

TAX RETURN COMPARISON
2020 / 2021 / 2022

2022

(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 553-39-5912	
	2020	2021	2022	Difference 2021-2022
Filing Status	Married Joint	Married Joint	Married Joint	
Number of Dependents				
Income				
Wages, salaries, tips, etc.				
Taxable interest and dividends	13,902	8,458	10,347	1,889
Taxable state and local refunds				
Alimony				
Business income (loss)				
Gains (losses)	24,802	650,605	178	(650,427)
Pensions and IRA distributions		54,516	56,148	1,632
Rent and royalty income (loss)	158,841	136,397	296,866	160,469
Part, S-corps, trusts income (loss) . . .	316,103	334,444	372,466	38,022
Farm income (loss)				
Unemployment compensation				
Total SS benefits received	44,140	44,716	47,360	2,644
Taxable SS benefits	37,519	38,009	40,256	2,247
Other income (loss)				
Total Income	551,167	1,222,429	776,261	(446,168)
Adjusted Gross Income				
Half of self-employment tax				
IRA deduction				
Other adjustments				
Total Adjusted Gross Income	551,167	1,222,429	776,261	(446,168)
Deductions				
Medical deductions				
State and local taxes			10,140	10,140
Interest			18,765	18,765
Contributions		600		(600)
Employee business expenses				
Standard or other deductions	27,400	27,800		(27,800)
Total deductions claimed	27,400	28,400	28,905	505
Qualified Business Income Deduction .	73,899	82,497	126,910	44,413
Tax and Credits				
Taxable Income	449,868	1,111,532	620,446	(491,086)
Tax	102,995	245,940	164,131	(81,809)
Credits	254			
Self-employment tax				
Other taxes	7,507	30,227	11,681	(18,546)
Total Tax	110,248	276,167	175,812	(100,355)
Payments				
Withholdings				
Estimated tax payments	166,000	249,849	258,682	8,833
Earned income credit				
Other payments and credits		30,000		(30,000)
Estimated tax penalty	151		5	5
Overpayment	55,752	3,682	82,870	79,188
Overpayment Applied	55,601	3,682	82,865	79,183
Refund	151			
Balance Due				
Marginal tax rate	35.00	37.00	35.00	(2.00)
Effective tax rate	22.89	22.13	26.45	4.32

FOR TAX YEAR 2022

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

October 16, 2023

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

Subject: Preparation of Your 2022 Tax Returns

AKSHAI K & CHANCHAL RUNCHAL:

Thank you for choosing J ARORA INC to assist you with your 2022 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 2022 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 2022 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

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October 16, 2023

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

AKSHAI K & CHANCHAL RUNCHAL:

Below is a summary of your 2022 tax year.

Return Type	Refund/Balance Due	Transaction Method
Federal Income Tax	Zero Due	
California Income Tax	Zero Due	
California Limited Liability Company Return of Income	Zero Due	
California Limited Liability Company Return of Income	Zero Due	
Georgia Income Tax	Zero Due	
New York Income Tax	Zero Due	

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

- * New York Income Tax

The following returns were e-filed and accepted:

- * Federal Income Tax - accepted October 13, 2023
- * California Income Tax - accepted October 13, 2023
- * California Limited Liability Company Return of Income - accepted October 13, 2023
- * California Limited Liability Company Return of Income - accepted October 13, 2023
- * Georgia Income Tax - accepted October 14, 2023

Federal Income Tax

Quarter	Estimate Due	Due Date	Transaction Method
2nd	\$13,835	June 15, 2023	Mail a check
3rd	\$48,350	September 15, 2023	Mail a check
4th	\$48,350	January 16, 2024	Mail a check

Sincerely,



JAGJIT SINGH ARORA, E.A

J ARORA INC

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

October 16, 2023

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

J ARORA INC

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

Statement of Account

Date	Invoice #
October 16, 2023	

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

Description	Fee	Payments	Balance
Tax Preparation	1,500.00		1,500.00
		Total Due	1,500.00

Send payments to: J ARORA INC
17037 CHATSWORTH ST STE 101
Granada Hills, CA 91344

Send questions to JARORAEA@GMAIL.COM or call (818)923-5038.

Thank you for your business!

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 **2022** 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 **10-13-2023** 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 **9626072023286surmpz**.
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 **04-07-2023**. The Submission ID assigned to your extension is **9626072023097rgfyqf5**.
DCN:00-962607-001243

**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.

Filing Status ☐ Single ☒ Married filing jointly ☐ Married filing separately (MFS) ☐ Head of household (HOH) ☐ 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:

Your first name and middle initial AKSHAI K		Last name RUNCHAL		Your social security number 553-39-5912	
If joint return, spouse's first name and middle initial CHANCHAL		Last name RUNCHAL		Spouse's social security number 573-41-5200	
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. <input type="checkbox"/> You <input type="checkbox"/> Spouse
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	

Digital Assets At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, 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, 1958 ☐ Are blind **Spouse:** ☒ Was born before January 2, 1958 ☐ Is blind

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

Income Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld. If you did not get a Form W-2, see instructions.	1a Total amount from Form(s) W-2, box 1 (see instructions)	1a	
	b Household employee wages not reported on Form(s) W-2	1b	
	c Tip income not reported on line 1a (see instructions)	1c	
	d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)	1d	
	e Taxable dependent care benefits from Form 2441, line 26	1e	
	f Employer-provided adoption benefits from Form 8839, line 29	1f	
	g Wages from Form 8919, line 6	1g	
	h Other earned income (see instructions)	1h	
	i Nontaxable combat pay election (see instructions) 1i		
	z Add lines 1a through 1h	1z	

Attach Sch. B if required.	2a Tax-exempt interest	2a		b Taxable interest	2b	580
	3a Qualified dividends	3a	3,395	b Ordinary dividends	3b	9,767
	4a IRA distributions	4a		b Taxable amount	4b	56,148
	5a Pensions and annuities	5a		b Taxable amount	5b	

Standard Deduction for- <ul style="list-style-type: none">Single or Married filing separately, \$12,950Married filing jointly or Qualifying surviving spouse, \$25,900Head of household, \$19,400If you checked any box under Standard Deduction, see instructions.	6a Social security benefits	6a	47,360	b Taxable amount	6b	40,256
	c If you elect to use the lump-sum election method, check here (see instructions) <input type="checkbox"/>					
	7 Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>				7	178
	8 Other income from Schedule 1, line 10				8	669,332
	9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income				9	776,261
	10 Adjustments to income from Schedule 1, line 26				10	
	11 Subtract line 10 from line 9. This is your adjusted gross income				11	776,261
	12 Standard deduction or itemized deductions (from Schedule A)				12	28,905
	13 Qualified business income deduction from Form 8995 or Form 8995-A				13	126,910
	14 Add lines 12 and 13				14	155,815

Tax and Credits	16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____ . . .	16	164,131
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	164,131
	19	Child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	0
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	164,131
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	11,681
	24	Add lines 22 and 23. This is your total tax	24	175,812

Payments		25	Federal income tax withheld from:
	a	Form(s) W-2	25a
	b	Form(s) 1099	25b
	c	Other forms (see instructions)	25c
	d	Add lines 25a through 25c	25d
If you have a qualifying child, attach Sch. EIC.	26	2022 estimated tax payments and amount applied from 2021 return	26
	27	Earned income credit (EIC)	27
	28	Additional child tax credit from Schedule 8812	28
	29	American opportunity credit from Form 8863, line 8	29
	30	Reserved for future use	30
	31	Amount from Schedule 3, line 15	31
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32
33	Add lines 25d, 26, and 32. These are your total payments	33	

Refund Direct deposit? See instructions.	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid . . .	34	82,870																	
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here. <input type="checkbox"/>	35a	0																	
	b	Routing number <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings																			
d	Account number <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																				
	36	Amount of line 34 you want applied to your 2023 estimated tax	36	82,865																	

Amount You Owe	37	Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to www.irs.gov/Payments or see instructions	37	0
	38	Estimated tax penalty (see instructions)	38	5

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

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

Sign Here

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

Your signature Joint return? See instructions. Keep a copy for your records.	70846	Date 10-07-2023	Your occupation ENGINEER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>
Spouse's signature. If a joint return, both must sign.	81020	Date 10-07-2023	Spouse's occupation ANALYST	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>
Phone no. 310-471-5013		Email address		

Paid Preparer Use Only	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> Self-employed
	JAGJIT SINGH ARORA, E.A	10-16-2023	P00186900	
	Preparer's name	Phone no.		
	JAGJIT SINGH ARORA, E.A	818-923-5038		
	Firm's name			
	J ARORA INC			
	Firm's address			Firm's EIN
	17037 CHATSWORTH ST STE 101 Granada Hills, CA 91344			32-0225393

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

2022Attachment
Sequence No. **01**

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

AKSHAI K & CHANCHAL RUNCHAL

Your social security number

553-39-5912

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	669,332
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. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	10	669,332

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

Schedule 1 (Form 1040) 2022

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 or 1040-SR, line 10, or Form 1040-NR, line 10a		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

2022Attachment
Sequence No. **02**

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

AKSHAI K & CHANCHAL RUNCHAL

Your social security number

553-39-5912

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	11,681
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) 2022

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	11,681

SCHEDULE A
(Form 1040)

Department of the Treasury
Internal Revenue Service

Itemized Deductions

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

Attach to Form 1040 or 1040-SR.

OMB No. 1545-0074

2022

Attachment
Sequence No. **07**

Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

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

Your social security number

AKSHAI K & CHANCHAL RUNCHAL

553-39-5912

Medical and Dental Expenses	Caution: Do not include expenses reimbursed or paid by others.				
	1	Medical and dental expenses (see instructions)	1	14,774	
	2	Enter amount from Form 1040 or 1040-SR, line 11	2	776,261	
	3	Multiply line 2 by 7.5% (0.075)	3	58,220	
	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 checked="" type="checkbox"/>	5a	2,048	
	b	State and local real estate taxes (see instructions)	5b	24,126	
	c	State and local personal property taxes	5c		
	d	Add lines 5a through 5c	5d	26,174	
	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: DMV 140	6	140	
	7	Add lines 5e and 6	7	10,140	
Interest You Paid <small>Caution: Your mortgage interest deduction may be limited. See instructions.</small>	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	18,765	
	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	18,765	
	9	Investment interest. Attach Form 4952 if required. See instructions	9		
	10	Add lines 8e and 9	10	18,765	
	Gifts to Charity <small>Caution: If you made a gift and got a benefit for it, see instructions.</small>	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		
	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	28,905	
	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) 2022

SCHEDULE B
(Form 1040)

Department of the Treasury
Internal Revenue Service

Interest and Ordinary Dividends

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

OMB No. 1545-0074

2022

Attachment
Sequence No. **08**

Name(s) shown on return

AKSHAI K & CHANCHAL RUNCHAL

Your social security number
553-39-5912

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:	
	BANK OF AMERICA NA	13
	BANK OF THE WEST	53
	MARILL LYNCH	452
	UNITED BUSINESS BANK	62
	INTEREST SUBTOTAL	580
2	Add the amounts on line 1	580
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 . . .	580

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.

5	List name of payer:	
	AMERITRADE	14
	BLUE OWL CAPITAL	6,372
	MARILL LYNCH	206
	MARILL LYNCH	3,175
	DIVIDEND SUBTOTAL	9,767
6	Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b . . .	9,767

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 2022, 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 2022, 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) 2022

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

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

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

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

OMB No. 1545-0074

2022Attachment
Sequence No. **12**

Name(s) shown on return

AKSHAI K & CHANCHAL RUNCHAL

Your social security number

553-39-5912

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				
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

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				
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				13 178
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				15 178

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

Schedule D (Form 1040) 2022

Part III Summary

16	Combine lines 7 and 15 and enter the result	16	178
	<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 checked="" 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	91
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 checked="" 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	()
	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 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.		

SCHEDULE E
(Form 1040)Department of the Treasury
Internal Revenue Service**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

2022Attachment
Sequence No. **13**

Name(s) shown on return

Your social security number

AKSHAI K & CHANCHAL RUNCHAL

553-39-5912

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 2022 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)**A** 1**B** 1**C** 4**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**

365

0

☐**B**

365

0

☐**C**

365

0

☐**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:**3** Rents received **3** **A** 68,730 **B** 72,300 **C** 218,093**4** Royalties received **4****Expenses:****5** Advertising **5** 174 221 77**6** Auto and travel (see instructions) **6** 332 349 1,053**7** Cleaning and maintenance **7** 3,439 5,157 4,800**8** Commissions **8** 19,724**9** Insurance **9** 1,201 1,009 4,366**10** Legal and other professional fees **10** 1,500 500 3,143**11** Management fees **11** 5,120 3,110 7,509**12** Mortgage interest paid to banks, etc. (see instructions) **12** 34,627**13** Other interest **13****14** Repairs **14** 8,862 7,317 8,058**15** Supplies **15** 4,700 2,518**16** Taxes **16** 5,695 6,698 24,499**17** Utilities **17** 13,681**18** Depreciation expense or depletion **18** 753 8,488 41,916**19** Other (list **Statement #1**) **19** 284 323 337**20** Total expenses. Add lines 5 through 19 **20** 32,060 35,690 163,790**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** 36,670 36,610 54,303**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** 1,348,057**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** 245,092**d** Total of all amounts reported on line 18 for all properties **23d** 261,601**e** Total of all amounts reported on line 20 for all properties **23e** 1,051,191**24** **Income.** Add positive amounts shown on line 21. **Do not** include any losses **24** 364,653**25** **Losses.** Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here **25** (67,787)**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** 296,866

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2022

SCHEDULE E
(Form 1040)

Department of the Treasury
Internal Revenue Service

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

2022

Attachment
Sequence No. **13**

Name(s) shown on return

Your social security number

AKSHAI K & CHANCHAL RUNCHAL

553-39-5912

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 2022 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 2408 OCEAN PARK, Santa Monica, CA 90405

C 8055 SENOIA ROAD, FAIRBURN, GEORGIA, Fairburn, GA 30213

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	87	0	<input type="checkbox"/>
B 2	B	124	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) |

		Properties:		
		A	B	C
Income:				
3 Rents received	3	109,497	55,134	218,561
4 Royalties received	4			
Expenses:				
5 Advertising	5	39	759	78
6 Auto and travel (see instructions)	6	529	641	1,056
7 Cleaning and maintenance	7	2,063	8,027	4,230
8 Commissions	8			
9 Insurance	9	13,928	1,973	4,081
10 Legal and other professional fees	10	28,074	5,993	2,800
11 Management fees	11	3,535	7,368	7,693
12 Mortgage interest paid to banks, etc. (see instructions)	12	24,982	11,525	35,176
13 Other interest	13	19,802		
14 Repairs	14	17,140	8,893	
15 Supplies	15		6,317	
16 Taxes	16	10,238	2,826	26,801
17 Utilities	17	7,021	6,242	10,832
18 Depreciation expense or depletion	18	13,168		38,568
19 Other (list Statement #2)	19	829	709	1,647
20 Total expenses. Add lines 5 through 19	20	141,348	61,273	132,962
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	(31,851)	(6,139)	85,599
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(31,851)	(6,139)	
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) 2022

SCHEDULE E
(Form 1040)

Department of the Treasury
Internal Revenue Service

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

2022

Attachment
Sequence No. **13**

Name(s) shown on return

Your social security number

AKSHAI K & CHANCHAL RUNCHAL

553-39-5912

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 2022 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 805 SPENCER STREET, Syracuse, NY 13204

B 2001 S GRAMERCY, Los Angeles, CA 90018

C 226 JAY STREET, Rochester, NY 14608

1b Type of Property
(from list below)

A 8

B 2

C 8

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

365

0

☐

B

365

0

☐

C

365

0

☐

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:

3 Rents received **3** **A** 247,757 **B** 20,020 **C** 337,965

4 Royalties received **4**

Expenses:

5 Advertising **5** **A** 455 **B** 7 **C** 280

6 Auto and travel (see instructions) **6** **A** 1,197 **B** 97 **C** 1,632

7 Cleaning and maintenance **7** **A** 600 **B** 4,738 **C**

8 Commissions **8**

9 Insurance **9** **A** 7,812 **B** 4,627 **C** 15,634

10 Legal and other professional fees **10** **A** 7,940 **B** 600 **C** 2,800

11 Management fees **11** **A** 5,187 **B** 1,095 **C** 8,195

12 Mortgage interest paid to banks, etc. (see instructions) **12** **A** 79,088 **B** **C** 59,694

13 Other interest **13** **A** 222 **B** **C**

14 Repairs **14** **A** 1,186 **B** 6,652 **C**

15 Supplies **15** **A** **B** 4,887 **C**

16 Taxes **16** **A** 3,732 **B** 15,790 **C** 80,331

17 Utilities **17** **A** **B** 6,332 **C**

18 Depreciation expense or depletion **18** **A** 74,352 **B** 4,351 **C** 80,005

19 Other (list **Statement #3**) **19** **A** 3,565 **B** 641 **C** 344

20 Total expenses. Add lines 5 through 19 **20** **A** 185,336 **B** 49,817 **C** 248,915

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** **A** 62,421 **B** (29,797) **C** 89,050

22 Deductible rental real estate loss after limitation, if any, on **Form 8582** (see instructions) **22** () (29,797) ()

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) 2022

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

553-39-5912

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	MD LIVE OAK PROPERTIES LLC	P	<input type="checkbox"/>	26-0429153	<input type="checkbox"/>	<input type="checkbox"/>
B	MD LIVE OAK PROPERTIES LLC	P	<input type="checkbox"/>	26-0429153	<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					186,233
B					186,233
C					
D					
29a	Totals				372,466
b	Totals				
30	Add columns (h) and (k) of line 29a			30	372,466
31	Add columns (g), (i), and (j) of line 29b			31	()
32	Total partnership and S corporation income or (loss). Combine lines 30 and 31			32	372,466

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	669,332
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 AD; 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	148,846

Foreign Tax Credit

(Individual, Estate, or Trust)

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

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

2022

Attachment
Sequence No. 19

Name

AKSHAI K & CHANCHAL RUNCHAL

Identifying number as shown on page 1 of your tax return

553-39-5912

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 Various	B RIC	C	
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)	26,174	26,174		
b	Other deductions (attach statement)				
c	Add lines 3a and 3b	26,174	26,174		
d	Gross foreign source income (see instructions)				
e	Gross income from all sources (see instructions)	1,827,452	1,827,452		
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:			(t) Other foreign taxes paid or accrued	(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	(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 (2022)

FOR ALT MIN TAX PURPOSES ONLY

Form **1116**

Department of the Treasury
Internal Revenue Service

AMT

Foreign Tax Credit

(Individual, Estate, or Trust)

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

2022

Attachment
Sequence No. **19**

Name

AKSHAI K & CHANCHAL RUNCHAL

Identifying number as shown on page 1 of your tax return

553-39-5912

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)

		Foreign Country or U.S. Possession			Total (Add cols. A, B, and C.)
		A Various	B RIC	C	
i	Enter the name of the foreign country or U.S. possession				
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:			(t) Other foreign taxes paid or accrued	(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	(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** (2022)

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.

2022

Attachment
Sequence No. 72

Name(s) shown on your tax return

Your social security number or EIN

AKSHAI K & CHANCHAL RUNCHAL

553-39-5912

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	580
2	Ordinary dividends (see instructions)		2	9,767
3	Annuities (see instructions)		3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see instructions)	4a 669,332		
b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions)	4b (372,466)		
c	Combine lines 4a and 4b		4c	296,866
5a	Net gain or loss from disposition of property (see instructions)	5a 178		
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	178
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	307,391

Part II Investment Expenses Allocable to Investment Income and Modifications

9a	Investment interest expenses (see instructions)	9a		
b	State, local, and foreign income tax (see instructions)	9b		
c	Miscellaneous investment expenses (see instructions)	9c		
d	Add lines 9a, 9b, and 9c		9d	0
10	Additional modifications (see instructions)		10	
11	Total deductions and modifications. Add lines 9d and 10		11	0

Part III Tax Computation

12	Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, complete lines 13-17. Estates and trusts complete lines 18a-21. If zero or less, enter -0-		12	307,391
13	Modified adjusted gross income (see instructions)	13 776,261		
14	Threshold based on filing status (see instructions)	14 250,000		
15	Subtract line 14 from line 13. If zero or less, enter -0-	15 526,261		
16	Enter the smaller of line 12 or line 15		16	307,391
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	11,681
18a	Net investment income (line 12 above)	18a		
b	Deductions for distributions of net investment income and deductions under section 642(c) (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 (2022)

Like-Kind Exchanges
(and section 1043 conflict-of-interest sales)
Attach to your tax return.

