

Filing Status [X] Single [] Married filing jointly [] Married filing separately (MFS) [] Head of household (HOH) [] Qualifying widow(er) (QW)
Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent

Your first name and middle initial: TARUN
Last name: MURIKIPUDI
Your social security number: 447-99-6142
If joint return, spouse's first name and middle initial:
Last name:
Spouse's social security number:

Home address (number and street). If you have a P.O. box, see instructions.
6511 ESCENA BLVD
Apt. no. 3082
City, town, or post office. If you have a foreign address, also complete spaces below.
IRVING TX ZIP code 75039
Foreign country name Foreign province/state/county Foreign postal code
Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.
[] You [] Spouse

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? [] Yes [X] 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, 1956 [] Are blind Spouse: [] Was born before January 2, 1956 [] Is blind

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) if qualifies for (see instructions): Child tax credit, Credit for other dependents. Includes a 'Dependents' section header.

Main income table with 15 rows. Columns include line numbers, descriptions (e.g., Wages, salaries, tips, etc.), and amounts. Total income is 54,486. Taxable income is 42,086.

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

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	5,047.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	5,047.
19	Child tax credit or credit for other dependents	19	
20	Amount from Schedule 3, line 7	20	720.
21	Add lines 19 and 20	21	720.
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	4,327.
23	Other taxes, including self-employment tax, from Schedule 2, line 10	23	0.
24	Add lines 22 and 23. This is your total tax	24	4,327.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	9,156.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	9,156.
26	2020 estimated tax payments and amount applied from 2019 return	26	
27	Earned income credit (EIC) No	27	
28	Additional child tax credit. Attach Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	1,800.
31	Amount from Schedule 3, line 13	31	
32	Add lines 27 through 31. These are your total other payments and refundable credits	32	1,800.
33	Add lines 25d, 26, and 32. These are your total payments	33	10,956.

Refund

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	6,629.
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	6,629.
b	Routing number 1 1 1 0 0 0 0 2 5		
c	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number 4 8 8 0 6 1 6 3 8 8 8 4		
36	Amount of line 34 you want applied to your 2021 estimated tax	36	

Amount You Owe

37	Subtract line 33 from line 24. This is the amount you owe now	37	
Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.			
38	Estimated tax penalty (see instructions)	38	

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions 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	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no.	Email address		

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if:
SYAM PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA RAM SAGAR GUPTA TALLAM	02/11/2021	P02082703	<input type="checkbox"/> Self-employed
Firm's name	Phone no.			
GLOBAL TAXES LLC	(678) 965-9522			
Firm's address	Firm's EIN			
2530 Pebble Creek Ln Cumming GA 30041	30-1017196			

**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

2020
Attachment
Sequence No. **01**

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

Your social security number
447-99-6142

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	-5,760.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ▶	8	
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	9	-5,760.

Part II Adjustments to Income

10	Educator expenses	10	
11	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	11	
12	Health savings account deduction. Attach Form 8889	12	
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14	Deductible part of self-employment tax. Attach Schedule SE	14	
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	
17	Penalty on early withdrawal of savings	17	
18a	Alimony paid	18a	
b	Recipient's SSN ▶		
c	Date of original divorce or separation agreement (see instructions) ▶		
19	IRA deduction	19	
20	Student loan interest deduction	20	
21	Tuition and fees deduction. Attach Form 8917	21	
22	Add lines 10 through 21. These are your adjustments to income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a	22	

**SCHEDULE 3
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Credits and Payments

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

OMB No. 1545-0074

2020
Attachment
Sequence No. **03**

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

Your social security number
447-99-6142

Part I Nonrefundable Credits

1	Foreign tax credit. Attach Form 1116 if required	1	
2	Credit for child and dependent care expenses. Attach Form 2441	2	
3	Education credits from Form 8863, line 19	3	720.
4	Retirement savings contributions credit. Attach Form 8880	4	
5	Residential energy credits. Attach Form 5695	5	
6	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/> _____	6	
7	Add lines 1 through 6. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20	7	720.

