

For the year Jan. 1–Dec. 31, 2023, or other tax year beginning \_\_\_\_\_, 2023, ending \_\_\_\_\_, 20 \_\_\_\_\_ See separate instructions.

Your first name and middle initial <b>NTOMBI</b>	Last name <b>BASENGE WALKER</b>	Your social security number <b>705-40-9808</b>
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number <b>557-15-6217</b>

Home address (number and street). If you have a P.O. box, see instructions. <b>12707 HARLOW AVE</b>		Apt. no.	<b>Presidential Election Campaign</b> 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. <b>RIVERSIDE</b>		State <b>CA</b>	
Foreign country name	Foreign province/state/county	ZIP code <b>92503</b> Foreign postal code	

**Filing Status**  Single  Married filing separately (MFS)  Head of household (HOH)  
 Check only one box.  Married filing jointly (even if only one had income)  Qualifying surviving spouse (QSS)  
 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: **PATRICK WALKER**

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

**Standard Deduction** **Someone can claim:**  You as a dependent  Your spouse as a dependent  
 Spouse itemizes on a separate return or you were a dual-status alien

**Age/Blindness** You:  Were born before January 2, 1959  Are blind Spouse:  Was born before January 2, 1959  Is blind

**Dependents** (see instructions):

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

If more than four dependents, see instructions and check here

**Income**

<b>1a</b> Total amount from Form(s) W-2, box 1 (see instructions) . . . . .	<b>1a</b>	<b>142,098</b>
<b>b</b> Household employee wages not reported on Form(s) W-2 . . . . .	<b>1b</b>	
<b>c</b> Tip income not reported on line 1a (see instructions) . . . . .	<b>1c</b>	
<b>d</b> Medicaid waiver payments not reported on Form(s) W-2 (see instructions) . . . . .	<b>1d</b>	
<b>e</b> Taxable dependent care benefits from Form 2441, line 26 . . . . .	<b>1e</b>	
<b>f</b> Employer-provided adoption benefits from Form 8839, line 29 . . . . .	<b>1f</b>	
<b>g</b> Wages from Form 8919, line 6 . . . . .	<b>1g</b>	
<b>h</b> Other earned income (see instructions) . . . . .	<b>1h</b>	
<b>i</b> Nontaxable combat pay election (see instructions) . . . . . <b>1i</b>		
<b>z</b> Add lines 1a through 1h . . . . .	<b>1z</b>	<b>142,098</b>

<b>2a</b> Tax-exempt interest . . . . . <b>2a</b>	<b>b</b> Taxable interest . . . . . <b>2b</b>	<b>68</b>
<b>3a</b> Qualified dividends . . . . . <b>3a</b>	<b>b</b> Ordinary dividends . . . . . <b>3b</b>	
<b>4a</b> IRA distributions . . . . . <b>4a</b>	<b>b</b> Taxable amount . . . . . <b>4b</b>	
<b>5a</b> Pensions and annuities . . . . . <b>5a</b>	<b>b</b> Taxable amount . . . . . <b>5b</b>	
<b>6a</b> Social security benefits . . . . . <b>6a</b>	<b>b</b> Taxable amount . . . . . <b>6b</b>	

**Standard Deduction for-**

- Single or Married filing separately, \$13,850
- Married filing jointly or Qualifying surviving spouse, \$27,700
- Head of household, \$20,800
- If you checked any box under Standard Ded., see instructions.

<b>7</b> Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . . <input type="checkbox"/>	<b>7</b>	
<b>8</b> Additional income from Schedule 1, line 10 . . . . .	<b>8</b>	<b>1,860</b>
<b>9</b> Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b> . . . . .	<b>9</b>	<b>144,026</b>
<b>10</b> Adjustments to income from Schedule 1, line 26 . . . . .	<b>10</b>	<b>119</b>
<b>11</b> Subtract line 10 from line 9. This is your <b>adjusted gross income</b> . . . . .	<b>11</b>	<b>143,907</b>
<b>12</b> <b>Standard deduction or itemized deductions</b> (from Schedule A) . . . . .	<b>12</b>	<b>13,850</b>
<b>13</b> Qualified business income deduction from Form 8995 or Form 8995-A . . . . .	<b>13</b>	
<b>14</b> Add lines 12 and 13 . . . . .	<b>14</b>	<b>13,850</b>
<b>15</b> Subtract line 14 from line 11. If zero or less, enter -0-. This is your <b>taxable income</b> . . . . .	<b>15</b>	<b>130,057</b>

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Form **1040** (2023)

<b>Tax and Credits</b>	<b>16</b> Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4872 3 <input type="checkbox"/>	<b>16</b>	24,614
	<b>17</b> Amount from Schedule 2, line 3	<b>17</b>	
	<b>18</b> Add lines 16 and 17	<b>18</b>	24,614
	<b>19</b> Child tax credit or credit for other dependents from Schedule 8812	<b>19</b>	
	<b>20</b> Amount from Schedule 3, line 8	<b>20</b>	
	<b>21</b> Add lines 19 and 20	<b>21</b>	
	<b>22</b> Subtract line 21 from line 18. If zero or less, enter -0-	<b>22</b>	24,614
	<b>23</b> Other taxes, including self-employment tax, from Schedule 2, line 21	<b>23</b>	409
	<b>24</b> Add lines 22 and 23. This is your <b>total tax</b>	<b>24</b>	25,023

