

2019 California Resident Income Tax Return

540

407-81-1668
RAMCHARAN V GOLLA

901 E WARNER AVE
SANATA ANA CA 92707

07-24-1992 GOLLA

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

Filing Status

- 1 Single
- 2 Married/RDP filing jointly. See inst.
- 3 Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here
- 4 Head of household (with qualifying person). See instructions.
- 5 Qualifying widow(er). Enter year spouse/RDP died.

See instructions.

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

► 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 1 X \$122 = \$
- 8 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2. 8 X \$122 = \$
- 9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2. 9 X \$122 = \$
- 10 **Dependents: Do not include yourself or your spouse/RDP.**

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

Total dependent exemptions X \$378 =

Your name: **RAMCHARAN VARMA G** Your SSN or ITIN: **407811668**

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

Taxable Income	12 State wages from your federal Form(s) W-2, box 16 <input checked="" type="radio"/> 12 <input type="text" value="89851"/> <input type="text" value="00"/>		
	13 Enter federal adjusted gross income from federal Form 1040 or 1040-SR, line 8b <input checked="" type="radio"/> 13 <input type="text" value="89851"/> <input type="text" value="00"/>		
	14 California adjustments – subtractions. Enter the amount from Schedule CA (540), Part I, line 23, column B. <input checked="" type="radio"/> 14 <input type="text" value="00"/> <input type="text" value="00"/>		
	15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions <input type="radio"/> 15 <input type="text" value="89851"/> <input type="text" value="00"/>		
	16 California adjustments – additions. Enter the amount from Schedule CA (540), Part I, line 23, column C. <input checked="" type="radio"/> 16 <input type="text" value="00"/> <input type="text" value="00"/>		
	17 California adjusted gross income. Combine line 15 and line 16. <input checked="" type="radio"/> 17 <input type="text" value="89851"/> <input type="text" value="00"/>		
	18 Enter the larger of <input checked="" type="radio"/> 18 <input type="text" value="4537"/> <input type="text" value="00"/>	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. \$4,537 • Married/RDP filing jointly, Head of household, or Qualifying widow(er) . . . \$9,074 If Married/RDP filing separately or the box on line 6 is checked, STOP. See instructions	
	19 Subtract line 18 from line 17. This is your taxable income . If less than zero, enter -0- <input checked="" type="radio"/> 19 <input type="text" value="85314"/> <input type="text" value="00"/>		

Tax	31 Tax. Check the box if from: <input checked="" type="checkbox"/> Tax Table <input type="checkbox"/> Tax Rate Schedule <input type="checkbox"/> FTB 3800 <input type="checkbox"/> FTB 3803 <input checked="" type="radio"/> 31 <input type="text" value="5101"/> <input type="text" value="00"/>	
	32 Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$200,534, see instructions. <input checked="" type="radio"/> 32 <input type="text" value="122"/> <input type="text" value="00"/>	
	33 Subtract line 32 from line 31. If less than zero, enter -0- <input checked="" type="radio"/> 33 <input type="text" value="4979"/> <input type="text" value="00"/>	
	34 Tax. See instructions. Check the box if from: <input type="checkbox"/> Schedule G-1 <input type="checkbox"/> FTB 5870A <input checked="" type="radio"/> 34 <input type="text" value="00"/> <input type="text" value="00"/>	
	35 Add line 33 and line 34. <input checked="" type="radio"/> 35 <input type="text" value="4979"/> <input type="text" value="00"/>	