Go to **www.irs.gov/Form8824** for instructions and the latest information.

OMB No.1545-1190

2022

Attachment
Sequence No. **109**

Name(s) shown on tax return

Identifying number

AKSHAI K & CHANCHAL RUNCHAL

553-39-5912

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:
2408 OCEAN PARK BLVD, SANTA MONICA, CA 90405 | | |
| 2 | Description of like-kind property received:
2081-2109 JONESBOROUGH, MC DONOUGH, GA 30523 | | |
| 3 | Date like-kind property given up was originally acquired (month, day, year) | 3 | 01-02-1985 |
| 4 | Date you actually transferred your property to the other party (month, day, year) | 4 | 05-04-2022 |
| 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 | 06-18-2022 |
| 6 | Date you actually received the like-kind property from other party (month, day, year). See instructions | 6 | 10-04-2022 |
| 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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.

For Paperwork Reduction Act Notice, see the instructions.

Form **8824** (2022)

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

553-39-5912

Part III Realized Gain or (Loss), Recognized Gain, and Basis of Like-Kind Property Received**Caution:** 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		
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		
16	FMV of like-kind property you received	16	5,689,323	
17	Add lines 15 and 16	17	5,689,323	
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	3,573,783	
19	Realized gain or (loss). Subtract line 18 from line 17	19	2,115,540	
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	2,115,540	
25	Basis of like-kind property received. Subtract line 15 from the sum of lines 18 and 23. See instructions	25	3,573,783	

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.**2022**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 553-39-5912
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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 2021 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 2023. 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	753

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 2022	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 2022 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 2022 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	753
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.**2022**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

553-39-5912**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 2021 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 2023. 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	5,826

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 2022	17	2,662
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 2022 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			39 yrs.	MM	S/L	
				MM	S/L	

Section C - Assets Placed in Service During 2022 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	8,488
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.**2022**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

553-39-5912**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 2021 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 2023. 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 2022	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 2022 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			39 yrs.	MM	S/L	
				MM	S/L	

Section C - Assets Placed in Service During 2022 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	

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.**2022**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

553-39-5912**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 2021 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 2023. 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 2022	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 2022 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	10-2022	2,465,910	39 yrs.	MM	S/L	13,168
				MM	S/L	

Section C - Assets Placed in Service During 2022 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	13,168
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.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
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 2022 tax year (see instructions):					
REFINANCING-TCW	11-07-2022	81,369	AMT	25	542
43 Amortization of costs that began before your 2022 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44 542

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.**2022**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 553-39-5912
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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 2021 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 2023. 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 2022	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 2022 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 2022 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.

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.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
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 2022 tax year (see instructions):					
43 Amortization of costs that began before your 2022 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44
					1,284
					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.**2022**Attachment
Sequence No. **179**

Name(s) shown on return

AKSHAI K & CHANCHAL RUNCHAL

Business or activity to which this form relates

FLEETPRIDE

Identifying number

553-39-5912**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 2021 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 2023. 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 2022	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 2022 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			39 yrs.	MM	S/L	
				MM	S/L	

Section C - Assets Placed in Service During 2022 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	

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.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
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 2022 tax year (see instructions):					
REFINANCING-FLEET	05-05-2022	115,007	AMT	25	3,067
43 Amortization of costs that began before your 2022 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44
					3,067

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

2022

Attachment
Sequence No. 179

Name(s) shown on return

AKSHAI K & CHANCHAL RUNCHAL

Business or activity to which this form relates

GRAMERCY

Identifying number

553-39-5912

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 2021 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 2023. 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	4,351

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 2022	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 2022 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			39 yrs.	MM	S/L	
				MM	S/L	

Section C - Assets Placed in Service During 2022 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	4,351
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 (2022)

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.

2022

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

553-39-5912

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 2021 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 2023. 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 2022	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 2022 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			39 yrs.	MM	S/L	
				MM	S/L	

Section C - Assets Placed in Service During 2022 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	

For Paperwork Reduction Act Notice, see separate instructions.

2022 Form 4868 Extension Voucher and Filing Instructions
AKSHAI K & CHANCHAL RUNCHAL

Due date:
04-18-2023

NOTE

Detach this entire note (cut on dotted lines) and enclose with the payment and the 4868 voucher (below) ONLY if Form 4868 was e-filed and ACCEPTED; otherwise, detach the 4868 voucher (cut on the *lower* dotted line) and submit only the voucher with the payment.

NOTE

The extension request was originally filed electronically.

DETACH HERE

Form 4868		Application for Automatic Extension of Time To File U.S. Individual Income Tax Return		OMB No. 1545-0074	
Department of the Treasury Internal Revenue Service		For calendar year 2022, or other tax year beginning , 2022, and ending ,		2022	
Part I	Identification	Part II	Individual Income Tax		
AKSHAI K & CHANCHAL RUNCHAL 1931 STRADELLA RD LOS ANGELES CA 90077-2320		4	Estimate of total tax liability for 2022 \$	175,812	
		5	Total 2022 payments	258,682	
		6	Balance due. Subtract line 5 from line 4 See instructions	0	
		7	Amount you're paying (see instructions) . . .		
		8	Check here if you're "out of the country" and a U.S. citizen or resident. See instructions	<input type="checkbox"/>	
2 Your social security number 553-39-5912		3 Spouse's social security number 573-41-5200	9	Check here if you file Form 1040-NR and didn't receive wages as an employee subject to U.S. income tax withholding	<input type="checkbox"/>

For Privacy Act and Paperwork Reduction Act Notice, see instructions later.
EEA

Form **4868** (2022)

553395912 TR RUNC 30 0 202212 670

IRS e-file Signature Authorization

OMB No. 1545-0074

2022

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

Submission Identification Number (SID) **9626072023286surmmpz**

Taxpayer's name AKSHAI K RUNCHAL	Social security number 553-39-5912
Spouse's name CHANCHAL RUNCHAL	Spouse's social security number 573-41-5200

Part I Tax Return Information - Tax Year Ending December 31, 2022 (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	776,261
2	Total tax	2	175,812
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. 962607-50346
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 ► 10-16-2023

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

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

Form **8879** (Rev. 01-2021)

Federal Supporting Statements

2022 PG01

Name(s) as shown on return

Tax ID Number

AKSHAI K & CHANCHAL RUNCHAL

553-39-5912

Schedule E - Line 19 - Other Expenses Statement #1

Other Expenses	Property A	Property B	Property C
OTHER MISC	284		301
BANK CHARGES		6	36
MISC		317	
Total	284	323	337

Schedule E - Line 19 - Other Expenses PG01 Statement #2

Other Expenses	Property A	Property B	Property C
BANK CHARGES	125	25	10
MISC	162	684	353
Amortization	542		1,284
Total	829	709	1,647

Schedule E - Line 19 - Other Expenses PG01 Statement #3

Other Expenses	Property A	Property B	Property C
BANK FEE	1	97	
MISC	497	544	344
Amortization	3,067		
Total	3,565	641	344

Federal Supporting Statements

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

2022

Name(s) as shown on return

Your Social Security Number

AKSHAI K & CHANCHAL RUNCHAL**553-39-5912**

Form 8960 Line 4b Item Detail

K-1: MD LIVE OAK PROPERTIES LLC

(186,233)

K-1: MD LIVE OAK PROPERTIES LLC

(186,233)

Total-----
(372,466)

Summary of Estimates**2023**

Name(s) as shown on return

Your SSN/EIN

AKSHAI K & CHANCHAL RUNCHAL**553-39-5912****Federal****Form: 1040-ES****Payment Schedule**

Due Date	04-18-2023	06-15-2023	09-15-2023	01-16-2024	Total
Total Installment Amount	48,350	48,350	48,350	48,350	193,400
Overpayment Applied	48,350	34,515	0	0	82,865
Net Installment Due		13,835	48,350	48,350	110,535

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.)

2022

Name(s) as shown on return

Tax ID Number

AKSHAI K & CHANCHAL RUNCHAL

553-39-5912

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 2023 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.	193,393
c.	Required annual payment to avoid a penalty. Enter the smaller of line 24a or 24b	24c.	193,393
25.	Projected Withholding	25.	
26.	Projected Net Tax (subtract line 25 from line 24c)	26.	193,393

Estimates will be computed on \$193,393. 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), it may be better to 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 provided and paid for as part of the tax preparation services at no cost to the Taxpayer.
- c. "**Return**" means an IRS acknowledged individual federal tax return form 1040 and 1040SR 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.
- 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 Non-Resident returns.
- 3.2 **Returns** other than individual 1040 and 1040SR and state **Returns** including, but not limited to, corporate, partnership, trust, estate, gift and employment returns.
- 3.3 Returns in which the **Taxpayer**, **Tax Preparer** or **ERO** had knowledge of additional taxes owed as of the date **Taxpayer** enrolled in the **Program**.
- 3.4 Returns prepared with **Negligence**, recklessness, intentional misrepresentation or fraud.
- 3.5 Local, city and county tax returns.
- 3.6 Returns that have become subject to IRS 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 tax or 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 When there is a lack of clarity from the IRS and/or state taxing authorities, we may not be able to provide complete assistance.
- 3.10 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 original filing date.
- 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 and 1040SR 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.
- 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. 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 Non-Resident tax returns.
- 3.2 Returns other than individual 1040 and 1040SR and individual state returns including, but not limited to, corporate, partnership, trust, estate, gift and employment returns.
- 3.3 **Returns** in which the **Participant** or **Tax Preparer** had knowledge of additional taxes owed as of the date **Participant** enrolled in the **Program**.
- 3.4 **Returns** prepared with **Negligence**, recklessness, intentional misrepresentation or fraud.
- 3.5 Self-prepared returns.
- 3.6 Local, city and county tax returns.
- 3.7 **Returns** that have become subject to IRS and/or state criminal investigations.
- 3.8 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.
- 3.9 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.
- 3.10 Inquiries and/or notices related to Cryptocurrency.
- 3.11 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** with the following services (collectively, the "Services"):

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

- Investigate and confirm the fraudulent activity, including known, unknown and potentially complicated additional sources of identity theft.
- 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.
- Utilize real time access to public records reports including DMV, criminal, address changes, liens, and judgments for further investigation where applicable.
- 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.)

2022

Name(s) as shown on return

Tax ID Number

AKSHAI K & CHANCHAL RUNCHAL

553-39-5912

#	TSJ	Name of Payer	Res ST	Ordinary Dividends	Qualified Dividends	Capital Gain Distributions	Federal Tax Withheld	199A
1	J	AMERITRADE	CA	14	14			
2	T	BLACKSTGONE REAL ESTATE	CA			178		
3	T	BLUE OWL CAPITAL	CA	6,372				
4	J	CHARLES SCHWAB & CO INC	CA					
5	S	CHARLES SCHWAB & CO INC	CA					
6	S	JP MORGAN	CA					
7	J	MARILL LYNCH	CA	3,175	3,175			
8	T	MARILL LYNCH	CA	206	206			
Totals from all pages				9,767	3,395	178		

#	25% Rate	Sec 1202	Investment Expenses	Nominee Div	NonTax State	US Gov Div	Res ST Muni Int	Other ST Mun Int
1								
2	91							
3								
4								
5								
6								
7								
8								
Total	91							

Totals	
--------	--

SSA Detail Listing

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

2022

Name(s) as shown on return

Tax ID Number

AKSHAI K & CHANCHAL RUNCHAL

553-39-5912

[illegible]

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.)

2022

Name(s) as shown on return

Tax ID Number

AKSHAI K & CHANCHAL RUNCHAL

553-39-5912

Before you begin:

- If you are married filing separately and you **lived apart** from your spouse for all of 2022, 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 2022 and your total repayments (box 4 of Forms SSA-1099 and RRB-1099) were more than your gross benefits for 2022 (box 3 of Forms SSA-1099 and RRB-1099). None of your benefits are taxable for 2022. 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. 47,360

2. Multiply line 1 by 50% (0.50) 2. 23,680

3. Combine the amounts from Form 1040 or 1040-SR, lines 1z, 2b, 3b, 4b, 5b, 7, and 8 3. 736,005

4. Enter the amount, if any, from Form 1040 or 1040-SR, line 2a 4. _____

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 6. 759,685

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. 759,685

9. If you are:

- Married filing jointly, enter \$32,000
- Single, head of household, qualifying surviving spouse, or married filing separately and you **lived apart** from your spouse for all of 2022, enter \$25,000 9. 32,000

Note. If you are married filing separately and you lived with your spouse at any time in 2022, 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 2022, 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. 727,685

11. Enter \$12,000 if married filing jointly; \$9,000 if single, head of household, qualifying surviving spouse, or married filing separately and you **lived apart** from your spouse for all of 2022 11. 12,000

12. Subtract line 11 from line 10. If zero or less, enter -0- 12. 715,685

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. 608,332

17. Add lines 15 and 16 17. 614,332

18. Multiply line 1 by 85% (0.85) 18. 40,256

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. 40,256

TIP

If you received a lump-sum payment in 2022 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.)

2022

Name(s) as shown on return

Tax ID Number

AKSHAI K & CHANCHAL RUNCHAL

553-39-5912

Statement for line 16 of Form 1040

Tax Rate Schedule for Married Filing Joint Filing Status

If taxable income is				Status of the	
over	but not over	pay	plus	% on excess	amount over
0	20,550	0.00		10%	0
20,550	83,550	2,055.00		12%	20,550
83,550	178,150	9,615.00		22%	83,550
178,150	340,100	30,427.00		24%	178,150
340,100	431,900	69,295.00		32%	340,100
431,900	647,850	98,671.00		35%	431,900
647,850	. . . . .	174,253.50		37%	647,850

$\$98,671.00 + ((\$620,446.00 - \$431,900.00) \times 35.0\%) = \$164,662$

Tax from Tax Rate Schedule \$ 164,662

Tax from Qualified Dividends/Capital Gain Worksheet \$ 164,131

\$ 164,131 Tax computed using the most advantageous method allowed

Schedule D Tax Worksheet

(Keep for Your Records)

2022

Name(s) as shown on return

Tax ID Number

AKSHAI K & CHANCHAL RUNCHAL

553-39-5912

Complete this worksheet only if line 18 or line 19 of Schedule D is more than zero and lines 15 and 16 of Schedule D are gains or if you file Form 4952 and you have an amount on line 4g, even if you don't need to file Schedule D. Otherwise, complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16, (or in the instructions for Form 1040-NR, line 16) to figure your tax. Before completing this worksheet, complete Form 1040, 1040-SR, or 1040-NR through line 15.

Exception: Don't use the Qualified Dividends and Capital Gain Tax Worksheet **or** this worksheet to figure your tax if:

- Line 15 or line 16 of Schedule D is zero or less **and** you have no qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a; **or**
- Form 1040, 1040-SR, or 1040-NR, line 15, is zero or less.

Instead, see the instructions for Form 1040, line 16 (or Form 1040-NR, line 16).

- Enter your taxable income from Form 1040, 1040-SR, or 1040-NR, line 15. (However, if you are filing Form 2555 (relating to foreign earned income), enter instead the amount from line 3 of the Foreign Earned Income Tax Worksheet in the instructions for Form 1040, line 16.) **1.** 620,446
- Enter your qualified dividends from Form 1040, 1040-SR, or 1040-NR, line 3a **2.** 3,395
- Enter the amount from Form 4952 (used to figure investment interest expense deduction), line 4g **3.** _____
- Enter amount from Form 4952, line 4e* **4.** _____
- Subtract line 4 from line 3. If zero or less, enter -0- **5.** _____
- Subtract line 5 from line 2. If zero or less, enter -0-** **6.** 3,395
- Enter the **smaller** of line 15 or line 16 of Sch. D **7.** 178
- Enter the **smaller** of line 3 or line 4 **8.** _____
- Subtract line 8 from line 7. If zero or less, enter -0-** **9.** 178
- Add lines 6 and 9 **10.** 3,573
- Add lines 18 and 19 of Schedule D** **11.** 91
- Enter the **smaller** of line 9 or line 11 **12.** 91
- Subtract line 12 from line 10 **13.** 3,482
- Subtract line 13 from line 1. If zero or less, enter -0- **14.** 616,964
- Enter:
 - \$41,675 if single or married filing separately;
 - \$83,350 if married filing jointly or qualifying widow(er); or
 - \$55,800 if head of household.**15.** 83,350
- Enter the **smaller** of line 1 or line 15 **16.** 83,350
- Enter the **smaller** of line 14 or line 16 **17.** 83,350
- Subtract line 10 from line 1. If zero or less, enter -0- **18.** 616,873
- Enter the **smaller** of line 1 or:
 - \$170,050 if single or married filing separately;
 - \$340,100 if married filing jointly or qualifying widow(er); or
 - \$170,050 if head of household.**19.** 340,100
- Enter the **smaller** of line 14 or line 19 **20.** 340,100
- Enter the **larger** of line 18 or line 20 **21.** 616,873
- Subtract line 17 from line 16. This amount is taxed at 0% **22.** _____
- If lines 1 and 16 are the same, skip lines 23 through 43 and go to line 44. Otherwise, go to line 23.**
- Enter the **smaller** of line 1 or line 13 **23.** 3,482
- Enter the amount from line 22. (If line 22 is blank, enter -0-.) **24.** _____
- Subtract line 24 from line 23. If zero or less, enter -0- **25.** 3,482
- Enter:
 - \$459,750 if single;
 - \$258,600 if married filing separately;
 - \$517,200 if married filing jointly or qualifying widow(er); or
 - \$488,500 if head of household.**26.** 517,200
- Enter the smaller of line 1 or line 26 **27.** 517,200
- Add lines 21 and 22 **28.** 616,873
- Subtract line 28 from line 27. If zero or less, enter -0- **29.** _____
- Enter the **smaller** of line 25 or line 29 **30.** _____

Schedule D Tax Worksheet - Continued

(Keep for your records)

2022

Name(s) as shown on return

Tax ID Number

AKSHAI K & CHANCHAL RUNCHAL

553-39-5912

31. Multiply line 30 by 15% (0.15)	31.	
32. Add lines 24 and 30	32.	
If lines 1 and 32 are the same, skip lines 33 through 43 and go to line 44. Otherwise, go to line 33.		
33. Subtract line 32 from line 23	33.	3,482
34. Multiply line 33 by 20% (0.20)	34.	696
If Schedule D, line 19, is zero or blank, skip lines 35 through 40 and go to line 41. Otherwise, go to line 35.		
35. Enter the smaller of line 9 above or Schedule D, line 19	35.	91
36. Add lines 10 and 21	36.	620,446
37. Enter the amount from line 1 above	37.	620,446
38. Subtract line 37 from line 36. If zero or less, enter -0-	38.	
39. Subtract line 38 from line 35. If zero or less, enter -0-	39.	91
40. Multiply line 39 by 25% (0.25)	40.	23
If Schedule D, line 18, is zero or blank, skip lines 41 through 43 and go to line 44. Otherwise, go to line 41.		
41. Add lines 21, 22, 30, 33, and 39	41.	
42. Subtract line 41 from line 1	42.	
43. Multiply line 42 by 28% (0.28)	43.	
44. Figure the tax on the amount on line 21 . If the amount on line 21 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 21 is \$100,000 or more, use the Tax Computation Worksheet	44.	163,412
45. Add lines 31, 34, 40, 43, and 44	45.	164,131
46. 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	46.	164,662
47. Tax on all taxable income (including capital gains and qualified dividends). Enter the smaller of line 45 or line 46. Also, include this amount on Form 1040, 1040-SR, or 1040-NR, line 16. (If you are filing Form 2555, don't enter this amount on Form 1040 or 1040-SR, line 16. Instead, enter it on line 4 of the Foreign Earned Income Tax Worksheet in the Instructions for Form 1040.)	47.	164,131

*If applicable, enter instead the smaller amount you entered on the dotted line next to line 4e of Form 4952.

**If you are filing Form 2555, see the footnote in the Foreign Earned Income Tax Worksheet in the instructions for Form 1040, line 16, before completing this line.