Part II Other Payments and Refundable Credits

8	Net premium tax credit. Attach Form 8962	8	
9	Amount paid with request for extension to file (see instructions)	9	
10	Excess social security and tier 1 RRTA tax withheld	10	
11	Credit for federal tax on fuels. Attach Form 4136	11	
12	Other payments or refundable credits:		
a	Form 2439	12a	
b	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202	12b	
c	Health coverage tax credit from Form 8885	12c	
d	Other: _____	12d	
e	Deferral for certain Schedule H or SE filers (see instructions)	12e	
f	Add lines 12a through 12e	12f	
13	Add lines 8 through 12f. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31	13	

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

BAA

REV 02/07/21 PRO

Schedule 3 (Form 1040) 2020

DO NOT WRITE IN THESE SPACES

SCHEDULE E
(Form 1040)

Supplemental Income and Loss

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

OMB No. 1545-0074

2020

Attachment
Sequence No. **13**

Department of the Treasury
Internal Revenue Service (99)

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

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

Name(s) shown on return

TARUN MURIKIPUDI

Your social security number

447-99-6142

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 2020 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	16-11-16/161, APT401MALKPET HYDERABAD TELANGANA IN 500036				
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 Days	Personal Use Days	QJV
A	3		365	0	<input type="checkbox"/>
B					<input type="checkbox"/>
C					<input type="checkbox"/>

Type of Property:

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

Income:		Properties:	A	B	C
3	Rents received	3	450.		
4	Royalties received	4			

Expenses:

5	Advertising	5	80.		
6	Auto and travel (see instructions)	6	330.		
7	Cleaning and maintenance	7	250.		
8	Commissions.	8			
9	Insurance	9			
10	Legal and other professional fees	10			
11	Management fees	11			
12	Mortgage interest paid to banks, etc. (see instructions)	12			
13	Other interest.	13	5,400.		
14	Repairs.	14	150.		
15	Supplies	15			
16	Taxes	16			
17	Utilities	17			
18	Depreciation expense or depletion	18			
19	Other (list) ▶	19			
20	Total expenses. Add lines 5 through 19	20	6,210.		

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** -5,760.

22 Deductible rental real estate loss after limitation, if any, on **Form 8582** (see instructions) **22** (-5,760.)

23a	Total of all amounts reported on line 3 for all rental properties	23a	450.		
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	6,210.		

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** (5,760.)

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** -5,760.

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2020

Education Credits
(American Opportunity and Lifetime Learning Credits)

Department of the Treasury
Internal Revenue Service (99)

▶ **Attach to Form 1040 or 1040-SR.**

2020
Attachment
Sequence No. **50**

▶ **Go to www.irs.gov/Form8863 for instructions and the latest information.**

Name(s) shown on return

Your social security number

TARUN MURIKIPUDI

447-99-6142



Complete a separate Part III on page 2 for each student for whom you're claiming either credit before you complete Parts I and II.

Part I Refundable American Opportunity Credit

1	After completing Part III for each student, enter the total of all amounts from all Parts III, line 30	1	
2	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying widow(er)	2	
3	Enter the amount from Form 1040 or 1040-SR, line 11. If you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter	3	
4	Subtract line 3 from line 2. If zero or less, stop ; you can't take any education credit	4	
5	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)	5	
6	If line 4 is: • Equal to or more than line 5, enter 1.000 on line 6 • Less than line 5, divide line 4 by line 5. Enter the result as a decimal (rounded to at least three places)	6	
7	Multiply line 1 by line 6. Caution: If you were under age 24 at the end of the year and meet the conditions described in the instructions, you can't take the refundable American opportunity credit; skip line 8, enter the amount from line 7 on line 9, and check this box <input type="checkbox"/>	7	
8	Refundable American opportunity credit. Multiply line 7 by 40% (0.40). Enter the amount here and on Form 1040 or 1040-SR, line 29. Then go to line 9 below.	8	

Part II Nonrefundable Education Credits

9	Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet (see instructions)	9	
10	After completing Part III for each student, enter the total of all amounts from all Parts III, line 31. If zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19	10	3,600.
11	Enter the smaller of line 10 or \$10,000	11	3,600.
12	Multiply line 11 by 20% (0.20)	12	720.
13	Enter: \$138,000 if married filing jointly; \$69,000 if single, head of household, or qualifying widow(er)	13	69,000.
14	Enter the amount from Form 1040 or 1040-SR, line 11. If you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter	14	54,486.
15	Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, enter -0- on line 18, and go to line 19	15	14,514.
16	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)	16	10,000.
17	If line 15 is: • Equal to or more than line 16, enter 1.000 on line 17 and go to line 18 • Less than line 16, divide line 15 by line 16. Enter the result as a decimal (rounded to at least three places)	17	1.000
18	Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet (see instructions) ▶	18	720.
19	Nonrefundable education credits. Enter the amount from line 7 of the Credit Limit Worksheet (see instructions) here and on Schedule 3 (Form 1040), line 3	19	720.