Special Credits	40 Nonrefundable Child and Dependent Care Expenses Credit. See instructions. <input checked="" type="radio"/> 40 <input type="text" value="00"/> <input type="text" value="00"/>	
	43 Enter credit name <input type="text"/> code <input type="radio"/> <input type="text"/> and amount. <input checked="" type="radio"/> 43 <input type="text" value="00"/> <input type="text" value="00"/>	
	44 Enter credit name <input type="text"/> code <input type="radio"/> <input type="text"/> and amount. <input checked="" type="radio"/> 44 <input type="text" value="00"/> <input type="text" value="00"/>	
	45 To claim more than two credits. See instructions. Attach Schedule P (540). <input checked="" type="radio"/> 45 <input type="text" value="00"/> <input type="text" value="00"/>	
	46 Nonrefundable renter's credit. See instructions <input checked="" type="radio"/> 46 <input type="text" value="00"/> <input type="text" value="00"/>	
	47 Add line 40 through line 46. These are your total credits <input checked="" type="radio"/> 47 <input type="text" value="00"/> <input type="text" value="00"/>	
	48 Subtract line 47 from line 35. If less than zero, enter -0- <input checked="" type="radio"/> 48 <input type="text" value="4979"/> <input type="text" value="00"/>	

Your name: RAMCHARAN VARMA G Your SSN or ITIN: 407811668

Other Taxes	61	Alternative minimum tax. Attach Schedule P (540)	● 61	<input type="text"/>	.00
	62	Mental Health Services Tax. See instructions	● 62	<input type="text"/>	.00
	63	Other taxes and credit recapture. See instructions	● 63	<input type="text"/>	.00
	64	Add line 48, line 61, line 62, and line 63. This is your total tax	● 64	4 9 7 9	.00

Payments	71	California income tax withheld. See instructions	● 71	5 4 6 1	.00
	72	2019 CA estimated tax and other payments. See instructions	● 72	<input type="text"/>	.00
	73	Withholding (Form 592-B and/or 593). See instructions	● 73	<input type="text"/>	.00
	74	Excess SDI (or VPD) withheld. See instructions	● 74	<input type="text"/>	.00
	75	Earned Income Tax Credit (EITC)	● 75	<input type="text"/>	.00
	76	Young Child Tax Credit (YCTC). See instructions	● 76	<input type="text"/>	.00
	77	Add lines 71 through 76. These are your total payments. See instructions	⊙ 77	5 4 6 1	.00

Use Tax	91	Use Tax. Do not leave blank. See instructions	● 91	<input type="text"/>	.00
	If line 91 is zero, check if: <input type="checkbox"/> No use tax is owed.				
		<input type="checkbox"/> You paid your use tax obligation directly to CDTFA.			

Overpaid Tax/Tax Due	92	Payments balance. If line 77 is more than line 91, subtract line 91 from line 77	⊙ 92	5 4 6 1	.00
	93	Use Tax balance. If line 91 is more than line 77, subtract line 77 from line 91	⊙ 93	<input type="text"/>	.00
	94	Overpaid tax. If line 92 is more than line 64, subtract line 64 from line 92.	⊙ 94	4 8 2	.00
	95	Amount of line 94 you want applied to your 2020 estimated tax	● 95	<input type="text"/>	.00
	96	Overpaid tax available this year. Subtract line 95 from line 94	● 96	4 8 2	.00
	97	Tax due. If line 92 is less than line 64, subtract line 92 from line 64	⊙ 97	<input type="text"/>	.00

Your name: **RAMCHARAN VARMA G** Your SSN or ITIN: **407811668**



		<u>Code</u>	<u>Amount</u>
Contributions	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 Fund	● 406	.00
	Emergency Food for Families Voluntary Tax Contribution Fund	● 407	.00
	California Peace Officer Memorial Foundation Fund	● 408	.00
	California Sea Otter Fund	● 410	.00
	California Cancer Research Voluntary Tax Contribution Fund	● 413	.00
	School Supplies for Homeless Children 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
	Organ and Tissue Donor Registry Voluntary Tax Contribution Fund	● 441	.00
	National Alliance on Mental Illness California Voluntary Tax Contribution Fund	● 442	.00
	Schools Not Prisons Voluntary Tax Contribution Fund	● 443	.00
Suicide Prevention Voluntary Tax Contribution Fund	● 444	.00	
110 Add code 400 through code 444. This is your total contribution	● 110	.00	

Your name: **RAMCHARAN VARMA G** Your SSN or ITIN: **407811668**

Amount You Owe **111 AMOUNT YOU OWE.** If you do not have an amount on line 96, add line 93, line 97, and line 110. See instructions. **Do not send cash.**
Mail to: **FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001** ● **111** .00
Pay Online – Go to **ftb.ca.gov/pay** for more information.