**Form 1040 or
1040-SR****Investment Income for the
Earned Income Credit**

(Keep for your records)

2022

Name(s) as shown on return

Tax ID Number

AKSHAI K & CHANCHAL RUNCHAL

553-39-5912

Interest and Dividends

1. Enter any amount from Form 1040 or 1040-SR, line 2b **1.** 580
2. Enter any amount from Form 1040 or 1040-SR, line 2a, plus any amount on Form 8814, line 1b **2.** _____
3. Enter any amount from Form 1040 or 1040-SR, line 3b **3.** 9,767
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.** 178
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.** 178

Royalties and Rental Income From Personal Property

8. Enter any royalty income from Schedule E, line 4, 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, and any expenses from the rental of personal property deducted on Schedule 1, line 24z. (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, lines 26, 29a (col. (h)), 34a (col. (d)), or 40) and the total of any losses from passive activities (included on Schedule E, lines 26, 29b (col. (g)), 34b (col. (c)), or 40). (See instructions below for line 9.) (if zero or less, enter -0-) **9.** 148,020
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.** 158,545
12. Is the amount on line 11 more than **\$10,300**?
- ☒ **Yes.** You can't take the credit.
- ☐ **No.** Go to *Step 3* of the Form 1040 and 1040-SR 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.

Explanation of Schedule A, line 5e

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

2022

Name(s) as shown on return

Tax ID Number

AKSHAI K & CHANCHAL RUNCHAL

553-39-5912

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>24,126</u>	<u>10,000</u>
2. Personal property taxes	<u>0</u>	<u>0</u>
3. State and local income taxes.	<u>158,012</u>	<u>0</u>
4. Sales tax	<u>2,048</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>

State and Local General Sales Tax Deduction Worksheet - Line 5a

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

2022

Name(s) as shown on return

Tax ID Number

AKSHAI K & CHANCHAL RUNCHAL

553-39-5912

Before you begin: See the instructions for line 1 of the worksheet if you:

- Lived in more than one state during 2022, or
- Had any **nontaxable** income in 2022.

1. Enter your **state** general sales taxes from the 2022 Optional State Sales Tax Table 1. 2,048

Next. If, for all of 2022, you lived only in Connecticut, the District of Columbia, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Jersey, or Rhode Island, skip lines 2 through 5, enter -0- on line 6, and go to line 7. Otherwise, go to line 2.

2. Did you live in Alaska, Arizona, Arkansas, Colorado, Georgia, Illinois, Louisiana, Mississippi, Missouri, New York, North Carolina, South Carolina, Tennessee, Utah, or Virginia in 2022?

☒ **No.** Enter -0-.

☐ **Yes.** Enter your base **local** general sales taxes from the 2022
Optional Local Sales Tax Tables. 2. _____

3. Did your locality impose a **local** general sales tax in 2022? Residents of California and Nevada, see the instructions for line 3 of the worksheet.

☒ **No.** Skip lines 3 through 5, enter -0- on line 6, and go to line 7.

☐ **Yes.** Enter your **local** general sales tax rate, but omit the percentage sign.
For example, if your local general sales tax rate was 2.5%, enter 2.5. If your
local general sales tax rate changed or you lived in more than one locality in
the same state during 2022, see the instructions for line 3 of the worksheet 3. _____

4. Did you enter -0- on line 2?

☐ **No.** Skip lines 4 and 5 and go to line 6.

☐ **Yes.** Enter your **state** general sales tax rate (shown in the table heading for
your state), but omit the percentage sign. For example, if your state general
sales tax rate is 6%, enter 6.0 4. _____

5. Divide line 3 by line 4. Enter the result as a decimal (rounded to at least three
places) 5. _____

6. Did you enter -0- on line 2?

☐ **No.** Multiply line 2 by line 3.

☒ **Yes.** Multiply line 1 by line 5. If you lived in more than one locality
in the same state during 2022, see the instructions for line 6 of the
worksheet. 6. _____

7. Enter your state and local general sales taxes paid on specified items, if any. See the instructions for
line 7 of the worksheet 7. _____

8. **Deduction for general sales taxes.** Add lines 1, 6, and 7. Enter the result here and the total
from all your state and local general sales tax deduction worksheets, if you completed more
than one, on Schedule A, line 5a.

Be sure to check the **box** on that line 8. 2,048

Optional Sales Tax Table Computation

State: CA

Income:	783,365			
Family Size:*	2			
Amount from table:	2,048			
Days:	365			
Deduction:	2,048			

* "Over 5" is the maximum number in family size for the optional sales tax tables in Schedule A Instructions. Returns with a family size of 6 or more will display a "6" on this line.

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.)

2022

Name(s) as shown on return

Tax ID Number

AKSHAI K & CHANCHAL RUNCHAL

553-39-5912

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. _____
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. _____
6. Enter the smaller of the amount on line 4 or the amount on line 5 6. _____
 - 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. 1,370,833
8. Enter \$750,000 (\$375,000 if married filing separately) 8. 750,000
9. Enter the larger of the amount on line 6 or the amount on line 8 9. 750,000
10. Add the amounts on lines 6 and 7. Enter the total here 10. 1,370,833
11. Enter the smaller of line 9 or line 10. **This is your qualified loan limit** 11. 750,000

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. 1,370,833
 - 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. 34,306
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. 0.547
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. 18,765
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. 15,541

Unrecaptured Section 1250 Gain Worksheet - Line 19

(Keep for your records)

2022

Name(s) as shown on return

Tax ID Number

AKSHAI K & CHANCHAL RUNCHAL

553-39-5912

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. **91**
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. **91**
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. (_____) 0
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. **0**
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. **91**

* 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

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

2022 PG01

Name(s) as shown on return

Tax ID Number

AKSHAI K & CHANCHAL RUNCHAL

553-39-5912

All Source Gross Income

WK_TTLGI

Description	Amount
Taxable IRA dist., pensions, and annuities	56,148
Taxable Social Security income	40,256
Schedule B interest	580
Schedule B dividends	9,767
Schedule E rent	1,348,057
Schedule E, line 30 & 35	372,466
Capital gain distributions	<u>178</u>
Total	<u><u>1,827,452</u></u>

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

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2022

Name(s) as shown on return

Tax ID Number

AKSHAI K & CHANCHAL RUNCHAL

553-39-5912

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. 620,446
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. 91
5. Multiply line 4 by 0.3243 5. 30
6. Enter your worldwide 20% gains and qualified dividends. See instructions 6. 3,482
7. Multiply line 6 by 0.4595 7. 1,600
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. 1,630
12. Subtract line 11 from line 1. Enter the result here and on Form 1116, line 18 12. 618,816

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

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

2022

Name(s) as shown on return

Tax ID Number

AKSHAI K & CHANCHAL RUNCHAL

553-39-5912

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) 04/15/22	(b) 06/15/22	(c) 09/15/22	(d) 01/15/23
1a Enter your underpayment from Part III, Section A, line 17 . . .	1a	876			
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	06-06-2022 876			
Rate Period 1: April 16, 2022 - June 30, 2022					
2 Computation starting dates for this period	2	04/15/22	06/15/22		
3 Number of days from the date on line 2 to the date the amount on line 1a was paid or 6/30/22, whichever is earlier	3	Days: 52	Days:		
4 Underpayment on line 1a x $\frac{\text{Number of days on line 3}}{365}$ x 0.04	4	\$ 5	\$		
Rate Period 2: July 1, 2022 - September 30, 2022					
5 Computation starting dates for this period	5	06/30/22	06/30/22	09/15/22	
6 Number of days from the date on line 5 to the date the amount on line 1a was paid or 9/30/22, whichever is earlier	6	Days:	Days:	Days:	
7 Underpayment on line 1a x $\frac{\text{Number of days on line 6}}{365}$ x 0.05	7	\$	\$	\$	
Rate Period 3: October 1, 2022 - December 31, 2022					
8 Computation starting dates for this period	8	09/30/22	09/30/22	09/30/22	
9 Number of days from the date on line 8 to the date the amount on line 1a was paid or 12/31/22, whichever is earlier	9	Days:	Days:	Days:	
10 Underpayment on line 1a x $\frac{\text{Number of days on line 9}}{365}$ x 0.06	10	\$	\$	\$	
Rate Period 4: January 1, 2023 - April 15, 2023					
11 Computation starting dates for this period	11	12/31/22	12/31/22	12/31/22	01/15/23
12 Number of days from the date on line 11 to the date the amount on line 1a was paid or 4/15/23, whichever is earlier	12	Days:	Days:	Days:	Days:
13 Underpayment on line 1a x $\frac{\text{Number of days on line 12}}{365}$ x 0.07	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 \$ 5

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

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

2022

Name(s) as shown on return

Tax ID Number

AKSHAI K & CHANCHAL RUNCHAL

553-39-5912

Income	Regular tax	Alt Min Tax
Wages		
Interest income before Series EE bond exclusion	580	580
Dividend income	9,767	9,767
Taxable state and local refunds		
Alimony received		
Nonpassive business income or (loss)		
Schedule D and Form 4797	178	178
Taxable IRA distributions	56,148	56,148
Taxable pensions and annuities		
Nonpassive partnership income or (loss) (including overall PTP gains and sold PTP losses)	372,466	372,467
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	216,633	216,634
Overall loss from the entire disposition of a passive activity		
Nonpassive farm income or (loss)		
Unemployment compensation		
Other income		
Total income	655,772	655,774
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	655,772	655,774
MAGI adjustment from input screen E2		
Modified adjusted gross income	655,772	655,774

Department of the Treasury
Internal Revenue Service

Attach to your tax return.

Go to www.irs.gov/Form8995A for instructions and the latest information.**2022**
Attachment
Sequence No. **55A**

Name(s) shown on return

Your taxpayer identification number

AKSHAI K & CHANCHAL RUNCHAL**553-39-5912**

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 \$170,050 (\$340,100 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"/>	553-39-5912	<input type="checkbox"/>
B	Schedule E: 12029 CLOVER AVE, LOS A	<input type="checkbox"/>	<input type="checkbox"/>	553-39-5912	<input type="checkbox"/>
C	Schedule E: 105 ST STEPHENS, Tyrone	<input type="checkbox"/>	<input type="checkbox"/>	553-39-5912	<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	33,298	33,243	49,309
3	Multiply line 2 by 20% (0.20). If your taxable income is \$170,050 or less (\$340,100 if married filing jointly), skip lines 4 through 12 and enter the amount from line 3 on line 13	3	6,660	6,649	9,862
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	20,710	233,415	2,104,110
8	Multiply line 7 by 2.5% (0.025)	8	518	5,835	52,603
9	Add lines 6 and 8	9	518	5,835	52,603
10	Enter the greater of line 5 or line 9	10	518	5,835	52,603
11	W-2 wage and UBIA of qualified property limitation. Enter the smaller of line 3 or line 10	11	518	5,835	9,862
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	518	5,835	9,862
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	518	5,835	9,862
16	Total qualified business income component. Add all amounts reported on line 15	16	126,910		

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

Form **8995-A** (2022)

EEA

Part III Phased-in Reduction

Complete Part III only if your taxable income is more than \$170,050 but not \$220,050 (\$340,100 and \$440,100 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 \$170,050 (\$340,100 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	126,910		
28	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss). See instructions	28	0		
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	0		
31	REIT and PTP component. Multiply line 30 by 20% (0.20)	31			
32	Qualified business income deduction before the income limitation. Add lines 27 and 31	32		126,910	
33	Taxable income before qualified business income deduction	33	747,356		
34	Net capital gain. See instructions	34	3,573		
35	Subtract line 34 from line 33. If zero or less, enter -0-	35		743,783	
36	Income limitation. Multiply line 35 by 20% (0.20)	36		148,757	
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		126,910	
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		126,910	
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.**2022**
Attachment
Sequence No. **55A**

Name(s) shown on return

Your taxpayer identification number

AKSHAI K & CHANCHAL RUNCHAL**553-39-5912**

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 \$170,050 (\$340,100 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"/>	553-39-5912	<input type="checkbox"/>
B	Schedule E: 2408 OCEAN PARK, Santa	<input type="checkbox"/>	<input type="checkbox"/>	45-4393189	<input type="checkbox"/>
C	Schedule E: 8055 SENOIA ROAD, FAIRB	<input type="checkbox"/>	<input type="checkbox"/>	553-39-5912	<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	0
3	Multiply line 2 by 20% (0.20). If your taxable income is \$170,050 or less (\$340,100 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** (2022)

EEA

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.**2022**
Attachment
Sequence No. **55A**

Name(s) shown on return

Your taxpayer identification number

AKSHAI K & CHANCHAL RUNCHAL**553-39-5912**

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 \$170,050 (\$340,100 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: 805 SPENCER STREET, Syr	<input type="checkbox"/>	<input type="checkbox"/>	45-4344496	<input type="checkbox"/>
B	Schedule E: 2001 S GRAMERCY, Los An	<input type="checkbox"/>	<input type="checkbox"/>	45-4344496	<input type="checkbox"/>
C	Schedule E: 226 JAY STREET, Rochest	<input type="checkbox"/>	<input type="checkbox"/>	45-4393189	<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	56,681	0	80,861
3	Multiply line 2 by 20% (0.20). If your taxable income is \$170,050 or less (\$340,100 if married filing jointly), skip lines 4 through 12 and enter the amount from line 3 on line 13	3	11,336	0	16,172
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	3,215,530	0	3,120,194
8	Multiply line 7 by 2.5% (0.025)	8	80,388		78,005
9	Add lines 6 and 8	9	80,388	0	78,005
10	Enter the greater of line 5 or line 9	10	80,388	0	78,005
11	W-2 wage and UBIA of qualified property limitation. Enter the smaller of line 3 or line 10	11	11,336	0	16,172
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	11,336	0	16,172
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	11,336	0	16,172
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** (2022)

EEA

Department of the Treasury
Internal Revenue Service

Attach to your tax return.

Go to www.irs.gov/Form8995A for instructions and the latest information.**2022**
Attachment
Sequence No. **55A**

Name(s) shown on return

Your taxpayer identification number

AKSHAI K & CHANCHAL RUNCHAL**553-39-5912**

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 \$170,050 (\$340,100 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: 564 MACON ST MCDONOUGH GA 3025	<input type="checkbox"/>	<input type="checkbox"/>	26-0429153	<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	169,106	169,107
3	Multiply line 2 by 20% (0.20). If your taxable income is \$170,050 or less (\$340,100 if married filing jointly), skip lines 4 through 12 and enter the amount from line 3 on line 13	3	33,821	33,821
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	1,479,050	1,479,050
8	Multiply line 7 by 2.5% (0.025)	8	36,976	36,976
9	Add lines 6 and 8	9	36,976	36,976
10	Enter the greater of line 5 or line 9	10	36,976	36,976
11	W-2 wage and UBIA of qualified property limitation. Enter the smaller of line 3 or line 10	11	33,821	33,821
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	33,821	33,821
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	33,821	33,821
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** (2022)

EEA

Name(s) shown on return

Attach to Form 8995-A.

OMB No. 1545-2294

Attachment
Sequence No. **55D**

<p>Your taxpayer identification number</p>

553-39-5912

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	(67,787)
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	737,119
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	(67,787)
6	Qualified business net (loss) carryforward. Subtract line 5 from line 3. If zero or more, enter -0-	6	(0)

Name(s) as shown on return

3106 INGLEWOOD BLVD

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PAGE 1

AKSHAI K & CHANCHAL RUNCHAL

Social security number/EIN

553-39-5912

	Totals
--	--------

280,710

753

ST ADJ:
UBIA: 20,710

Depreciation Detail Listing

12029 CLOVER AVE

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2022

PAGE 1

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

Social security number/EIN

$$\underline{553-39-5912}$$

Land Amount		CY 179 and CY Bonus		ST ADJ:
Net Depreciable Cost	233,415	TOTAL CY Depr including 179/bonus	8,488	UBIA: 233,415

ST ADJ:
8,488 UBIA: 233,415

* Item is included in UBIA
for Section 199A calculations.
See "UBIA" in lower right corner.

Depreciation Detail Listing

CARRIAGE OAKS LLC

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2022

PAGE 1

Name(s) as shown on return

Social security number/EIN

AKSHAI K & CHANCHAL RUNCHAL

553-39-5912

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	CARRIAGE OAKS PARTNER	05052016	2,104,110	* 469,400	100.00			1,634,710	39	SL MM	2.564	235,784	41,916	277,700	41,916

* Item is included in UBIA
for Section 199A calculations.
See "UBIA" in lower right corner.

Depreciation Detail Listing

TOWN CRST VILLAGE

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2022

PAGE 1

Name(s) as shown on return

Social security number/EIN

AKSHAI K & CHANCHAL RUNCHAL

553-39-5912

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
12	TOWN CREST VILLAGE	10042022	3,573,783	2,107,873	100.00			2,465,910	39	SL MM	.534		13,168	13,168	13,168
13	REFINANCING-TCW	11072022	81,369		100.00			81,369	25	AMT-AMT	.6667		542	542	542

* Item is included in UBIA
for Section 199A calculations.
See "UBIA" in lower right corner.

Depreciation Detail Listing

2408 OCEAN PARK

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2022

PAGE 1

Name(s) as shown on return

Social security number/EIN

AKSHAI K & CHANCHAL RUNCHAL

553-39-5912

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
4	Assets Sold/Abandoned 2408 OCEN PARK	02011985	425,000	127,500	100.00			297,500	27.5		0	297,500		297,500	

* Item is included in UBIA
for Section 199A calculations.
See "UBIA" in lower right corner.

Depreciation Detail Listing

MEADOW GLEN LLC

2022

PAGE 1

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Name(s) as shown on return

Social security number/EIN

AKSHAI K & CHANCHAL RUNCHAL

553-39-5912

ARCHAIC & CHANCHAL KONGHAI															
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	MEADOW GLEN	05052016	1,942,256	438,100	100.00			1,504,156	39	SL MM	2.564	216,952	38,568	255,520	38,568
11	MEADOW GLEN -REFINANC	05172021	32,105		100.00			32,105	25	AMT-AMT	4	856	1,284	2,140	1,284

* Item is included in UBIA
for Section 199A calculations.
See "UBIA" in lower right corner.

Depreciation Detail Listing

FLEETPRIDE

2022

PAGE 1

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

Name(s) as shown on return

Social security number/EIN

AKSHAI K & CHANCHAL RUNCHAL

553-39-5912

ARCHAIA R & CHANCHAL KONGKHAE															
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	FLEETPRIDE	08072020	3,215,530	315,800	100.00			2,899,730	39	SL MM	2.564	102,247	74,352	176,599	74,352
14	REFINANCING-FLEET PRI	05052022	115,007		100.00			115,007	25	AMT-AMT	2.6667		3,067	3,067	3,067

* Item is included in UBIA
for Section 199A calculations.
See "UBIA" in lower right corner.

