) 13. 173758
14. Net Adjustments (Line 6 less Line 13). Enter Net Total here and on
Line 9 of Page 2 (+ or -) of Form 500 or 500X 14. -173758



YOUR SOCIAL SECURITY NUMBER
XXX-XX-5912

SCHEDULE 1 RETIREMENT INCOME EXCLUSION

(TAXPAYER)

See IT-511 Tax Booklet
(SPOUSE)

1. Salary and wages		
2. Other Earned Income (Losses)		
3. Total Earned Income	0	0
4. Maximum Earned Income	4000	4000
5. The lesser of Line 3 or 4; if zero or less, enter zero	0	0
6. Interest Income		
7. Dividend Income		
8. Alimony		
9. Capital Gains (Losses)		
10. Other Income (Losses) (See IT-511 Tax Booklet)		
11. Taxable IRA Distributions		
12. Taxable Pensions		
13. Rental, Royalty, Partnership, S Corp, etc. Income (Losses) (See IT-511 Tax Booklet)	312901	312901
14. Total of Lines 6 through 13; if zero or less, enter zero	312901	312901
15. Add Lines 5 and 14	312901	312901
16. Maximum Allowable Exclusion*	65000	65000
17. The lesser of Lines 15 and 16; enter here and on Form 500, Schedule 1, Lines 7a & d for Re- tirement Exclusion or Lines 7c & f for Retire- ment Exclusion for Disability	65000	65000

*If age 62-64 or less than age 62 and permanently disabled enter \$35,000, or if age 65 or older enter \$65,000.

Georgia Form **500**
(Rev. 08/30/23)
Schedule 3
Part-Year Nonresident
2023 (Approved software version)



Schedule 3
Page 1

YOUR SOCIAL SECURITY NUMBER
XXX-XX-5912

DO NOT USE LINES 9 THRU 14 OF PAGES 2 AND 3 FORM 500 or 500X

SCHEDULE 3 COMPUTATION OF GEORGIA TAXABLE INCOME FOR ONLY PART-YEAR RESIDENTS AND NONRESIDENTS.

Column A must equal Column B plus Column C.

See IT-511 Tax Booklet for other state(s) tax credits.

FEDERAL INCOME AFTER GEORGIA ADJUSTMENT (COLUMN A)	INCOME NOT TAXABLE TO GEORGIA (COLUMN B)	GEORGIA INCOME (COLUMN C)
1. WAGES, SALARIES, TIPS, etc	1. WAGES, SALARIES, TIPS, etc	1. WAGES, SALARIES, TIPS, etc
2. INTEREST AND DIVIDENDS 58314	2. INTEREST AND DIVIDENDS 58314	2. INTEREST AND DIVIDENDS
3. BUSINESS INCOME OR (LOSS)	3. BUSINESS INCOME OR (LOSS)	3. BUSINESS INCOME OR (LOSS)
4. OTHER INCOME OR (LOSS) 849802	4. OTHER INCOME OR (LOSS) 224000	4. OTHER INCOME OR (LOSS) 625802
5. TOTAL INCOME: TOTAL LINES 1 THRU 4 908116	5. TOTAL INCOME: TOTAL LINES 1 THRU 4 282314	5. TOTAL INCOME: TOTAL LINES 1 THRU 4 625802
6. TOTAL ADJUSTMENTS FROM FORM 1040	6. TOTAL ADJUSTMENTS FROM FORM 1040	6. TOTAL ADJUSTMENTS FROM FORM 1040
7. TOTAL ADJUSTMENTS FROM FORM 500, SCHEDULE 1 -173758	7. TOTAL ADJUSTMENTS FROM FORM 500, SCHEDULE 1 -79514	7. TOTAL ADJUSTMENTS FROM FORM 500, SCHEDULE 1 -94244
8. ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7 734358	8. ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7 202800	8. ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7 531558
9. RATIO: Divide Line 8, Column C by Line 8, Column A enter percentage or check the box for Time Ratio. (% cannot be negative and cannot exceed 100%)	9.	72.38 %
10a. Itemized <input checked="" type="checkbox"/> or Standard Deduction or Georgia Itemized (See IT-511 Tax Booklet)	10a.	27688
10b. Additional Standard Deduction Self: 65 or over? Blind? Spouse: 65 or over? Blind? Total x 1,300=	10b.	
11. Personal Exemption from Form 500 or Form 500X (See IT-511 Tax Booklet)		
11a. Enter the number on Line 6c. from Form 500 or Form 500X ² multiply by \$2,700 for filing status A or D or multiply by \$3,700 for filing status B or C	11a.	7400
11b. Enter the number on Line 7c. from Form 500 or Form 500X multiply by \$3,000	11b.	
12. Total Deductions and Exemptions: Add Lines 10a, 10b, 11a, and 11b	12.	35088
13. *Multiply Line 12 by Ratio on Line 9 and enter result	13.	25397
14. Income before GA NOL: Subtract Line 13 from Line 8, Column C Enter here and on Line 15a, Page 3 of Form 500 or Form 500X	14.	506161

*If Georgia Itemized and deductions are claimed, multiply Line 11 by Ratio on line 9 and add Line 10a. Enter result on Line 13.



ERO MUST RETAIN THIS FORM.
**DO NOT SUBMIT THIS FORM TO
GEORGIA DEPARTMENT OF REVENUE
UNLESS REQUESTED TO DO SO.**

IRS DCN OR SUBMISSION ID

						9	6	2	6	0	7		0	0	1	1	3		
--	--	--	--	--	--	---	---	---	---	---	---	--	---	---	---	---	---	--	--

**GA-8453
2023**

**GEORGIA INDIVIDUAL INCOME TAX DECLARATION FOR ELECTRONIC FILING
SUMMARY OF AGREEMENT BETWEEN TAXPAYER AND ERO OR PAID PREPARER**

☐ Amended Return

First Name and Initial AKSHAI K	Last Name RUNCHAL	Social Security Number XXX-XX-5912
If Joint Return, Spouse's First Name and Initial CHANCHAL	Spouse's Last Name RUNCHAL	Spouse's Social Security Number XXX-XX-5200
Home Address (number and street) 1931 STRADELLA RD	Apt Number	Daytime Telephone Number 310-471-5013
City, Town or Post Office LOS ANGELES	State CA	Zip Code 90077-2320

PART I

TAX RETURN INFORMATION

1. Federal Adjusted Gross Income (Form 500 or Form 500X, Line 8; Form 500EZ, Line 1)	1.	908116
2. Georgia Taxable Income (Form 500 or Form 500X, Line 15c; Form 500EZ, Line 3)	2.	506161
3. Net Georgia Tax (Form 500 or Form 500X, Line 22; Form 500EZ, Line 6)	3.	28869
4. Balance Due (Form 500, Line 44; Form 500X, Line 37; Form 500EZ, Line 23)	4.	
5. Refund (Form 500, Line 45; Form 500X, Line 38; Form 500EZ, Line 24)	5.	

