Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

▶ Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

	-				
Submis	ssion Identification Number (SID)				
Taxpaye	r's name	Social securi	ty numl	per	
CHAI	TANYA RAJ KESARI	740-63	-924	9	
Spouse's	s name	Spouse's soo			er
Part	Tax Return Information — Tax Year Ending December 31, (Ente	 r year you a	re au	thorizing	n)
	whole dollars only on lines 1 through 5.	i year you a	iic au	tilonzing	j·/
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.				
	Adjusted gross income		1	8:	2,860.
	Total tax		2		1,295.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		4,305.
4	Amount you want refunded to you		4		3,010.
5	Amount you owe		5		
Part	Taxpayer Declaration and Signature Authorization (Be sure you get and	keep a cop	y of y	our ret	urn)
return (or to send for any Agent to paymer authoriz paymer business taxes to personal	wledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I abording an amended) I am now authorizing. I consent to allow my intermediate service provider, transming return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejidelay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the Lorinitate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account income from the financial taxes owed on this return and/or a payment of estimated tax, and the financial institutionation is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requires a days prior to the payment (settlement) date. I also authorize the financial institutions involved in the payment confidential information necessary to answer inquiries and resolve issues related to the paid identification number (PIN) below is my signature for the income tax return (original or amended) I as a functional withdrawal Consent.	litter, or electro ection of the transition. Treasury a icated in the transition of the debit the ee the authorization must be processing of payment. I furi	onic refansmis and its cax prepare entry ation. The receiff the elaboration at the receiff the acceiments.	turn origin ssion, (b) to designate oration so to this according to the total according to the total according to the total according postponic po	ator (ERO) the reason d Financia oftware for count. This (cancel) a ter than 2 payment or te that the
	nic Funds Withdrawal Consent. yer's PIN: check one box only				1
X	-	my PIN 3	9 2	2 4 9	as my
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	En		digits, but er all zeros	do my
	I will enter my PIN as my signature on the income tax return (original or amended) I am r if you are entering your own PIN and your return is filed using the Practitioner PIN metholow.				
Your si	gnature ▶ Date ▶				
Spous	e's PIN: check one box only				,
	I authorize to enter or generate	mv PIN			as my
	ERO firm name	En		digits, but	,
	signature on the income tax return (original or amended) I am now authorizing.	do	n't ente	er all zeros	
	I will enter my PIN as my signature on the income tax return (original or amended) I am r if you are entering your own PIN and your return is filed using the Practitioner PIN metholow.				
Spouse	e's signature ▶ Date ▶				
	Practitioner PIN Method Returns Only—continue below	1			
Part I	Certification and Authentication — Practitioner PIN Method Only				
ERO's	EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 5 8	7 2 7 Don't ent	8 6		8 9
	that the above numeric entry is my PIN, which is my signature for the electronic individual income ted to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subn	ax return (origi	nal or	amended)	
	ments of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of I				
ERO's	signature ▶ Date ▶				
	ERO Must Retain This Form — See Instructions Don't Submit This Form to the IRS Unless Requested To	Do So			

£1040

Department of the Treasury—Internal Revenue Service (99)

U.S. Individual Income Tax Return

2020

OMB No. 1545-0074

IRS Use Only—Do not write or staple in this space.