Depreciation Detail Listing

2022

GRAMERCY

PAGE 1

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Name(s) as shown on return

Social security number/EIN

AKSHAI K & CHANCHAL RUNCHAL

553-39-5912

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	GRAMERCY (1031 EXCHAGN	07202020	119,644	*	100.00			119,644	27.5	SL MM	3.636	6,345	4,351	10,696	4,350

Depreciation Detail Listing

ROCHESTER-226 Jay St
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2022

PAGE 1

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Social security number/EIN

$$\underline{553-39-5912}$$

Land Amount	163,000	CY 179 and CY Bonus		ST ADJ:
Net Depreciable Cost	3,120,194	TOTAL CY Depr including 179/bonus	80,005	UBIA: 3,120,194

ST ADJ:
UBIA: 3,120,194

Depreciation Reconciliation for AKSHAI K & CHANCHAL RUNCHAL

	Cost	Basis	Current Depreciation	Accumulated Depreciation	Bonus Depreciation
Beginning of Year	11,472,964	10,031,164	249,717	1,389,143	
Placed in Service in Current Year	3,770,159	2,662,286	16,777	16,777	
Removed from Service in Current Year	425,000	297,500		297,500	
End of Year	14,818,123	12,395,950	266,494	1,108,420	

Next Year's Depreciation Worksheet

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

2022

Name(s) as shown on return

Tax ID Number

AKSHAI K & CHANCHAL RUNCHAL

553-39-5912

Form	Multi-Form	Description	Date	Basis	Method	Life	Deduction
E	1	3106 INGLEWOOD AVE	10-01-1992	169,000	SL	27.5	3,329
E	1	3106 INGLEWOOD BLVD IMPR	02-15-2011	20,710	SL	27.5	753
E	2	12029 CLOVER AVE-IMPROVE	09-01-2013	160,214	SL	27.5	5,826
E	2	CLOVER-IMPROVEMENTS	03-15-2014	73,201	M	27.5	2,662
E	3	CARRIAGE OAKS PARTNERS	05-05-2016	1,634,710	SL	39	41,916
E	6	MEADOW GLEN	05-05-2016	1,504,156	SL	39	38,568
E	7	FLEETPRIDE	08-07-2020	2,899,730	SL	39	74,352
E	8	GRAMERCY(1031 EXCHAGNE B	07-20-2020	119,644	SL	27.5	4,351
E	9	ROCHESTER-226 JAY ST	07-02-2021	3,120,194	SL	39	80,005
E	6	MEADOW GLEN -REFINANCING	05-17-2021	32,105	AMT	25	1,284
E	4	TOWN CREST VILLAGE	10-04-2022	2,465,910	SL	39	63,228
E	4	REFINANCING-TCW	11-07-2022	81,369	AMT	25	3,255
E	7	REFINANCING-FLEET PRIDE	05-05-2022	115,007	AMT	25	4,600
		TOTAL					324,129

Carryover Worksheet
List of items that will carryover to the 2023 tax return

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

2022

Name(s) as shown on return

Tax ID Number

AKSHAI K & CHANCHAL RUNCHAL

553-39-5912

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 2023 to flow to the Schedule A	
State donations and contributions carryover	
State overpayment applied to next year	69,739

Expenses

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

Losses

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

Credits

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

Other

Preparer Fee		1,500
Overpayment applied to next year's estimates		82,865
Estimated Tax Payment 1 48,350	Estimated Tax Payment 2 48,350	
Estimated Tax Payment 3 48,350	Estimated Tax Payment 4 48,350	
Federal tax liability for 2210 calculation		175,812
State tax liability for state 2210 calculation		27,149
IRA basis	Taxpayer _____ Spouse _____	
Disaster distributions taxable in 2023	Taxpayer _____ Spouse _____	
Disaster distributions taxable in 2024	Taxpayer _____ Spouse _____	
Excess repayments from 8915-F	Taxpayer _____ Spouse _____	

Passive Activity

At Risk Limitations

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

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2022

Name(s) as shown on return

Tax ID Number

AKSHAI K & CHANCHAL RUNCHAL

553-39-5912

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.** 630,589
- 2.** Reserved **2.** _____
- 3.** Reserved **3.** _____
- 4.** Enter the amount from Form 6251, line 36 (25% gains) **4.** 91
- 5.** Multiply line 4 by 0.1071 **5.** 10
- 6.** Enter the amount from Form 6251, line 33 (20% gains and qualified dividends) **6.** 3,482
- 7.** Multiply line 6 by 0.2857 **7.** 995
- 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.** 1,005
- 12.** Subtract line 11 from line 1. Enter the result here and on your AMT Form 1116, line 18 **12.** 629,584

Schedule E Comparison

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

2022

Name(s) as shown on return

Tax ID Number

AKSHAI K RUNCHAL

553-39-5912

Property description and address

Input order

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

1

	2021	2022	Difference
Income			
Rents received	71,973	68,730	(3,243)
Royalties received			
Expenses			
Advertising	83	174	91
Auto and travel	293	332	39
Cleaning and maintenance	3,289	3,439	150
Commissions	400		(400)
Insurance	1,298	1,201	(97)
Legal & professional fees	800	1,500	700
Management fees	2,397	5,120	2,723
Mortgage interest			
Other interest			
Repairs	4,394	8,862	4,468
Supplies	4,644	4,700	56
Taxes	5,628	5,695	67
Utilities	254		(254)
Depreciation expense	753	753	
Other	266	284	18
Total expenses	24,499	32,060	7,561
Net income or (loss)	47,474	36,670	(10,804)
Allowed on return after Form 6198 and Form 8582 limitations	47,474	36,670	(10,804)

Property description and address

Input order

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

2

	2021	2022	Difference
Income			
Rents received	59,000	72,300	13,300
Royalties received			
Expenses			
Advertising	68	221	153
Auto and travel	240	349	109
Cleaning and maintenance	3,782	5,157	1,375
Commissions			
Insurance	1,063	1,009	(54)
Legal & professional fees	100	500	400
Management fees	2,662	3,110	448
Mortgage interest			
Other interest			
Repairs	2,256	7,317	5,061
Supplies	4,952	2,518	(2,434)
Taxes	6,622	6,698	76
Utilities	209		(209)
Depreciation expense	8,488	8,488	
Other	258	323	65
Total expenses	30,700	35,690	4,990
Net income or (loss)	28,300	36,610	8,310
Allowed on return after Form 6198 and Form 8582 limitations	28,300	36,610	8,310

Schedule E Comparison

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

2022

Name(s) as shown on return

Tax ID Number

AKSHAI K RUNCHAL

553-39-5912

Property description and address

Input order

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

3

	2021	2022	Difference
Income			
Rents received	140,528	218,093	77,565
Royalties received			
Expenses			
Advertising	388	77	(311)
Auto and travel	572	1,053	481
Cleaning and maintenance	4,820	4,800	(20)
Commissions	13,373	19,724	6,351
Insurance	4,360	4,366	6
Legal & professional fees	5,000	3,143	(1,857)
Management fees	5,792	7,509	1,717
Mortgage interest	42,209	34,627	(7,582)
Other interest			
Repairs	24,474	8,058	(16,416)
Supplies	470		(470)
Taxes	20,649	24,499	3,850
Utilities	14,942	13,681	(1,261)
Depreciation expense	41,916	41,916	
Other	148	337	189
Total expenses	179,113	163,790	(15,323)
Net income or (loss)	(38,585)	54,303	92,888
Allowed on return after Form 6198 and Form 8582 limitations	(38,585)	54,303	92,888

Property description and address

Input order

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

4

	2021	2022	Difference
Income			
Rents received	23,779	109,497	85,718
Royalties received			
Expenses			
Advertising	862	39	(823)
Auto and travel	97	529	432
Cleaning and maintenance	5,300	2,063	(3,237)
Commissions			
Insurance	1,248	13,928	12,680
Legal & professional fees	6,320	28,074	21,754
Management fees	1,000	3,535	2,535
Mortgage interest	5,941	24,982	19,041
Other interest		19,802	19,802
Repairs	2,053	17,140	15,087
Supplies	361		(361)
Taxes	4,465	10,238	5,773
Utilities	84	7,021	6,937
Depreciation expense	7,176	13,710	6,534
Other	541	287	(254)
Total expenses	35,448	141,348	105,900
Net income or (loss)	(11,669)	(31,851)	(20,182)
Allowed on return after Form 6198 and Form 8582 limitations	(11,669)	(31,851)	(20,182)

Schedule E Comparison

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

2022

Name(s) as shown on return

Tax ID Number

AKSHAI K RUNCHAL

553-39-5912

Property description and address

Input order

2408 OCEAN PARK - 2408 OCEAN PARK, Santa Monica, CA 90405

5

	2021	2022	Difference
Income			
Rents received	182,064	55,134	(126,930)
Royalties received			
Expenses			
Advertising	440	759	319
Auto and travel	741	641	(100)
Cleaning and maintenance	12,795	8,027	(4,768)
Commissions			
Insurance	5,012	1,973	(3,039)
Legal & professional fees	29,767	5,993	(23,774)
Management fees	14,093	7,368	(6,725)
Mortgage interest	33,034	11,525	(21,509)
Other interest			
Repairs	15,223	8,893	(6,330)
Supplies	12,773	6,317	(6,456)
Taxes	14,709	2,826	(11,883)
Utilities	15,197	6,242	(8,955)
Depreciation expense			
Other	454	709	255
Total expenses	154,238	61,273	(92,965)
Net income or (loss)	27,826	(6,139)	(33,965)
Allowed on return after Form 6198 and Form 8582 limitations	27,826	(6,139)	(33,965)

Property description and address

Input order

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

6

	2021	2022	Difference
Income			
Rents received	195,627	218,561	22,934
Royalties received			
Expenses			
Advertising	226	78	(148)
Auto and travel	796	1,056	260
Cleaning and maintenance	4,560	4,230	(330)
Commissions			
Insurance	4,201	4,081	(120)
Legal & professional fees	4,549	2,800	(1,749)
Management fees	8,369	7,693	(676)
Mortgage interest	48,620	35,176	(13,444)
Other interest	1,880		(1,880)
Repairs	6,757		(6,757)
Supplies	654		(654)
Taxes	30,196	26,801	(3,395)
Utilities	10,614	10,832	218
Depreciation expense	39,424	39,852	428
Other	76	363	287
Total expenses	160,922	132,962	(27,960)
Net income or (loss)	34,705	85,599	50,894
Allowed on return after Form 6198 and Form 8582 limitations	34,705	85,599	50,894

Schedule E Comparison

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

2022

Name(s) as shown on return

Tax ID Number

AKSHAI K RUNCHAL

553-39-5912

Property description and address

Input order

FLEETPRIDE - 805 SPENCER STREET, Syracuse, NY 13204

7

	2021	2022	Difference
Income			
Rents received	282,491	247,757	(34,734)
Royalties received			
Expenses			
Advertising	480	455	(25)
Auto and travel	1,150	1,197	47
Cleaning and maintenance		600	600
Commissions			
Insurance	1,176	7,812	6,636
Legal & professional fees	6,465	7,940	1,475
Management fees	2,130	5,187	3,057
Mortgage interest	77,603	79,088	1,485
Other interest	5,436	222	(5,214)
Repairs		1,186	1,186
Supplies	944		(944)
Taxes	59,711	3,732	(55,979)
Utilities	999		(999)
Depreciation expense	74,352	77,419	3,067
Other	505	498	(7)
Total expenses	230,951	185,336	(45,615)
Net income or (loss)	51,540	62,421	10,881
Allowed on return after Form 6198 and Form 8582 limitations	51,540	62,421	10,881

Property description and address

Input order

GRAMERCY - 2001 S GRAMERCY, Los Angeles, CA 90018

8

	2021	2022	Difference
Income			
Rents received	21,841	20,020	(1,821)
Royalties received			
Expenses			
Advertising	25	7	(18)
Auto and travel	89	97	8
Cleaning and maintenance	3,827	4,738	911
Commissions			
Insurance	6,530	4,627	(1,903)
Legal & professional fees	14,229	600	(13,629)
Management fees	901	1,095	194
Mortgage interest			
Other interest	808		(808)
Repairs	10,133	6,652	(3,481)
Supplies	10,112	4,887	(5,225)
Taxes	24,092	15,790	(8,302)
Utilities	3,973	6,332	2,359
Depreciation expense	4,351	4,351	
Other	336	641	305
Total expenses	79,406	49,817	(29,589)
Net income or (loss)	(57,565)	(29,797)	27,768
Allowed on return after Form 6198 and Form 8582 limitations	(57,565)	(29,797)	27,768

Schedule E Comparison

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

2022

Name(s) as shown on return

Tax ID Number

AKSHAI K RUNCHAL

553-39-5912

Property description and address

Input order

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

9

	2021	2022	Difference
Income			
Rents received	140,819	337,965	197,146
Royalties received			
Expenses			
Advertising	163	280	117
Auto and travel	573	1,632	1,059
Cleaning and maintenance			
Commissions			
Insurance	15,114	15,634	520
Legal & professional fees	4,292	2,800	(1,492)
Management fees	926	8,195	7,269
Mortgage interest	23,441	59,694	36,253
Other interest			
Repairs			
Supplies	470		(470)
Taxes	884	80,331	79,447
Utilities	498		(498)
Depreciation expense	36,662	80,005	43,343
Other	3,425	344	(3,081)
Total expenses	86,448	248,915	162,467
Net income or (loss)	54,371	89,050	34,679
Allowed on return after Form 6198 and Form 8582 limitations	54,371	89,050	34,679

Property description and address

Input order

	2021	2022	Difference
Income			
Rents received			
Royalties received			
Expenses			
Advertising			
Auto and travel			
Cleaning and maintenance			
Commissions			
Insurance			
Legal & professional fees			
Management fees			
Mortgage interest			
Other interest			
Repairs			
Supplies			
Taxes			
Utilities			
Depreciation expense			
Other			
Total expenses			
Net income or (loss)			
Allowed on return after Form 6198 and Form 8582 limitations			

CA-MSG

CA ELECTRONIC FILING MESSAGES
MUST be corrected before electronic filing is allowed.

PAGE 1

Name(s) as shown on return

AKSHAI K & CHANCHAL RUNCHAL

SSN/FEIN

553-39-5912

8029 CA Electronic Filing NOT Allowed

CA has received a code of "A" (Acceptance) from the states
Department of Revenue/Franchise Tax Board. State/city is NOT
allowed to retransmit.

Drake Software Tip:

* Check for state Acks

2022 CALLC01 Filing Instructions
14523 TUPPER LLC

Form filed:

CALLC01 and supplemental forms and schedules

Filing method:

Your return has been e-filed, do not mail your return

Due date:

04-18-2023

Other instructions:

The return reflects neither a refund nor a balance due

2022**Limited Liability Company
Return of Income****568**

201203510348 1452 454344496 22
 TYB 01-01-2022 TYE 12-31-2022
 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 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 LLC holds a controlling or majority interest that owned California real property (i.e., land, buildings), leased such property for a term of 35 years or more, or leased such property from a government agency for any term? ☐ Yes ☒ No
- (2) During this taxable year, did this LLC acquire control or majority ownership (more than a 50% interest) in another legal entity that owned California real property (i.e., land, buildings), leased such property for a term of 35 years or more, or leased such property from a government agency for any term? ☐ Yes ☒ No
- (3) During this taxable year, has more than 50% of the LLC's ownership interests cumulatively transferred in one or more transactions after an interest in California real property (i.e., land, buildings) was transferred to it that was excluded from property tax reassessment under Revenue and Taxation Code Section 62(a)(2) and it was not reported on a previous year's tax return? ☐ Yes ☒ No
- (Yes requires filing of statement, penalties may apply - see instructions.)**

		Whole dollars only	
Enclose, but do not staple, any payment.	Complete Schedule IW, LLC Income Worksheet (on Side 7) first to determine line 1.		
	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 2022 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 2022 form FTB 3522 and form FTB 3536	8	800 00
	9 Amount paid with form FTB 3893	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 2023 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
573-41-5200

Sole Owner's name (as shown on owner's return) FOR DETAILED INFORMATION - SEE FORM CASMLLC

Ⓒ CHANCHAL RUNCHAL

FEIN/CA Corp no./CA SOS File no.

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 10-16-2023 Check if self-employed ☐ PTIN
• P00186900
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 ⊙ 32,624		⊙ 32,624			
	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 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 Charitable contributions. See instructions. Attach schedule	13a ⊙		⊙			
Credits	b Investment interest expense	13b ⊙		•			
	c 1 Total expenditures to which IRC Section 59(e) election may apply . .	13c1 ⊙		⊙			
	2 Type of expenditures	13c2					
	d Deductions related to portfolio income	13d ⊙		⊙			
	e Other deductions. Attach schedule	13e ⊙		⊙			
Alternative Minimum Tax (AMT) Items	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		•			
Other Information	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		⊙			
	18 a Tax-exempt interest income	18a		⊙			
	b Other tax-exempt income	18b		•			
	c Nondeductible expenses	18c		⊙			
Analysis	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 13e . .	21a ⊙ 32,624		• 32,624			
	b Analysis of members:	(a) Corporate	(b) Individual i. Active ii. Passive	(c) Partnership	(d) Exempt Organization	(e) Nominee/Other	(f) LLC
	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 13e. Itemize:		c Total. Add line 6a and line 6b •	
a Depreciation ⊙ \$		7 Deductions included on Sch K, line 1 through line 13e 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 9 573-41-5200
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 _____

Date Accepted _____

TAXABLE YEAR

2022**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

454344496

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 2022.

6 ☐ Electronic funds withdrawal 6a Amount _____ 6b Withdrawal date (mm/dd/yyyy) _____

Part III Make Annual Tax or Estimated Fee Payment for Taxable Year 2023 This is NOT an installment payment for the current amount the LLC owes.

	Annual Tax Payment	Estimated Fee Payment
7 Amount		
8 Withdrawal date		

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

9 Routing number _____
 10 Account number _____ 11 Type of account: ☐ Checking ☐ Savings

Part V Declaration of Authorized Member or Manager


I authorize the limited liability company account to be settled as designated in Parts II, III, and IV. If I check box 6, I authorize an electronic funds withdrawal for the amount listed on line 6a and for the 2023 annual tax or estimated fee payment amount listed on line 7 from the bank account specified in Part IV.


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 2022 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  _____ **TMP**  _____
 Signature of authorized member or manager Date Title

Part VI 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, 2022 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 10-16-2023 Check if also paid preparer ☒ Check if self-employed ☐ ERO's PTIN P00186900

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 ☐ Paid preparer's PTIN _____

Firm's name (or yours if self-employed) and address  _____ Firm's FEIN _____ ZIP code _____

2022 CALLC02 Filing Instructions
2408 OCEAN PARK LLC

Form filed:

CALLC02 and supplemental forms and schedules

Filing method:

Your return has been e-filed, do not mail your return

Due date:

04-18-2023

Other instructions:

The return reflects neither a refund nor a balance due

2022**Limited Liability Company
Return of Income****568**

201204210532 2408 454393189 22
 TYB 01-01-2022 TYE 12-31-2022
 2408 OCEAN PARK LLC

1931 STRADELLA DR
 LOS ANGELES CA 90077

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

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

Enclose, but do not staple, any payment.	Complete Schedule IW, LLC Income Worksheet (on Side 7) first to determine line 1.		Whole dollars only	
	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	2022 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 2022 form FTB 3522 and form FTB 3536	8	800 00
	9	Amount paid with form FTB 3893	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 2023 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
573-41-5200

Sole Owner's name (as shown on owner's return) FOR DETAILED INFORMATION - SEE FORM CASMLLC

Ⓒ CHANCHAL RUNCHAL

FEIN/CA Corp no./CA SOS File no.

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

Sign Here	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.		
	Signature of authorized member or manager ► CHANCHAL RUNCHAL	Date	Telephone • 310-471-5013
Paid Preparer's Use Only	Authorized member or manager's email address (optional) runchal@gmail.com		PTIN • P00186900
	Paid preparer's signature ►	Date 10-16-2023	Check if self-employed <input type="checkbox"/>
	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)? • <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 ⊙ 82,911		⊙ 82,911			
	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 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 Charitable contributions. See instructions. Attach schedule	13a ⊙		⊙			
Credits	b Investment interest expense	13b ⊙		•			
	c 1 Total expenditures to which IRC Section 59(e) election may apply . .	13c1 ⊙		⊙			
	2 Type of expenditures	13c2					
	d Deductions related to portfolio income	13d ⊙		⊙			
	e Other deductions. Attach schedule	13e ⊙		⊙			
Alternative Minimum Tax (AMT) Items	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		•			
Other Information	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		⊙			
	18 a Tax-exempt interest income	18a		⊙			
	b Other tax-exempt income	18b		•			
	c Nondeductible expenses	18c		⊙			
Analysis	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 13e . .	21a ⊙ 82,911		• 82,911			
	b Analysis of members:	(a) Corporate	(b) Individual i. Active ii. Passive	(c) Partnership	(d) Exempt Organization	(e) Nominee/Other	(f) LLC
	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 13e. Itemize:		c Total. Add line 6a and line 6b •	
a Depreciation ⊙ \$		7 Deductions included on Sch K, line 1 through line 13e 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 9 573-41-5200
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 _____

Date Accepted _____

TAXABLE YEAR

2022**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 2022.

6 ☐ Electronic funds withdrawal 6a Amount _____ 6b Withdrawal date (mm/dd/yyyy) _____

Part III Make Annual Tax or Estimated Fee Payment for Taxable Year 2023 This is NOT an installment payment for the current amount the LLC owes.

	Annual Tax Payment	Estimated Fee Payment
7 Amount		
8 Withdrawal date		

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

9 Routing number _____
 10 Account number _____ 11 Type of account: ☐ Checking ☐ Savings

Part V Declaration of Authorized Member or Manager

I authorize the limited liability company account to be settled as designated in Parts II, III, and IV. If I check box 6, I authorize an electronic funds withdrawal for the amount listed on line 6a and for the 2023 annual tax or estimated fee payment amount listed on line 7 from the bank account specified in Part IV.