PART II

DECLARATION OF TAXPAYER(S)

Under penalties of perjury, I declare that the information I have provided to my Electronic Return Originator (ERO) and/or Online Service Provider and/or Transmitter and the amounts shown in Part I agree with the amounts shown on the corresponding lines of the electronic portion of my 2023 Georgia Income Tax Return. I declare that I have examined my tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, my return is true, correct and complete. I consent that the electronic portion of my return may be sent by my ERO/Online Service Provider/Transmitter.

SIGN 07-30-24 07-30-24
HERE **TAXPAYER'S SIGNATURE** Date **SPOUSE'S SIGNATURE** (if joint return, both must sign) Date

AKSHAI K & CHANCHAL RUNCHAL

PRINT NAME

RUNCHAL@GMAIL.COM

EMAIL ADDRESS

PART III

DECLARATION OF ELECTRONIC RETURNS ORIGINATOR AND PAID PREPARER

I DECLARE THAT I HAVE REVIEWED THE ABOVE TAXPAYER'S RETURN AND THAT THE ENTRIES ON THE GA-8453 ARE COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

ERO's Use Only	ERO's Signature	Date <u>07-30-24</u>
	Firm's Name <u>J ARORA INC</u>	Check also if paid preparer <input checked="" type="checkbox"/>
	Address <u>17037 CHATSWORTH ST STE 101</u>	FEIN/PTIN <u>32-0225393</u>
	City, State, & Zip Code <u>GRANADA HILLS CA 91344</u>	SSN/TIN <u>XXXXX6900</u>

IF PREPARED BY ANY PERSON OTHER THAN THE TAXPAYER, THIS DECLARATION IS BASED ON ALL INFORMATION OF WHICH THE PREPARER HAS ANY KNOWLEDGE.

Paid Preparer's Use Only	Paid Preparer's Signature	Date
	Firm's Name	FID/TIN
	Address	SSN/TIN
	City, State, & Zip Code	

GARIE_WK

Georgia Retirement Income Exclusion Worksheet

(Keep worksheet for your records)

2023

Name

AKSHAI K & CHANCHAL RUNCHAL

Taxpayer SSN

XXX-XX-5912

Spouse SSN

XXX-XX-5200

	TAXPAYER	SPOUSE
(1) Salary and Wages		
(2) Other Earned Income(Losses)		
(3) Total Earned Income	0	0
(4) Maximum Earned Income	4000	4000
(5) Smaller of Line 3 or 4; if zero or less, enter zero	0	0
(6) Interest Income		
(7) Dividend Income		
(8) Alimony		
(9) Capital Gains(Losses)		
(10) Other Income(Losses)		
(11) Taxable IRA Distributions		
(12) Taxable Pensions		
(13) Rental, Royalty, Partnership, S Corp, etc., Income/Losses	312901	312901
(14) Total of Lines 6 through 13; if zero or less, enter zero	312901	312901
(15) Add Lines 5 and 14	312901	312901
(16) Maximum Allowable Exclusion for Tax Year 2023* If age 62-64 or less than 62 and permanently disabled enter \$35,000, or if age 65 or older enter \$65,000	65000	65000
(17) Smaller of Line 15 or 16; enter here and on Form 500, Schedule 1, Line 7 A&B	65000	65000
(18) Part-Year and Nonresident Income Exclusion	45390	48854

Part-Year and Nonresident Proration(From GA instructions):

	Taxpayer		Spouse	
Earned income ratio				
Georgia				
Everywhere				
Max Earned income		4000		4000
Georgia Earned income portion				
Total Max Exclusion		65000		65000
Portion used on earned				
Remaining allowed on unearned		65000		65000
Unearned ratio				
Georgia	312901		312901	
Everywhere	448062	0.6983	416296	0.7516
Georgia unearned income portion		45390		48854
Total Retirement exclusion allowed from GA inc		45390		48854

GAWK_REF	2023 Taxable State / Local Refund Carries to Federal worksheet WK_REF23 to determine total Taxable Refunds	2023
Name(s) as shown on return AKSHAI K & CHANCHAL RUNCHAL		Your Social Security Number XXX-XX-5912
A. State / Local Refund		
A1. Bottom line on return, after state adjustments		
A2. Adjustments to Line A1		
A3. Total Adjusted State/Local Refund (Line A1 Less A2)		A. _____
B. Applied amounts		
B1. Total Contributions, Donation, Checkoffs (Will carry to 2024 Sch A)		
B2. Penalty and/or interest		
B3. Overpayment applied to 2024 (Will carry to 2024 ES screen)		18,131
B4. Other Tax (Use tax, Property tax, Tangible tax, etc)		
B5. Total applied amounts (Total of B1 thru B4)		B. 18,131
C. Subtotal: State / Local Refund plus Applied amounts (Line A plus line B)		C. 18,131
D. Payments		
D1. Tax withheld/2023 payments deducted on Schedule A		47,000
D2. 4th quarter estimate and extension paid in 2024		
D3. Total payments applied to 2023 State / Local tax return (Total of D1 thru D2)		D. 47,000
E. Allocation of Payments		
E1. Percent of payments made in 2023 (D1 divided by D3)		1.0000
E2. Line C multiplied by line E1		18,131
E3. Percent of payments made in 2024 (D2 divided by D3)		
E4. Line C multiplied by line E3		
F. Potential Taxable State / Local Refund . . . (Lesser of E2 or D1, BUT NOT LESS THAN ZERO)		F. 18,131
G. Taxes paid in 2024 deductible on 2024 Schedule A		
G1. 4th quarter estimate and extension paid in 2024 (From line D2)		
G2. Balance of refund that did not carry to the 1040, line 10 (From line E4)		
G3. Adjusted taxes paid in 2024 allowed to carry to 2024 Sch A (Line G1 less line G2)		G. 0
Subject to tax benefit rules		

GA-COMP	Three-year State Tax Return Comparison			2023
Name(s) as shown on return AKSHAI K & CHANCHAL RUNCHAL			Taxpayer ID Number XXX-XX-5912	
[State] Income Tax Return	2021	2022	2023	Difference 2022-2023
Filing Status	MFJ	MFJ	MFJ	
Gross Income	330,564	512,368	625,802	113,434
Additions				
Subtractions	168,609	170,256	173,758	3,502
Exemptions	7,400	7,400	7,400	
Standard Deduction	6,000			
Itemized Deduction		28,905	27,688	(1,217)
Deductions	1,672	20,112	(7,647)	(27,759)
Taxable Income	289,221	396,393	506,161	109,768
Actual State Income	289,221	396,393	506,161	109,768
State Income Tax	16,395	22,558	28,869	6,311
Local Taxes				
Use Tax				
Contributions				
Income Tax Withheld				
Estimates and Extension payments	17,400	31,005	47,000	15,995
Underpayment Penalty				
Overpayment Applied to Next Year	1,005	8,447	18,131	9,684
Refund				
Balance Due				
Marginal tax rate	5.750000	5.750000	5.750000	
Effective tax rate	5.668700	5.690800	5.703500	0.012700

Explanation of GA500, line 12b/GA500NR, Line 10

(Keep for your records)

2023

Name(s) as shown on return

Tax ID Number

AKSHAI

RUNCHAL

XXX-XX-5912

This worksheet shows the breakdown of GA 500 line 12b adjustments to itemized deductions when limited on the federal return.