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

115 REFUND OR NO AMOUNT DUE. Subtract the sum of 110, line 112 and line 113 from line 96. 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:

● Routing number ● Type Checking Savings ● Account number ● **116** Direct deposit amount .00

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

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

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

To learn about your privacy rights, how we may use your information, and the consequences for not providing the requested information, go to **ftb.ca.gov/forms** and search for **1131**. To request this notice by mail, call 800.852.5711.

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

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

Your email address. Enter only one email address. Preferred phone number

Sign Here

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

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) ● PTIN

Firm's address ● Firm's FEIN

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 Telephone Number

2019 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

RAMCHARAN VARMA GOLLA

SSN or ITIN

4 0 7 8 1 1 6 6 8

Part I Income Adjustment Schedule

Section A – Income from federal Form 1040 or 1040-SR

	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
1 Wages, salaries, tips, etc. See instructions before making an entry in column B or C	<input checked="" type="radio"/> 89851	<input type="radio"/>	<input type="radio"/>
2 Taxable interest. a <input checked="" type="radio"/> _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3 Ordinary dividends. See instructions. a <input checked="" type="radio"/> _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4 IRA distributions. See instructions. a <input checked="" type="radio"/> _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c Pensions and annuities. See instructions. c <input checked="" type="radio"/> _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5 Social security benefits. a <input checked="" type="radio"/> _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6 Capital gain or (loss). See instructions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Section B – Additional Income from federal Schedule 1 (Form 1040 or 1040-SR)

1 Taxable refunds, credits, or offsets of state and local income taxes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2a Alimony received	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3 Business income or (loss)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4 Other gains or (losses)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5 Rental real estate, royalties, partnerships, S corporations, trusts, etc	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6 Farm income or (loss)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7 Unemployment compensation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8 Other income.			
a California lottery winnings		<input checked="" type="radio"/>	<input type="radio"/>
b Disaster loss deduction from FTB 3805V		<input type="radio"/>	<input type="radio"/>
c Federal NOL (federal Schedule 1 (Form 1040 or 1040-SR), line 8)		<input type="radio"/>	<input type="radio"/>
d NOL deduction from FTB 3805V		<input type="radio"/>	<input type="radio"/>
e NOL from FTB 3805Z, 3806, 3807, or 3809		<input type="radio"/>	<input type="radio"/>
f Other (describe): <input checked="" type="radio"/> _____		<input type="radio"/>	<input type="radio"/>
g Student loan discharged due to closure of a for-profit school		<input type="radio"/>	<input type="radio"/>
9 Total. Combine Section A, line 1 through line 6, and Section B, line 1 through line 8 in column A. Add Section A, line 1 through line 6, and Section B, line 1 through line 8g in column B and column C. Go to Section C.	<input checked="" type="radio"/> 89851	<input type="radio"/>	<input type="radio"/>

Section C – Adjustments to Income from federal Schedule 1 (Form 1040 or 1040-SR)

10 Educator expenses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11 Certain business expenses of reservists, performing artists, and fee-basis government officials	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12 Health savings account deduction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13 Moving expenses. Attach federal Form 3903. See instructions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14 Deductible part of self-employment tax	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15 Self-employed SEP, SIMPLE, and qualified plans	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16 Self-employed health insurance deduction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17 Penalty on early withdrawal of savings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18a Alimony paid. b Recipient's: SSN <input checked="" type="radio"/> _____ – _____ – _____ Last name <input checked="" type="radio"/> _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19 IRA deduction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20 Student loan interest deduction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21 Tuition and fees	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22 Add line 10 through line 18a and line 19 through line 21 in columns A, B, and C. See instructions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23 Total. Subtract line 22 from line 9 in columns A, B, and C. See instructions	<input checked="" type="radio"/> 89851	<input type="radio"/>	<input type="radio"/>

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 or 1040-SR))	B Subtractions See instructions	C Additions See instructions
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Medical and Dental Expenses See instructions.