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 2022 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

Part VI 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, 2022 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

10-16-2023

Check if
also paid
preparer ☒Check
if self-
employed ☐

ERO's PTIN

P00186900

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 ☐

Paid preparer's PTIN

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

Firm's FEIN

ZIP code

2022 CA540 Filing Instructions
AKSHAI K & CHANCHAL RUNCHAL

Form filed:

CA540 and supplemental forms and schedules

Filing method:

Your return has been e-filed, do not mail your return

Due date:

04-18-2023

Overpayment Applied:

The full overpayment of \$56,536.00 will be applied to the
2023 liability

2022 California Resident Income Tax Return**540**

ATTACH FEDERAL RETURN

553-39-5912 RUNC 573-41-5200
 AKSHAI K RUNCHAL
 CHANCHAL RUNCHAL

22

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 ANGELES

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

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

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

Apt. no/ste. no.

☒ ☐

City

State

ZIP code

☒ ☐ ☐

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

Filing Status

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

 2 ☒ Married/RDP filing jointly. See instr. 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

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 \$140 = ☒ \$ 280

 8 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2 ☒ 8 ☐ X \$140 = ☒ \$

 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 \$140 = ☒ \$ 280

Your name: AKSHAI K & CHANCH Your SSN or ITIN: 553395912

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 \$433 = \$

11 Exemption amount: Add line 7 through line 10. Transfer this amount to line 32 11 \$ 560

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	776261	.00
14	California adjustments - subtractions. Enter the amount from Schedule CA (540), Part I, line 27, column B	14	40256	.00
15	Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions	15	736005	.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	736005	.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 \$5,202 • Married/RDP filing jointly, Head of household, or Qualifying surviving spouse/RDP . . \$10,404 If Married/RDP filing separately or the box on line 6 is checked, STOP. See instructions	18	39586	.00
19	Subtract line 18 from line 17. This is your taxable income. If less than zero, enter -0-	19	696419	.00

31	Tax. Check the box if from: <input type="checkbox"/> Tax Table <input checked="" type="checkbox"/> Tax Rate Schedule • <input type="checkbox"/> FTB 3800 • <input type="checkbox"/> FTB 3803	31	58465	.00
32	Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$229,908, see instructions	32	0	.00
33	Subtract line 32 from line 31. If less than zero, enter -0-	33	58465	.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	58465	.00

40	Nonrefundable Child and Dependent Care Expenses Credit. See instructions.	40		.00
43	Enter credit name OTHER STATE code 187 and amount-	43	31316	.00
44	Enter credit name code and amount-	44		.00

Your name: AKSHAI K & CHANCH

Your SSN or ITIN: 553395912

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 31316 .00
- 48 Subtract line 47 from line 35. If less than zero, enter -0- 48 27149 .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 27149 .00

Payments

- 71 California income tax withheld. See instructions • 71 .00
- 72 2022 California estimated tax and other payments. See instructions • 72 83685 .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 83685 .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. . . • ☒ X
- 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 83685 .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 83685 .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 56536 .00

Your name: AKSHAI K & CHANCH

Your SSN or ITIN: 553395912

Overpaid Tax/Tax Due	98	Amount of line 97 you want applied to your 2023 estimated tax	•	98	56536	.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

Contributions	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
	Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund	• 431	.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	
California Community and Neighborhood Tree Voluntary Tax Contribution Fund	• 446	.00	
110	Add amounts in code 400 through code 446. This is your total contribution. . .	• 110	.00

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.**

Amount You Owe	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.		

Your name: AKSHAI K & CHANCH Your SSN or ITIN: 553395912

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 Checking • Account number • 116 Direct deposit amount .00
 Savings

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

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

Voter Info.

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

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

Our privacy notice can be found in annual tax booklets or online. Go to **ftb.ca.gov/privacy** to learn about our privacy policy stmtnt, or go to **ftb.ca.gov/forms** and search for **1131** to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form code **948** when instructed.

Under penalties of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Your signature

Date

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

10-16-2023

☒ Your email address. Enter only one email address.

☒ Preferred phone number

RUNCHAL@GMAIL.COM

310-471-5013

Sign Here

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

Joint tax return? See instructions.

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

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

J ARORA INC

• PTIN

P00186900

Firm's address

17037 CHATSWORTH ST STE 101 GRANADA HILLS, CA 91344

• Firm's FEIN

320225393

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

Print Third Party Designee's Name

Telephone Number

CAWK_AGI	For your records only. Adjusted Gross Income Split Worksheet		2022 AGI FD/ST Summary	
Name(s) as shown on state return AKSHAI K & CHANCHAL RUNCHAL			Social Security Number 553-39-5912	
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	6	574	6 574
3b Ordinary dividends	3b	8,173	1,594	8,173 1,594
4b Taxable amount of IRA distributions	4b	56,148		56,148
5b Taxable amount of Pensions and annuities	5b			
6b Taxable amount of Social security benefits	6b	26,840	13,416	26,839 13,417
7 Capital gain or (loss)	7	178		178
8 Other income from Schedule 1	8	321,424	347,908	321,424 347,908
9 Total income (Sum of Lines 1-8)	9	412,769	363,492	412,768 363,493
10 Adjustments to income from Schedule 1	10			
11 Adjusted Gross Income (line 9 - line 10)	11	412,769	363,492	412,768 363,493
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	321,424	347,908	321,424 347,908
6 Farm income or (loss)	6			
7 Unemployment compensation	7			
8 Other income	8			
10 Total Additional Income (Sum of lines 1-8)	10	321,424	347,908	321,424 347,908
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			

2022 California Adjustments - Residents

CA (540)

Important: Attach this schedule behind Form 540, Side 5 as a supporting California schedule.

Name(s) as shown on tax return

AKSHAI K & CHANCHAL RUNCHAL

SSN or ITIN

553-39-5912

Part I Income Adjustment Schedule		A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
Section A - Income from federal Form 1040 or 1040-SR				
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"/>	<input type="radio"/>	<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"/> 580 2b	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	Ordinary dividends. a <input type="radio"/> 3395 3b	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	IRA distributions. a <input type="radio"/> 56148 4b	<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"/>
6	Social security benefits a <input type="radio"/> 47360 6b	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7	Capital gain or (loss). See instructions 7	<input type="radio"/>	<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"/>	<input type="radio"/>
2 a	Alimony received. See instructions 2a	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	Business income or (loss). See instructions . . . 3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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"/>	<input type="radio"/>	<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"/>	<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	<input type="radio"/> ()		<input type="radio"/>
b Gambling	8b	<input type="radio"/>	<input type="radio"/>	
c Cancellation of debt	8c	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d Foreign earned income exclusion from federal Form 2555	8d	<input type="radio"/> ()		<input type="radio"/>
e Income from federal Form 8853	8e	<input type="radio"/>		<input type="radio"/>
f Income from federal Form 8889	8f	<input type="radio"/>	<input type="radio"/>	
g Alaska Permanent Fund dividends	8g	<input type="radio"/>		
h Jury duty pay	8h	<input type="radio"/>		
i Prizes and awards	8i	<input type="radio"/>		
j Activity not engaged in for profit income . . .	8j	<input type="radio"/>		
k Stock options	8k	<input type="radio"/>		
l Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8l	<input type="radio"/>		
m Olympic and Paralympic medals and USOC prize money	8m	<input type="radio"/>		
n IRC Section 951(a) inclusion	8n	<input type="radio"/>	<input type="radio"/>	
o IRC Section 951A(a) inclusion	8o	<input type="radio"/>	<input type="radio"/>	
p IRC Section 461(l) excess business loss adjustment	8p	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
q Taxable distributions from an ABLE account	8q	<input type="radio"/>		
r Scholarship and fellowship grants not reported on federal Form(s) W-2	8r	<input type="radio"/>		
s Nontaxable amount of Medicaid waiver payments included on federal Form 1040, line 1a or line 1d	8s	<input type="radio"/> ()		
t Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental IRC Section 457 plan . . .	8t	<input type="radio"/>		
u Wages earned while incarcerated	8u	<input type="radio"/>		
z Other income. List type and amount.				
<input type="radio"/> _____	8z	<input type="radio"/>	<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
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"/>	<input type="radio"/>	<input type="radio"/>
b2	NOL deduction from form FTB 3805V . . . 9b2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b3	NOL from form FTB 3805Z, 3807, or 3809 9b3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10	Total. Combine Section A, line 1z through line 7, and Section B, line 1 through line 7, 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"/> 776261	<input type="radio"/> 40256	<input type="radio"/>

Section C - Adjustments to Income

from federal Schedule 1 (Form 1040)

11	Educator expenses 11	<input type="radio"/>	<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"/>	<input type="radio"/>
14	Moving expenses. Attach form FTB 3913. See instructions 14	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15	Deductible part of self-employment tax. See instructions 15	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16	Self-employed SEP, SIMPLE, and qualified plans 16	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17	Self-employed health insurance deduction. See instructions 17	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18	Penalty on early withdrawal of savings 18	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19 a	Alimony paid 19a	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b	Recipient's: SSN <input type="radio"/> _____ Last Name <input type="radio"/> _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20	IRA deduction 20	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21	Student loan interest deduction 21	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22	Reserved for future use 22	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23	Archer MSA deduction 23	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CAWK_ID	Itemized Deductions Worksheet Line 29	2022
Name(s) AKSHAI K & CHANCHAL RUNCHAL	California ID Number 553-39-5912	

Is the amount on Form 540, line 13 more than the amount shown below for your filing status?

Single or married/RDP filing separately \$ 229,908
Head of household \$ 344,867
Married/RDP filing jointly or qualifying widow(er) \$ 459,821

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	58,572.
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	58,572.
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	46,858.
5. Amount from Form 540, line 13	5	776,261.
6. Enter the amount shown above for your filing status	6	459,821.
7. Subtract line 6 from line 5	7	316,440.
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	18,986.
9. Compare line 4 and line 8. Enter the smaller amount here	9	18,986.
10. Total itemized deductions. Subtract line 9 from line 1. Enter here and on Schedule CA (540), Part II, line 29	10	39,586.

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_D	For your records only. Capital Gains and Losses Worksheet	2022	
		STATE	D Summary
Name(s) as shown on state return AKSHAI K & CHANCHAL RUNCHAL		Social Security Number 553-39-5912	

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			
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:				

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			
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	178		178
Line 14	Federal Schedule D LT carryover amounts			
Subtotal:		178		178

State's Computation				
Total Capital Gain or Loss		178		178
Limited Capital Gain or Loss (Amount carrying to the State)		178		178

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	2022 FEDERAL D Summary	
Name(s) as shown on state return AKSHAI K & CHANCHAL RUNCHAL		Social Security Number 553-39-5912	

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			
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:				

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			
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	178		178
Line 14	Federal Schedule D LT carryover amounts			
Subtotal:		178		178

State's Computation				
Total Capital Gain or Loss		178		178
Limited Capital Gain or Loss (Amount carrying to the State)		178		178

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

2022

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

553-39-5912

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		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	<input checked="" type="radio"/>	2	00	
3	Personal property taxes and real property taxes. See instructions	<input checked="" type="radio"/>	3	24266 00	
4	Certain interest on a home mortgage not used to buy, build, or improve your home. See instructions	<input checked="" type="radio"/>	4	00	
5	Miscellaneous itemized deductions. See instructions	<input checked="" type="radio"/>	5	00	
6	Refund of personal property taxes and real property taxes. See instructions	<input checked="" type="radio"/>	6	() 00	
Do not include your state income tax refund on this line.					
7	Investment interest expense adjustment. See instructions	<input checked="" type="radio"/>	7	00	
8	Post-1986 depreciation. See instructions	<input checked="" type="radio"/>	8	3 00	
9	Adjusted gain or loss. See instructions	<input checked="" type="radio"/>	9	00	
10	Incentive stock options (ISOs) and California qualified stock options (CQSOs). See instructions	<input checked="" type="radio"/>	10	00	
11	Passive activities adjustment. See instructions	<input checked="" type="radio"/>	11	00	
12	Beneficiaries of estates and trusts. Enter the amount from Schedule K-1 (541), line 12a	<input checked="" type="radio"/>	12	00	
13	Other adjustments and preferences. Enter the amount, if any, for each item, a through l. See instructions.				
a	Circulation expenditures <input checked="" type="radio"/>	00	g	Mining costs <input checked="" type="radio"/>	00
b	Depletion <input checked="" type="radio"/>	00	h	Patron's adjustment <input checked="" type="radio"/>	00
c	Installment sales <input checked="" type="radio"/>	00	i	Pollution control facilities <input checked="" type="radio"/>	00
d	Intangible drilling costs <input checked="" type="radio"/>	00	j	Research and experimental <input checked="" type="radio"/>	00
e	Long-term contracts <input checked="" type="radio"/>	00	k	Tax shelter farm activities <input checked="" type="radio"/>	00
f	Loss limitations <input checked="" type="radio"/>	00	l	Related adjustments <input checked="" type="radio"/>	00
	Add amounts on line a through line l, and enter total here	<input checked="" type="radio"/>	13	00	
14	Total Adjustments and Preferences. Combine line 1 through line 13	<input checked="" type="radio"/>	14	24269 00	
15	Enter taxable income from Form 540, line 19. See instructions	<input checked="" type="radio"/>	15	696419 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	<input checked="" type="radio"/>	16	00	
17	AMTI exclusion. See instructions	<input checked="" type="radio"/>	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 . . .	<input checked="" type="radio"/>	18	(18986) 00	
	Single or married/RDP filing separately			\$229,908	
	Married/RDP filing jointly or qualifying surviving spouse/RDP			\$459,821	
	Head of household			\$344,867	
19	Combine line 14 through line 18	<input checked="" type="radio"/>	19	701702 00	
20	Alternative minimum tax NOL deduction. See instructions	<input checked="" type="radio"/>	20	00	
21	Alternative Minimum Taxable Income. Subtract line 20 from line 19 (if married/RDP filing separately and line 21 is more than \$436,827, see instructions)	<input checked="" type="radio"/>	21	701702 00	

Part II Alternative Minimum Tax (AMT)

22	Exemption Amount. (If this schedule is for a certain child under age 24, see instructions.)			
	If your filing status is:	And line 21 is not over:		
	Single or head of household	\$ 317,062		
	Married/RDP filing jointly or qualifying surviving spouse/RDP	\$ 422,750		
	Married/RDP filing separately	\$ 211,371		
		Enter on line 22:		
		\$ 84,550		
		\$ 112,734		
		\$ 56,364		
	If Part I, line 21 is more than the amount shown above for your filing status, see instructions.			
<input checked="" type="radio"/>	22	42996 00		
23	Subtract line 22 from line 21. If zero or less, enter -0-. See instructions	23	658706 00	
24	Tentative Minimum Tax. Multiply line 23 by 7.0% (.07)	<input checked="" type="radio"/>	24	46109 00
25	Regular tax before credits from Form 540, line 31	<input checked="" type="radio"/>	25	58465 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 2023, enter amount from line 26 on the 2023 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)	<input checked="" type="radio"/>	26	0 00

Part III Credits that Reduce Tax **Note:** Be sure to attach your credit forms to Form 540.

553-39-5912

1	Enter the amount from Form 540, line 35	<input checked="" type="radio"/> 1	58465	00
2	Enter the tentative minimum tax from Side 1, Part II, line 24	<input checked="" type="radio"/> 2	46109	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			<input checked="" type="radio"/> 12356	
A1 Credits that reduce excess tax and have no carryover provisions.				
4 Code: 162 Prison inmate labor credit (FTB 3507)		<input checked="" type="radio"/>		
5 Code: 232 Child and dependent care expenses credit (FTB 3506)		<input checked="" type="radio"/>		
A2 Credits that reduce excess tax and have carryover provisions. See instructions.				
6 Code: <input checked="" type="radio"/> Credit Name:		<input checked="" type="radio"/>		<input checked="" type="radio"/>
7 Code: <input checked="" type="radio"/> Credit Name:		<input checked="" type="radio"/>		<input checked="" type="radio"/>
8 Code: <input checked="" type="radio"/> Credit Name:		<input checked="" type="radio"/>		<input checked="" type="radio"/>
9 Code: <input checked="" type="radio"/> Credit Name:		<input checked="" type="radio"/>		<input checked="" type="radio"/>
10 Code: 188 Credit for prior year alternative minimum tax	<input checked="" type="radio"/>	<input checked="" type="radio"/>		<input checked="" type="radio"/>
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)			<input checked="" type="radio"/> 58465	
B1 Credits that reduce net tax and have no carryover provisions.				
12 Code: 170 Credit for joint custody head of household		<input checked="" type="radio"/>		
13 Code: 173 Credit for dependent parent		<input checked="" type="radio"/>		
14 Code: 163 Credit for senior head of household		<input checked="" type="radio"/>		
15 Nonrefundable renter's credit		<input checked="" type="radio"/>		
B2 Credits that reduce net tax and have carryover provisions. See instructions.				
16 Code: <input checked="" type="radio"/> Credit Name:		<input checked="" type="radio"/>		<input checked="" type="radio"/>
17 Code: <input checked="" type="radio"/> Credit Name:		<input checked="" type="radio"/>		<input checked="" type="radio"/>
18 Code: <input checked="" type="radio"/> Credit Name:		<input checked="" type="radio"/>		<input checked="" type="radio"/>
19 Code: <input checked="" type="radio"/> Credit Name:		<input checked="" type="radio"/>		<input checked="" type="radio"/>
B3 Other state tax credit.				
20 Code: 187 Other state tax credit	31316	<input checked="" type="radio"/> 31316	27149	
B4 Pass-through entity elective tax credit. See instructions.				
21 Code: 242 Pass-through entity elective tax credit		<input checked="" type="radio"/>		<input checked="" type="radio"/>
Section C - Credits that may reduce alternative minimum tax.				
22 Enter your alternative minimum tax from Side 1, Part II, line 26			<input checked="" type="radio"/>	
23 Code: 180 Solar energy credit carryover from Section B2, column (d)		<input checked="" type="radio"/>		<input checked="" type="radio"/>
24 Code: 181 Commercial solar energy credit carryover from Section B2, column (d)		<input checked="" type="radio"/>		<input checked="" type="radio"/>
25 Adjusted AMT. Enter the balance from line 24, column (c) here and on Form 540, line 61			<input checked="" type="radio"/>	

CAWK_AMT	California Schedule P Limitations Worksheet	2022
Name(s) AKSHAI K & CHANCHAL RUNCHAL		California ID Number 553-39-5912

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, complete the Exemption Worksheet 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 \$8,300 if condition 1, 2, or 3 below applies to you.

1. You were under age 18 at the end of 2022.
2. You were age 18 at the end of 2022 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 2022 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 2022 or if both parents were deceased at the end of 2022.

Certain January 1 Birthdays. If you were born on January 1, 2005, you are considered to be age 18 at the end of 2022. 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 2022. 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, 1999, you are considered to be age 24 at the end of 2022. Your exemption amount is not limited.

Exemption Worksheet

If line 21 (AMTI) is equal to or more than: \$655,262 if single or head of household; \$873,686 if married/RDP filing jointly or qualifying surviving spouse/RDP \$436,827 if married/RDP filing separately, your exemption amount is zero. **Do not** complete this worksheet; instead, enter -0- on line 22.

- | | | |
|---|----|---------|
| 1. Enter \$84,550 if single or head of household; \$112,734 if married/RDP filing jointly or qualifying surviving spouse/RDP \$56,364 if married/RDP filing separately | 1 | 112,734 |
| 2. Enter your AMTI from Schedule P (540), Part I, line 21 | 2 | 701,702 |
| 3. Enter \$317,062 if single or head of household; \$390,351 if married/RDP filing jointly or qualifying surviving spouse; \$211,371 if married/RDP filing separately | 3 | 422,750 |
| 4. Subtract line 3 from line 2. If zero or less, enter -0- | 4 | 278,952 |
| 5. Multiply line 4 by 25% (.25) | 5 | 69,738 |
| 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 | 42,996 |
| 7. Minimum exemption amount for certain children under age 24 | 7 | \$8,300 |
| 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.