1.	Other state taxes	111292
2.	Line 5d of Federal Schedule A	158292
3.	Divide line 1 by line 2	0.7031
4.	Line 5e of Federal Schedule A	10000
5.	Multiply Line 3 by Line 4	7031

Client Copy

2023 IT-203 Filing Instructions
AKSHAI K & CHANCHAL RUNCHAL

Form filed:

IT-203 and supplemental forms and schedules

Filing method:

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

Due date:

04-15-2024

Overpayment Applied:

The full overpayment of \$15,710.00 will be applied to the 2024 liability

Client Copy

Return Information		New York Return Summary (Do NOT file this form with your return. It is for your records only.)		2023	
Your Name AKSHAI K RUNCHAL			Date of birth 10161943		Your SSN XXX XX 5912
Spouse's Name CHANCHAL RUNCHAL			Date of birth 07161951		Spouse's SSN XXX XX 5200
Mailing Address In care of (if applicable): 1931 STRADELLA RD LOS ANGELES CA 90077 2320					
Permanent Home Address (If different from your mailing address)					
New York State county of residence NR			School district name NR		School district code no.
Your e-mail	RUNCHAL@GMAIL.COM			Your phone no.	310 471 5013
Spouse's e-mail				Spouse's phone no.	

Form filed	IT-203	NYC residency	NONRESIDENT	Yonkers residency	NONRESIDENT
Filing status	MARRIED JOINTLY	You	NONRESIDENT	Spouse	NONRESIDENT
NYS residency	NONRESIDENT				

		Federal Amount		NYS Amount (IT-203)		Miscellaneous Information	
Total income	.....		908116		134531	Advanced payments received (STAR)	
Total federal adjustments to income	.....					
Federal adjusted gross income (FAGI)	.....		908116		134531		
Total NY additions to income	.....		13344				
Total NY subtractions from income	.....		63758				
NY adjusted gross income	.....		857702		134531		
<input checked="" type="checkbox"/> Standard or <input type="checkbox"/> Itemized deduction		.....	16050	Total refundable credits and payments . . . 24756			
Dependent exemptions		.....		Estimated tax penalty			
NYS taxable income		.....	841652	Overpayment 15710			
Total NYS taxes after nonrefundable credits		.....	9046	Amount applied to your 2024 estimated tax 15710			
Total NYC taxes after nonrefundable credits		.....		Amount deposited into a NYS 529 account			
MCTMT		.....		Refund			
Yonkers tax		.....		Other penalties and interest			
Sales or use tax		.....		Balance Due			
Voluntary contributions		.....		Form of Refund or Payment (for IT-201/X or IT-203-X):			
Total taxes and voluntary contributions		.....	9046				

Common Refundable Credits			
NYS noncustodial parent EIC (IT-209)	.....	NYC Earned Income Credit (IT-209 or IT-215)	.....
NYS Earned Income Credit (IT-215)	.....	NYC child and dependent care credit (IT-216)	.....
Empire State Child Credit (IT-213)	.....	NYC school tax credit (fixed amount)	.....
Real property tax credit (IT-214)	.....	NYC school tax credit (rate reduction)	.....
NYS child and dependent care credit (IT-216)	.....	
College and tuition credit (IT-272)	.....	

Form IT-204-LL (Partnership, LLC, and LLP Filing Fee)		Form NYC-202/S (UBT Return for Individuals)	
	You		Spouse
NYS filing fee due	.....	Taxable income	.....
		Uninc. Business Tax	.....
		Total credits	.....
		Total payments	.....
		Penalties and interest	.....
		Net overpayment	.....
		Applied to 2024 ES	.....
		Refund	.....
		Balance due	.....
Form NYC-1127 (Nonresident Employees of the City of NY)			
NYS taxable income	.....	
Total taxes	.....	
Credits and payments	.....	
Refund	.....	
Balance due	.....	



**Department of
Taxation and Finance**

Office of Processing and Taxpayer Services
W A Harriman Campus, Albany NY 12227-0865

New York State requires this income tax return to be filed electronically.

Attention tax return preparer:

Most tax return preparers are required to e-file their clients' New York State tax returns. Because this return was prepared using software, you **MUST** use e-file. If you file a paper New York State tax return, you will be in violation of New York State law.

Preparers who file paper returns are subject to penalties.

Avoid penalties and e-file this return.

Attention taxpayer:

New York State law requires this return to be filed electronically. If your tax return preparer has provided you with a paper New York State tax return with instructions to mail it, contact that preparer and request that the return be electronically filed.

- **No charge for e-filing:** New York State Tax Law prohibits your tax preparer from charging you a separate or additional fee for e-filing your New York State tax return.
- **Faster tax refunds:** New York State tax refunds on e-filed returns are twice as fast as refunds on paper returns.
- **Most New Yorkers** enjoy the benefits of e-filing.

Questions?

Visit our website for more information about New York's e-file mandate.



Department of Taxation and Finance

Nonresident and Part-Year Resident Income Tax Return

New York State • New York City • Yonkers • MCTMT

For the year January 1, 2023, through December 31, 2023, or fiscal year beginning . . .

and ending . . .

IT-203**23**

For help completing your return, see the instructions, Form IT-203-I.

Your first name and middle initial AKSHAI K		Your last name (for a joint return, enter spouse's name on line below) RUNCHAL		Your date of birth (mmddyyyy) 10161943		Your Social Security number XXX XX 5912	
Spouse's first name and middle initial CHANCHAL		Spouse's last name RUNCHAL		Spouse's date of birth (mmddyyyy) 07161951		Spouse's Social Security number XXX XX 5200	
Mailing address (see instructions) (number and street or PO Box) 1931 STRADELLA RD				Apartment number		New York State county of residence NR	
City, village, or post office LOS ANGELES		State CA	ZIP code 90077 2320	Country		School district name NR	
Taxpayer's permanent home address (see instructions) (no. and street or rural route)				Apartment no.		City, village, or post office	
						School district code number	
State		ZIP code		Country		Taxpayer's date of death	
						Spouse's date of death	

A Filing status
(mark an X in one box):

- (1) ☐ Single
- (2) ☒ Married filing joint return
(enter both spouses' Social Security numbers above)
- (3) ☐ Married filing separate return
(enter both spouses' Social Security numbers above)
- (4) ☐ Head of household (with qualifying person)
- (5) ☐ Qualifying surviving spouse

B Did you itemize your deductions on your 2023 federal income tax return? Yes ☒ No ☐**C Can you be claimed** as a dependent on another taxpayer's federal return? Yes ☐ No ☒**D1** Did you have a financial account located in a foreign country? Yes ☐ No ☒**D2** (1) Did you or your spouse **maintain living quarters** in Yonkers for any part of 2023? Yes ☐ No ☒
If Yes:(2) Number of months **you** lived in Yonkers in 2023(3) Number of months **your spouse** lived in Yonkers in 2023
If No:(4) Did you or your spouse work in Yonkers while not living in Yonkers for any part of 2023 Yes ☐ No ☒**E New York City part-year residents only** This includes the Bronx, Brooklyn, Manhattan, Queens, and Staten Island)(1) Number of months **you** lived in NY City in 2023(2) Number of months **your spouse** lived in NY City in 2023**F** Enter your **2-character special condition code(s) if applicable****G New York State part-year residents**

Enter the date you moved into or out of NYS (mmddyyyy)

On the last day of the tax year (mark an X in one box):

- 1) Lived in NYS ☐
- 2) Lived outside NYS; received income from NYS sources during nonresident period ☐
- 3) Lived outside NYS; received no income from NYS sources during nonresident period ☐

H Did you or your spouse maintain living quarters in NYS in 2023? Yes ☐ No ☒
(If Yes, complete Form IT-203-B)**I Dependent information**

First name and middle initial	Last name	Relationship	Social Security number	Date of birth (mmddyyyy)

If more than 6 dependents, mark an X in the box. ☐

For office use only

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM.