1	Medical and dental expenses <input checked="" type="radio"/>				
2	Enter amount from federal Form 1040 or 1040-SR, line 8b <input checked="" type="radio"/>	89851	2		
3	Multiply line 2 by 7.5% (0.075) <input checked="" type="radio"/>	6739	3		
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter 0 <input checked="" type="radio"/>		4	<input checked="" type="radio"/>	<input checked="" type="radio"/>

Taxes You Paid

5a	State and local income tax or general sales taxes <input checked="" type="radio"/>				
5b	State and local real estate taxes <input checked="" type="radio"/>		5b		
5c	State and local personal property taxes <input checked="" type="radio"/>		5c		
5d	Add lines 5a through 5c <input checked="" type="radio"/>	6360	5d		
5e	Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) in column A <input checked="" type="radio"/> Enter the amount from line 5a, column B in line 5e, column B <input checked="" type="radio"/> Enter the difference from line 5d and line 5e, column A in line 5e, column C <input checked="" type="radio"/>		5e	<input checked="" type="radio"/>	<input checked="" type="radio"/>
6	Other taxes. List type <input checked="" type="radio"/>		6	<input checked="" type="radio"/>	<input checked="" type="radio"/>
7	Add lines 5e and 6 <input checked="" type="radio"/>	6360	7	<input checked="" type="radio"/>	<input checked="" type="radio"/>

Interest You Paid

8a	Home mortgage interest and points reported to you on Form 1098 <input checked="" type="radio"/>				
8b	Home mortgage interest not reported to you on Form 1098 <input checked="" type="radio"/>		8b		<input checked="" type="radio"/>
8c	Points not reported to you on Form 1098 <input checked="" type="radio"/>		8c		<input checked="" type="radio"/>
8d	Mortgage insurance premiums <input checked="" type="radio"/>		8d	<input checked="" type="radio"/>	
8e	Add lines 8a through 8d <input checked="" type="radio"/>		8e	<input checked="" type="radio"/>	<input checked="" type="radio"/>
9	Investment interest <input checked="" type="radio"/>		9	<input checked="" type="radio"/>	<input checked="" type="radio"/>
10	Add lines 8e and 9 <input checked="" type="radio"/>		10	<input checked="" type="radio"/>	<input checked="" type="radio"/>

Gifts to Charity

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

Casualty and Theft Losses

15	Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions <input checked="" type="radio"/>				
15			15	<input checked="" type="radio"/>	<input checked="" type="radio"/>

Other Itemized Deductions

16	Other—from list in federal instructions <input checked="" type="radio"/>				
17	Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C <input checked="" type="radio"/>	6360	17	<input checked="" type="radio"/>	<input checked="" type="radio"/>

18	Total. Combine line 17 column A less column B plus column C <input checked="" type="radio"/>				
18			18	<input checked="" type="radio"/>	