2022 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

553-39-5912

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"/> 396,804	<input checked="" type="radio"/> 396,804
<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"/> 396,804	<input checked="" type="radio"/> 396,804

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	58,465	00
3 Double-taxed income taxable by California. Enter the amount from Part I, line 1, column (b)	<input checked="" type="radio"/> 3	396,804	00
4 California adjusted gross income. See instructions	<input checked="" type="radio"/> 4	736,005	00
5 Divide line 3 by line 4. Do not enter more than 1.0000	<input checked="" type="radio"/> 5	0.5391	
6 Multiply line 2 by line 5	<input checked="" type="radio"/> 6	31,518	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	22,558	00
8 Double-taxed income taxable by other state. Enter the amount from Part I, line 1, column (c)	<input checked="" type="radio"/> 8	396,804	00
9 Adjusted gross income taxable by other state. See instructions	<input checked="" type="radio"/> 9	421,654	00
10 Divide line 8 by line 9. Do not enter more than 1.0000	<input checked="" type="radio"/> 10	0.9411	
11 Multiply line 7 by line 10.	<input checked="" type="radio"/> 11	21,229	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	21,229	00

2022 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

553-39-5912

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"/> 154,538	<input checked="" type="radio"/> 154,538
<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"/> 154,538	<input checked="" type="radio"/> 154,538

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	58,465	00
3 Double-taxed income taxable by California. Enter the amount from Part I, line 1, column (b)	<input checked="" type="radio"/> 3	154,538	00
4 California adjusted gross income. See instructions	<input checked="" type="radio"/> 4	736,005	00
5 Divide line 3 by line 4. Do not enter more than 1.0000	<input checked="" type="radio"/> 5	0.2100	
6 Multiply line 2 by line 5	<input checked="" type="radio"/> 6	12,278	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	10,087	00
8 Double-taxed income taxable by other state. Enter the amount from Part I, line 1, column (c)	<input checked="" type="radio"/> 8	154,538	00
9 Adjusted gross income taxable by other state. See instructions	<input checked="" type="radio"/> 9	151,471	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	10,087	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	10,087	00

2022**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

553-39-5912

Part I 2022 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** 364,653 00**1b** Activities with net loss from Part IV, column (b)**1b** (67,787) 00**1c** Prior year unallowed losses from Part IV, column (c)**1c** () 00**1d** Combine line 1a, line 1b, and line 1c**1d** 296,866 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** 296,866 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 2022.** Add line 9 and line 10**11** 00

See the instructions on Page 2 to find out how to report the losses on your tax return.

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) 669,332	2(d)** 669,332	2(e) 0

(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.

Name of activity	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
SEE CAWK3801					
Total. Enter on Part I, line 1a, line 1b, and line 1c ▶	364,653	67,787			

Part V Complete this part before Part I, line 2a, line 2b, and line 2c.

Name of activity	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
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 ▶		67,787		67,787

(Keep for your records)

Name(s) as shown on return

California ID Number

AKSHAI K & CHANCHAL RUNCHAL

553-39-5912

Worksheet 1 For form FTB 3801, line 1a, line 1b, and line 1c[illegible]

2022

Statement #710

PG01

Identifying Number

553-39-5912

296,866	0	296,866
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CA 3801 Passive Activity Loss Limitations

2022

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

AKSHAI K & CHANCHAL RUNCHAL

Identifying Number

553-39-5912

(a) Activities	(b) Passive or Nonpassive	(c) California Amount	(d) Federal Amount	(e) California Adjustment
3106 INGLEWO	P	36,670	36,670	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	36,610	36,610	
CARRIAGE OAK	P	54,303	54,303	
TOWN CRST VI	P	(31,851)	(31,851)	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) In. 5, col. B.
2408 OCEAN P	P	(6,139)	(6,139)	
MEADOW GLEN	P	85,599	85,599	
FLEETPRIDE	P	62,421	62,421	
GRAMERCY	P	(29,797)	(29,797)	
ROCHESTER-22	P	89,050	89,050	
MD LIVE OAK	N	186,233	186,233	
MD LIVE OAK	N	186,233	186,233	

669,332

669,332

2022

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

553-39-5912

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 - 7

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 2022 5 74,352
- 6 Total California depreciation from this activity. Add the amounts on line 2, line 4, and line 5 6 74,352
- 7 Total federal depreciation from this activity. Enter depreciation from federal Form 4562, line 22 7 74,352
- 8 a If line 6 is **more** than line 7, enter the difference here and see instructions. 8a
- 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	REFINANCING-FLE	05/05/2022	115,007	AMT	2.66	3,067

- 10 Total California amortization from this activity. Add the amounts on line 9, column (f) 10 3,067
- 11 California amortization of costs that began before 2022 11
- 12 Total California amortization from this activity. Add the amounts on line 10 and line 11 12 3,067
- 13 Total federal amortization from this activity. Enter amortization from federal Form 4562, line 44 13 3,067
- 14 a If line 12 is **more** than line 13, enter the difference here and see instructions 14a
- b If line 12 is **less** than line 13, enter the difference here and see instructions 14b

2022

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

553-39-5912

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 - 4

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 TOWN CREST VILL	10/04/2022	3,573,783	SL	39	13,168

- 4 Add the amounts on line 3, column (f) 4 13,168
5 California depreciation for assets placed in service prior to 2022 5
6 Total California depreciation from this activity. Add the amounts on line 2, line 4, and line 5 6 13,168
7 Total federal depreciation from this activity. Enter depreciation from federal Form 4562, line 22 7 13,168
8 a If line 6 is **more** than line 7, enter the difference here and see instructions. 8a
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 REFINANCING-TCW	11/07/2022	81,369	AMT	.666	542

- 10 Total California amortization from this activity. Add the amounts on line 9, column (f) 10 542
11 California amortization of costs that began before 2022 11
12 Total California amortization from this activity. Add the amounts on line 10 and line 11 12 542
13 Total federal amortization from this activity. Enter amortization from federal Form 4562, line 44 13 542
14 a If line 12 is **more** than line 13, enter the difference here and see instructions 14a
b If line 12 is **less** than line 13, enter the difference here and see instructions 14b

TAXABLE YEAR

FORM

2022**California e-file Signature Authorization for Individuals****8879**

Your name AKSHAI K RUNCHAL	Your SSN or ITIN 553-39-5912
Spouse's/RDP's name CHANCHAL RUNCHAL	Spouse's/RDP's SSN or ITIN 573-41-5200

Part I Tax Return Information (whole dollars only)

1 California adjusted gross income (AGI). See instructions	1	736005
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, 2022, 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 2022 e-filed California individual income tax return.

☐ I will enter my PIN as my signature on my 2022 e-filed California individual income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ 10-16-2023
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 2022 e-filed California individual income tax return.

☐ I will enter my PIN as my signature on my 2022 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 ▶ 10-16-2023

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 2022 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, 2022 Handbook for Authorized e-file Providers.

ERO's signature ▶ JAGJIT SINGH ARORA, E.A Date ▶ 10-16-2023

CAWK_USE**California Use Tax Worksheet****2022**Name(s) as shown on return
AKSHAI K & CHANCHAL RUNCHALCalifornia ID Number
553-39-5912

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

CAWK_REF	2022 Taxable State / Local Refund Carries to Federal worksheet WK_REF22 to determine total Taxable Refunds	2022
Name(s) as shown on return AKSHAI K & CHANCHAL RUNCHAL		Your Social Security Number 553-39-5912

<p>A. State / Local Refund</p> <p>A1. Bottom line on return, after state adjustments _____</p> <p>A2. Adjustments to Line A1 _____</p> <p>A3. Total Adjusted State/Local Refund (Line A1 Less A2)</p> <p>B. Applied amounts</p> <p>B1. Total Contributions, Donation, Checkoffs (Will carry to 2023 Sch A) _____</p> <p>B2. Penalty and/or interest _____</p> <p>B3. Overpayment applied to 2023 (Will carry to 2023 ES screen) <u>56,536</u></p> <p>B4. Other Tax (Use tax, Property tax,Tangible tax, etc) _____</p> <p>B5. Total applied amounts. (Total of B1 thru B4)</p> <p>C. Subtotal: State / Local Refund plus Applied amounts (Line A plus line B)</p> <p>D. Payments</p> <p>D1. Tax withheld/2022 payments deducted on Schedule A <u>143,169</u></p> <p>D2. 4th quarter estimate and extension paid in 2023 _____</p> <p>D3. Total payments applied to 2022 State / Local tax return (Total of D1 thru D2)</p> <p>E. Allocation of Payments</p> <p>E1. Percent of payments made in 2022 (D1 divided by D3) <u>1.0000</u></p> <p>E2. Line C multiplied by line E1 <u>56,536</u></p> <p>E3. Percent of payments made in 2023 (D2 divided by D3) _____</p> <p>E4. Line C multiplied by line E3 _____</p> <p>F. Potential Taxable State / Local Refund (Lesser of E2 or D1, BUT NOT LESS THAN ZERO)</p> <p>G. Taxes paid in 2023 deductible on 2023 Schedule A</p> <p>G1. 4th quarter estimate and extension paid in 2023 (From line D2) _____</p> <p>G2. Balance of refund that did not carry to the 1040, line 10. (From line E4) _____</p> <p>G3. Adjusted taxes paid in 2023 allowed to carry to 2023 Sch A. (Line G1 less line G2)</p>	<p>A. _____</p> <p>B. <u>56,536</u></p> <p>C. <u>56,536</u></p> <p>D. <u>143,169</u></p> <p>E. _____</p> <p>F. <u>56,536</u></p> <p>G. <u>0</u></p>
--	--

Subject to tax benefit rules

CAWK_EXM	California AGI Limitation Worksheet	2022
Name(s) AKSHAI K & CHANCHAL RUNCHAL		California ID Number 553-39-5912

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	\$229,908
Married/RDP filing jointly or qualifying surviving spouse/RDP	\$459,821
Head of household	\$344,867

- 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>776,261.</u>
b Enter the amount for your filing status on line b:	
• Single or married/RDP filing separately. \$229,908	<div> <div></div> <div>►</div> </div>
• Married/RDP filing jointly or qualifying surviving spouse/RDP \$459,821	
• Head of household. \$344,867	
c Subtract line b from line a	c <u>316,440.</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>127.</u>
e Multiply line d by \$6	e <u>762.</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>3,048.</u>
h Add the total dollar amount from Form 540, lines 7, 8, and 9	h <u>560.</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	2022 Schedule E FD/ST Summary
Name(s) as shown on state return AKSHAI K & CHANCHAL RUNCHAL		Social Security Number 553-39-5912

Federal	Taxpayer	Spouse	Total
Rental/Royalty Income	135,191	161,675	296,866
Federal 4835 Farm Rental			
Partnership income (Total active & passive)	186,233	186,233	372,466
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:	321,424	347,908	669,332

Federal's Computation	Taxpayer	Spouse	Total
Total Rents, Royalties, Partnerships, Estates, etc.. (Amount carrying to the Federal)	321,424	347,908	669,332

State	Taxpayer	Spouse	Total
Rental/Royalty Income	135,191	161,675	296,866
Federal 4835 Farm Rental			
Partnership income (Total active & passive)	186,233	186,233	372,466
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:	321,424	347,908	669,332

State's Computation	Taxpayer	Spouse	Total
Total Rents, Royalties, Partnerships, Estates, etc.. (Amount carrying to the State) .	321,424	347,908	669,332

CAWK_SSB	Social Security Benefits Worksheet Figuring Your Taxable Benefits <small>(Keep for your records)</small>	2022				
<small>Name(s) as shown on return</small> AKSHAI K & CHANCHAL RUNCHAL		<small>Your Social Security Number</small> 553-39-5912				
<div style="margin-top: 10px;"> 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. <u>47,360</u> </div> <div style="margin-top: 5px;"> 2. Multiply line 1 by 50% (0.50) 2. <u>23,680</u> </div> <div style="margin-top: 5px;"> 3. Combine the amounts from Form 1040 or 1040-SR, lines 1z, 2b, 3b, 4b, 5b, 7, and 8 3. <u>736,005</u> </div> <div style="margin-top: 5px;"> 4. Enter the amount, if any, from Form 1040 or 1040-SR, line 2a 4. <u> </u> </div> <div style="margin-top: 5px;"> 5. Enter the total of any exclusions/adjustments for: <div style="margin-left: 20px;"> • 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. <u> </u> </div> </div> <div style="margin-top: 5px;"> 6. Combine lines 2, 3, 4, and 5 6. <u>759,685</u> </div> <div style="margin-top: 5px;"> 7. Enter the amounts from Form 1040 or 1040-SR, Schedule 1, lines 11 through 20, and 23 and 25 7. <u> </u> </div> <div style="margin-top: 5px;"> 8. Is the amount on line 7 less than the amount on line 6? <div style="margin-left: 20px;"> No. STOP None of your social security benefits are taxable. Enter -0- on Form 1040 or 1040-SR, line 6b. <input checked="" type="checkbox"/> Yes. Subtract line 7 from line 6 8. <u>759,685</u> </div> </div> <div style="margin-top: 5px;"> 9. If you are: <div style="margin-left: 20px;"> • Married filing jointly, enter \$32,000 • Single, head of household, qualifying surviving spouse, or married filing separately and you lived apart from your spouse for all of 2022, enter \$25,000 9. <u>32,000</u> </div> <p>Note. If you are married filing separately and you lived with your spouse at any time in 2022, skip lines 9 through 16; multiply line 8 by 85% (0.85) and enter the result on line 17. Then, go to line 18.</p> </div> <div style="margin-top: 5px;"> 10. Is the amount on line 9 less than the amount on line 8? <div style="margin-left: 20px;"> 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 2022, be sure you entered "D" to the right of the word "benefits" on line 6a. <input checked="" type="checkbox"/> Yes. Subtract line 9 from line 8 10. <u>727,685</u> </div> </div> <div style="margin-top: 5px;"> 11. Enter \$12,000 if married filing jointly; \$9,000 if single, head of household, qualifying surviving spouse, or married filing separately and you lived apart from your spouse for all of 2022. 11. <u>12,000</u> </div> <div style="margin-top: 5px;"> 12. Subtract line 11 from line 10. If zero or less, enter -0- 12. <u>715,685</u> </div> <div style="margin-top: 5px;"> 13. Enter the smaller of line 10 or line 11 13. <u>12,000</u> </div> <div style="margin-top: 5px;"> 14. Multiply line 13 by 50% (0.50) 14. <u>6,000</u> </div> <div style="margin-top: 5px;"> 15. Enter the smaller of line 2 or line 14 15. <u>6,000</u> </div> <div style="margin-top: 5px;"> 16. Multiply line 12 by 85% (0.85). If line 12 is zero, enter -0- 16. <u>608,332</u> </div> <div style="margin-top: 5px;"> 17. Add lines 15 and 16 17. <u>614,332</u> </div> <div style="margin-top: 5px;"> 18. Multiply line 1 by 85% (0.85). 18. <u>40,256</u> </div> <div style="margin-top: 5px;"> 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. <u>40,256</u> </div> <div style="margin-top: 5px;"> <div style="display: flex; justify-content: space-between;"> <div> 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. b. If only one spouse received benefits, that spouse should report the portion of the benefits that is taxable. </div> <div style="text-align: right;"> <table style="margin-left: auto; margin-right: 0;"> <tr> <td style="width: 50%;">Taxpayer's portion</td> <td style="border-top: 1px solid black; border-bottom: 3px double black; text-align: right;">26,839</td> </tr> <tr> <td>Spouse's portion</td> <td style="border-bottom: 3px double black; text-align: right;">13,417</td> </tr> </table> </div> </div> </div>			Taxpayer's portion	26,839	Spouse's portion	13,417
Taxpayer's portion	26,839					
Spouse's portion	13,417					

Notes about SS benefits:

CAEF_ACK	Acknowledgement and General Information for Taxpayers Who File Returns Electronically	2022
Name(s) as shown on return AKSHAI K & CHANCHAL RUNCHAL		Identification Number ***-**-5912
<p data-bbox="136 327 215 348">Address</p> <p data-bbox="131 386 803 449">1931 STRADELLA RD LOS ANGELES, CA 90077-2320</p> <p data-bbox="126 543 630 575">Thank you for participating in IRS e-file.</p> <p data-bbox="157 638 1344 863">1. <input checked="" type="checkbox"/> Your 2022 state income tax return for <u>CA540</u> was filed electronically. The electronic filing services were provided by <u>J ARORA INC</u>.</p> <p data-bbox="157 737 1344 863">2. <input checked="" type="checkbox"/> Your return was accepted on <u>10-13-2023</u> 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 this return is <u>9626072023286yb4cohb</u>.</p> <p data-bbox="214 953 1318 1037">PLEASE DO NOT SEND A PAPER COPY OF THE TAX RETURN TO THE STATE. IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.</p>		

CAEF_ACK	Acknowledgement and General Information for Taxpayers Who File Returns Electronically	2022
Name(s) as shown on return AKSHAI K & CHANCHAL RUNCHAL		Identification Number ***-**-5912
<p>Address</p> <p>1931 STRADELLA RD LOS ANGELES, CA 90077-2320</p> <p>Thank you for participating in IRS e-file.</p> <p>1. <input checked="" type="checkbox"/> Your 2022 state income tax return for <u>CALLC01</u> was filed electronically. The electronic filing services were provided by <u>J ARORA INC</u>.</p> <p>2. <input checked="" type="checkbox"/> Your return was accepted on <u>10-13-2023</u> 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 this return is <u>9626072023286cz4dall</u>.</p> <p>PLEASE DO NOT SEND A PAPER COPY OF THE TAX RETURN TO THE STATE. IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.</p>		

CAEF_ACK	Acknowledgement and General Information for Taxpayers Who File Returns Electronically	2022
Name(s) as shown on return AKSHAI K & CHANCHAL RUNCHAL		Identification Number ***-**-5912
<p>Address</p> <p>1931 STRADELLA RD LOS ANGELES, CA 90077-2320</p> <p>Thank you for participating in IRS e-file.</p> <p>1. <input checked="" type="checkbox"/> Your 2022 state income tax return for <u>CALLC02</u> was filed electronically. The electronic filing services were provided by <u>J ARORA INC</u>.</p> <p>2. <input checked="" type="checkbox"/> Your return was accepted on <u>10-13-2023</u> 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 this return is <u>9626072023286tyc3qzn</u>.</p> <p>PLEASE DO NOT SEND A PAPER COPY OF THE TAX RETURN TO THE STATE. IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.</p>		

CANOTES	Notes about the return	2022 PAGE 1
Name(s) as shown on return AKSHAI K & CHANCHAL RUNCHAL		SSN/FEIN 553-39-5912
<p>70 Schedule CA is present in this return therefore the short form will be suppressed and the long form will be produced.</p> <p>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.</p> <p>140 If you want to suppress the state's notes page from generating when it only concerns long form versus short form do the following:</p> <p>Escape out of the tax package data entry screen, go to Setup-Options-States tab. Select CA from the list; check box for "Suppress the CA Notes Page concerning ONLY the reason a short form did not print."</p> <p>Note: This will turn off ONLY notes about why a California short form was not generated.</p> <p>400 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			2022
Name(s) as shown on return AKSHAI K & CHANCHAL RUNCHAL			Taxpayer ID Number 553-39-5912	
[State] Income Tax Return	2020	2021	2022	Difference 2021-2022
Filing Status	MFJ	MFJ	MFJ	
Gross Income	551,167	1,222,429	776,261	(446,168)
Additions				
Subtractions	37,519	38,009	40,256	2,247
Exemptions	496	516	560	44
Standard Deduction				
Itemized Deduction	25,049	10,708	39,586	28,878
Deductions	25,049	10,708	39,586	28,878
Taxable Income	488,599	1,173,712	696,419	(477,293)
Actual State Income				
State Income Tax	25,577	91,315	27,149	(64,166)
Local Taxes				
Use Tax				
Contributions				
Income Tax Withheld				
Estimates and Extension payments . . .	39,323	125,577	83,685	(41,892)
Underpayment Penalty				
Overpayment Applied to Next Year . . .	14,423	48,685	56,536	7,851
Refund				
Balance Due				
Marginal tax rate	9.300000	11.300000	10.300000	(1.000000)
Effective tax rate	5.230000	7.780000	3.900000	(3.880000)

Section C - Adjustments to Income Continued		A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C 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. ⓪	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		
		776261	40256	