Name(s) shown on return TARUN MURIKIPUDI	Your social security number 447-99-6142
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Complete Part III for each student for whom you're claiming either the American opportunity credit or lifetime learning credit. Use additional copies of page 2 as needed for each student.

Part III Student and Educational Institution Information. See instructions.

<p>20 Student name (as shown on page 1 of your tax return) TARUN MURIKIPUDI</p>	<p>21 Student social security number (as shown on page 1 of your tax return) 447-99-6142</p>		
<p>22 Educational institution information (see instructions)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; vertical-align: top;"> <p>a. Name of first educational institution UNIVERSITY OF THE CUMBERLANDS</p> <p>(1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions. 6178 COLLEGE STATION DR WILLIAMSBURG KY 40769</p> <p>(2) Did the student receive Form 1098-T from this institution for 2020? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(3) Did the student receive Form 1098-T from this institution for 2019 with box 7 checked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>(4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution. 61-0470593</p> </td> <td style="width:50%; vertical-align: top;"> <p>b. Name of second educational institution (if any)</p> <p>(1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.</p> <p>(2) Did the student receive Form 1098-T from this institution for 2020? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(3) Did the student receive Form 1098-T from this institution for 2019 with box 7 checked? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution.</p> </td> </tr> </table>		<p>a. Name of first educational institution UNIVERSITY OF THE CUMBERLANDS</p> <p>(1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions. 6178 COLLEGE STATION DR WILLIAMSBURG KY 40769</p> <p>(2) Did the student receive Form 1098-T from this institution for 2020? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(3) Did the student receive Form 1098-T from this institution for 2019 with box 7 checked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>(4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution. 61-0470593</p>	<p>b. Name of second educational institution (if any)</p> <p>(1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.</p> <p>(2) Did the student receive Form 1098-T from this institution for 2020? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(3) Did the student receive Form 1098-T from this institution for 2019 with box 7 checked? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution.</p>
<p>a. Name of first educational institution UNIVERSITY OF THE CUMBERLANDS</p> <p>(1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions. 6178 COLLEGE STATION DR WILLIAMSBURG KY 40769</p> <p>(2) Did the student receive Form 1098-T from this institution for 2020? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(3) Did the student receive Form 1098-T from this institution for 2019 with box 7 checked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>(4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution. 61-0470593</p>	<p>b. Name of second educational institution (if any)</p> <p>(1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.</p> <p>(2) Did the student receive Form 1098-T from this institution for 2020? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(3) Did the student receive Form 1098-T from this institution for 2019 with box 7 checked? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution.</p>		
<p>23 Has the Hope Scholarship Credit or American opportunity credit been claimed for this student for any 4 tax years before 2020? <input type="checkbox"/> Yes — Stop! Go to line 31 for this student. <input checked="" type="checkbox"/> No — Go to line 24.</p>			
<p>24 Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in 2020 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? See instructions. <input checked="" type="checkbox"/> Yes — Go to line 25. <input type="checkbox"/> No — Stop! Go to line 31 for this student.</p>			
<p>25 Did the student complete the first 4 years of postsecondary education before 2020? See instructions. <input checked="" type="checkbox"/> Yes — Stop! Go to line 31 for this student. <input type="checkbox"/> No — Go to line 26.</p>			
<p>26 Was the student convicted, before the end of 2020, of a felony for possession or distribution of a controlled substance? <input type="checkbox"/> Yes — Stop! Go to line 31 for this student. <input type="checkbox"/> No — Complete lines 27 through 30 for this student.</p>			



You can't take the American opportunity credit and the lifetime learning credit for the same student in the same year. If you complete lines 27 through 30 for this student, don't complete line 31.

