

Form **8879**

(Rev. January 2021)

Department of the Treasury
Internal Revenue Service

IRS e-file Signature Authorization

OMB No. 1545-0074

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

Submission Identification Number (SID) ▶

| | |
|--|--|
| Taxpayer's name HIMABINDU ARATIKATLA | Social security number 537-73-4137 |
| Spouse's name | Spouse's social security number |

Part I Tax Return Information – Tax Year Ending December 31, (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

| | | |
|--|----------|--------|
| 1 Adjusted gross income | 1 | 9,200. |
| 2 Total tax | 2 | 0. |
| 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | 3 | 1,385. |
| 4 Amount you want refunded to you | 4 | 3,185. |
| 5 Amount you owe | 5 | |

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

I authorize GLOBAL TAXES LLC to enter or generate my PIN

| | | | | |
|---|---|---|---|---|
| 3 | 4 | 1 | 3 | 7 |
|---|---|---|---|---|

 as my signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ HimaBindu Aratikatia Date ▶ 2/22/2021
DocuSigned by: 5F9F66577CF343B...

Spouse's PIN: check one box only

I authorize _____ to enter or generate my PIN

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

 as my signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication – Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| 5 | 8 | 7 | 2 | 7 | 8 | 6 | 1 | 9 | 8 | 9 |
|---|---|---|---|---|---|---|---|---|---|---|

Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ _____ Date ▶ _____

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

Form **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 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 HIMABINDU | Last name ARATIKATLA | Your social security number 537-73-4137 |
| 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. 2316 TULIP ROAD | | Apt. no. | Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse |
| City, town, or post office. If you have a foreign address, also complete spaces below. SAN JOSE | State CA | ZIP code 95128 | |
| Foreign country name | Foreign province/state/county | Foreign postal code | |

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes No

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

Age/Blindness **You:** Were born before January 2, 1956 Are blind **Spouse:** Was born before January 2, 1956 Is blind

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

| | | | |
|--|--|-------------------|--|
| Attach Sch. B if required. Standard Deduction for— <ul style="list-style-type: none"> • Single or Married filing separately, \$12,400 • Married filing jointly or Qualifying widow(er), \$24,800 • Head of household, \$18,650 • If you checked any box under <i>Standard Deduction</i>, see instructions. | 1 Wages, salaries, tips, etc. Attach Form(s) W-2 | | 1 13,200. |
| | 2a Tax-exempt interest | 2a | 2b |
| | 3a Qualified dividends | 3a | 3b Taxable interest |
| | 4a IRA distributions | 4a | 3b Ordinary dividends |
| | 5a Pensions and annuities | 5a | 4b Taxable amount |
| | 6a Social security benefits | 6a | 5b Taxable amount |
| | 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/> | | 6b Taxable amount |
| | 8 Other income from Schedule 1, line 9 | | 7 |
| | 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶ | | 8 |
| | 10 Adjustments to income: | | 9 13,200. |
| | a From Schedule 1, line 22 | 10a 4,000. | 10 |
| | b Charitable contributions if you take the standard deduction. See instructions | 10b | 11 |
| | c Add lines 10a and 10b. These are your total adjustments to income ▶ | | 10c 4,000. |
| | 11 Subtract line 10c from line 9. This is your adjusted gross income ▶ | | 11 9,200. |
| | 12 Standard deduction or itemized deductions (from Schedule A) | | 12 12,400. |
| 13 Qualified business income deduction. Attach Form 8995 or Form 8995-A | | 13 | |
| 14 Add lines 12 and 13 | | 14 12,400. | |
| 15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0- | | 15 0. | |