Enter your Social Security number

XXX XX 5912

Federal income and adjustments**Federal amount**
Whole dollars only**New York State amount**
Whole dollars only

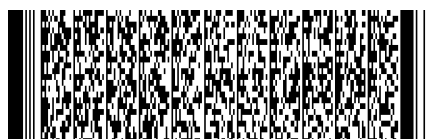
1	Wages, salaries, tips, etc.	1	.00	1	.00
2	Taxable interest income	2	39262.00	2	.00
3	Ordinary dividends	3	19052.00	3	.00
4	Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 24)	4	.00	4	.00
5	Alimony received	5	.00	5	.00
6	Business income or loss (submit a copy of federal Sch. C, Form 1040)	6	.00	6	.00
7	Capital gain or loss (if required, submit a copy of federal Sch. D, Form 1040)	7	-3000.00	7	.00
8	Other gains or losses (submit a copy of federal Form 4797)	8	.00	8	.00
9	Taxable amount of IRA distributions. Beneficiaries: mark X in box <input type="checkbox"/>	9	45895.00	9	.00
10	Taxable amount of pensions/annuities. Beneficiaries: mark X in box <input type="checkbox"/>	10	.00	10	.00
11	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit a copy of federal Schedule E, Form 1040)	11	763149.00	11	134531.00
12	Rental real estate included in line 11 (federal amount) 12 369230.00				
13	Farm income or loss (submit a copy of federal Sch. F, Form 1040)	13	.00	13	.00
14	Unemployment compensation	14	.00	14	.00
15	Taxable amount of Social Security benefits (also enter on line 26)	15	43758.00	15	.00
16	Other income Identify:	16	.00	16	.00
17	Add lines 1 through 11 and 13 through 16	17	908116.00	17	134531.00
18	Total federal adjustments to income Identify:	18	.00	18	.00
19	Federal adjusted gross income (subtract line 18 from line 17)	19	908116.00	19	134531.00

New York additions

20	Interest income on state and local bonds and obligations (but not those of New York State or its localities)	20	13344.00	20	.00
21	Public employee 414(h) retirement contributions	21	.00	21	.00
22	Other (Form IT-225, line 9)	22	.00	22	.00
23	Add lines 19 through 22	23	921460.00	23	134531.00

New York subtractions

24	Taxable refunds, credits, or offsets of state and local income taxes (from line 4)	24	.00	24	.00
25	Pensions of NYS and local governments and the federal government	25	.00	25	.00
26	Taxable amount of Social Security benefits (from line 15)	26	43758.00	26	.00
27	Interest income on U.S. government bonds	27	.00	27	.00
28	Pension and annuity income exclusion	28	20000.00	28	.00
29	Other (Form IT-225, line 18)	29	.00	29	.00
30	Add lines 24 through 29	30	63758.00	30	.00
31	New York adjusted gross income (subtract line 30 from line 23)	31	857702.00	31	134531.00
32	Enter the amount from line 31, Federal amount column	32	857702.00		



NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM.

Name(s) as shown on page 1

AKSHAI K AND CHANCHAL RUNCHAL

Enter your Social Security number

XXX XX 5912

IT-203 (2023) Page 3 of 4

Standard deduction or itemized deduction**33** Enter your **standard deduction** or your **itemized deduction** (from Form IT-196).Mark an **X** in the appropriate box: . . . ☒ **Standard** - or - ☐ **Itemized****34** Subtract line 33 from line 32 (if line 33 is more than line 32, leave blank)**35** Dependent exemptions (enter the number of dependents listed in Item I; see instructions)**36** **New York taxable income** (subtract line 35 from line 34)

33	16050.00
34	841652.00
35	000.00
36	841652.00

Tax computation, credits, and other taxes**37** **New York taxable income** (from line 36)**38** New York State tax on line 37 amount**39** New York State household credit**40** Subtract line 39 from line 38 (if line 39 is more than line 38, leave blank)**41** New York State child and dependent care credit**42** Subtract line 41 from line 40 (if line 41 is more than line 40, leave blank)**43** New York State earned income credit

37	841652.00
38	57653.00
39	.00
40	57653.00
41	.00
42	57653.00
43	.00

44 **Base tax** (subtract line 43 from line 42; if line 43 is more than line 42, leave blank)

44	57653.00
-----------	----------

45 Income percentage New York State amount from line 31 134531.00 ÷ Federal amount from line 31 857702.00 = **45** 0.1569 Round result to 4 decimal places

46 Allocated New York State tax (multiply line 44 by the decimal on line 45)**47** New York State nonrefundable credits (Form IT-203-ATT, line 8)**48** Subtract line 47 from line 46 (if line 47 is more than line 46, leave blank)**49** Net other New York State taxes (Form IT-203-ATT, line 33)**50** **Total New York State taxes** (add lines 48 and 49)

46	9046.00
47	.00
48	9046.00
49	.00
50	9046.00

New York City and Yonkers taxes, credits, and surcharges, and MCTMT**51** Part-year New York City resident tax (Form IT-360.1) **51** .00**52** Part-year resident nonrefundable New York City child and dependent care credit **52** .00**52a** Subtract line 52 from 51 **52a** .00**52b** MCTMT net earnings base for Zone 1 . **52b** .00**52c** MCTMT net earnings base for Zone 2 . **52c** .00**52d** MCTMT for Zone 1 **52d** .00**52e** MCTMT for Zone 2 **52e** .00**52f** **Total MCTMT** (add lines 52d and 52e) **52f** .00**53** Yonkers nonresident earnings tax (Form Y-203) **53** .00**54** Part-year Yonkers resident income tax surcharge (Form IT-360.1) **54** .00**55** **Total New York City and Yonkers taxes / surcharges and MCTMT** (add lines 52a, and 52f through 54) **55** .00**56** **Sales or use tax. (Do not leave blank.)** **56** 0.00**57** **Voluntary contributions** (Form IT-227, Part 2, line 1) **57** .00**58** **Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions** (add lines 50, 55, 56, and 57) **58** 9046.00

See instructions to compute New York City and Yonkers taxes, credits, and surcharges.

See instructions to compute the MCTMT for each zone.



NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM.