American Opportunity Credit

27 Adjusted qualified education expenses (see instructions). Don't enter more than \$4,000	27
28 Subtract \$2,000 from line 27. If zero or less, enter -0-	28
29 Multiply line 28 by 25% (0.25)	29
30 If line 28 is zero, enter the amount from line 27. Otherwise, add \$2,000 to the amount on line 29 and enter the result. Skip line 31. Include the total of all amounts from all Parts III, line 30, on Part I, line 1	30

Lifetime Learning Credit

31 Adjusted qualified education expenses (see instructions). Include the total of all amounts from all Parts III, line 31, on Part II, line 10	31
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3,600.

Keep for your records

Name(s) shown on return
TARUN MURIKIPUDI

Social Security No.
447-99-6142

General Information:

Property description 16-11-16/161, APT -401 , SRIPURAM COLONY, OLD MALAKPET
Property type . . . 3 Vacation/Short-term If type is other, enter a description . . .
Location (street address) 16-11-16/161, APT401MALKPET
City HYDERABAD State ZIP code
If a foreign address: Foreign province or state . . . TELANGANA
Foreign postal code 500036 Foreign country India

Complete For All Properties:

Did you make any payments that would require you to file Form(s) 1099? Yes [] No [X]
If yes, did you or will you file all required Form(s) 1099? Yes [] No []

Complete For All Rental Properties:

Days rented at fair rental value 365 Days of personal use 0

Check All That Apply:

- A Owned by spouse [] B Owned jointly []
C Active participation [X] D Material participation []
E Qualified joint venture [] F Some investment is not at risk []
G Other passive exceptions [] H Complete taxable disposition — See Help []
I Treat all MACRS assets for this activity as qualified Indian reservation property? . . . Yes [] No [X]
J Treat all assets acquired after August 27, 2005 as qualified GO Zone property? . . . Regular [] Extension [] No [X]
K Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property? . . . Yes [] No [X]
L Was this activity located in a Qualified Disaster Area? Yes [] No [X]
M Check this box if filing this Schedule E as an LLC in CA or TX []

Ownership Percentage:

- N Check to allocate income and expenses using ownership percentage []
O Enter ownership percentage %

Owner-Occupied Rentals:

- P Check to allocate personal use items to Schedule A []
Q Percentage of rental use %

Vacation Home or Property with Personal Use Days:

- R Check to allocate interest and taxes using the Tax Court Method []
S Number of days property owned if less than the entire year

Property Location

16-11-16/161,APT401MALKPET, HYDERABAD, TELANGANA , 500036, India

Income		% if Different	Total
3 Enter rental income (not reported elsewhere).	450.		
Rental income from Form 1099-MISC			
Rental income from Form 1099-K			
Rental Income from Cancellation of Debt Wks			
Total rents received	450.	100.000000	450.
4 Enter royalties received (not reported elsewhere)			
Royalty income from Form 1099-MISC			
Royalty income from Form 1099-K			
Royalty Income from Cancellation of Debt Wks			
Royalty Income from Schedule K-1			
Total royalties received			

Expenses	(a) Total	(b) Enter % if not 100.00	(c) Reported On Schedule E	(d) Vacation Home Loss Limitation	(e) Allocated to Personal use
5 Advertising	80.		80.		
6 a Auto					
b Travel	330.		330.		
7 Cleaning and maint	250.		250.		
8 Commissions					
9 a Mort insur qualified					
From Form 1098 import					
Total mort insur qual					
b Other Insurance					
10 Legal & other prof fees					
11 Management fees					
12 a Mortgage int qualified					
From Form 1098 import					
Total mort int qualified					
b Mort int other					
From Form 1098 import					
Total mort int other					
13 Other interest	5,400.		5,400.		
14 Repairs	150.		150.		
15 Supplies					
16 a Real estate taxes					
From Form 1098 import					
Total real estate taxes					
b Other taxes					
17 Utilities					
18 a Depreciation					
b Depletion					
c Depreciation carryover					
19 Other expenses					
a					
b					
c					
d					
e Indirect operating exp					
f Operating exp carryover					
g Vehicle rental					
h Amortization					
20 Add lines 5 through 19	6,210.		6,210.		
21 Income or (loss)			-5,760.		
22 Deductible rental real estate loss			-5,760.		