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 | 0. |
| 17 | Amount from Schedule 2, line 3 | 17 | |
| 18 | Add lines 16 and 17 | 18 | 0. |
| 19 | Child tax credit or credit for other dependents | 19 | |
| 20 | Amount from Schedule 3, line 7 | 20 | |
| 21 | Add lines 19 and 20 | 21 | |
| 22 | Subtract line 21 from line 18. If zero or less, enter -0- | 22 | 0. |
| 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 | 0. |
| 25 | Federal income tax withheld from: | | |
| a | Form(s) W-2 | 25a | 1,385. |
| b | Form(s) 1099 | 25b | |
| c | Other forms (see instructions) | 25c | |
| d | Add lines 25a through 25c | 25d | 1,385. |
| 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 | 3,185. |

Refund

| | | | |
|-----|---|-----|--------|
| 34 | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid | 34 | 3,185. |
| 35a | Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/> | 35a | 3,185. |
| b | Routing number 3 2 1 1 7 1 1 8 4 | | |
| c | Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings | | |
| d | Account number 4 2 0 2 6 3 7 2 5 2 6 | | |
| 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 | 02/22/2021 | 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
HIMABINDU ARATIKATLA

Your social security number
537-73-4137

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 | |
| 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 | |

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 | 4,000. |
| 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 | 4,000. |

Tuition and Fees Deduction

OMB No. 1545-0074

▶ **Attach to Form 1040 or 1040-SR.**
▶ **Go to www.irs.gov/Form8917 for the latest information.**

Attachment
Sequence No. **60**

| | |
|--|---|
| Name(s) shown on return HIMABINDU ARATIKATLA | Your social security number 537-73-4137 |
|--|---|



Use this form for qualified tuition and fees paid in 2018, 2019, or 2020, and later years if legislation extends the deduction (see instructions). File a separate Form 8917 for each year after 2017 for which you qualify to take the deduction.

You **can't** take both an education credit from Form 8863 and the tuition and fees deduction from this form for the **same student** for the same tax year.

- Before you begin:**
- ✓ To see if you qualify for this deduction, see *Who Can Take the Deduction* in the instructions below.
 - ✓ If you file Form 1040 or 1040-SR, figure any write-in adjustments.
 - For 2018: Figure any write-in adjustments to be entered on the dotted line next to Schedule 1 (Form 1040), line 36.
 - For 2019: Figure any write-in adjustments to be entered on the dotted line next to Schedule 1 (Form 1040 or 1040-SR), line 22.
 - For 2020 and later years: Figure any write-in adjustments for Schedule 1 (Form 1040 or 1040-SR); see the Instructions for Forms 1040 and 1040-SR.

| 1 | (a) Student's name (as shown on page 1 of your tax return) | (b) Student's social security number (as shown on page 1 of your tax return) | (c) Adjusted qualified expenses (see instructions) |
|--|---|--|--|
| | First name: HIMABINDU Last name: ARATIKATLA | 537-73-4137 | 14,400. |
| 2 | Add the amounts on line 1, column (c), and enter the total | | 14,400. |
| 3 | Enter the amount from your "total income" line of Form 1040 or 1040-SR | 13,200. | |
| 4 | <ul style="list-style-type: none"> • For 2018: Enter the total of the amounts on your 2018 Schedule 1 (Form 1040), lines 23 through 33, plus any write-in adjustments you entered on the dotted line next to Schedule 1 (Form 1040), line 36. • For 2019 and 2020: Enter the total of the amounts on your 2019 Schedule 1 (Form 1040 or 1040-SR), lines 10 through 20, plus any write-in adjustments you entered on the dotted line next to Schedule 1 (Form 1040 or 1040-SR), line 22. • For later years: See www.irs.gov/Form8917 to find out if the line references above for 2019 have changed | | |
| 5 | Subtract line 4 from line 3.* If the result is more than \$80,000 (\$160,000 if married filing jointly), stop ; you can't take the deduction for tuition and fees | | 13,200. |
| * If you're filing Form 2555, 2555-EZ, or 4563, or you're excluding income from Puerto Rico, see <i>Effect of the Amount of Your Income on the Amount of Your Deduction</i> in Pub. 970 to figure the amount to enter on line 5. | | | |
| 6 | Tuition and fees deduction. Is the amount on line 5 more than \$65,000 (\$130,000 if married filing jointly)? <input type="checkbox"/> Yes. Enter the smaller of line 2, or \$2,000. <input checked="" type="checkbox"/> No. Enter the smaller of line 2, or \$4,000. | | 4,000. |

Also enter this amount on line 21 of the 2019 and 2020 Schedule 1 (Form 1040 or 1040-SR), or line 34 of the 2018 Schedule 1 (Form 1040). See www.irs.gov/Form8917 to find out if the line references above for 2019 have changed.