Filing Status Check only one box.	If yo	Single Married filing jointly u checked the MFS box, enter the son is a child but not your dependent	name of y	ed filing separately (your spouse. If you	,	_		, ,	_		•	, , ,
Your first name	and m	iddle initial	Last na	me					Your	social sec	urity ทเ	ımber
CHAITAN	YA R.	AJ	KESA	RI					740	-63-92	249	
If joint return, s	pouse's	s first name and middle initial	Last na	me		Spouse's social security nun						
	•	er and street). If you have a P.O. box, se	e instruction	ons.				Apt. no.	Checl	dential Ele	ou, or y	our
		ce. If you have a foreign address, also c	complete s	paces below.	Sta		ZIP c			to this fur		
LONG BE					C		-	802		elow will r		inge
Foreign country	y name		F	Foreign province/state	/coun	ty	Forei	gn postal cod	le your t	ax or refu	_	Spouse
At any time du	ring 20	020, did you receive, sell, send, ex	change, o	or otherwise acquire	any	financial intere	est in	any virtual	currency	? Y e	es X	No
Standard Deduction		eone can claim:	•									
Age/Blindness	You	Were born before January 2,	1956	Are blind Sp	ouse	: Was bor	rn bef	ore Januar	y 2, 1956	i 🗌 Is	blind	
Dependents	s (see	instructions):		(2) Social securit	У	(3) Relationsh	qin	(4) 🗸 ii	f qualifies	for (see ins	struction	ns):
If more		irst name Last name		number	,	to you	·	Child tax		1		ependents
than four]			
dependents, see instruction]			
and check	5 —]			
here ▶ 🗌]			
	1	Wages, salaries, tips, etc. Attach	Form(s) \	N-2						1	92,	176.
Attach	2a	Tax-exempt interest	2a		b T	axable interes	t.		. 2	2b		
Sch. B if required.	3a	Qualified dividends	3a		b Ordinary dividends			ds		3b		
	4a	IRA distributions	4a		b T	axable amoun	ıt		. 4	lb		
	5a	Pensions and annuities	5a		b T	axable amoun	ıt		. 5	5b		
Standard	6a	Social security benefits	6a		b T	axable amoun	ıt		. 6	6b		
Deduction for— Single or	7	Capital gain or (loss). Attach Scho	edule D if	required. If not req	uired	, check here				7		
Married filing	8	Other income from Schedule 1, li	ne 9							8	-9,	316.
separately, \$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7	, and 8. T	his is your total inc	ome					9	82,	860.
Married filing	10	Adjustments to income:										
jointly or Qualifying	а	From Schedule 1, line 22				10	а					
widow(er), \$24,800	b	Charitable contributions if you tak	e the stan	dard deduction. Se	e inst	ructions 10	b					
Head of	С	Add lines 10a and 10b. These are your total adjustments to income										
household, \$18,650	11	Subtract line 10c from line 9. This	s is your a	adjusted gross inc	ome				▶ 1	11	82,	860.
If you checked	12	Standard deduction or itemized	d deducti	ions (from Schedule	e A)				. [1	12	12,	400.
any box under Standard	13	Qualified business income deduc	tion. Atta	ch Form 8995 or Fo	orm 8	995-A			. 1	13		
Deduction, see instructions.	14	Add lines 12 and 13							. [1	14	12,	400.
550 monuotions.	15	Taxable income. Subtract line 1-	4 from lin	e 11. If zero or less	, ente	er-O			. 1	15	70,	460.