Enter your Social Security number

XXX XX 5912

59 Enter amount from line 58 59 9046.00

Payments and refundable credits

60	Part-year NYC school tax credit (fixed amount) (also complete E on front)	60	.00
60a	NYC school tax credit (rate reduction amount)	60a	.00
61	Other refundable credits (Form IT-203-ATT, line 17)	61	.00
62	Total New York State tax withheld	62	.00
63	Total New York City tax withheld	63	.00
64	Total Yonkers tax withheld	64	.00
65	Total estimated tax payments/amount paid with Form IT-370	65	24756.00
66	Total payments and refundable credits (add lines 60 through 65)	66	24756.00

If applicable, complete Form(s) IT-2 and/or IT-1099-R and submit them with your return.

Do not send federal Form W-2 with your return.

Your refund, amount you owe, and account information

67	Amount overpaid (if line 66 is more than line 59, subtract line 59 from line 66)	67	15710.00
68	Amount of line 67 available for refund (subtract line 69 from line 67)	68	.00
68a	Amount of line 68 that you want to deposit into a NYS 529 account (Form IT-195, line 4) (also submit Form IT-195)	68a	.00
68b	Total refund after NYS 529 account deposit (subtract line 68a from line 68)	68b	.00

TIP: Use this amount to check your refund status online.

Mark one refund choice: ☐ direct deposit to checking or savings account (fill in line 73) - or - ☐ paper check

69 Amount of line 67 that you want applied to your 2024 estimated tax (see instructions) 69 15710.00

70 Amount you owe (if line 66 is less than line 59, subtract line 66 from line 59). To pay by electronic funds withdrawal, mark an X in the box ☐ and fill in lines 73 and 74. If you pay by check or money order you must complete Form IT-201-V and mail it with your return 70 .00

71 Estimated tax penalty (include this amount on line 70, or reduce the overpayment on line 67) 71 .00

72 Other penalties and interest 72 .00

73 Account information for direct deposit or electronic funds withdrawal. If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an X in this box ☐73a Account type: ☐ Personal checking - or - ☐ Personal savings - or - ☐ Business checking - or - ☐ Business savings73b Routing number 73c Account number 74 Electronic funds withdrawal Date Amount .00

Refund? Direct deposit is the easiest, fastest way to get your refund.

See instructions for payment options.

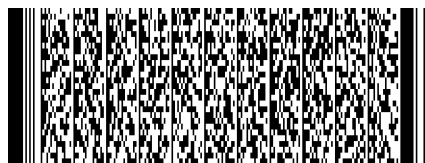
See instructions for the proper assembly of your return.

Third-party designee? (see instr.) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Print designee's name	Designee's phone number	Personal identification number (PIN)
	Email:		

▼ Paid preparer must complete (see instructions) ▼		Preparer's NYTPRIN	NYTPRIN excl. code | 0 | 7
Preparer's signature		Preparer's printed name JAGJIT SINGH ARORA E	
Firm's name (or yours, if self-employed) J ARORA INC		Preparer's PTIN or SSN XXXXX6900	
Address 17037 CHATSWORTH ST STE 101 GRANADA HILLS CA 91344		Employer identification number 32 0225393	
Email: JARORAEAGMAIL.COM		Date 04052024	

▼ Taxpayer(s) must sign here ▼	
Your signature	
Your occupation ENGINEER	
Spouse's signature and occupation (if joint return) ANALYST	
Date	Daytime phone number 310 471 5013
Email: RUNCHAL@GMAIL.COM	

See instructions for where to mail your return.



NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM.



Passive Activity Loss Limitations

For Nonresidents and Part-Year Residents

IT-182

Submit with your Form IT-203 or IT-205.

Name as shown on return AKSHAI K & CHANCHAL RUNCHAL	Identifying number as shown on return XXX XX 5912
--	--

See the instructions before completing this form.

Part I - Passive activity loss (see instructions)**Rental real estate activities with active participation**

1a Activities with net income from Part IV, column (a)	1a	49184 .00	
1b Activities with net loss from Part IV, column (b)	1b	.00	
1c Prior years unallowed losses from Part IV, column (c) (see instructions)	1c	.00	
1d Add lines 1a, 1b, and 1c	1d		49184 .00

All other passive activities

2a Activities with net income from Part V, column (a)	2a	.00	
2b Activities with net loss from Part V, column (b)	2b	.00	
2c Prior years unallowed losses from Part V, column (c) (see instructions)	2c	.00	
2d Add lines 2a, 2b, and 2c	2d		.00

- 3 Add lines 1d and 2d and subtract any prior year unallowed CRD (see instructions). **Note:** If this line is zero or more, stop here and submit this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Report the losses on the forms and schedules normally used

3	49184 .00
---	-----------

If line 3 is a loss and:

- Line 1d is a loss, go to Part II.
- Line 2d is a loss (and line 1d is zero or more), skip Part II and go to Part III, line 10.

Caution: If married filing separately, filing status (3), and you lived with your spouse at any time during the year, **do not** complete Part II. Instead, go to line 10.

Part II - Special allowance for rental real estate activities with active participation (see instructions)**Note:** Enter all numbers in Part II as positive amounts (greater than zero). See instructions.

4 Enter the smaller of the loss on line 1d or the loss on line 3	4	.00
5 Enter 150,000 (if married filing separately, see instructions)	5	.00
6 Enter federal modified adjusted gross income, but not less than zero (see instr.)	6	.00
Note: If line 6 is greater than or equal to line 5, skip lines 7 and 8, and leave line 9 blank. Otherwise, go to line 7.		
7 Subtract line 6 from line 5	7	.00
8 Multiply line 7 by 50% (.5). Do not enter more than 25,000. (If married filing separately, filing status (3), see instr.)	8	.00
9 Enter the smaller of line 4 or line 8 (if line 3 includes any CRD, see instructions)	9	.00

Part III - Total losses allowed

10 Add the income, if any, from lines 1a and 2a and enter the total	10	.00
11 Total losses allowed from all passive activities for this year. (Add lines 9 and 10. See the instructions to find out how to report the losses on your return.)	11	.00



Part IV - For Part I, lines 1a, 1b, and 1c (see instructions)

Name of activity/property description and address	Date of acquisition	Date of sale	Current year		Prior years	Overall gain or loss	
			(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
FLEETPRIDE			49184 .00	.00	.00	49184 .00	.00
			.00	.00	.00	.00	.00
			.00	.00	.00	.00	.00
			.00	.00	.00	.00	.00
			.00	.00	.00	.00	.00
Totals. Enter on Part I, lines 1a, 1b, and 1c			49184 .00	.00	.00		

Part V - For Part I, lines 2a, 2b, and 2c (see instructions)

Name of activity/property description and address	Date of acquisition	Date of sale	Current year		Prior years	Overall gain or loss	
			(a) Net income (line 2a)	(b) Net loss (line 2b)	(c) Unallowed loss (line 2c)	(d) Gain	(e) Loss
			.00	.00	.00	.00	.00
			.00	.00	.00	.00	.00
			.00	.00	.00	.00	.00
			.00	.00	.00	.00	.00
			.00	.00	.00	.00	.00
Totals. Enter on Part I, lines 2a, 2b, and 2c . . . . .			.00	.00	.00		

Part VI - Use this Part if an amount is shown on Part II, line 9 (see instructions)