California Nonresident or Part-Year Resident Income Tax Return

2020

540NR

APE

ATTACH FEDERAL RETURN

447-99-6142 MURI
TARUN MURIKIPUDI

20

6511 ESCENA BLVD APT 3082
IRVING TX 75039

07-20-1992

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. If you checked the box on line 6, see instructions. 7 X \$124 = \$

8 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2. 8 X \$124 = \$

9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2. 9 X \$124 = \$

Exemptions

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

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

Total dependent exemptions 10 X \$383 = \$

Your name: Your SSN or ITIN:

11 Exemption amount: Add line 7 through line 10 **11 \$**

Total Taxable Income

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

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

14 California adjustments – subtractions. Enter the amount from Schedule CA (540NR), Part II, line 23, 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 (540NR), Part II, line 23, column C **16**

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

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

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

CA Taxable Income

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

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

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

36 CA Tax Rate. Divide line 31 by line 19. **36**

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

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

39 CA Prorated Exemption Credits. Multiply line 11 by line 38. If the amount on line 13 is more than \$203,341, see instructions **39**

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

41 Tax. See instructions. Check the box if from: Schedule G-1 FTB 5870A **41**

42 Add line 40 and line 41 **42**

Special Credits

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

51 Credit for joint custody head of household. See instructions **51**

52 Credit for dependent parent. See instructions. **52**

53 Credit for senior head of household. See instructions. **53**

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

55 Credit amount. See instructions **55**

Your name: Your SSN or ITIN:

Special Credits continued

58 Enter credit name code and amount... .00

59 Enter credit name code and amount... .00

60 To claim more than two credits. See instructions... .00

61 Nonrefundable Renter's Credit. See instructions... .00

62 Add line 50 and line 55 through 61. These are your total credits... .00

63 Subtract line 62 from line 42. If less than zero, enter -0-... .00

Other Taxes

71 Alternative Minimum Tax. Attach Schedule P (540NR)... .00

72 Mental Health Services Tax. See instructions... .00

73 Other taxes and credit recapture. See instructions... .00

74 Excess Advance Premium Assistance Subsidy (APAS) repayment. See instructions... .00

75 Add line 63, line 71, line 72, line 73, and line 74. This is your total tax... .00

Payments

81 California income tax withheld. See instructions... .00

82 2020 CA estimated tax and other payments. See instructions... .00

83 Withholding (Form 592-B and/or 593). See instructions... .00

84 Excess SDI (or VPMI) withheld. See instructions... .00

85 Earned Income Tax Credit (EITC)... .00

86 Young Child Tax Credit (YCTC). See instructions... .00

87 Net Premium Assistance Subsidy (PAS). See instructions... .00

88 Add line 81 through line 87. These are your total payments. See instructions... .00

ISR Penalty

91 Individual Shared Responsibility (ISR) Penalty. See instructions... .00

Full-year health care coverage.

Overpaid Tax/Tax Due

92 Payments after Individual Shared Responsibility Penalty. If line 88 is more than line 91, subtract line 91 from line 88... .00

93 Individual Shared Responsibility Penalty Balance. If line 91 is more than line 88, subtract line 88 from line 91... .00

101 Overpaid tax. If line 92 is more than line 75, subtract line 75 from line 92... .00

102 Amount of line 101 you want applied to your 2021 estimated tax... .00

Your name: Your SSN or ITIN:

103 Overpaid tax available this year. Subtract line 102 from line 101 ● **103** .00
104 Tax due. If line 92 is less than line 75, subtract line 92 from line 75 ● **104** .00

		<u>Code</u>	<u>Amount</u>	
	California Seniors Special Fund. See instructions	● 400	<input type="text"/>	.00
	Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund	● 401	<input type="text"/>	.00
	Rare and Endangered Species Preservation Voluntary Tax Contribution Program	● 403	<input type="text"/>	.00
	California Breast Cancer Research Voluntary Tax Contribution Fund	● 405	<input type="text"/>	.00
	California Firefighters' Memorial Voluntary Tax Contribution Fund	● 406	<input type="text"/>	.00
	Emergency Food for Families Voluntary Tax Contribution Fund	● 407	<input type="text"/>	.00
	California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund	● 408	<input type="text"/>	.00
	California Sea Otter Voluntary Tax Contribution Fund	● 410	<input type="text"/>	.00
	California Cancer Research Voluntary Tax Contribution Fund	● 413	<input type="text"/>	.00
	School Supplies for Homeless Children Fund	● 422	<input type="text"/>	.00
	State Parks Protection Fund/Parks Pass Purchase	● 423	<input type="text"/>	.00
	Protect Our Coast and Oceans Voluntary Tax Contribution Fund	● 424	<input type="text"/>	.00
	Keep Arts in Schools Voluntary Tax Contribution Fund	● 425	<input type="text"/>	.00
	Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund	● 431	<input type="text"/>	.00
	California Senior Citizen Advocacy Voluntary Tax Contribution Fund	● 438	<input type="text"/>	.00
	Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund	● 439	<input type="text"/>	.00
	Rape Kit Backlog Voluntary Tax Contribution Fund	● 440	<input type="text"/>	.00
	Schools Not Prisons Voluntary Tax Contribution Fund	● 443	<input type="text"/>	.00
	Suicide Prevention Voluntary Tax Contribution Fund	● 444	<input type="text"/>	.00
	120 Add code 400 through code 444. This is your total contribution	● 120	<input type="text"/>	.00