Form 1040 (2020	0)									Page 2
	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌			16	11,295.
	17	Amount from Schedule 2, lin	ne 3						17	
	18	Add lines 16 and 17							18	11,295.
	19	Child tax credit or credit for	other dependen	ts					19	
	20	Amount from Schedule 3, lin	ne 7						20	
	21	Add lines 19 and 20							21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0					22	11,295.
	23	Other taxes, including self-e	mployment tax,	from Schedule	2, line 10 .				23	0.
	24	Add lines 22 and 23. This is	your total tax					. ▶	24	11,295.
	25	Federal income tax withheld	from:							·
	а	Form(s) W-2				25a	14,	305.		
	b	Form(s) 1099				25b				
	С	Other forms (see instructions	s)			25c			7	
	d	Add lines 25a through 25c	,						25d	14,305.
	26	2020 estimated tax payment							26	,
 If you have a L qualifying child, 	27	Earned income credit (EIC)				27				
attach Sch. EIC. F If you have	28	Additional child tax credit. A				28			1	
nontaxable	29	American opportunity credit				29				
combat pay, see instructions.	30	Recovery rebate credit. See		•		30				
	31	Amount from Schedule 3, lir				31				
	32	Add lines 27 through 31. The					dits	. •	32	
	33	Add lines 25d, 26, and 32. T	,						33	14,305.
	34	If line 33 is more than line 24						. ,	34	3,010.
Refund	35a	Amount of line 34 you want				•	-	· ·	35a	3,010.
Direct deposit?	⊳ b	Routing number 3 2 2				Checki		avings	33a	3,010.
See instructions.	►d			9 8 6	To Type.	i i	iig ∐ S	aviilys		
	36				d tov	36	_i			
Amarint		Amount of line 34 you want a							27	
Amount You Owe	37	Subtract line 33 from line 24		•					37	
For details on		Note: Schedule H and Sch								
how to pay, see		2020. See Schedule 3, line 1								
instructions.	38	Estimated tax penalty (see in				38				
Third Party		o you want to allow another structions					Vec Co	malata	halaur	⊠ No
Designee				Phone		. ▶ ∟	J Yes. Co	•		<u>∧</u> NO
		esignee's me ▶		no.				nal ident er (PIN)		
Sign	Un	der penalties of perjury, I declare t	hat I have examine		d accompanying scl	nedules ar	nd statement	ts. and to	the bes	st of my knowledge and
•		lief, they are true, correct, and com								
Here	Yo	our signature		Date	Your occupation			If th	e IRS sei	nt you an Identity
	k.									IN, enter it here
Joint return?	b -				SOFTWARE		EER	`	inst.) ►	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupa	tion				nt your spouse an ection PIN, enter it here
your records.						- 1	inst.) ▶	Collott IIV, effici it ficie		
	———Ph	one no.		Email address						
-		eparer's name	Preparer's signat	l .		Date		PTIN		Check if:
Paid		SSMANIKUMARAPPANA	RVSSMANIK		JA		6/2021	P0209	0332	Self-employed
Preparer		m's name ► GLOBAL TA	l	O'HIMALI AL	***	102/0	·, 2021 1			646)727-7157
Use Only		m's address ► 2530 Pebb		n Cummin	g GA 30041				n's EIN ▶	
Co to ware to				ar Cannari	-		0/04/04 77 7	1 1 1111	3 LIIV	
GO TO WWW.Irs.go	ov/rorr	m1040 for instructions and the late	st information.		BAA	REV 0	2/01/21 PRO			Form 1040 (2020)

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2020
Attachment Sequence No. 01

Department of the Treasury Internal Revenue Service

CHAITANYA RAJ KESARI

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

Attachment Sequence No. 01 Your social security number 740-63-9249

Par	t 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	-9,316.
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,	9	0.216
Par	tili Adjustments to Income	9	-9,316.
		10	
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		
С	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 E

Department of the Treasury

(Form 1040)

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.

Attachment

OMB No. 1545-0074

▶ Go to www.irs.gov/ScheduleE for instructions and the latest information. Internal Revenue Service (99)

Sequence No. 13

Name(s) shown on return Your social security number 740-63-9249 CHAITANYA RAJ KESARI Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Part I 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 Physical address of each property (street, city, state, ZIP code) Α KUKATPALLY HYDERABAD IN 500072 В C 1b Fair Rental **Personal Use** Type of Property For each rental real estate property listed QJV above, report the number of fair rental and (from list below) **Days Days** personal use days. Check the **QJV** box only if you meet the requirements to file as a 365 0 Α Α qualified joint venture. See instructions. В В С С Type of Property: 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:** Α 3 Rents received . 3 570. 4 Royalties received 4 Expenses: Advertising 5 5 6 Auto and travel (see instructions) . . . 6 7 Cleaning and maintenance . . . 7 2,601. 8 8 Commissions. 9 9 Insurance 10 Legal and other professional fees . . . 10 11 11 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 Other interest. 13 14 Repairs. 14 2,365. 15 1,460. 15 Supplies . Taxes 16 16 17 17 3,460. 18 Depreciation expense or depletion . . 18 19 19 Total expenses. Add lines 5 through 19 20 20 9,886. 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 -9,316. 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) -9,316.) 570 23a Total of all amounts reported on line 3 for all rental properties 23a **b** Total of all amounts reported on line 4 for all royalty properties 23b **c** Total of all amounts reported on line 12 for all properties 23c d Total of all amounts reported on line 18 for all properties 23d 23e Total of all amounts reported on line 20 for all properties 9,886. Income. Add positive amounts shown on line 21. Do not include any losses 24 24 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here. 25 9,316. 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 -9,316. TAXABLE YEAR FORM