<b>Payments</b>	<b>25</b> Federal income tax withheld from:		
	a Form(s) W-2	<b>25a</b>	25,283
	b Form(s) 1099	<b>25b</b>	
	c Other forms (see instructions)	<b>25c</b>	
	d Add lines 25a through 25c	<b>25d</b>	25,283
	<b>26</b> 2023 estimated tax payments and amount applied from 2022 return	<b>26</b>	
	<b>27</b> Earned income credit (EIC)	<b>27</b>	
	<b>28</b> Additional child tax credit from Schedule 8812	<b>28</b>	
	<b>29</b> American opportunity credit from Form 8863, line 8	<b>29</b>	
	<b>30</b> Reserved for future use	<b>30</b>	
<b>31</b> Amount from Schedule 3, line 15	<b>31</b>		
<b>32</b> Add lines 27, 28, 29, and 31. These are your <b>total other payments and refundable credits</b>	<b>32</b>		
<b>33</b> Add lines 25d, 26, and 32. These are your <b>total payments</b>	<b>33</b>	25,283	

<b>Refund</b>	<b>34</b> If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	<b>34</b>	260
	<b>35a</b> Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>35a</b>	260
	<b>b</b> Routing number <u>325070760</u> <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
<b>d</b> Account number <u>752785504</u>			
<b>36</b> Amount of line 34 you want <b>applied to your 2024 estimated tax</b>	<b>36</b>		

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

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

Designee's name HRB TAX GROUP INC Phone no. 951-687-4451 Personal identification number (PIN) 50213

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

Your signature \_\_\_\_\_ Date \_\_\_\_\_ Your occupation NURSE If the IRS sent you an Identity Protection PIN, enter it here (see inst.) \_\_\_\_\_

Spouse's signature. If a joint return, both must sign. \_\_\_\_\_ Date \_\_\_\_\_ Spouse's occupation \_\_\_\_\_ If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) \_\_\_\_\_

Phone no. 9516373396 Email/address BASENGE12@GMAIL.COM

**Paid Preparer Use Only**

Preparer's name MICHAEL SYMONDS Preparer's signature *[Signature]* Date 10/15/2024 PTIN P01730141 Check if:  Self-employed

Firm's name HRB TAX GROUP INC Phone no. 951-687-4451

Firm's address 3834 LA SIERRA AVE RIVERSIDE CA 92505 Firm's EIN 431871840

Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information. Form **1040** (2023)

**SCHEDULE 1**  
(Form 1040)

**Additional Income and Adjustments to Income**

OMB No. 1545-0074

**2023**

Department of the Treasury  
Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.  
Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

Attachment  
Sequence No. **01**

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

Your social security number

NTOMBI BASENGE WALKER

705-40-9808

**Part I Additional Income**

<b>1</b>	Taxable refunds, credits, or offsets of state and local income taxes	<b>1</b>	
<b>2a</b>	Alimony received	<b>2a</b>	
<b>b</b>	Date of original divorce or separation agreement (see instructions):		
<b>3</b>	Business income or (loss). Attach Schedule C	<b>3</b>	1,684
<b>4</b>	Other gains or (losses). Attach Form 4797	<b>4</b>	
<b>5</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	<b>5</b>	
<b>6</b>	Farm income or (loss). Attach Schedule F	<b>6</b>	
<b>7</b>	Unemployment compensation	<b>7</b>	
<b>8</b>	Other income:		
<b>a</b>	Net operating loss	<b>8a</b>	( )
<b>b</b>	Gambling	<b>8b</b>	
<b>c</b>	Cancellation of debt	<b>8c</b>	
<b>d</b>	Foreign earned income exclusion from Form 2555	<b>8d</b>	( )
<b>e</b>	Income from Form 8853	<b>8e</b>	
<b>f</b>	Income from Form 8889	<b>8f</b>	
<b>g</b>	Alaska Permanent Fund dividends	<b>8g</b>	
<b>h</b>	Jury duty pay	<b>8h</b>	
<b>i</b>	Prizes and awards	<b>8i</b>	
<b>j</b>	Activity not engaged in for profit income	<b>8j</b>	
<b>k</b>	Stock options	<b>8k</b>	
<b>l</b>	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	<b>8l</b>	
<b>m</b>	Olympic and Paralympic medals and USOC prize money (see instructions)	<b>8m</b>	
<b>n</b>	Section 951(a) inclusion (see instructions)	<b>8n</b>	
<b>o</b>	Section 951A(a) inclusion (see instructions)	<b>8o</b>	
<b>p</b>	Section 461(l) excess business loss adjustment	<b>8p</b>	
<b>q</b>	Taxable distributions from an ABL account (see instructions)	<b>8q</b>	
<b>r</b>	Scholarship and fellowship grants not reported on Form W-2	<b>8r</b>	
<b>s</b>	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	<b>8s</b>	( )
<b>t</b>	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan	<b>8t</b>	
<b>u</b>	Wages earned while incarcerated	<b>8u</b>	
<b>z</b>	Other income. List type and amount: (See attached)	<b>8z</b>	176
<b>9</b>	Total other income. Add lines 8a through 8z	<b>9</b>	176
<b>10</b>	Combine lines 1 through 7 and 9. This is your <b>additional income</b> . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	<b>10</b>	1,860

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DO NOT FILE

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

Schedule 1 (Form 1040) 2023

**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	119
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 <b>adjustments to income</b> . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10 .....		26	119