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 . <input checked="" type="checkbox"/> 14774 1			
Enter amount from federal Form 1040 or 1040-SR, line 11 <input checked="" type="checkbox"/> 776261 2			
3 Multiply line 2 by 7.5% (0.075) . <input checked="" type="checkbox"/> 58220 3			
4 Subtract line 3 from line 1. If line 3 is more than line 1, enter 0 4 <input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>
Taxes You Paid			
5 a State and local income tax or general sales taxes 5a <input checked="" type="checkbox"/> 2048 <input checked="" type="checkbox"/> 2048			
b State and local real estate taxes 5b <input checked="" type="checkbox"/> 24126			
c State and local personal property taxes 5c <input checked="" type="checkbox"/>			
d Add line 5a through line 5c 5d <input checked="" type="checkbox"/> 26174			
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 <input checked="" type="checkbox"/> 10000 <input checked="" type="checkbox"/> 2048 <input checked="" type="checkbox"/> 16174			
6 Other taxes. List type <input checked="" type="checkbox"/> 6 <input checked="" type="checkbox"/> 140 <input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>
7 Add line 5e and line 6 7 <input checked="" type="checkbox"/> 10140 <input checked="" type="checkbox"/> 2048 <input checked="" type="checkbox"/> 16174			
Interest You Paid			
8 a Home mortgage interest and points reported to you on federal Form 1098 8a <input checked="" type="checkbox"/> 18765 <input checked="" type="checkbox"/> 15541			
b Home mortgage interest not reported to you on federal Form 1098 8b <input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>
c Points not reported to you on federal Form 1098 8c <input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>
d Reserved for future use 8d			
e Add line 8a through line 8c 8e <input checked="" type="checkbox"/> 18765 <input checked="" type="checkbox"/> 15541			
9 Investment interest 9 <input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>
10 Add line 8e and line 9 10 <input checked="" type="checkbox"/> 18765 <input checked="" type="checkbox"/> 15541			

2022 GA500 Filing Instructions
AKSHAI K & CHANCHAL RUNCHAL

Form filed:

GA500 and supplemental forms and schedules

Filing method:

Your return has been e-filed, do not mail your return

Due date:

10-16-2023

Overpayment Applied:

The full overpayment of \$8,447.00 will be applied to the
2023 liability



2300402614

**Georgia Form 500** (Rev. 06/22/22)

Individual Income Tax Return

Georgia Department of Revenue

2022 (Approved software version)**Page 1**Fiscal Year
Beginning 01/01/2022STATE CA
ISSUEDFiscal Year
Ending 12/31/2022YOUR DRIVER'S
LICENSE/STATE ID N58305841. YOUR FIRST NAME MI YOUR SOCIAL SECURITY NUMBER
AKSHAI K 553-39-5912LAST NAME (For Name Change See IT-511 Tax Booklet) SUFFIX
RUNCHALSPOUSE'S FIRST NAME MI SPOUSE'S SOCIAL SECURITY NUMBER
CHANCHAL 573-41-5200LAST NAME SUFFIX
RUNCHAL

DEPARTMENT USE ONLY

2. ADDRESS (NUMBER AND STREET or P.O. BOX) (Use 2nd address line for Apt, Suite or Building Number) CHECK IF ADDRESS HAS CHANGED
1931 STRADELLA RD3. CITY (Please insert a space if the city has multiple names) STATE ZIP CODE
LOS ANGELES CA 90077-2320

(COUNTRY IF FOREIGN)

4. Enter your Residency Status with the appropriate number 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) 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 Dependents (Enter details on Line 7b., and DO NOT include yourself or your spouse) 7a.

This page (1) is required for processing



YOUR SOCIAL SECURITY NUMBER
553-39-5912

7b. 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. 776261
(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.

Georgia Form **500**
Individual Income Tax Return
Georgia Department of Revenue
2022



YOUR SOCIAL SECURITY NUMBER
553-39-5912

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 7a. 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. 396393

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. 396393

16. Tax (Use Tax Rate Schedule in the IT-511 Tax Booklet) 16. 22558

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. 22558

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:		
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		
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		
5. GA TAX WITHHELD			5. GA TAX WITHHELD			5. GA TAX WITHHELD		

PLEASE COMPLETE INCOME STATEMENT DETAILS ON PAGE 4.

This Page (3) is required for processing



YOUR SOCIAL SECURITY NUMBER
553-39-5912

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.	
(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 2022 and Form IT-560	25.	31005
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.	31005
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.	8447
30. Amount to be credited to 2023 ESTIMATED TAX	30.	8447
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
2022



YOUR SOCIAL SECURITY NUMBER
553-39-5912

Page 5

39. Public Safety Memorial Grant (No gift of less than \$1.00) 39.

40. Form 500 UET (Estimated tax penalty) 500 UET exception attached 40.

41. Penalty: Late Payment and/or Late Filing 41.

42. Interest 42.

43. (If you owe) Add Lines 28, 31 thru 42 43.

MAKE CHECK PAYABLE TO GEORGIA DEPARTMENT OF REVENUE
Mail To: GEORGIA DEPARTMENT OF REVENUE PROCESSING CENTER,
PO BOX 740399 ATLANTA, GA 30374-0399

44. (If you are due a refund) Subtract the sum of Lines 30 thru 42 from Line 29

THIS IS YOUR REFUND 44.

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.

44a. 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
10/16/2023

Taxpayer's Phone Number
310-471-5013

Spouse's Signature Date
10/16/2023

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
P00186900

This Page (5) is required for processing



Schedule 1
Adjustments to Income

2022 (Approved software version)

YOUR SOCIAL SECURITY NUMBER
553-39-5912

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. Reserved 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. 40256
9. Path2College 529 Plan 9.
10. Interest on United States Obligations (See IT-511 Tax Booklet) 10.
11. Reserved 11.
12. Other Adjustments (Specify) 12.
13. Total Subtractions (Enter sum of Lines 7-12 here) 13. 170256
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. -170256



YOUR SOCIAL SECURITY NUMBER
553-39-5912

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. 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) (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)	256185	256183
14. Total of Lines 6 through 13; if zero or less, enter zero	256185	256183
15. Add Lines 5 and 14	256185	256183
16. Maximum Allowable Exclusion*	65000	65000
17. Smaller of Lines 15 and 16; enter here and on Form 500, Schedule 1, Lines 7a & d for Retirement Exclusion or Lines 7c & f for Retirement 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. 06/22/22)
Schedule 3
Part-Year Nonresident
2022 (Approved software version)



Schedule 3
Page 1

YOUR SOCIAL SECURITY NUMBER
553-39-5912

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.

Income earned in another state as a Georgia resident is taxable but other state(s) tax credit may apply. See IT-511 Tax Booklet.

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 10347	2. INTEREST AND DIVIDENDS 10347	2. INTEREST AND DIVIDENDS
3. BUSINESS INCOME OR (LOSS)	3. BUSINESS INCOME OR (LOSS)	3. BUSINESS INCOME OR (LOSS)
4. OTHER INCOME OR (LOSS) 765914	4. OTHER INCOME OR (LOSS) 253546	4. OTHER INCOME OR (LOSS) 512368
5. TOTAL INCOME: TOTAL LINES 1 THRU 4 776261	5. TOTAL INCOME: TOTAL LINES 1 THRU 4 263893	5. TOTAL INCOME: TOTAL LINES 1 THRU 4 512368
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 -170256	7. TOTAL ADJUSTMENTS FROM FORM 500, SCHEDULE 1 -79542	7. TOTAL ADJUSTMENTS FROM FORM 500, SCHEDULE 1 -90714
8. ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7 606005	8. ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7 184351	8. ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7 421654
9. RATIO: Divide Line 8, Column C by Line 8, Column A enter percentage or check the box for Time Ratio.	Enter percentage	9. 69.58 % Not to exceed 100%
10a. Itemized <input checked="" type="checkbox"/> or Standard Deduction or Georgia Itemized (See IT-511 Tax Booklet)		10a. 28905
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 <u>2</u> multiply by \$2,700 or filing status A or D or multiply by \$3,700 for filing status B or C	11a.	7400
11b. Enter the number on Line 7a. from Form 500 or Form 500X multiply by \$3,000	11b.	
12. Total Deductions and Exemptions: Add Lines 10a, 10b, 11a, and 11b	12.	36305
13. *Multiply Line 12 by Ratio on Line 9 and enter result	13.	25261
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.	396393

*If Georgia Itemized deductions are claimed, multiply Line 11 by Ratio on line 9 and add Line 10a. Enter result on Line 13.



MAIL TO:

Georgia Department of Revenue
Processing Center
PO Box 740320
Atlanta, GA 30374-0320

Georgia Department of Revenue
**APPLICATION FOR EXTENSION OF TIME
FOR FILING STATE INCOME TAX RETURNS**

IMPORTANT! ACCEPTANCE OF FEDERAL EXTENSIONS

A FEDERAL EXTENSION WILL BE ACCEPTED AS A GEORGIA EXTENSION IF: (1) THE RETURN IS RECEIVED WITHIN THE TIME AS EXTENDED BY THE INTERNAL REVENUE SERVICE, AND (2) A COPY OF THE FEDERAL EXTENSION(S) IS ATTACHED TO THE RETURN WHEN FILED. **NOTE: THERE IS NO EXTENSION FOR PAYMENT OF TAX. INCOME TAX OR CORPORATE NET WORTH TAX MUST BE PAID BY THE PRESCRIBED DUE DATE TO AVOID THE ASSESSMENT OF LATE PAYMENT PENALTIES AND INTEREST.**

THIS IS NOT A PAYMENT FORM! REMIT PAYMENT ON FORM IT-560 OR IT-560C.

COMPLETE THIS FORM IN TRIPLICATE. MAIL THE ORIGINAL PRIOR TO THE RETURN DUE DATE AND KEEP 2 COPIES. ATTACH ONE COPY TO RETURN WHEN FILED AND RETAIN ONE COPY FOR YOUR RECORDS. WE WILL NOTIFY YOU ONLY IF YOUR EXTENSION REQUEST IS DENIED.

SECTION 1

NAME AKSHAI K & CHANCHAL RUNCHAL		SOCIAL SECURITY NUMBER OR FEIN 553-39-5912	
ADDRESS 1931 STRADELLA RD	CITY LOS ANGELES	STATE CA	ZIP CODE 90077-2320
NAME OF TAXPAYER FOR WHOM EXTENSION IS FILED, IF DIFFERENT FROM ABOVE			
ADDRESS	CITY	STATE	ZIP CODE

SECTION 2

APPLICATION IS HEREBY MADE FOR AN EXTENSION OF TIME FOR THE FOLLOWING STATE TAX RETURN:

1. Type of return (check proper type):	2. For Period Ending:	3. Extension Requested To:
<input checked="" type="checkbox"/> Individual--Form 500	12-31-2022	10-16-2023
<input type="checkbox"/> Partnership--Form 700		
<input type="checkbox"/> Fiduciary--Form 501 (5 1/2 months only)		
<input type="checkbox"/> Corporate Income Tax		
<input type="checkbox"/> Net Worth Tax (For Period Beginning)		
<input type="checkbox"/> Other		

NOTE: Except as noted above, extensions are limited by law to six (6) months, please see line 6 of instructions.

SECTION 3

REASON FOR EXTENSION:

I AFFIRM THAT THE ABOVE INFORMATION IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE AND ACCURATE. THIS AFFIRMATION IS MADE UNDER THE PENALTIES PRESCRIBED BY LAW.

DATE

SIGNATURE OF TAXPAYER OR AUTHORIZED AGENT

IF SIGNED BY AGENT, AGENT'S FIRM OR TRADE NAME



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	2	4		
--	--	--	--	--	--	---	---	---	---	---	---	--	--	---	---	---	---	---	--	--

GA-8453
2022

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 553-39-5912
If Joint Return, Spouse's First Name and Initial CHANCHAL	Spouse's Last Name RUNCHAL	Spouse's Social Security Number 573-41-5200
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.	776261
2. Georgia Taxable Income (Form 500 or Form 500X, Line 15c; Form 500EZ, Line 3)	2.	396393
3. Net Georgia Tax (Form 500 or Form 500X, Line 22; Form 500EZ, Line 6)	3.	22558
4. Balance Due (Form 500, Line 43; Form 500X, Line 37; Form 500EZ, Line 22)	4.	
5. Refund (Form 500, Line 44; Form 500X, Line 38; Form 500EZ, Line 23)	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 2022 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 10-16-23 10-16-23
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>10-16-23</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>P00186900</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	

KEEP A COPY WITH YOUR RECORDS

GARIE_WK	Georgia Retirement Income Exclusion Worksheet (Keep worksheet for your records)	2022
	Name AKSHAI K & CHANCHAL RUNCHAL	Taxpayer SSN 553-39-5912
		Spouse SSN 573-41-5200

	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	256185	256183
(14) Total of Lines 6 through 13; if zero or less, enter zero	256185	256183
(15) Add Lines 5 and 14	256185	256183
(16) Maximum Allowable Exclusion for Tax Year 2022* 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	43147	47567

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	256185		256183	
Everywhere	385929	0.6638	350076	0.7318
Georgia unearned income portion	43147		47567	
Total Retirement exclusion allowed from GA inc	43147		47567	

GAEF_ACK**Acknowledgement and General Information for
Taxpayers Who File Returns Electronically****2022**

Name(s) as shown on return

AKSHAI K & CHANCHAL RUNCHAL

Identification Number

***-**-5912

Address

1931 STRADELLA RD
LOS ANGELES, CA 90077-2320**Thank you for participating in IRS e-file.**

1. ☒ Your 2022 state income tax return for GA500 was filed electronically.
The electronic filing services were provided by J ARORA INC.
2. ☒ Your return was accepted on 10-14-2023 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 this return is 9626072023286etnfy1z.

**PLEASE DO NOT SEND A PAPER COPY OF THE TAX RETURN TO THE
STATE. IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.**

GAWK_REF

2022 Taxable State / Local Refund

Carries to Federal worksheet WK_REF22 to determine total Taxable Refunds

2022

Name(s) as shown on return

AKSHAI K & CHANCHAL RUNCHAL

Your Social Security Number

553-39-5912

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 2023 Sch A) _____

B2. Penalty and/or interest _____

B3. Overpayment applied to 2023 (Will carry to 2023 ES screen) 8,447

B4. Other Tax (Use tax, Property tax, Tangible tax, etc) _____

B5. Total applied amounts (Total of B1 thru B4)

B. 8,447**C. Subtotal:** State / Local Refund plus Applied amounts (Line A plus line B)**C.** 8,447**D. Payments**

D1. Tax withheld/2022 payments deducted on Schedule A 31,005

D2. 4th quarter estimate and extension paid in 2023 _____

D3. Total payments applied to 2022 State / Local tax return (Total of D1 thru D2)

D. 31,005**E. Allocation of Payments**

E1. Percent of payments made in 2022 (D1 divided by D3) 1.0000

E2. Line C multiplied by line E1. 8,447

E3. Percent of payments made in 2023 (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.** 8,447**G. Taxes paid in 2023 deductible on 2023 Schedule A**

G1. 4th quarter estimate and extension paid in 2023 (From line D2) _____

G2. Balance of refund that did not carry to the 1040, line 10 (From line E4) _____

G3. Adjusted taxes paid in 2023 allowed to carry to 2023 Sch A (Line G1 less line G2)

G. 0**Subject to tax benefit rules**

GA-COMP	Three-year State Tax Return Comparison			2022
Name(s) as shown on return AKSHAI K & CHANCHAL RUNCHAL			Taxpayer ID Number 553-39-5912	
[State] Income Tax Return	2020	2021	2022	Difference 2021-2022
Filing Status	MFJ	MFJ	MFJ	
Gross Income	306,999	330,564	512,368	181,804
Additions				
Subtractions	167,519	168,609	170,256	1,647
Exemptions	7,400	7,400	7,400	
Standard Deduction	6,000	6,000		(6,000)
Itemized Deduction			28,905	28,905
Deductions	3,557	1,672	20,112	18,440
Taxable Income	217,978	289,221	396,393	107,172
Actual State Income	217,978	289,221	396,393	107,172
State Income Tax	12,299	16,395	22,558	6,163
Local Taxes				
Use Tax				
Contributions				
Income Tax Withheld				
Estimates and Extension payments . . .	12,299	17,400	31,005	13,605
Underpayment Penalty				
Overpayment Applied to Next Year . . .		1,005	8,447	7,442
Refund				
Balance Due				
Marginal tax rate	5.750000	5.750000	5.750000	
Effective tax rate	5.642300	5.668700	5.690800	0.022100

2022 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:

04-18-2023

Overpayment Applied:

The full overpayment of \$4,756.00 will be applied to the 2023 liability

NYEF_ACK**Acknowledgement and General Information for
Taxpayers Who File Returns Electronically****2022**

Name(s) as shown on return

AKSHAI K & CHANCHAL RUNCHAL

Identification Number

***-**-5912

Address

1931 STRADELLA RD
LOS ANGELES, CA 90077-2320**Thank you for participating in IRS e-file.**

1. ☒ Your 2022 state income tax return for NY203 was filed electronically.
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 this return is _____.

**PLEASE DO NOT SEND A PAPER COPY OF THE TAX RETURN TO THE
STATE. IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.**

Return Information		New York Return Summary <small>(Do NOT file this form with your return. It is for your records only.)</small>		2022	
Your Name AKSHAI K RUNCAL			Date of birth 10161943		Your SSN 553 39 5912
Spouse's Name CHANCHAL RUNCAL			Date of birth 07161951		Spouse's SSN 573 41 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	RUNCAL@GMAIL.COM			Your phone no.	310 471 5013
Spouse's e-mail				Spouse's phone no.	

Form filed	IT-203	
Filing status	MARRIED JOINTLY	You
NYS residency	NONRESIDENT	Spouse
		NYC residency
		NONRESIDENT
		Yonkers residency
		NONRESIDENT

	Federal Amount	NYS Amount (IT-203)	Miscellaneous Information
Total income	776261	151471	Advanced payments received (HTRC) _____
Total federal adjustments to income			
Recomputed federal adjusted gross income	776261	151471	
Total NY additions to income			
Total NY subtractions from income	60256		
NY adjusted gross income	716005	151471	

<input type="checkbox"/> Standard or <input checked="" type="checkbox"/> Itemized deduction	20081	Total refundable credits and payments	14843
Dependent exemptions		Estimated tax penalty	
NYS taxable income	695924	Overpayment	4756
Total NYS taxes after nonrefundable credits	10087	Amount applied to your 2023 estimated tax	4756
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	10087		

Common Refundable Credits	
NYS noncustodial parent EIC (IT-209)	
NYS Earned Income Credit (IT-215)	
Empire State Child Credit (IT-213)	
Real property tax credit (IT-214)	
NYS child and dependent care credit (IT-216)	
College and tuition credit (IT-272)	
NYC Earned Income Credit (IT-209 or IT-215)	
NYC child and dependent care credit (IT-216)	
NYC school tax credit (fixed amount)	
NYC school tax credit (rate reduction)	

Form IT-204-LL (Partnership, LLC, and LLP Filing Fee)	
You	Spouse
NYS filing fee due	
Form NYC-1127 (Nonresident Employees of the City of NY)	
NYS taxable income	
Total taxes	
Credits and payments	
Refund	
Balance due	

Form NYC-202/S (UBT Return for Individuals)		
	You	Spouse
Taxable income		
Uninc. Business Tax		
Total credits		
Total payments		
Penalties and interest		
Net overpayment		
Applied to 2023 ES		
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, 2022, through December 31, 2022, or fiscal year beginning . . .

IT-203

and ending . . .

22

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 553 39 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 573 41 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
					Decedent information		

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 2022 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 Yonkers part-year residents only:**(1) Did you receive a homeowner tax rebate credit? (see instructions) Yes ☐ No ☐(2) Enter the amount00**E New York City part-year residents only**(1) Number of months **you** lived in NY City in 2022 (2) Number of months **your spouse** lived in NY City in 2022 **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 2022?** 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. ☐

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For office use only

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM.