2020 California e-file Signature	Authorization for Individuals
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2 Amount You Owe. 3 3 Refund or No Amount You Owe. 3 3 Refund or No Amount You Owe. 3 4 Taxpayer D 4 Under penalties of perjyear ending December to my electronic return tax identification numb income tax return. If and on form FTB 8455 agrees with the direct agent to authorize an ereturn to the Franchise provider, and/or trans does not receive full ar read and consent to the	INTESARI Information (whole dollars or Gross Income (AGI). See instructions	thorization (Be somined a copy of my knowledge an r, or intermediate in Part I above agronic funds withdrord for Individua for my return. If I is r direct deposit. I essing of my returdelay or the date liability, I remain lial Consent include	ure you obtain and any individual income of the service provider are with the information of the amount of the authorize my ERC arn or refund is de when the refund iable for the tax liked on the copy of	nd kee me ta e, corr (inclu matic unt o ble for return O, tra elaye I was iabilit f my e	p a cop x returnect, and ding m n and a n line 2 r this is nsmitted d, I aut sent. If y and a lectron	y of you n and ac d comple y name, mounts and/or t pplicable c an irrev r, or inte thorize t i I am fili ll applica ic incom	r retur compa ete. I fu addre: showr he esti e, I dec vocable vocable irmedia he FTE ing a b	n.) Inying urther ss, and on the matecolare tile appoonte ser alance erest alance e	schedul declare d social le corres tax pay nat directint ment vice pro sclose to due ret and pena I have s	es and that the security sponding ments at depos of the covider to my El urn, I untities. I	3-92 RDP's .123 stater infor y num gg line asis refu sither s o trans RO, in nders ackno	ments f mation ber or s of m own on und am spouse smit m tterme tand th	1, , for the ill provindivity election my renount of the interior of the inter	e tax vided dual tronic eturn on line 3 as an applete service he FTB I have
Part I Tax Return I 1 California Adjusted 2 Amount You Owe. S 3 Refund or No Amount Part II Taxpayer D Under penalties of perjyear ending December to my electronic return tax identification numb income tax return. If an and on form FTB 8455 agrees with the direct eareurn to the Franchise provider, and/or trans does not receive full ar read and consent to the	nformation (whole dollars or Gross Income (AGI). See instructions	thorization (Be somined a copy of my knowledge an r, or intermediate in Part I above agronic funds withdrord for Individua for my return. If I is r direct deposit. I essing of my returdelay or the date liability, I remain lial Consent include	ure you obtain and individual incord belief, it is true, service provider ree with the information or a comparate have filed a joint rauthorize my ERC urn or refund is de when the refundiable for the tax lied on the copy of	nd kee me ta e, corr (inclu matic unt o ble for return O, tra elaye I was iabilit f my e	p a cop x returnect, and ding m n and a n line 2 r this is nsmitted d, I aut sent. If y and a lectron	y of you n and ac d comple y name, mounts and/or t pplicable c an irrev r, or inte thorize t i I am fili ll applica ic incom	r retur compa ete. I fu addre: showr he esti e, I dec vocable vocable irmedia he FTE ing a b	n.) Inying urther ss, and on the matecolare tile appoonte ser alance erest alance e	schedul declare d social le corres tax pay nat direc intment vice pro sclose to due ret and pena I have s	es and that the security pondin ments at depos of the covider to my El urn, I untities. I	stater stater information of the state sta	ments f mation iber or s of m own on und am spouse spouse tand th	1, , for the ill provindivity election my renount of the interior of the inter	e tax vided dual tronic eturn on line 3 as an ipplete service he FTB I have