Name of activity/property description and address	Form or schedule and line number to be reported on	(a) Loss	(b) Ratio	(c) Special Allowance	(d) Subtract column (c) from column (a)
		.00		.00	.00
		.00		.00	.00
		.00		.00	.00
		.00		.00	.00
Totals00	1.00	.00	.00

Part VII - Allocation of unallowed losses (see instructions)

Name of activity/property description and address	Form or schedule and line number to be reported on	(a) Loss	(b) Ratio	(c) Unallowed loss
		.00		.00
		.00		.00
		.00		.00
		.00		.00
Totals00	1.00	.00



Part VIII - Allowed losses (see instructions)

Name of activity/property description and address	Form or schedule and line number to be reported on	(a) Loss	(b) Unallowed loss	(c) Allowed loss
		.00	.00	.00
		.00	.00	.00
		.00	.00	.00
		.00	.00	.00
Totals . . . . .		.00	.00	.00

Part IX - Activities with losses reported on two or more different forms or schedules (see instructions)

Name of activity/property description and address:	(a)	(b)	(c) Ratio	(d) Unallowed loss	(e) Allowed loss
Form or schedule and line number to be reported on (see instructions): _____					
1a Net loss plus prior year unallowed loss from form or schedule . . . . .	.00				
1b Net income from form or schedule . . . . .	.00				
1c Subtract line 1b from line 1a. If zero or less, leave blank . . . . .		.00		.00	.00
Form or schedule and line number to be reported on (see instructions): _____					
1a Net loss plus prior year unallowed loss from form or schedule . . . . .	.00				
1b Net income from form or schedule . . . . .	.00				
1c Subtract line 1b from line 1a. If zero or less, leave blank . . . . .		.00		.00	.00
Form or schedule and line number to be reported on (see instructions): _____					
1a Net loss plus prior year unallowed loss from form or schedule . . . . .	.00				
1b Net income from form or schedule . . . . .	.00				
1c Subtract line 1b from line 1a. If zero or less, leave blank . . . . .		.00		.00	.00
Totals . . . . .		.00	1.00	.00	.00



**New York
Worksheet**

Form IT-201 or IT-203 - Subtraction Modification for Qualified Pension Benefits or Distributions

2023

(Keep for your records. DO NOT send to the New York State DTF)

Name(s) as shown on return

AKSHAI K AND CHANCHAL RUNCHAL

Identification number

XXX XX 5912

Taxpayer / Primary on the NYS return	Taxable Amount	Amount Qualifying for NYS/Local Pension	Amount Qualifying for Pension Exclusion
1. Federal screen 3, IRA distributions (no 1099 received) - New York source			
2. Federal screen 3, IRA distributions (no 1099 received) - Other source			
3. Federal screen 3, Pension distributions (no 1099 received) - New York source			
4. Federal screen 3, Pension distributions (no 1099 received) - Other source			
5. Federal W2 Box 14 Code NY NQ, Pensions of New York State and local/federal government			
6. Federal 1099R, IRA and Pension distributions	45895.		45895.
7. Federal 1099R, Pension as wages			
8. Disability Income Exclusion (Form IT-221)			
9. Federal Schedule FEC (Foreign pension distributions)			
10. Federal W2 Box 11 Nonqualified Plan			
11. Federal Form 8915-F, Taxable IRA from qualified disaster distributions			
12. Federal Form 8915-F, Taxable Pension from qualified disaster distributions			
13. Add lines 1 through 12 Total benefits or distributions	45895.		45895.
14. Statutory limit			20,000
15. Lesser of line 13 or 14 Total qualifying pension benefits or distributions	45895.	0.	20000.

Spouse / Secondary on the NYS return	Taxable Amount	Amount Qualifying for NYS/Local Pension	Amount Qualifying for Pension Exclusion
1. Federal screen 3, IRA distributions (no 1099 received) - New York source			
2. Federal screen 3, IRA distributions (no 1099 received) - Other source			
3. Federal screen 3, Pension distributions (no 1099 received) - New York source			
4. Federal screen 3, Pension distributions (no 1099 received) - Other source			
5. Federal W2 Box 14 Code NY NQ, Pensions of New York State and local/federal government			
6. Federal 1099R, IRA and Pension distributions			
7. Federal 1099R, Pension as wages			
8. Disability Income Exclusion (Form IT-221)			
9. Federal Schedule FEC (Foreign pension distributions)			
10. Federal W2 Box 11 Nonqualified Plan			
11. Federal Form 8915-F, Taxable IRA from qualified disaster distributions			
12. Federal Form 8915-F, Taxable Pension from qualified disaster distributions			
13. Add lines 1 through 12 Total benefits or distributions			
14. Statutory limit			20,000
15. Lesser of line 13 or 14 Total qualifying pension benefits or distributions	0.	0.	0.

NOTE: Foreign pension distributions - The taxpayer must retain their distribution documentaion to provide to the NYS Department of Taxation and Finance if necessary

**New York State Tax
Computation Worksheet****New York AGI of more than \$107,650 -
Married filing jointly and qualifying widow(er)**
(Keep for your records)**2023**

Name(s) as shown on return

AKSHAI K AND CHANCHAL RUNCHAL

Your social security number

XXX XX 5912

- ☒ If your New York AGI (IT-201, line 33 or IT-203, line 32) is **more than \$323,200, but not more than \$25,000,000**, and your taxable income (IT-201, line 38 or IT-203, line 37) is **more than \$323,200, but not more than \$2,155,350**, then you must compute your tax using **Worksheet 3**.
- ☐ If your New York AGI (IT-201, line 33 or IT-203, line 32) is **more than \$2,155,350 but not more than \$25,000,000**, and your taxable income (IT-201, line 38 or IT-203, line 37) is **more than \$2,155,350 but not more than \$5,000,000**, then you must compute your tax using **Worksheet 4**.

Tax computation worksheet 3

1	Enter your New York AGI from Form IT-201, line 33 or IT-203, line 32	1	857702.00
2	Enter your taxable income from Form IT-201, line 38 or Form IT-203, line 37	2	841652.00
3	Enter your New York State tax on the line 2 amount from the <i>New York State tax rate schedule</i>	3	53766.00
4	Recapture Base amount	4	1,140
5	Incremental Benefit amount	5	2,747
6	Enter the excess of line 1 over \$323,200	6	534502.00
7	Enter the lesser of line 6 or \$50,000	7	50000.00
8	Divide line 7 by \$50,000 and round the result to the fourth decimal place	8	1.0000
9	Multiply line 5 by line 8	9	2747.00
10	Add lines 3, 4, and 9. Enter here and on Form IT-201, line 39 or Form IT-203, line 38	10	57653.00

Tax computation worksheet 4

1	Enter your New York AGI from Form IT-201, line 33 or IT-203, line 32	1	
2	Enter your taxable income from Form IT-201, line 38 or Form IT-203, line 37	2	
3	Enter your New York State tax on the line 2 amount from the <i>New York State tax rate schedule</i>	3	
4	Recapture Base amount	4	3,887
5	Incremental Benefit amount	5	60,350
6	Enter the excess of line 1 over \$2,155,350	6	
7	Enter the lesser of line 6 or \$50,000	7	
8	Divide line 7 by \$50,000 and round the result to the fourth decimal place	8	
9	Multiply line 5 by line 8	9	
10	Add lines 3, 4, and 9. Enter here and on Form IT-201, line 39 or Form IT-203, line 38	10	

**New York State E-File Signature Authorization for Tax Year 2023**
For Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, and NYC-210**Electronic return originator (ERO):** Do not mail this form to the Tax Department. Keep it for your records.