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DO NOT FILE

**SCHEDULE 2**  
**(Form 1040)**

**Additional Taxes**

OMB No. 1545-0074

**2023**

Attachment  
Sequence No. **02**

Department of the Treasury  
Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.  
Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

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

Your social security number  
705-40-9808

<b>Part I Tax</b>			
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	
<b>Part II Other Taxes</b>			
4	Self-employment tax. Attach Schedule SE .....	4	238
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	168
12	Net investment income tax. Attach Form 8960 .....	12	3
13	Uncollected social security and Medicare or BRTA tax on tips or group-term life insurance from Form W-2, box 12 .....	13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares .....	14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000 .....	15	
16	Recapture of low-income housing credit. Attach Form 8611 .....	16	

(continued on page 2)

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

Schedule 2 (Form 1040) 2023

**DO NOT FILE**

**Part II Other Taxes** (continued)

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

409

1  
SCHEDULE C  
(Form 1040)

Profit or Loss From Business  
(Sole Proprietorship)

OMB No. 1545-0074

2023

Department of the Treasury  
Internal Revenue Service

Attach to Form 1040, 1040-SR, 1040-SS, 1040-NR, or 1041; partnerships must generally file Form 1065.

Attachment  
Sequence No. 09

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

Name of proprietor NTOMBI BASENGE WALKER	Social security number (SSN) 705-40-9808
A Principal business or profession, including product or service (see instructions) NURSING & RESIDENTIAL CARE FACILITIES	B Enter code from instructions 623000
C Business name. If no separate business name, leave blank.	D Employer ID no. (EIN) (see instr.)

E Business address (including suite or room no.) 12707 HARLOW AVE  
City, town or post office, state, and ZIP code RIVERSIDE, CA 92503

F Accounting method: (1)  Cash (2)  Accrual (3)  Other (specify) \_\_\_\_\_

G Did you "materially participate" in the operation of this business during 2023? If "No," see instructions for limit on losses .....  Yes  No

H If you started or acquired this business during 2023, check here .....  Yes  No

I Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions .....  Yes  No

J If "Yes," did you or will you file required Form(s) 1099? .....  Yes  No

Part I Income			
1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked <input type="checkbox"/>	1	1,684
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	1,684
4	Cost of goods sold (from line 42)	4	
5	Gross profit. Subtract line 4 from line 3	5	1,684
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7	Gross income. Add lines 5 and 6	7	1,684

Part II Expenses. Enter expenses for business use of your home only on line 30.			
8	Advertising	8	
9	Car and truck expenses (see instructions)	9	
10	Commissions and fees	10	
11	Contract labor (see instructions)	11	
12	Depletion	12	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instr.)	13	
14	Employee benefit programs (other than on line 19)	14	
15	Insurance (other than health)	15	
16	Interest (see instructions):		
	a Mortgage (paid to banks, etc.)	16a	
	b Other	16b	
17	Legal and professional services	17	
18	Office expense (see instructions)	18	
19	Pension & profit-sharing plans	19	
20	Rent or lease (see instructions):		
	a Vehicles, machinery, and equipment	20a	
	b Other business property	20b	
21	Repairs and maintenance	21	
22	Supplies (not included in Part III)	22	
23	Taxes and licenses	23	
24	Travel and meals:		
	a Travel	24a	
	b Deductible meals (see instr.)	24b	
25	Utilities	25	
26	Wages (less employment credits)	26	
27	Other expenses (from line 48)	27a	
	b Energy efficient commercial bldgs deduction (attach Form 7205)	27b	
28	Total expenses before expenses for business use of home. Add lines 8 through 27b	28	
29	Tentative profit or (loss). Subtract line 28 from line 7	29	1,684
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. <b>Simplified method filers only:</b> Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30	
31	Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both <b>Schedule 1 (Form 1040), line 3</b> , and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> . • If a loss, you <b>must</b> go to line 32.	31	1,684
32	If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both <b>Schedule 1 (Form 1040), line 3</b> , and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> . • If you checked 32b, you <b>must</b> attach <b>Form 6198</b> . Your loss may be limited.	32a	<input type="checkbox"/> All investment is at risk.
		32b	<input type="checkbox"/> Some investment is not at risk.

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

OMB No. 1545-0074

**2023**

Attachment  
Sequence No. **13**

Name(s) shown on return

NTOMBI BASENGE WALKER

Your social security number

705-40-9808

**Part I Income or Loss From Rental Real Estate and Royalties** Note: If you are in the business of renting personal property, use **Schedule C**. See instructions. If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

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

**1a** Physical address of each property (street, city, state, ZIP code)  
**A** 1138 AVENUES D, BILLINGS, MT 59102  
**B**  
**C**