Part I Tax Return I 1 California Adjusted 2 Amount You Owe. S 3 Refund or No Amount Part II Taxpayer D Under penalties of perjyear ending December to my electronic return tax identification numb income tax return. If and on form FTB 8455 agrees with the direct of agent to authorize an ereturn to the Franchise provider, and/or trans does not receive full ar read and consent to the	Gross Income (AGI). See instructions unt Due. See instructions urt Due. See instructions eclaration and Signature Au ury, I declare that I have exar 31, 2020, and to the best of originator (ERO), transmitte er) and the amounts shown in oplicable, I authorize an election, california e-file Payment Re deposit authorization stated of lectronic funds withdrawal or Tax Board (FTB). If the proce mitter the reason(s) for the end timely payment of my tax le e Electronic Funds Withdrawa	thorization (Be somined a copy of my knowledge an r, or intermediate in Part I above agronic funds withdrord for Individua for my return. If I is r direct deposit. I essing of my returdelay or the date liability, I remain lial Consent include	ure you obtain and individual incord belief, it is true, service provider ree with the information or a comparate have filed a joint rauthorize my ERC urn or refund is de when the refundiable for the tax lied on the copy of	nd kee me ta e, corr (inclu matic unt o ble for return O, tra elaye I was iabilit f my e	p a cop x returnect, and ding m n and a n line 2 r this is nsmitted d, I aut sent. If y and a lectron	y of you n and ac d comple y name, mounts and/or t pplicable c an irrev r, or inte thorize t i I am fili ll applica ic incom	r retur compa ete. I fu addre: showr he esti e, I dec vocable vocable irmedia he FTE ing a b	n.) Inying urther ss, and on the matecolare tile appoonte ser alance erest alance e	schedul declare d social le corres tax pay nat direc intment vice pro sclose to due ret and pena I have s	es and that the security spondin ments at depos of the condition of the co	.1 stater stater inform y num gg line as shotter so trans RO, in nders acknown acknown acknown acknown state	ments f mation ber or s of m own on und am spouse smit m tterme tand th	1, , for the ill provindivity election my renount of the interior of the inter	e tax vided dual tronic eturn on line 3 as an ipplete service he FTB I have
1 California Adjusted 2 Amount You Owe. 3 3 Refund or No Amount Part II Taxpayer D Under penalties of perjyear ending December to my electronic return tax identification numb income tax return. If and on form FTB 8455 agrees with the direct agent to authorize an ereturn to the Franchise provider, and/or trans does not receive full ar read and consent to the	Gross Income (AGI). See instructions unt Due. See instructions urt Due. See instructions eclaration and Signature Au ury, I declare that I have exar 31, 2020, and to the best of originator (ERO), transmitte er) and the amounts shown in oplicable, I authorize an election, california e-file Payment Re deposit authorization stated of lectronic funds withdrawal or Tax Board (FTB). If the proce mitter the reason(s) for the end timely payment of my tax le e Electronic Funds Withdrawa	thorization (Be somined a copy of my knowledge an r, or intermediate in Part I above agronic funds withdrord for Individua for my return. If I is r direct deposit. I essing of my returdelay or the date liability, I remain lial Consent include	ure you obtain and individual incord belief, it is true, service provider ree with the information or a comparate have filed a joint rauthorize my ERC urn or refund is de when the refundiable for the tax lied on the copy of	nd kee me ta e, corr (inclu matic unt o ble for return O, tra elaye I was iabilit f my e	p a cop x returnect, and ding m n and a n line 2 r this is nsmitted d, I aut sent. If y and a lectron	y of you n and ac d comple y name, mounts and/or t pplicable c an irrev r, or inte thorize t i I am fili ll applica ic incom	r retur compa ete. I fu addre: showr he esti e, I dec vocable vocable irmedia he FTE ing a b	n.) Inying urther ss, and on the matecolare tile appoonte ser alance erest alance e	schedul declare d social ne corres tax pay nat direc intment vice pro sclose to due ret and pena I have s	es and that the security sponding ments at depos of the covider to my El urn, I untities. I	stater sinformy num as shoother so trans RO, in nders acknown	ments f mation ber or s of m own on und am spouse smit m iterme tand th	for the individual province of the individual pr	e tax vided dual tronic eturn on line 3 as an ipplete service he FTB I have
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Your signature 🕨						_ Date								
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Part III Certification	on and Authentication — Pra	actitioner PIN Me	thod Only										_	
ERO's EFIN/PIN. Enter	your six-digit EFIN followed	by your five-digit	self-selected PIN	J.	5	8 7	2 Do not	7 t ente	8 6	1)s	9	8	9	
	numeric entry is my PIN, whitting this return in accorda													
ERO's signature •						Date	<u> </u>	2/0	6/202	21				