Taxpayer's name AKSHAI K RUNCHAL	Spouse's name (jointly filed return only) CHANCHAL RUNCHAL
--	--

Purpose

Form TR-579-IT must be completed to authorize an ERO to e-file a personal income tax return and to transmit bank account information for the electronic funds withdrawal.

General instructions

Taxpayers must complete Part B before the ERO transmits the taxpayer's electronically filed Forms IT-201, *Resident Income Tax Return*, IT-201-X, *Amended Resident Income Tax Return*, IT-203, *Nonresident and Part-Year Resident Income Tax Return*, IT-203-X, *Amended Nonresident and Part-Year Resident Income Tax Return*, IT-214, *Claim for Real Property Tax Credit*, and NYC-210, *Claim for New York City School Tax Credit*. Note that an electronic signature can be used as described in TSB-M-20(1)C, (2)I, *E-File Authorizations (TR-579 forms) for Taxpayers Using a Paid Preparer for Electronically Filed Tax Returns*.

For returns filed jointly, both spouses must complete and sign Form TR-579-IT.

EROs must complete Part C prior to transmitting electronically filed income tax returns (Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, and NYC-210).

Both the paid preparer and the ERO are required to sign Part C. However, if an individual performing as both the paid preparer and the ERO is only required to sign as the paid preparer. It is not necessary to include the ERO signature in this case. Note that an alternative signature can be used as described in Publication 58, *Information for Income Tax Return Preparers*, available on our website.

This form is not required for electronically filed Form IT-370, *Application for Automatic Six-Month Extension of Time to File for Individuals*. See Form TR-579.1-IT, *New York State Taxpayer Authorization for Electronic Funds Withdrawal for Tax Year 2023 Form IT-370 and Tax Year 2024 Form IT-2105*.

Part A - Tax return information

FORM IT-203

- 1 Federal adjusted gross income (from applicable line)
- 2 Refund
- 3 Amount you owe
- 4 Financial institution routing number
- 5 Financial institution account number
- 6 Account type: ☐ Personal checking ☐ Personal savings ☐ Business checking ☐ Business savings

1.	908116.
2.	
3.	
4.	
5.	

Part B - Declaration of taxpayer and authorizations for Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, and NYC-210

Under penalty of perjury, I declare that I have examined the information on my 2023 New York State electronic personal income tax return, including any accompanying schedules, attachments, and statements, and certify that my electronic return is true, correct, and complete. The ERO has my consent to send my 2023 New York State electronic return to New York State through the Internal Revenue Service (IRS). In addition, by using a computer system and software to prepare and transmit my form electronically, I consent to the disclosure to New York State of all information pertaining to the transmission of my tax form electronically. I understand that by executing this Form TR-579-IT, I am authorizing the ERO to sign and file this return on my behalf and agree that the ERO's submission of my personal income tax return to the

IRS, together with this authorization, will serve as the electronic signature for the return and any authorized payment transaction. If I am paying my New York State personal income taxes due by electronic funds withdrawal, I certify that the account holder has authorized the New York State Tax Department and its designated financial agents to initiate an electronic funds withdrawal from the financial institution account indicated on my 2023 electronic return, and authorized the financial institution to withdraw the amount from that account. As New York does not support International ACH Transactions (IAT), I attest the source for these funds is within the United States. I understand and agree that I may revoke this authorization for payment only by contacting the Tax Department no later than two (2) business days prior to the payment date.

Taxpayer's signature	Date 07252024
Spouse's signature (jointly filed return only)	Date 07252024

Part C - Declaration of electronic return originator (ERO) and paid preparer

Under penalty of perjury, I declare that the information contained in this 2023 New York State electronic personal income tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed paper 2023 New York State return signed by a paid preparer, I declare that the information contained in the taxpayer's 2023 New York State electronic return

is identical to that contained in the paper copy of the return. If I am the paid preparer, under penalty of perjury I declare that I have examined this 2023 New York State electronic personal income tax return, and, to the best of my knowledge and belief, the return is true, correct, and complete. I have based this declaration on all information available to me.

Do not mail Form TR-579-IT to the Tax Department:

EROs must keep this form for three years and present it to the Tax Department upon request.

ERO's signature	Print name	Date
Paid preparer's signature JAGJIT SINGH ARORA E A	Print name JAGJIT SINGH ARORA E A	Date 04052024

NYWK_AGI	For your records only. Adjusted Gross Income Split Worksheet		2023 AGI FD/ST Summary	
Name(s) as shown on state return AKSHAI K & CHANCHAL RUNCHAL			Social Security Number XXX-XX-5912	
Federal 1040 Income and Adjustments	Federal		State	
	Col. A Taxpayer	Col. B Spouse	Col. A Taxpayer	Col. B Spouse
Federal 1040				
1 Wages, salaries, tips, etc.	1			
2b Taxable interest	2b	9,691	29,571	
3b Ordinary dividends	3b	14,034	5,018	
4b Taxable amount of IRA distributions	4b	45,895		
5b Taxable amount of Pensions and annuities	5b			
6b Taxable amount of Social security benefits	6b	29,177	14,581	
7 Capital gain or (loss)	7	(2,599)	(401)	
8 Other income from Schedule 1	8	381,041	382,108	42,674
9 Total income (Sum of Lines 1-8)	9	477,239	430,877	42,674
10 Adjustments to income from Schedule 1	10			
11 Adjusted Gross Income (line 9 - line 10)	11	477,239	430,877	42,674
Schedule 1 - Additional Income				
1 Taxable refunds, credits, or offsets of state and local income taxes	1			
2a Alimony received	2a			
3 Business income or (loss)	3			
4 Other gains or (losses)	4			
5 Rental real estate, royalties, partnerships, S corporations, trusts, etc.	5	381,041	382,108	42,674
6 Farm income or (loss)	6			
7 Unemployment compensation	7			
8 Other income.	8			
10 Total Additional Income (Sum of lines 1-8)	10	381,041	382,108	42,674
Schedule 1 - Adjustments to Income				
11 Educator Expenses	11			
12 Certain business expenses of reservists, performing artists, & fee-basis gov. officials	12			
13 Health savings account deduction	13			
14 Moving expenses	14			
15 Deductible part of self-employment tax	15			
16 Self-employed SEP, SIMPLE, and qualified plans	16			
17 Self-employed health insurance deduction	17			
18 Penalty on early withdrawal of savings	18			
19a Alimony paid	19a			
20 IRA deduction	20			
21 Student loan interest deduction	21			
22 Reserved	22			
23 Archer MSA Deduction	23			
24 Other Deductions (see STWK_ADJ)	24			
26 Total Adjustments to income (Sum of lines 11-24)	26			