Contributions

Your name: MURIKIPUDI Your SSN or ITIN: 447-99-6142

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

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

125 REFUND OR NO AMOUNT DUE. Subtract line 120 from line 103. See instructions. Mail to: FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001. 386

Fill in the information to authorize direct deposit of your refund into one or two accounts. Do not attach a voided check or a deposit slip. See instructions. Have you verified the routing and account numbers? Use whole dollars only. All or the following amount of my refund (line 125) is authorized for direct deposit into the account shown below:

Type: Routing number 111000025, Checking, Account number 488061638884, Savings, Direct deposit amount 386

The remaining amount of my refund (line 125) is authorized for direct deposit into the account shown below: Routing number, Type, Checking, Savings, Account number, Direct deposit amount

IMPORTANT: Attach a copy of your complete federal 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. 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 9034226103

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) SYAM PRIYA RAM SAGAR GUPTA TALLAM

Firm's name (or yours, if self-employed) GLOBAL TAXES LLC PTIN P02082703

Firm's address 2530 PEBBLE CREEK LN CUMMING GA 30041 Firm's FEIN 301017196

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

2020

Wage and Tax Statement

W-2

Important: Attach this schedule to the back of your original or amended Form 540, 540 2EZ, or 540NR.

Caution: If this schedule is filled out, **do not** send your federal Form(s) W-2 to the Franchise Tax Board. If your federal Form(s) W-2 are from multiple states, **attach** copies showing California tax withheld to this schedule. If this schedule is blank, attach your federal Form(s) W-2 to the lower front of your tax return. **DO NOT ATTACH PAYMENT TO THIS SCHEDULE.**

*Employee's social security number, name, and address must be the same as the information on federal Form(s) W-2.

W-2 Information

a. Employee's social security number* 447996142

b. Employer identification number (EIN) 208357147

c. Employer's name STANDAV CORP

Employer's address 1400 CORPORATE DR #132

City IRVING State TX ZIP code 75038

e. Employee's first name* TARUN Initial* Last name* MURIKIPUDI Suffix*

f. Employee's address* 6511 ESCENA BLVD, APT. 3082

City* IRVING State* TX ZIP code* 75039

1. Wages, tips, other compensation 60,246.

2. Federal income tax withheld 9,156.

3. Social security wages

4. Social security tax withheld

5. Medicare tax withheld

6. Social security tips

7. Social security wages

8. Allocated tips (not included in box 1)

9. Dependent care benefits

10. Nonqualified plans

12. Codes and amounts

12a. Code <input type="radio"/> Amount <input type="radio"/>	12c. Code <input type="radio"/> Amount <input type="radio"/>
12b. Code <input type="radio"/> Amount <input type="radio"/>	12d. Code <input type="radio"/> Amount <input type="radio"/>

13. Check the appropriate box for: Statutory employee, Retirement plan, or Third-party sick pay

Statutory employee Retirement plan Third-party sick pay

14. SDI, VPDI, or CA SDI (from box 14 or 19)

Type CA SDI Amount 252.

15. State and employer's state ID number

State CA Employer's state ID number 001-0863 9

16. State wages, tips, etc. 25,246.

17. State income tax 1,200.

California Adjustments — Nonresidents or Part-Year Residents

2020

CA (540NR)

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

Name(s) as shown on tax return TARUN MURIKIPUDI	SSN or ITIN 447996142
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Part I Residency Information. Complete all lines that apply to you and your spouse/RDP for taxable year 2020.