2020 California Resident Income Tax Return

540

API

ATTACH FEDERAL RETURN

740-63-9249 KESA CHAITANYARA KESARI 20

1526 EAST 3 RD STREET

LONG BEACH CA 90802

07-10-1990

		Enter your county at time of filing (see instructions)
ě	•	
lenc		If your address above is the same as your principal/physical residence address at the time of filing, check this box •
esid		If not, enter below your principal/physical residence address at the time of filing.
Ē Ā		Street address (number and street) (If foreign address, see instructions.) Apt. no/ste. no.
Principal Residence	\odot	
Pri		City State ZIP code
	•	
		If your California filing status is different from your federal filing status, check the box here
		The your outlinest that you to determine your today a thing outline, one of the box hore
tus	1	X Single 4 Head of household (with qualifying person). See instructions.
Filing Status	2	Married/RDP filing jointly. See inst. 5 Qualifying widow(er). Enter year spouse/RDP died.
Ē		See instructions.
	3	Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here.
	6	If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See inst
_	Fo	r 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.
SU	7	Personal: If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked
otio	0	box 2 or 5, enter 2 in the box. If you checked the box on line 6, see instructions. 7 1 X \$124 = • \$ 124
Exemptions	8	Blind: If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2
Ĕ	9	Senior: If you (or your spouse/RDP) are 65 or older, enter 1;
		if both are 65 or older, enter 2