Job Expenses and Certain Miscellaneous Deductions

- 19 Unreimbursed employee expenses - job travel, union dues, job education, etc.
Attach federal Form 2106 if required. See instructions. 19
- 20 Tax preparation fees. 20
- 21 Other expenses - investment, safe deposit box, etc. List type _____ 21
- 22 Add lines 19 through 21. 22
- 23 Enter amount from federal Form 1040 or 1040-SR, line 8b 89851
- 24 Multiply line 23 by 2% (0.02). If less than zero, enter 0. 24
- 25 Subtract line 24 from line 22. If line 24 is more than line 22, enter 0. 25
- 26 **Total Itemized Deductions.** Add line 18 and line 25. 26
- 27 Other adjustments. See instructions. Specify. _____ 27
- 28 Combine line 26 and line 27. 28
- 29 **Is your federal AGI (Form 540, line 13) more than the amount shown below for your filing status?**
Single or married/RDP filing separately \$200,534
Head of household \$300,805
Married/RDP filing jointly or qualifying widow(er) \$401,072
- No.** Transfer the amount on line 28 to line 29.
- Yes.** Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540), line 29. 29
- 30 **Enter the larger of the amount on line 29 or your standard deduction listed below**
Single or married/RDP filing separately. See instructions. \$4,537
Married/RDP filing jointly, head of household, or qualifying widow(er) \$9,074
- Transfer the amount on line 30 to Form 540, line 18.** 30

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TAXABLE YEAR **2019** **California Online e-file Return Authorization** for Individuals FORM **8453-OL**

Your first name and initial RAMCHARAN VARMA		Last name GOLLA	Suffix	Your SSN or ITIN 407811668
If filing jointly, spouse's/RDP's first name		Last name	Suffix	Spouse's/RDP's SSN or ITIN
Street address (number and street) or PO box 901 E WARNER AVE		Apt. no.	PMB/private mailbox	Daytime telephone number 9405958957
City SANATA ANA			State CA	ZIP code 92707
Foreign country name		Foreign province/state/county		Foreign postal code

Part I Tax Return Information (whole dollars only)

1 California adjusted gross income. See instructions **1** 89851

2 Refund or no amount due. See instructions. **2** 482

3 Amount you owe. See instructions. **3** _____

Part II Settle Your Account Electronically for Taxable Year 2019 (Payment due 4/15/2020)

4 Direct deposit of refund

5 Electronic funds withdrawal **5a** Amount _____ **5b** Withdrawal date (mm/dd/yyyy) _____

Part III Make Estimated Tax Payments for Taxable Year 2020 These are not installment payments for the current amount you owe.

	First Payment Due 4/15/2020	Second Payment Due 6/15/2020	Third Payment Due 9/15/2020	Fourth Payment Due 1/15/2021
6 Amount				
7 Withdrawal date				

Part IV Banking Information (Have you verified your banking information?)

8 Amount of refund to be directly deposited to account below 482 **12** The remaining amount of my refund for direct deposit _____

9 Routing number 111900659 **13** Routing number _____

10 Account number 1244702666 **14** Account number _____

11 Type of account: Checking Savings **15** Type of account: Checking Savings

Part V Declaration of Taxpayer(s)

I authorize my account to be settled as designated in Part II. If I check Part II, box 4, I declare that the direct deposit refund information in Part IV agrees with the authorization stated on my return. I authorize an electronic funds withdrawal for the amount listed on line 5a and any estimated payment amounts listed on line 6 from the bank account listed on lines 9, 10, and 11. If I have filed a joint return, this is an irrevocable appointment of the other spouse/RDP as an agent to receive the refund or authorize an electronic funds withdrawal.

Under penalties of perjury, I declare that the information I provided to the Franchise Tax Board (FTB), either directly or through e-file software, including my name, address, and social security number (SSN) or individual taxpayer identification number (ITIN), and the amounts shown in Part I above, agrees with the information and amounts shown on the corresponding lines of my 2019 California income tax return. To the best of my knowledge and belief, my return is true, correct, and complete. 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 authorize my return and accompanying schedules and statements to be transmitted to the FTB directly or through the e-file software. **If the processing of my return or refund is delayed, I authorize the FTB to disclose to me, either directly or through the e-file software, the reason(s) for the delay or the date when the refund was sent.**

Sign Here

_____ Your signature	_____ Date
_____ Spouse's/RDP's signature. If filing jointly, both must sign. <i>It is unlawful to forge a spouse's/RDP's signature.</i>	_____ Date