During 2020:

- 1 My California (CA) Residency (Check one)
 a Myself: Nonresident Part-Year Resident Resident
 b Spouse: Nonresident Part-Year Resident Resident

	Yourself	Spouse/RDP
2 a I was domiciled in (enter two letter code, see instructions)	<input checked="" type="radio"/> TX	<input type="radio"/> --
b I was in the military and stationed in (enter two letter code).	<input type="radio"/> --	<input type="radio"/> --
3 I became a CA resident (enter state of prior residence and date (mm/dd/yyyy) of move) . . .	<input type="radio"/> -- / -- / --	<input type="radio"/> -- / -- / --
4 I became a CA nonresident (enter new state of residence and date (mm/dd/yyyy) of move) .	<input type="radio"/> -- / -- / --	<input type="radio"/> -- / -- / --
5 I was a CA nonresident the entire year (enter state of residence).	<input checked="" type="radio"/> TX	<input type="radio"/> --
6 The number of days I spent in CA for any purpose was:	<input type="radio"/> --	<input type="radio"/> --
7 I owned a home/property in CA (enter Y for Yes, N for No)	<input type="radio"/> N	<input type="radio"/> --
8 Before 2020: I was a CA resident for the period of	<input type="radio"/> -- / -- / --	<input type="radio"/> -- / -- / --

Part II Income Adjustment Schedule	A	B	C	D	E
Section A — Income from federal Form 1040 or 1040-SR	Federal Amounts (taxable amounts from your federal tax return)	Subtractions See instructions (difference between CA & federal law)	Additions See instructions (difference between CA & federal law)	Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
1 Wages, salaries, tips, etc. See instructions before making an entry in col. B or C. 1	<input checked="" type="radio"/> 60,246.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> 60,246.	<input checked="" type="radio"/> 25,246.
2 Taxable interest. a <input type="radio"/> 2b	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3 Ordinary dividends. See instructions. a <input type="radio"/> 3b	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4 IRA distributions. See instructions. a <input type="radio"/> 4b	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5 Pensions and annuities. See instructions. a <input type="radio"/> 5b	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6 Social security benefits. a <input type="radio"/> 6b	<input type="radio"/>	<input type="radio"/>			
7 Capital gain or (loss). See instructions 7	<input type="radio"/>	<input type="radio"/>	<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"/>			
2a Alimony received. See instructions. 2a	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3 Business income or (loss). See instructions. 3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4 Other gains or (losses) 4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5 Rental real estate, royalties, partnerships, S corporations, trusts, etc 5	<input checked="" type="radio"/> -5,760.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> -5,760.	<input type="radio"/>

	A	B	C	D	E
Section B — Additional Income Continued	Federal Amounts (taxable amounts from your federal tax return)	Subtractions See instructions (difference between CA & federal law)	Additions See instructions (difference between CA & federal law)	Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
6 Farm income or (loss) 6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7 Unemployment compensation 7	<input type="radio"/>	<input type="radio"/>			
8 Other income.					
a California lottery winnings		<input type="radio"/>	a		
b Disaster loss deduction from FTB 3805V		<input type="radio"/>	b		
c Federal NOL (Schedule 1 (Form 1040), line 8)			c		
d NOL deduction from FTB 3805V 8	<input type="radio"/>	<input type="radio"/>	d	8	8
e NOL from FTB 3805Z, FTB 3807, or FTB 3809		<input type="radio"/>	e		
f Other (describe): <input type="radio"/>		<input type="radio"/>	f		
g Student loan discharged due to closure of a for-profit school		<input type="radio"/>	g		
9 Total. Combine Section A, line 1 through line 7, and Section B, line 1 through line 8, in each column. Go to Section C 9	<input type="radio"/> 54,486.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> 54,486.	<input type="radio"/> 25,246.