REV 02/01/21 PRO

Yo	ur na	me: KES	ARI		Yo	our SSN or I ⁻	TIN: 740-	63-9249				
	10	Dependents	: Do n	ot include yours Dependent 1	elf or your s	spouse/RDP.	Dependent 2			Dependent 3		
		First Name	•	Dependent 1		•	Dependent 2		•			
S		Last Name	•			•						
ption		SSN. See										
Exemptions		Dependent	s									
_		relationshi to you	•			•						
	Tota	al dependent	exem	ptions				● 10 X \$38	3 = (\$		
	11	Exemption	amo	unt: Add line 7 th	rough line 1	0. Transfer thi	is amount to li	ne 32	① 1	1 \$	1:	24
	12	State wage	es fror	n your federal ox 16		A 12		92176				
	40						0 au 1040 CD		_		82860	. 00
	13 14	California	adjust	ments – subtract	ions. Enter t	he amount fro	m Schedule C					
	15			olumn B from line 13. If le				• eses.	14			. 00
ome	16			 ments – addition					15		82860	. 00
Taxable Income									16			. 00
	17	California	adjust	ed gross income	. Combine lii	ne 15 and line	16		17		82860	. 00
	18	Enter the larger of		r California item r California stano			,), Part II, line 30; OR ing status:				
		iaigoi oi a	• Si	•								
			● M If M		4601	. 00						
	19			from line 17. Thi enter -0					19		78259	. 00
			,									
	31	Tax. Check	the b	ox if from:	≺ Tax Tabl	le	☐ Tax Rate So	chedule				
	20	Evamation	orodi	to Enter the amo	FTB 380		_		31		4411	. 00
Тах	32	•		ts. Enter the amo structions		-			32		124	. 00
-	33	Subtract li	ne 32	from line 31. If le	ess than zero	o, enter -0			33		4287	. 00
	34	Tax. See ir	struct	ions. Check the I	oox if from: (Sched	dule G-1	FTB 5870A ●	34			. 00
	35	Add line 3	3 and	line 34					35		4287	. 00
edits	40	Nonrefund	able C	child and Depend	ent Care Exp	enses Credit.	See instruction	ns •	40			. 00
Special Credits	43	Enter cred	t nam	e		co	ode •	and amount	43			. 00
Spec	44	Enter cred	it nam	е		CC	ode •	and amount	44			. 00
		REV 02/0	11/21 PF	20								

Side 2 Form 540 2020

You	r nar	ne:	KESARI	Your SSN or ITIN:	740-63-9249					
y,	45	Тос	laim more than two credits. See instr	uctions. Attach Schedule	e P (540)	•	45			. 00
Special Credits	46	Non	refundable Renter's Credit. See instru	octions		•	46			. 00
ecial	47	Add	line 40 through line 46. These are yo	ur total credits		•	47			. 00
Sp	48	Sub	tract line 47 from line 35. If less than	zero, enter -0		•	48		4287	. 00
	61	Altei	rnative Minimum Tax. Attach Schedul	e P (540)		•	61			. 00
(es	62	Men	ital Health Services Tax. See instruction	ons		•	62			. 00
Other Taxes	63	Othe	er taxes and credit recapture. See inst			. 00				
o	64	Exce	ess Advance Premium Assistance Sub	osidy (APAS) repayment	. See instructions	•	64			. 00
	65	Add	line 48, line 61, line 62, line 63, and l	ine 64. This is your total	tax	•	65		4287	. 00
	71	Calif	fornia income tax withheld. See instru	octions		•	71		5717	. 00
	72	2020	0 CA estimated tax and other paymen	ts. See instructions		•	72			. 00
40	73	With	nholding (Form 592-B and/or 593). Se	ee instructions		•	73			. 00
Payments	74	Exce	ess SDI (or VPDI) withheld. See instru	uctions		•	74			. 00
Pay	75	Earn	ned Income Tax Credit (EITC)	•	75			. 00		
	76	You	ng Child Tax Credit (YCTC). See instru	uctions		•	76			. 00
	77 78	Add	Premium Assistance Subsidy (PAS). line 71 through line 77. These are yo instructions	ur total payments.			Γ		5717	. 00
Use Tax	91		Tax. Do not leave blank. See instruct ne 91 is zero, check if:	ionsuse tax is owed.	_	se tax obl	igation (0 _{•00} directly to CDTFA.		
ISR Penaltv	92	Indiv	vidual Shared Responsibility (ISR) Pe	•	• 92			. 00		
Overpaid Tax/Tax Due	93 94 95 96	Use Payr subt	Tax balance. If line 78 is more than ments after Individual Shared Respontract line 92 from line 93	line 78, subtract line 78 sibility Penalty. If line 93 Balance. If line 92 is moi	from line 91	, •	Γ		5717	- 00 - 00 - 00
			REV 02/01/21 PRO							