TAXABLE YEAR

FORM

2020

California e-file Signature Authorization for Individuals

8879

Your name: HIMABINDU ARATIKATLA
Your SSN or ITIN: 537-73-4137
Spouse's/RDP's name:
Spouse's/RDP's SSN or ITIN:

Part I Tax Return Information (whole dollars only)

Table with 3 rows: 1 California Adjusted Gross Income (AGI) 13,200; 2 Amount You Owe; 3 Refund or No Amount Due 696.

Part II Taxpayer Declaration and Signature Authorization (Be sure you obtain and keep a copy of your return.)

Under penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2020, and to the best of my knowledge and belief, it is true, correct, and complete.

Taxpayer's PIN: check one box only

[X] I authorize GLOBAL TAXES LLC to enter my PIN 3 4 1 3 7 as my signature on my 2020 e-filed California individual income tax return.

[X] I will enter my PIN as my signature on my 2020 e-filed California individual income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method.

Your signature: Himabindu Aratikatia Date: 2/22/2021

Spouse's/RDP's PIN: check one box only

[] I authorize to enter my PIN as my signature on my 2020 e-filed California individual income tax return.

[] I will enter my PIN as my signature on my 2020 e-filed California individual income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method.

Spouse's/RDP's signature: Date:

Practitioner PIN Method Returns Only -- continue below

Part III Certification and Authentication — Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 5 8 7 2 7 8 6 1 9 8 9

I certify that the above numeric entry is my PIN, which is my signature for the 2020 California individual income tax return for the taxpayer(s) indicated above.

ERO's signature: Date: 02/22/2021

TAXABLE YEAR

FORM

2020 California Resident Income Tax Return

540

APE

ATTACH FEDERAL RETURN

537-73-4137 ARAT
HIMABINDU ARATIKATLA

20

2316 TULIP ROAD
SAN JOSE CA 95128

08-16-1989

Principal Residence

Enter your county at time of filing (see instructions)

SANTA CLARA

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

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

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

Apt. no/ste. no.

City

State

ZIP code

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

Filing Status

1 Single

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

2 Married/RDP filing jointly. See inst.

5 Qualifying widow(er). Enter year spouse/RDP died.

See instructions.

3 Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here.

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

Exemptions

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

Whole dollars only

7 **Personal:** If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2 in the box. If you checked the box on line 6, see instructions. 7 X \$124 = \$ 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 = \$

Your name: ARATIKATLA Your SSN or ITIN: 537-73-4137

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

Exemptions section with columns for Dependent 1, 2, and 3. Fields include First Name, Last Name, SSN, and Dependent's relationship to you.

Total dependent exemptions ... 10 X \$383 = \$

11 Exemption amount: Add line 7 through line 10. Transfer this amount to line 32 ... 11 \$ 124

Taxable Income section. Lines 12-19. Includes state wages, federal adjusted gross income, California adjustments, and standard deduction.

Tax section. Lines 31-35. Includes tax calculation (Tax Table vs Tax Rate Schedule), exemption credits, and other tax adjustments.

Special Credits section. Lines 40-44. Includes Nonrefundable Child and Dependent Care Expenses Credit and other credit entries.