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

**Type of Property:**

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

Income:	Properties:		
	A	B	C
<b>3</b> Rents received	17,611		
<b>4</b> Royalties received			
<b>Expenses:</b>			
<b>5</b> Advertising			
<b>6</b> Auto and travel (see instructions)			
<b>7</b> Cleaning and maintenance			
<b>8</b> Commissions			
<b>9</b> Insurance	1,835		
<b>10</b> Legal and other professional fees			
<b>11</b> Management fees	1,680		
<b>12</b> Mortgage interest paid to banks, etc. (see instructions)	14,596		
<b>13</b> Other interest			
<b>14</b> Repairs			
<b>15</b> Supplies			
<b>16</b> Taxes	2,543		
<b>17</b> Utilities			
<b>18</b> Depreciation expense or depletion	8,145		
<b>19</b> Other (list)			
<b>20</b> Total expenses. Add lines 5 through 19	28,799		
<b>21</b> 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 <b>Form 6198</b> .	-11,188		
<b>22</b> Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions).	( )	( )	( )
<b>23a</b> Total of all amounts reported on line 3 for all rental properties	17,611		
<b>23b</b> Total of all amounts reported on line 4 for all royalty properties			
<b>23c</b> Total of all amounts reported on line 12 for all properties	14,596		
<b>23d</b> Total of all amounts reported on line 18 for all properties	8,145		
<b>23e</b> Total of all amounts reported on line 20 for all properties	28,799		
<b>24</b> <b>Income.</b> Add positive amounts shown on line 21. <b>Do not</b> include any losses.			
<b>25</b> <b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	( )		
<b>26</b> <b>Total rental real estate and royalty income or (loss).</b> Combine lines 24 and 25. Enter the result here. If Parts II, III, and 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			

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2023

**SCHEDULE SE  
(Form 1040)**

**Self-Employment Tax**

OMB No. 1545-0074

**2023**

Attachment  
Sequence No. **17**

Department of the Treasury  
Internal Revenue Service

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

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

Name of person with self-employment income (as shown on Form 1040, 1040-SR, 1040-SS, or 1040-NR)

Social security number of person

NTOMBI BASENGE WALKER

with self-employment income 705-40-9808

**Part I Self-Employment Tax**

**Note:** If your only income subject to self-employment tax is church employee income, see instructions for how to report your income and the definition of church employee income.

**A** If you are a minister, member of a religious order, or Christian Science practitioner and you filed Form 4361, but you had \$400 or more of other net earnings from self-employment, check here and continue with Part I

Skip lines 1a and 1b if you use the farm optional method in Part II. See instructions.

- 1a** Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A
- 1b** If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AQ

Skip line 2 if you use the nonfarm optional method in Part II. See instructions.

- 2** Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). See instructions for other income to report or if you are a minister or member of a religious order
- 3** Combine lines 1a, 1b, and 2
- 4a** If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3  
**Note:** If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.
- 4b** If you elect one or both of the optional methods, enter the total of lines 15 and 17 here
- 4c** Combine lines 4a and 4b. If less than \$400, stop; you don't owe self-employment tax. **Exception:** If less than \$400 and you had church employee income, enter -0- and continue

- 5a** Enter your church employee income from Form W-2. See instructions for definition of church employee income
- 5b** Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0-

- 6** Add lines 4c and 5b
- 7** Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2023

- 8a** Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$160,200 or more, skip lines 8b through 10, and go to line 11

- 8b** Unreported tips subject to social security tax from Form 4137, line 10
- 8c** Wages subject to social security tax from Form 8919, line 10
- 8d** Add lines 8a, 8b, and 8c

- 9** Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11

- 10** Multiply the smaller of line 6 or line 9 by 12.4% (0.124)

- 11** Multiply line 6 by 2.9% (0.029)

- 12** Self-employment tax. Add lines 10 and 11. Enter here and on Schedule 2 (Form 1040), line 4, or Form 1040-SS, Part I, line 3

- 13** Deduction for one-half of self-employment tax. Multiply line 12 by 50% (0.50). Enter here and on Schedule 1 (Form 1040), line 15

<b>1a</b>	
<b>1b</b>	( )
<b>2</b>	1,684
<b>3</b>	1,684
<b>4a</b>	1,555
<b>4b</b>	
<b>4c</b>	1,555
<b>5a</b>	
<b>5b</b>	0
<b>6</b>	1,555
<b>7</b>	160,200
<b>8a</b>	142,098
<b>8b</b>	
<b>8c</b>	
<b>8d</b>	142,098
<b>9</b>	18,102
<b>10</b>	193
<b>11</b>	45
<b>12</b>	238
<b>13</b>	119

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

Schedule SE (Form 1040) 2023

**Additional Medicare Tax**

If any line does not apply to you, leave it blank. See separate instructions.

**2023**

Department of the Treasury  
Internal Revenue Service

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

Attachment  
Sequence No. **71**

Go to [www.irs.gov/Form8959](http://www.irs.gov/Form8959) for instructions and the latest information.

Name(s) shown on return: **NTOMBI BASENGE WALKER** Your social security number: **705-40-9808**

**Part I Additional Medicare Tax on Medicare Wages**

1 Medicare wages and tips from Form W-2, box 5. If you have more than one Form W-2, enter the total of the amounts from box 5 . . . . .	<b>1</b>	142,098	
2 Unreported tips from Form 4137, line 6 . . . . .	<b>2</b>		
3 Wages from Form 8919, line 6 . . . . .	<b>3</b>		
4 Add lines 1 through 3 . . . . .	<b>4</b>	142,098	
5 Enter the following amount for your filing status:			
Married filing jointly . . . . . \$250,000			
Married filing separately . . . . . \$125,000			
Single, Head of household, or Qualifying surviving spouse \$200,000	<b>5</b>	125,000	
6 Subtract line 5 from line 4. If zero or less, enter -0- . . . . .	<b>6</b>		17,098
7 Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II . . . . .	<b>7</b>		154