Your name: KESARI Your SSN or ITIN: 740-63-9249

Overpaid Tax/Tax Due 1430 00 97 Overpaid tax. If line 95 is more than line 65, subtract line 65 from line 95...... 0 00 98 Amount of line 97 you want applied to your **2021** estimated tax 1430 00 00 Code Amount . 00 California Seniors Special Fund. See instructions..... 00 Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund • 401 . 100 Rare and Endangered Species Preservation Voluntary Tax Contribution Program • 403 00 California Breast Cancer Research Voluntary Tax Contribution Fund..... . 00 00 Emergency Food for Families Voluntary Tax Contribution Fund • 407 . 00 California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund...... • 408 . 00 00 .00 School Supplies for Homeless Children Fund..... **.** |00 . 00 . 00 . 00 Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund • 431 . 00 . 00 Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund...... • 439 00 00 . 00

You	r nan	ne:	KESARI			Your SSI	N or ITIN:	740-63-	-92	49	•					
Amount You Owe	111	Mail	-	TAX	BOARD, PO E	30X 942867	, SACRAME			2100, and line 110.	See inst	ructions. D o	o not s	end cash.	. 00	
and ies			est, late return pen rpayment of estim			yment penal	Ities			112					. 00	
Interest and Penalties		Chec	k the box:	FT	B 5805 attac	hed •	FTB 580	5F attached .		• 113					.00	
	114 Total amount due. See instructions. Enclose, but do not staple, any payment														. 00	
	115	REFL	IND OR NO AMOU	NT E	DUE. Subtract	t the sum of	line 110, lir	ne 112 and lin	ie 11	3 from line 99. See	instruc	tions.				
		Mail	to: Franchise ta	X BO	OARD, PO BO	X 942840, \$	SACRAMEN	TO CA 94240	-000	1 • 115				1430	. 00	
Refund and Direct Deposit		See i	nstructions. Have the following amo	you ount	verified the r of my refund	outing and	account nur	nbers? Use w	vhole	counts. Do not atta dollars only. into the account s			or a d	eposit slip	p.	
Dire		• R	outing number	TyX	rpe Checking	Account	t number				• 11	6 Direct d	eposit	amount		
and			322271627 _[0	23797	2986							1430	. 00	
fund		The			Savings	. dd (C) (c. ct)	havinad fav	di		4h						
Be	The remaining amount of my refund (line 115) is authorized for direct deposit into the account shown below: Type											:				
		● R	outing number [Checking	Account	number		1		• 11	7 Direct d	eposit	amount	1	
					Savings											
IMP	ORTA	NT: S	See the instructions	s to f	ind out if you	should attac	ch a copy of	your complet	e fec	deral tax return.						
ftb.c	a.gov	v/form	is and search for 1	1131.	To request the	nis notice by	mail, call 80	00.852.5711.		for not providing th						
knov	vledg	e and	of perjury, I decla belief, it is true, co	re th	at I have exait, and comple	mined this ta te.	ax return, inc	cluding accon		ying schedules and					-	
Your	signat	ure					Date]	Spouse's/RDP's signa	ature (if a	i joint tax ret	urn, bo	th must sig	jn)	
			Your email add	rocc	Enter only one	omail address	<u> </u>]			(A) Profe	rrad nk	none numbe		
•			Tour email add	1033.	Litter only one	email address	· ·					51039	-		51	
Si	_		Paid preparer's sig	ınatııı	e (declaration	of preparer i	s hased on a	all information	of wi	hich preparer has an	v knowl		7073			
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spou RDP	ise's/ ''s		GLOBAL TA			,								209033	32	
signa	ature.		Firm's address										• F	Firm's FEIN		
Joint retur	n?		2530 PEBB	LE	CREEK LN	CUMMIN	IG GA 30	0041					30	101719	96	
(See instr	uctior	ns)	Do you want to allow another person to discuss this tax return with us? See instructions											No		
			Print Third Party D	esign	nee's Name							Telephon	e Num			
			REV 02/01/21 PRO								_					