	A	B	C	D	E
Section C — Adjustments to Income from federal Schedule 1 (Form 1040)	Federal Amounts (taxable amounts from your federal tax return)	Subtractions See instructions (difference between CA & federal law)	Additions See instructions (difference between CA & federal law)	Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
10 Educator expenses 10	<input type="radio"/>	<input type="radio"/>			
11 Certain business expenses of reservists, performing artists, and fee-basis government officials 11	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12 Health savings account deduction 12	<input type="radio"/>	<input type="radio"/>			
13 Moving expenses. Attach federal Form 3903. See instructions 13	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14 Deductible part of self-employment tax. See instructions. 14	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
15 Self-employed SEP, SIMPLE, and qualified plans 15	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
16 Self-employed health insurance deduction. See instructions. 16	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
17 Penalty on early withdrawal of savings . . . 17	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
18a Alimony paid. b Enter recipient's: SSN <input type="radio"/> _____ Last name <input type="radio"/> _____ 18a	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19 IRA deduction 19	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
20 Student loan interest deduction 20	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21 Tuition and fees 21	<input type="radio"/>	<input type="radio"/>			
22 Add line 10 through line 21 in each column, A through E 22	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23 Total. Subtract line 22 from line 9 in each column, A through E. See instructions. . . 23	<input type="radio"/> 54,486.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> 54,486.	<input type="radio"/> 25,246.

Part III Adjustments to Federal Itemized Deductions

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

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

Medical and Dental Expenses See instructions.

1 Medical and dental expenses <input checked="" type="radio"/>	1			
2 Enter amount from federal Form 1040 or 1040-SR, line 11 <input checked="" type="radio"/>	54,486.	2		
3 Multiply line 2 by 7.5% (0.075) <input checked="" type="radio"/>	4,086.	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"/>

Taxes You Paid

5a State and local income tax or general sales taxes <input checked="" type="radio"/>	1,452.	5a	<input checked="" type="radio"/>	1,452.	
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 line 5a through line 5c <input checked="" type="radio"/>	1,452.	5d			
5e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) in column A . . . Enter the amount from line 5a, column B in line 5e, column B Enter the difference from line 5d and line 5e, column A in line 5e, column C <input checked="" type="radio"/>		5e	<input checked="" type="radio"/>	1,452.	<input checked="" type="radio"/>
6 Other taxes. List type <input checked="" type="radio"/>		6			<input checked="" type="radio"/>
7 Add line 5e and line 6 <input checked="" type="radio"/>	1,452.	7	<input checked="" type="radio"/>	1,452.	<input checked="" type="radio"/>

Interest You Paid

8a Home mortgage interest and points reported to you on federal Form 1098 <input checked="" type="radio"/>		8a			<input checked="" type="radio"/>
8b Home mortgage interest not reported to you on federal Form 1098 <input checked="" type="radio"/>		8b			<input checked="" type="radio"/>
8c Points not reported to you on federal 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 line 8a through line 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 line 8e and line 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"/>		11	<input checked="" type="radio"/>		<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 line 11 through line 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	<input checked="" type="radio"/>		<input checked="" type="radio"/>
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Other Itemized Deductions

16 Other—from list in federal instructions <input checked="" type="radio"/>		16	<input checked="" type="radio"/>		<input checked="" type="radio"/>
17 Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C <input checked="" type="radio"/>	1,452.	17	<input checked="" type="radio"/>	1,452.	<input checked="" type="radio"/>

18 Total. Combine line 17 column A less column B plus column C <input checked="" type="radio"/>		18			0.
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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 line 19 through line 21 22
- 23 Enter amount from federal Form 1040 or 1040-SR, line 11 54,486.
- 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 540NR, line 13) more than the amount shown below for your filing status?**
 Single or married/RDP filing separately \$203,341
 Head of household \$305,016
 Married/RDP filing jointly or qualifying widow(er) \$406,687
- No.** Transfer the amount on line 28 to line 29.
- Yes.** Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540NR), line 29 29 .
- 30 **Enter the larger of the amount on line 29 or your standard deduction listed below**
 Single or married/RDP filing separately. See instructions. \$4,601
 Married/RDP filing jointly, head of household, or qualifying widow(er) \$9,202 30 .

Part IV California Taxable Income

- 1 **California AGI.** Enter your California AGI from Part II, line 23, column E 1 .
- 2 Enter your deductions from line 30 2 .
- 3 **Deduction Percentage.** Divide Part II, line 23, column E by Part II, line 23, column D. Carry the decimal to four places. If the result is greater than 1.0000, enter 1.0000. If less than zero, enter -0- 3 .
- 4 **California Itemized/Standard Deductions.** Multiply line 2 by the percentage on line 3 4 .
- 5 **California Taxable Income.** Subtract line 4 from line 1. Transfer this amount to Form 540NR, line 35. If less than zero, enter -0- 5 .