**Part II Additional Medicare Tax on Self-Employment Income**

8 Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you had a loss, enter -0- . . . . .	<b>8</b>	1,555	
9 Enter the following amount for your filing status:			
Married filing jointly . . . . . \$250,000			
Married filing separately . . . . . \$125,000			
Single, Head of household, or Qualifying surviving spouse \$200,000	<b>9</b>	125,000	
10 Enter the amount from line 4 . . . . .	<b>10</b>	142,098	
11 Subtract line 10 from line 9. If zero or less, enter -0- . . . . .	<b>11</b>	0	
12 Subtract line 11 from line 8. If zero or less, enter -0- . . . . .	<b>12</b>		1,555
13 Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and go to Part III . . . . .	<b>13</b>		14

**Part III Additional Medicare Tax on Railroad Retirement Tax Act (RRTA) Compensation**

14 Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 (see instructions) . . . . .	<b>14</b>		
15 Enter the following amount for your filing status:			
Married filing jointly . . . . . \$250,000			
Married filing separately . . . . . \$125,000			
Single, Head of household, or Qualifying surviving spouse \$200,000	<b>15</b>	125,000	
16 Subtract line 15 from line 14. If zero or less, enter -0- . . . . .	<b>16</b>		0
17 Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (0.009). Enter here and go to Part IV . . . . .	<b>17</b>		

**Part IV Total Additional Medicare Tax**

18 Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 11 (Form 1040-SS filers, see instructions), and go to Part V . . . . .	<b>18</b>		168
---	-----------	--	-----

**Part V Withholding Reconciliation**

19 Medicare tax withheld from Form W-2, box 6. If you have more than one Form W-2, enter the total of the amounts from box 6 . . . . .	<b>19</b>	2,060	
20 Enter the amount from line 1 . . . . .	<b>20</b>	142,098	
21 Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages . . . . .	<b>21</b>	2,060	
22 Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages . . . . .	<b>22</b>		0
23 Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions) . . . . .	<b>23</b>		
24 <b>Total Additional Medicare Tax withholding.</b> Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (Form 1040-SS filers, see instructions) . . . . .	<b>24</b>		

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

Department of the Treasury
Internal Revenue Service

Attach to your tax return.

2023

Attachment
Sequence No. 72

Go to www.irs.gov/Form8960 for instructions and the latest information.

Name(s) shown on your tax return
NTOMBI BASENGE WALKER

Your social security number or EIN
705-40-9808

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)

Table with 8 rows for investment income. Line 1: Taxable interest (68). Line 2: Ordinary dividends. Line 3: Annuities. Line 4a: Rental real estate (1,684). Line 4b: Adjustment for net income (-1,684). Line 4c: Combine lines 4a and 4b. Line 5a: Net gain or loss from disposition of property. Line 5b: Net gain or loss from disposition of property that is not subject to net investment income tax. Line 5c: Adjustment from disposition of partnership interest or S corporation stock. Line 5d: Combine lines 5a through 5c. Line 6: Adjustments to investment income for certain CFCs and PFICs. Line 7: Other modifications to investment income. Line 8: Total investment income (68).

Part II Investment Expenses Allocable to Investment Income and Modifications

Table with 4 rows for investment expenses. Line 9a: Investment interest expenses. Line 9b: State, local, and foreign income tax. Line 9c: Miscellaneous investment expenses. Line 9d: Add lines 9a, 9b, and 9c. Line 10: Additional modifications. Line 11: Total deductions and modifications.

Part III Tax Computation

Table with 11 rows for tax computation. Line 12: Net investment income (68). Line 13: Modified adjusted gross income (143,907). Line 14: Threshold based on filing status (125,000). Line 15: Subtract line 14 from line 13 (18,907). Line 16: Enter the smaller of line 12 or line 15 (68). Line 17: Net investment income tax for individuals (3). Line 18a: Net investment income. Line 18b: Deductions for distributions of net investment income and charitable deductions. Line 18c: Undistributed net investment income. Line 19a: Adjusted gross income. Line 19b: Highest tax bracket for estates and trusts. Line 19c: Subtract line 19b from line 19a. Line 20: Enter the smaller of line 18c or line 19c. Line 21: Net investment income tax for estates and trusts.

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

Form 4562

Depreciation and Amortization (Including Information on Listed Property)

OMB No. 1545-0172

2023

Attachment Sequence No. 179

Department of the Treasury Internal Revenue Service

Attach to your tax return. Go to www.irs.gov/Form4562 for instructions and the latest information.

Name(s) shown on return: NTOMBI BASENGE WALKER; Business or activity to which this form relates: SCH E P1 SINGL FMLY RESIDENCE; Identifying number: 705-40-9808

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.

Table with 13 rows for Part I. Rows 1-5 are summary rows. Rows 6-13 are a table with columns (a) Description of property, (b) Cost (busn. use only), and (c) Elected cost.

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.)

Table with 4 rows for Part II. Rows 14-16 are summary rows.

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

Section A

Table with 2 rows for Section A. Row 17: MACRS deductions for assets placed in service in tax years beginning before 2023. Row 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.

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

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depr., (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows 19a-i.

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

Table with 6 columns: (a) Class life, (b) Recovery period, (c) Convention, (d) Method, (e) Depreciation deduction. Rows 20a-d.

Part IV Summary (See instructions.)

Table with 3 rows for Part IV. Row 21: Listed property. Row 22: Total. Row 23: For assets shown above and placed in service during the current year.