NYWK_D

For your records only.
Capital Gains and Losses Worksheet

2023
FEDERAL D Summary

Name(s) as shown on state return

AKSHAI K & CHANCHAL RUNCHAL

Social Security Number

XXX-XX-5912

Part I Short-Term Capital Gains and Losses

		Taxpayer	Spouse	Total
Line 1a	Totals for all ST 1099-B transactions reported to the IRS			
Line 1b	Transactions reported on 8949 with Box A checked	(7,306)	(7,306)	(14,612)
Line 2	Transactions reported on 8949 with Box B checked			
Line 3	Transactions reported on 8949 with Box C checked			
Line 4	Federal 6252 Short Term			
	Federal 4684 Short Term			
	Federal 6781 Short Term			
	Federal 8824 Short Term			
	Fed D2 ST Ln 4 (6252,4684,6781& 8824)			
Line 5	Partnership, S-Corporation, Fiduciary			
	Fiduciary Final Year Deductions			
Line 6	Federal Schedule D ST carryover amounts			
Subtotal:		(7,306)	(7,306)	(14,612)

Part II Long-Term Capital Gains and Losses

		Taxpayer	Spouse	
Line 8a	Totals for all LT 1099-B transactions reported to the IRS			
Line 8b	Transactions reported on 8949 with Box D checked	3,809	3,809	7,618
Line 9	Transactions reported on 8949 with Box E checked			
Line 10	Transactions reported on 8949 with Box F checked			
Line 11	Federal 4797 Long Term			
	Federal 4797 Prior Year Unallowed Passive			
	Federal 4797 Sec 1231 from 6252			
	Federal 4797 Sec 1231 from 8824			
	Federal 2439 Long Term			
	Federal 6252 Long Term			
	Federal 4684 Long Term			
	Federal 6781 Long Term			
	Federal 8824 Long Term			
Line 12	Partnership, S-Corporation, Fiduciary			
	Final Year Deductions from Fiduciary			
Line 13	Capital Gain Distributions	588	3,048	3,636
Line 14	Federal Schedule D LT carryover amounts			
Subtotal:		4,397	6,857	11,254

State's Computation

Total Capital Gain or Loss	(2,909)	(449)	(3,358)
Limited Capital Gain or Loss (Amount carrying to the State)	(2,599)	(401)	(3,000)

Special Note 1

When multiple Federal 6252s & 8824s are entered for business **and** personal properties, Overrides **will** be required.
 You may enter individual Overrides on state Sch D screen. Please review the following lines to determine if an Override is necessary.

- * Line 4 - Federal 6252 Short Term
- * Line 4 - Federal 8824 Short Term
- * Line 11 - Federal 4797 Sec 1231 from 6252
- * Line 11 - Federal 4797 Sec 1231 from 8824
- * Line 11 - Federal 6252 Long Term
- * Line 11 - Federal 8824 Long Term

NYWK_E

For your records only.
Rents, royalties, partnerships, estates, etc... Worksheet

2023 Schedule E
 FD/ST Summary

Name(s) as shown on state return

AKSHAI K & CHANCHAL RUNCHAL

Social Security Number

XXX-XX-5912

Federal

	Taxpayer	Spouse	Total
Rental/Royalty Income	182,107	187,123	369,230
Federal 4835 Farm Rental			
Partnership income (Total active & passive)	198,934	194,985	393,919
Estate/trust income (Total active & passive)			
Subchapter S income (Total active & passive)			
Federal REMIC Schedule Q			
Section 179 Deduction			
Federal 8829 Office in Home deduction			

Subtotal:

381,041	382,108	763,149
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Federal's Computation

Total Rents, Royalties, Partnerships, Estates, etc.. (Amount carrying to the Federal) .

381,041	382,108	763,149
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State

	Taxpayer	Spouse	Total
Rental/Royalty Income	42,674	91,857	134,531
Federal 4835 Farm Rental			
Partnership income (Total active & passive)			
Estate/trust income (Total active & passive)			
Subchapter S income (Total active & passive)			
Federal REMIC Schedule Q			
Section 179 Deduction			
Federal 8829 Office in Home deduction			

Subtotal:

42,674	91,857	134,531
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State's Computation

Total Rents, Royalties, Partnerships, Estates, etc.. (Amount carrying to the State) . .

42,674	91,857	134,531
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NYWK_REF

2023 Taxable State / Local Refund
Carries to Federal worksheet WK_REF23 to determine total Taxable Refunds

2023

Name(s) as shown on return

AKSHAI K & CHANCHAL RUNCHAL

Your Social Security Number

XXX-XX-5912

A. State / Local Refund

A1. Bottom line on return, after state adjustments
A2. Adjustments to Line A1
A3. Total Adjusted State/Local Refund (Line A1 Less A2)

A. _____

B. Applied amounts

B1. Total Contributions, Donation, Checkoffs (Will carry to 2024 Sch A)
B2. Penalty and/or interest
B3. Overpayment applied to 2024 (Will carry to 2024 ES screen) 15,710
B4. Other Tax (Use tax, Property tax, Tangible tax, etc)
B5. Total applied amounts (Total of B1 thru B4)

B. 15,710

C. Subtotal: State / Local Refund plus Applied amounts (Line A plus line B)

C. 15,710

D. Payments

D1. Tax withheld/2023 payments deducted on Schedule A 24,756
D2. 4th quarter estimate and extension paid in 2024
D3. Total payments applied to 2023 State / Local tax return (Total of D1 thru D2)

D. 24,756

E. Allocation of Payments

E1. Percent of payments made in 2023 (D1 divided by D3) 1.0000
E2. Line C multiplied by line E1 15,710
E3. Percent of payments made in 2024 (D2 divided by D3)
E4. Line C multiplied by line E3

F. Potential Taxable State / Local Refund (Lesser of E2 or D1, BUT NOT LESS THAN ZERO)

F. 15,710

G. Taxes paid in 2024 deductible on 2024 Schedule A

G1. 4th quarter estimate and extension paid in 2024 (From line D2)
G2. Balance of refund that did not carry to the 1040, line 10 (From line E4)
G3. Adjusted taxes paid in 2024 allowed to carry to 2024 Sch A (Line G1 less line G2)

G. 0

Subject to tax benefit rules

NY-COMP	Three-year State Tax Return Comparison			2023
Name(s) as shown on return AKSHAI K & CHANCHAL RUNCHAL			Taxpayer ID Number XXX-XX-5912	
[State] Income Tax Return	2021	2022	2023	Difference 2022-2023
Filing Status	MFJ	MFJ	MFJ	
Gross Income	105,911	151,471	134,531	(16,940)
Additions				
Subtractions				
Exemptions				
Standard Deduction	16,050		16,050	16,050
Itemized Deduction		20,081		(20,081)
Deductions	16,050	20,081		(20,081)
Taxable Income	1,159,626	695,924	841,652	145,728
Actual State Income	104,482	147,258	132,055	(15,203)
State Income Tax	7,157	10,087	9,046	(1,041)
Local Taxes				
Use Tax				
Contributions				
Income Tax Withheld				
Estimates and Extension payments	12,000	14,843	24,756	9,913
Underpayment Penalty				
Overpayment Applied to Next Year	4,843	4,756	15,710	10,954
Refund				
Balance Due				
Marginal tax rate		6.850000	6.850000	
Effective tax rate	6.850000	6.850000	6.850000	