Enter your Social Security number

553 39 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	580.00	2	.00
3	Ordinary dividends	3	9767.00	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	178.00	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	56148.00	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	669332.00	11	151471.00
12	Rental real estate included in line 11 (federal amount) 12 296866.00				
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	40256.00	15	.00
16	Other income Identify:	16	.00	16	.00
17	Add lines 1 through 11 and 13 through 16	17	776261.00	17	151471.00
18	Total federal adjustments to income Identify:	18	.00	18	.00
19	Federal adjusted gross income (subtract line 18 from line 17)	19	776261.00	19	151471.00
19a	Recomputed federal adjusted gross income (see Line 19a worksheets)	19a	776261.00	19a	151471.00

New York additions

20	Interest income on state and local bonds and obligations (but not those of New York State or its localities)	20	.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 19a through 22	23	776261.00	23	151471.00

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	40256.00	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	60256.00	30	.00
31	New York adjusted gross income (subtract line 30 from line 23)	31	716005.00	31	151471.00
32	Enter the amount from line 31, Federal amount column	32	716005.00		

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Name(s) as shown on page 1 AKSHAI K AND CHANCHAL RUNCHAL	Enter your Social Security number 553 39 5912
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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	20081.00
34	695924.00
35	000.00
36	695924.00

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	695924.00
38	47672.00
39	.00
40	47672.00
41	.00
42	47672.00
43	.00

44 **Base tax** (subtract line 43 from line 42; if line 43 is more than line 42, leave blank)

44	47672.00
----	----------

45 Income percentage New York State amount from line 31 Federal amount from line 31 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	10087.00
47	.00
48	10087.00
49	.00
50	10087.00

New York City and Yonkers taxes, credits, and surcharges, and MCTMT

51 Part-year New York City resident tax (Form IT-360.1)

52 Part-year resident nonrefundable New York City child and dependent care credit

52a Subtract line 52 from 51

52b MCTMT net earnings base

52c MCTMT

53 Yonkers nonresident earnings tax (Form Y-203)

54 Part-year Yonkers resident income tax surcharge (Form IT-360.1)

55 **Total New York City and Yonkers taxes / surcharges and MCTMT** (add lines 52a, and 52c through 54)

56 **Sales or use tax.** (Do not leave blank.)

57 **Voluntary contributions** (Form IT-227, Part 2, line 1)

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)

See instructions to compute New York City and Yonkers taxes, credits, and surcharges, and MCTMT.

56	0.00
----	------

57	.00
----	-----

58	10087.00
----	----------



Enter your Social Security number

553 39 5912

59 Enter amount from line 58 59 10087.00

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	14843.00	
66	Total payments and refundable credits (add lines 60 through 65)	66	14843.00	

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	4756.00
68	Amount of line 67 available for refund (subtract line 69 from line 67)	68	.00
TIP: Use this amount to check your refund status online.			
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

Mark one refund choice: ☐ direct deposit to checking or savings account (fill in line 73) - or - ☐ paper check

Refund? Direct deposit is the easiest, fastest way to get your refund.

See instructions for payment options.

69	Amount of line 67 that you want applied to your 2023 estimated tax (see instructions)	69	4756.00
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 <input type="checkbox"/> 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.		

See instructions for the proper assembly of your return.

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

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	07
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 P00186900		
Address 17037 CHATSWORTH ST STE 101 GRANADA HILLS CA 91344		Employer identification number 32 0225393		
Email: JARORAE@GMAIL.COM		Date 10072023		

▼ 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.

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Department of Taxation and Finance

New York Resident, Nonresident, and Part-Year Resident Itemized Deductions

IT-196

Submit this form with Form IT-201 or IT-203. See instructions for completing Form IT-196.

Name(s) as shown on your Form IT-201 or IT-203	Your Social Security number
AKSHAI K AND CHANCHAL RUNCHAL	553 39 5912

Medical and dental expenses (see instructions)**Caution:** Do not include expenses reimbursed or paid by others.

1 Medical and dental expenses	1	14774 .00	
2 Enter amount from Form IT-201 or IT-203, line 19a . . .	2	776261 .00	
3 Multiply line 2 by 10% (0.10)	3	77626 .00	
4 Subtract line 3 from line 1 (if line 3 is more than line 1, leave blank)	4		.00

Taxes you paid (see instructions)

5 State and local (Mark an X in only one box)			
a <input checked="" type="checkbox"/> Income taxes - or - b <input type="checkbox"/> General sales tax	5	158012 .00	
6 State and local real estate taxes	6	24126 .00	
7 State and local personal property taxes	7	.00	
8 Other taxes. List type and amount _____ SEE NY196STM	8	140 .00	
9 Add lines 5 through 8	9		182278 .00

Interest you paid (see instructions)

10 Home mortgage interest and points reported to you on federal Form 1098	10	18765 .00	
11 Home mortgage interest not reported to you on federal Form 1098. If paid to the person from whom you bought the home, show that person's name, identifying number, and address _____ _____	11	.00	
12 Points not reported to you on federal Form 1098	12	.00	
13 Reserved	13		
14 Investment interest	14	.00	
15 Add lines 10 through 14	15		18765 .00

Gifts to charity (see instructions)

16 Gifts by cash or check	16	.00	
16a Qualified contributions included in line 16	16a	.00	
17 Other than by cash or check	17	.00	
18 Carryover from prior year	18	.00	
19 Add lines 16, 17, and 18	19		.00

NO HANDWRITTEN ENTRIES ON THIS FORM.

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Your Social Security number
553 39 5912

Casualty and theft losses

20 Casualty or theft loss(es) other than federal qualified disaster losses (see instructions) **20** .00

Job expenses and certain miscellaneous deductions (see instructions)

21 Unreimbursed employee expenses - job travel, union dues, etc.	21	.00
22 Job related education expenses	22	.00
23 Tax preparation fees	23	1500 .00
24 Other expenses - investment, safe deposit box, etc. List type and amount _____	24	.00
25 Add lines 21 through 24	25	1500 .00
26 Enter amount from Form IT-201 or IT-203, line 19a . . .	26	776261 .00
27 Multiply line 26 by 2% (0.02)	27	15525 .00
28 Subtract line 27 from line 25 (if line 27 is more than line 25, leave blank)	28	.00

Other itemized deductions

29 Gambling losses (see instructions)	29	.00
30 Casualty and theft losses of income-producing property (see instructions)	30	.00
31 Federal estate tax on income in respect of a decedent (see instructions)	31	.00
32 Deduction for amortizable bond premiums (see instructions)	32	.00
33 An ordinary loss attributable to a contingent payment debt instrument or an inflation-indexed debt instrument	33	.00
34 Deduction for repayment of amounts under a claim of right if over \$3000 (see instructions)	34	.00
35 Certain unrecovered investments in a pension (see instructions) .	35	.00
36 Impairment-related work expenses of a disabled person (see instructions)	36	.00
37 Federal qualified disaster loss (see instructions)	37	.00
38 Other itemized deductions from partnerships (see instructions).	38	.00
39 Add lines 29 through 38	39	.00

Total itemized deductions (see instructions)

Is Form IT-201 or IT-203, line 19a, over \$174,500? (Mark an X in the appropriate box)

☐ If **No**, your deduction is not limited. Add the amounts in the far right column for lines 4 through 39 and enter the amount on line 40.

☒ If **Yes**, your deduction may be limited. See the **Line 40, Total itemized deductions worksheet**, in the instructions to compute the amount to enter on line 40.

SEE NYWKITM1

40 **40** 188225 .00

NO HANDWRITTEN ENTRIES ON THIS FORM.

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Adjustments

(see instructions)

SEE NYITMSUB

41 State, local, and foreign income taxes (or general sales tax, if applicable) and other subtraction adjustments (see instructions)	41	148062 .00
42 Subtract line 41 from line 40 (see instructions)	42	40163 .00
43 College tuition itemized deduction (Form IT-203 filers only, IT-201 filers leave blank and skip to line 44) (Form IT-203-B, line 2; see instructions)	43	.00
44 Addition adjustments (see instructions)	44	.00
45 Add lines 42, 43, and 44	45	40163 .00
46 Itemized deduction adjustment (see instructions)	46	20082 .00
47 Subtract line 46 from line 45 (see instructions)	47	20081 .00
48 College tuition itemized deduction (Form IT-201 filers only, IT-203 filers leave blank and skip to line 49) (See Form IT-272, Claim for College Tuition Credit or Itemized Deduction) (see instructions) .	48	.00
49 New York State itemized deduction (add lines 47 and 48; enter on Form IT-201, line 34 or Form IT-203, line 33) (see instructions)	49	20081 .00

NO HANDWRITTEN ENTRIES 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 553 39 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	62421 .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		62421 .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. **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 | 62421 .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	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			62421 .00	.00	.00	62421 .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			62421 .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
2022

(Keep for your records. DO NOT send to the New York State DTF)

Name(s) as shown on return

Identification number

AKSHAI K AND CHANCHAL RUNCHAL

553 39 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	56148 .		56148 .
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 screen 915X, Taxable IRA from prior year distributions (COVID-19)			
12. Federal screen 915X, Taxable Pension from prior year distributions (COVID-19)			
13. Add lines 1 through 12 Total benefits or distributions	56148 .		56148 .
14. Statutory limit			20,000
15. Lesser of line 13 or 14 Total qualifying pension benefits or distributions	56148 .	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 screen 915X, Taxable IRA from prior year distributions (COVID-19)			
12. Federal screen 915X, Taxable Pension from prior year distributions (COVID-19)			
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

NY_PNSN-LD

**New York
Worksheet**

Form IT-196

Line 40, Total itemized deductions worksheet

(Keep for your records)

2022

Name(s) as shown on return

AKSHAI K AND CHANCHAL RUNCHAL

Your social security number

553 39 5912

- 1 Enter the total amounts from Form IT-196, lines 4, 9, 15, 19, 20, 28, and 39 1 201043
- 2 Enter the total amounts from Form IT-196, lines 4, 14, 16a, 20, 29, 30, and 37 2
- 3 Is the amount on line 2 less than the amount on line 1?
If **No**, **stop** here. Your deduction is **not** limited. Enter the amount from line 1 of this worksheet
on Form IT-196, line 40. Do not complete the rest of this worksheet.
If **Yes**, subtract line 2 from line 1 3 201043
- 4 Multiply line 3 by 80% (.80) 4 160834
- 5 Enter the amount from Form IT-201, line 19a or IT-203, line 19a (*Federal amount column*) 5 776261
- 6 Enter \$349,000 if married filing jointly or qualifying widow(er); \$319,950 if head of household;
\$290,850 if single; or \$174,500 if married filing separately 6 349000
- 7 Is the amount on line 6 less than the amount on line 5?
If **No**, **stop** here. Your deduction is **not** limited. Enter the amount from line 1 of this worksheet on
Form IT-196, line 40. Do not complete the rest of this worksheet.
If **Yes**, subtract line 6 from line 5 7 427261
- 8 Multiply line 7 by 3% (.03) 8 12818
- 9 Enter the smaller of line 4 or line 8 9 12818
- 10 **Total itemized deductions.** Subtract line 9 from line 1. Enter the result here and on Form IT-196, line 40. 10 188225

New York	Itemized Deduction Worksheet - Subtraction Adjustments (Attach to return)	2022
Name(s) as shown on return AKSHAI K AND CHANCHAL RUNCHAL		Your Social Security Number 553 39 5912

- A State and local *income* taxes (or general sales tax, if applicable) from Form IT-196, line 5 and any foreign **income** taxes included on line 8 158152
- B Ordinary and necessary expenses paid or incurred in connection with income, or property held for the production of income, which is exempt from New York income tax but only to the extent included on Form IT-196, lines 1 through 40
- C Amortization of bond premium attributable to 2022 on any bond whose interest income is exempt from New York income tax, but only to the extent included in Form IT-196, lines 1 through 40
- D Interest expense on money borrowed to purchase or carry bonds or securities whose interest is exempt from New York income tax, but only to the extent included in Form IT-196, lines 1 through 40
- E If you are a shareholder of a federal S corporation that could elect but did not elect to be a New York S corporation, any S corporation deductions included in Form IT-196, lines 1 through 40. If an S corporation short year is involved, you must allocate those deductions
- F Premiums paid for long-term care insurance to the extent deducted in determining federal taxable income (from line 5 of Worksheet 1 below)

Worksheet 1 - Long-term care adjustment

- 1 Amount of long-term care premiums included on federal Schedule A, line 1 1
- 2 Amount from federal Schedule A, line 1 2
- 3 Divide line 1 by line 2 and round to the fourth decimal place 3
- 4 Amount from federal Schedule A, line 4 4
- 5 Multiply line 4 by line 3 5

**New York
Worksheet**

Form IT-196

Itemized Deductions Worksheets

(Keep for your records)

2022

Name(s) as shown on return

Your social security number

AKSHAI K AND CHANCHAL RUNCHAL

553 39 5912

- If the amount on Form IT-201, line 19a or IT-203, line 19a (*Federal amount* column) is **equal to or less than** the applicable amount in Table 1 below based on your filing status, enter the total of your subtraction adjustments on line 41.
- If the amount on Form IT-201, line 19a or IT-203, line 19a (*Federal amount* column) is **more than** the applicable amount in Table 1 below based on your filing status, you must complete Worksheet 2 below.

Table 1

Filing status	Applicable amount
Single (1)	\$ 290,850
Married filing joint return (2), or surviving spouse (5)	349,000
Married filing separate return (3)	174,500
Head of household (4) (with qualifying person)	319,950

Worksheet 2

1	Enter amount from line 9 of <i>Line 40, Total itemized deduction worksheet</i> , in the instructions for Form IT-196	1	<u>12818</u>
2	Enter amount from line 3 of <i>Line 40, Total itemized deductions worksheet</i> , in the instructions for Form IT-196	2	<u>201043</u>
3	Divide line 1 by line 2 and round to the fourth decimal place	3	<u>0.0638</u>
4	Amount of subtraction adjustment A (described in instructions)	4	<u>158152</u>
5	Amount of subtraction adjustments B and C described in instructions that are included in total itemized deductions from Form IT-196, line 40, before any federal disallowance. Also include that portion of the deductions under subtraction adjustment E that is included in lines 19, 28, and 39 of Form IT-196 (e.g., contributions)	5	
6	Add line 4 and line 5	6	<u>158152</u>
7	Multiply line 6 by line 3	7	<u>10090</u>
8	Subtract line 7 from line 6	8	<u>148062</u>
9	Enter the amount of subtraction adjustments D and E described in instructions, excluding that portion of E included in line 5 above	9	
10	Enter the amount from Worksheet 1 , line 5	10	
11	Add lines 8, 9, and 10. Enter the total on Form IT-196, line 41.	11	<u>148062</u>

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)	2022
Name(s) as shown on return AKSHAI K AND CHANCHAL RUNCHAL		Your social security number 553 39 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	716005.00
2	Enter your taxable income from Form IT-201, line 38 or Form IT-203, line 37	2	695924.00
3	Enter your New York State tax on the line 2 amount from the <i>New York State tax rate schedule</i>	3	44656.00
4	Recapture Base amount	4	1,076
5	Incremental Benefit amount	5	1,940
6	Enter the excess of line 1 over \$323,200	6	392805.00
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	1940.00
10	Add lines 3, 4, and 9. Enter here and on Form IT-201, line 39 or Form IT-203, line 38.	10	47672.00

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	3,016
5	Incremental Benefit amount	5	60,349
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 2022

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
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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.

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).

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.

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 2022 Form IT-370 and Tax Year 2023 Form IT-2105*.

Part A - Tax return information

FORM IT-203

1. Federal adjusted gross income (from applicable line)	1.	776261.
2. Refund	2.	
3. Amount you owe	3.	
4. Financial institution routing number	4.	
5. Financial institution account number	5.	
6. Account type: <input type="checkbox"/> Personal checking <input type="checkbox"/> Personal savings <input type="checkbox"/> Business checking <input type="checkbox"/> Business savings		

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 2022 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 2022 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 2022 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 10072023
Spouse's signature (jointly filed return only)	Date 10072023

Part C - Declaration of electronic return originator (ERO) and paid preparer

Under penalty of perjury, I declare that the information contained in this 2022 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 2022 New York State return signed by a paid preparer, I declare that the information contained in the taxpayer's 2022 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 2022 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 10072023

NYWK_AGI	For your records only. Adjusted Gross Income Split Worksheet		2022 AGI FD / ST Summary	
Name(s) as shown on state return AKSHAI K & CHANCHAL RUNCHAL			Social Security Number 553-39-5912	
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	6	574	
3b Ordinary dividends	3b	8,173	1,594	
4b Taxable amount of IRA distributions	4b	56,148		
5b Taxable amount of Pensions and annuities	5b			
6b Taxable amount of Social security benefits	6b	26,840	13,416	
7 Capital gain or (loss)	7	178		
8 Other income from Schedule 1	8	321,424	347,908	44,525
9 Total income (Sum of Lines 1-8)	9	412,769	363,492	44,525
10 Adjustments to income from Schedule 1	10			
11 Adjusted Gross Income (line 9 - line 10)	11	412,769	363,492	44,525
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	321,424	347,908	44,525
6 Farm income or (loss)	6			
7 Unemployment compensation	7			
8 Other income.	8			
10 Total Additional Income (Sum of lines 1-8)	10	321,424	347,908	44,525
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	2022 FEDERAL D Summary	
Name(s) as shown on state return AKSHAI K & CHANCHAL RUNCHAL		Social Security Number 553-39-5912	

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			
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:				

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			
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	178		178
Line 14	Federal Schedule D LT carryover amounts			
Subtotal:		178		178

State's Computation				
Total Capital Gain or Loss		178		178
Limited Capital Gain or Loss (Amount carrying to the State)		178		178

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

2022 Schedule E
FD/ST Summary

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

Social Security Number
553-39-5912

Federal

	Taxpayer	Spouse	Total
Rental/Royalty Income	135,191	161,675	296,866
Federal 4835 Farm Rental			
Partnership income (Total active & passive)	186,233	186,233	372,466
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: 321,424 347,908 669,332

Federal's Computation

Total Rents, Royalties, Partnerships, Estates, etc.. (Amount carrying to the Federal). 321,424 347,908 669,332

State

	Taxpayer	Spouse	Total
Rental/Royalty Income	44,525	106,946	151,471
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: 44,525 106,946 151,471

State's Computation

Total Rents, Royalties, Partnerships, Estates, etc.. (Amount carrying to the State). 44,525 106,946 151,471

NYWK_REF

2022 Taxable State / Local Refund

2022

Carries to Federal worksheet WK_REF22 to determine total Taxable Refunds

Name(s) as shown on return

Your Social Security Number

AKSHAI K & CHANCHAL RUNCHAL

553-39-5912

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 2023 Sch A)

B2. Penalty and/or interest

B3. Overpayment applied to 2023 (Will carry to 2023 ES screen) 4,756

B4. Other Tax (Use tax, Property tax, Tangible tax, etc)

B5. Total applied amounts (Total of B1 thru B4)

B. 4,756

C. Subtotal: State / Local Refund plus Applied amounts (Line A plus line B)
C. 4,756

D. Payments

D1. Tax withheld/2022 payments deducted on Schedule A 14,843

D2. 4th quarter estimate and extension paid in 2023

D3. Total payments applied to 2022 State / Local tax return (Total of D1 thru D2)

D. 14,843

E. Allocation of Payments

E1. Percent of payments made in 2022 (D1 divided by D3) 1.0000

E2. Line C multiplied by line E1. 4,756

E3. Percent of payments made in 2023 (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. 4,756

G. Taxes paid in 2023 deductible on 2023 Schedule A

G1. 4th quarter estimate and extension paid in 2023 (From line D2)

G2. Balance of refund that did not carry to the 1040, line 10 (From line E4)

G3. Adjusted taxes paid in 2023 allowed to carry to 2023 Sch A (Line G1 less line G2)

G. 0

Subject to tax benefit rules

NY-COMP	Three-year State Tax Return Comparison			2022
Name(s) as shown on return AKSHAI K & CHANCHAL RUNCHAL				Taxpayer ID Number 553-39-5912
[State] Income Tax Return	2020	2021	2022	Difference 2021-2022
Filing Status	MFJ	MFJ	MFJ	
Gross Income	35,172	105,911	151,471	45,560
Additions				
Subtractions				
Exemptions				
Standard Deduction		16,050		(16,050)
Itemized Deduction	16,388		20,081	20,081
Deductions	16,388	16,050	20,081	4,031
Taxable Income	503,196	1,159,626	695,924	(463,702)
Actual State Income	34,066	104,482	147,258	42,776
State Income Tax	2,334	7,157	10,087	2,930
Local Taxes				
Use Tax				
Contributions				
Income Tax Withheld				
Estimates and Extension payments . . .		12,000	14,843	2,843
Underpayment Penalty				
Overpayment Applied to Next Year . . .		4,843	4,756	(87)
Refund				
Balance Due	2,334			
Marginal tax rate			6.850000	6.850000
Effective tax rate	6.850000	6.850000	6.850000	