For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2023)

# Passive Activity Loss Limitations

See separate instructions.

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

Go to [www.irs.gov/Form8582](http://www.irs.gov/Form8582) for instructions and the latest information.

Name(s) shown on return  
NTOMBI BASENGE WALKER

Identifying number  
705-40-9808

**Part I 2023 Passive Activity Loss**

Caution: Complete Parts IV and V before completing Part I.

**Rental Real Estate Activities With Active Participation** (For the definition of active participation, see **Special Allowance for Rental Real Estate Activities** in the instructions.)

<b>1a</b> Activities with net income (enter the amount from Part IV, column (a))	<b>1a</b>	
<b>b</b> Activities with net loss (enter the amount from Part IV, column (b))	<b>1b</b>	( )
<b>c</b> Prior years' unallowed losses (enter the amount from Part IV, column (c))	<b>1c</b>	( )
<b>d</b> Combine lines 1a, 1b, and 1c	<b>1d</b>	

**All Other Passive Activities**

<b>2a</b> Activities with net income (enter the amount from Part V, column (a))	<b>2a</b>	
<b>b</b> Activities with net loss (enter the amount from Part V, column (b))	<b>2b</b>	( 11,188 )
<b>c</b> Prior years' unallowed losses (enter the amount from Part V, column (c))	<b>2c</b>	( )
<b>d</b> Combine lines 2a, 2b, and 2c	<b>2d</b>	-11,188

<b>3</b> Combine lines 1d and 2d and subtract any prior year unallowed CRD. See instructions. If this line is zero or more, stop here and include 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. If line 3 is a loss and:	<b>3</b>	-11,188
--	----------	---------

- 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 line 10.

**Caution:** If your filing status is married filing separately 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**

Note: Enter all numbers in Part II as positive amounts. See instructions for an example.

<b>4</b> Enter the smaller of the loss on line 1d or the loss on line 3	<b>4</b>	
<b>5</b> Enter \$150,000. If married filing separately, see instructions	<b>5</b>	
<b>6</b> Enter modified adjusted gross income, but not less than zero. See instructions	<b>6</b>	
<b>Note:</b> If line 6 is greater than or equal to line 5, skip lines 7 and 8 and enter -0- on line 9. Otherwise, go to line 7.		
<b>7</b> Subtract line 6 from line 5	<b>7</b>	
<b>8</b> Multiply line 7 by 50% (0.50). Do not enter more than \$25,000. If married filing separately, see instructions	<b>8</b>	
<b>9</b> Enter the smaller of line 4 or line 8. If line 3 includes any CRD, see instructions	<b>9</b>	

**Part III Total Losses Allowed**

<b>10</b> Add the income, if any, on lines 1a and 2a and enter the total	<b>10</b>	
<b>11</b> Total losses allowed from all passive activities for 2023. Add lines 9 and 10. See instructions to find out how to report the losses on your tax return	<b>11</b>	0

**Part IV Complete This Part Before Part I, Lines 1a, 1b, and 1c.** See instructions.

Name of activity	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
<b>Total.</b> Enter on Part I, lines 1a, 1b, and 1c.					

For Paperwork Reduction Act Notice, see instructions.

**Part V** Complete This Part Before Part I, Lines 2a, 2b, and 2c. See instructions.

Name of activity	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
SINGLE FAMILY HOME		11,188			11,188
<b>Total.</b> Enter on Part I, lines 2a, 2b, and 2c		11,188			

**Part VI** Use This Part if an Amount Is Shown on Part II, Line 9. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a).
<b>Total</b> .....			1.00		

**Part VII** Allocation of Unallowed Losses. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
SINGLE FAMILY HOME	SCH E LN22	11,188	1.00000	11,188
<b>Total</b> .....		11,188	1.00	11,188

**Part VIII** Allowed Losses. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Unallowed loss	(c) Allowed loss
SINGLE FAMILY HOME	SCH E LN22	11,188	11,188	
<b>Total</b> .....		11,188	11,188	

**2023 OTHER INCOME SUMMARY ATTACHMENT**

NTOMBI BASENGE WALKER  
705-40-9808

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CHAVEZ ET AL V TELECARE CORPORATION  
CLIFF PROPERTY MANAGEMENT LLC

126  
50

*CLIENT COPY*

*DO NOT FILE*

TOTAL TO SCHEDULE 1 LINE 8z

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176  
23\_OIO

Name: NTOMBI BASENGE WALKER

SSN : 705-40-9808

-----  
Federal

Schedule E, Page 1

Part I, Type Description  
-----

Column	Type	Description
A	1	SingleFamilyResidence

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**DO NOT FILE**

FEDERAL DEPRECIATION SCHEDULE

2023

Name: NTOMBI BASENGE WALKER  
SSN: 705-40-9808

For Form Schedule E # 1

Description	Date	Method - Life	Cost	Prior 179	Current 179	Pr Spec Allow	Curr Spec Allow	Basis	Prior Depr	Current Depr	Accum Depr	Adj Basis
-------------	------	------------------	------	--------------	----------------	------------------	-----------------------	-------	---------------	-----------------	---------------	--------------

FAMILY HOME	12/01/2022	SIMM-27.5	280000					224000	340	8145	8485	215515
-------------	------------	-----------	--------	--	--	--	--	--------	-----	------	------	--------

1 ASSET			280000					224000	340	8145	8485	215515
---------	--	--	--------	--	--	--	--	--------	-----	------	------	--------

TOTALS:			280000					224000	340	8145	8485	215515
---------	--	--	--------	--	--	--	--	--------	-----	------	------	--------

CLIENT COPY

2023

FEDERAL AMT DEPRECIATION SCHEDULE  
Name: NTOMBI BASENGE WALKER  
SSN: 705-40-9808

For Form Schedule E # 1

Description	Date	Method - Life	Cost	Prior 179	Current 179	Pr Spec Allow	Curr Spec Allow	Basis	Prior Depr	Current Depr	Accum Depr	Adj Basis
-------------	------	------------------	------	--------------	----------------	------------------	-----------------------	-------	---------------	-----------------	---------------	--------------

FAMILY HOME	12/01/2022	SIMM-27.5	280000					224000	340	8145	8485	215515
-------------	------------	-----------	--------	--	--	--	--	--------	-----	------	------	--------

1 ASSET			280000					224000	340	8145	8485	215515
---------	--	--	--------	--	--	--	--	--------	-----	------	------	--------

TOTALS:			280000					224000	340	8145	8485	215515
---------	--	--	--------	--	--	--	--	--------	-----	------	------	--------

2023 California Resident Income Tax Return

540

APE

ATTACH FEDERAL RETURN

705-40-9808 BASE 557-15-6217
NTOMBI BASENGE WALKER

23 PBA 623000

A
R
RP

12707 HARLOW AVE
RIVERSIDE CA 92503

08-12-1969

CLIENT COPY

Enter your county at time of filing (see instructions)

Riverside

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.

Principal Residence

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 (even if only one spouse/RDP had income). See instr. 5 [ ] Qualifying surviving spouse/RDP. Enter year spouse/RDP died. [ ] See instructions. [ ]

3 [X] Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here. PATRICK WALKER

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

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

Exemptions

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 [1] X \$144 = [ ] \$ 144

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

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

Your name: **NTOMBI BASENGE WALKER** Your SSN or ITIN: **705-40-9808**

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

	Dependent 1	Dependent 2	Dependent 3
<b>Exemptions</b>	First Name <input type="text"/>	First Name <input type="text"/>	First Name <input type="text"/>
	Last Name <input type="text"/>	Last Name <input type="text"/>	Last Name <input type="text"/>
	SSN. See instructions. <input type="text"/>	SSN. See instructions. <input type="text"/>	SSN. See instructions. <input type="text"/>
	Dependent's relationship to you <input type="text"/>	Dependent's relationship to you <input type="text"/>	Dependent's relationship to you <input type="text"/>
	Total dependent exemptions ..... <input type="checkbox"/> 10 <input type="checkbox"/> X \$446 = <input type="checkbox"/> \$ <input type="text"/>		
	<b>11 Exemption amount:</b> Add line 7 through line 10. Transfer this amount to line 32 ..... <input type="checkbox"/> 11 \$ <input type="text" value="144"/>		

**12** State wages from your federal Form(s) W-2, box 16 .....  12

**13** Enter federal adjusted gross income from federal Form 1040 or 1040-SR, line 11 .....  13

**14** California adjustments - subtractions. Enter the amount from Schedule CA (540), Part I, line 27, column B .....  14

**15** Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions .....  15

**16** California adjustments - additions. Enter the amount from Schedule CA (540), Part I, line 27, column C .....  16

**17** California adjusted gross income. Combine line 15 and line 16 .....  17

**18** Enter the larger of   
 Your California **itemized deductions** from Schedule CA (540), Part II, line 30; **OR**   
 Your California **standard deduction** shown below for your filing status:

- Single or Married/RDP filing separately ..... \$5,363
- Married/RDP filing jointly, Head of household, or Qualifying surviving spouse/RDP ..... \$10,726

If Married/RDP filing separately or the box on line 6 is checked, **STOP**. See instructions .....  18

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

**31** Tax. Check the box if from:  Tax Table  Tax Rate Schedule   
  FTB 3800  FTB 3803 .....  31

**32** Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$237,035, see instructions .....  32

**33** Subtract line 32 from line 31. If less than zero, enter -0- .....  33

**34** Tax. See instructions. Check the box if from:  Schedule G-1  FTB 5870A .....  34

**35** Add line 33 and line 34 .....  35

**40** Nonrefundable Child and Dependent Care Expenses Credit. See instructions .....  40

**43** Enter credit name  code  and amount .....  43

**44** Enter credit name  code  and amount .....  44

Your name: NTOMBI BASENGE WALKER

Your SSN or ITIN: 705-40-9808

Special Credits

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

Other Taxes

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

Payments

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

Use Tax

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

ISR Penalty

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

Overpaid Tax/Tax Due

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

BWO

CA Form 540 C1 (2023)

Your name: **NTOMBI BASENGE WALKER**

Your SSN or ITIN: **705-40-9808**

Overpaid  
Tax/Tax Due

- 98** Amount of line 97 you want applied to your **2024** estimated tax ..... ● 98
- 99** Overpaid tax available this year. Subtract line 98 from line 97..... ● 99
- 100** Tax due. If line 95 is less than line 64, subtract line 95 from line 64 ..... ●100

Contributions

	Code	Amount
California Seniors Special Fund. See instructions .....	●400	<input type="text"/>
Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund .....	●401	<input type="text"/>
Rare and Endangered Species Preservation Voluntary Tax Contribution Program .....	●403	<input type="text"/>
California Breast Cancer Research Voluntary Tax Contribution Fund .....	●405	<input type="text"/>
California Firefighters' Memorial Voluntary Tax Contribution Fund .....	●406	<input type="text"/>
Emergency Food for Families Voluntary Tax Contribution Fund .....	●407	<input type="text"/>
California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund .....	●408	<input type="text"/>
California Sea Otter Voluntary Tax Contribution Fund .....	●410	<input type="text"/>
California Cancer Research Voluntary Tax Contribution Fund .....	●413	<input type="text"/>
School Supplies for Homeless Children Voluntary Tax Contribution Fund .....	●422	<input type="text"/>
State Parks Protection Fund/Parks Pass Purchase .....	●423	<input type="text"/>
Protect Our Coast and Oceans Voluntary Tax Contribution Fund .....	●424	<input type="text"/>
Keep Arts in Schools Voluntary Tax Contribution Fund .....	●425	<input type="text"/>
California Senior Citizen Advocacy Voluntary Tax Contribution Fund .....	●438	<input type="text"/>
Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund .....	●439	<input type="text"/>
Rape Kit Backlog Voluntary Tax Contribution Fund .....	●440	<input type="text"/>
Suicide Prevention Voluntary Tax Contribution Fund .....	●444	<input type="text"/>
Mental Health Crisis Prevention Voluntary Tax Contribution Fund .....	●445	<input type="text"/>
<b>110</b> Add amounts in code 400 through code 445. This is your total contribution .....	●110	<input type="text" value="0"/>

Your name: **NTOMBI BASENGE WALKER**

Your SSN or ITIN: **705-40-9808**

Amount You Owe

**111 AMOUNT YOU OWE.** If you do not have an amount on line 99, add line 94, line 96, line 100, and line 110. See instructions. **Do not send cash.**  
Mail to: **FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001** . . . ● **111**   
Pay Online - Go to **ftb.ca.gov/pay** for more information.

Interest and Penalties

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

**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**

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   
 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   
 Savings

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

Voter Info.

Health Care Coverage Info.

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

**Sign your tax return on Side 6**

Your name: **NTOMBI BASENGE WALKER** Your SSN or ITIN: **705-40-9808**

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

Our privacy notice can be found in annual tax booklets or online. Go to **ftb.ca.gov/privacy** to learn about our privacy policy statement, or go to **ftb.ca.gov/forms** and search for **1131** to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection.

To request this notice by mail, call 800.338.0505 and enter form code **948** when instructed.

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

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

Your email address. Enter only one email address.

**BASENGE12@GMAIL.COM**

Preferred phone number

**951-637-3396**

### Sign Here

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

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

*Michael Symonds*

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

**HRB TAX GROUP INC**

PTIN

**P01730141**

Firm's address

**3834 LA SIERRA AVE RIVERSIDE CA 92505**

Firm's FEIN

**431871840**

Joint tax return? See instructions.

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

Print Third Party Designee's Name

**MICHAEL SYMONDS**

Telephone Number

\_\_\_\_\_

CLIENT COPY

DO NOT FILE

2023

Passive Activity Loss Limitations

3801

Attach to Form 540, Form 540NR, Form 541, or Form 100S.

Name(s) as shown on tax return NTOMBI BASENGE WALKER	SSN, ITIN, FEIN, or CA corporation no. 705-40-9808
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Part I 2023 Passive Activity Loss

See the instructions for Part IV and Part VI for federal Form 8582, Passive Activity Loss Limitations, before completing Part I. Be sure to use California amounts.

Rental Real Estate Activities with Active Participation

1a Activities with net income from Part IV, column (a)	<input checked="" type="radio"/> 1a		
1b Activities with net loss from Part IV, column (b)	<input checked="" type="radio"/> 1b	(	)
1c Prior year unallowed losses from Part IV, column (c)	<input checked="" type="radio"/> 1c	(	)
1d Combine line 1a, line 1b, and line 1c	<input checked="" type="radio"/> 1d		

All Other Passive Activities

2a Activities with net income from Part V, column (a)	<input checked="" type="radio"/> 2a		
2b Activities with net loss from Part V, column (b)	<input checked="" type="radio"/> 2b	(	19,333)
2c Prior year unallowed losses from Part V, column (c)	<input checked="" type="radio"/> 2c	(	)
2d Combine line 2a, line 2b, and line 2c	<input checked="" type="radio"/> 2d		-19,333
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	<input checked="" type="radio"/> 3		-19,333

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	<input checked="" type="radio"/> 4		
5 Enter \$150,000. If married/RDP filing a separate tax return, see instructions	<input checked="" type="radio"/> 5		
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	<input checked="" type="radio"/> 6		
7 Subtract line 6 from line 5	<input checked="" type="radio"/> 7		
8 Multiply line 7 by 50% (.50). Do not enter more than \$25,000	<input checked="" type="radio"/> 8		0
9 Enter the smaller of line 4 or line 8	<input checked="" type="radio"/> 9		0

Part III Total Losses Allowed

10 Add the income, if any, from line 1a and line 2a and enter the total	<input checked="" type="radio"/> 10		0
11 Total losses allowed from all passive activities for 2023. Add line 9 and line 10. See the instructions on Page 2 to find out how to report the losses on your tax return.	<input checked="" type="radio"/> 11		0