Your name: Your SSN or ITIN:

| | | | | | | |
|------------------------|----|--|----------------------------------|----|--------------------------------|-----|
| Special Credits | 45 | To claim more than two credits. See instructions. Attach Schedule P (540). | <input checked="" type="radio"/> | 45 | <input type="text"/> | .00 |
| | 46 | Nonrefundable Renter's Credit. See instructions | <input checked="" type="radio"/> | 46 | <input type="text"/> | .00 |
| | 47 | Add line 40 through line 46. These are your total credits | <input checked="" type="radio"/> | 47 | <input type="text"/> | .00 |
| | 48 | Subtract line 47 from line 35. If less than zero, enter -0- | <input checked="" type="radio"/> | 48 | <input type="text" value="0"/> | .00 |

| | | | | | | |
|--------------------|----|--|----------------------------------|----|--------------------------------|-----|
| Other Taxes | 61 | Alternative Minimum Tax. Attach Schedule P (540) | <input checked="" type="radio"/> | 61 | <input type="text"/> | .00 |
| | 62 | Mental Health Services Tax. See instructions | <input checked="" type="radio"/> | 62 | <input type="text"/> | .00 |
| | 63 | Other taxes and credit recapture. See instructions | <input checked="" type="radio"/> | 63 | <input type="text"/> | .00 |
| | 64 | Excess Advance Premium Assistance Subsidy (APAS) repayment. See instructions | <input checked="" type="radio"/> | 64 | <input type="text"/> | .00 |
| | 65 | Add line 48, line 61, line 62, line 63, and line 64. This is your total tax | <input checked="" type="radio"/> | 65 | <input type="text" value="0"/> | .00 |

| | | | | | | |
|-----------------|----|--|----------------------------------|----|----------------------------------|-----|
| Payments | 71 | California income tax withheld. See instructions | <input checked="" type="radio"/> | 71 | <input type="text" value="563"/> | .00 |
| | 72 | 2020 CA estimated tax and other payments. See instructions | <input checked="" type="radio"/> | 72 | <input type="text"/> | .00 |
| | 73 | Withholding (Form 592-B and/or 593). See instructions | <input checked="" type="radio"/> | 73 | <input type="text"/> | .00 |
| | 74 | Excess SDI (or VPMI) withheld. See instructions | <input checked="" type="radio"/> | 74 | <input type="text"/> | .00 |
| | 75 | Earned Income Tax Credit (EITC) | <input checked="" type="radio"/> | 75 | <input type="text" value="133"/> | .00 |
| | 76 | Young Child Tax Credit (YCTC). See instructions | <input checked="" type="radio"/> | 76 | <input type="text"/> | .00 |
| | 77 | Net Premium Assistance Subsidy (PAS). See instructions | <input checked="" type="radio"/> | 77 | <input type="text"/> | .00 |
| | 78 | Add line 71 through line 77. These are your total payments. See instructions | <input checked="" type="radio"/> | 78 | <input type="text" value="696"/> | .00 |

| | | | | | | |
|----------------|-------------------------------|---|-------------------------------------|---|--------------------------------|-----|
| Use Tax | 91 | Use Tax. Do not leave blank. See instructions. | <input checked="" type="radio"/> | 91 | <input type="text" value="0"/> | .00 |
| | If line 91 is zero, check if: | | <input checked="" type="checkbox"/> | No use tax is owed. | | |
| | | | <input type="checkbox"/> | You paid your use tax obligation directly to CDTFA. | | |

| | | | | | | |
|--------------------|----|--|----------------------------------|---------------------------------|----------------------|-----|
| ISR Penalty | 92 | Individual Shared Responsibility (ISR) Penalty. See instructions | <input checked="" type="radio"/> | 92 | <input type="text"/> | .00 |
| | | | <input checked="" type="radio"/> | Full-year health care coverage. | | |

| | | | | | | |
|-----------------------------|----|--|----------------------------------|----|----------------------------------|-----|
| Overpaid Tax/Tax Due | 93 | Payments balance. If line 78 is more than line 91, subtract line 91 from line 78 | <input checked="" type="radio"/> | 93 | <input type="text" value="696"/> | .00 |
| | 94 | Use Tax balance. If line 91 is more than line 78, subtract line 78 from line 91 | <input checked="" type="radio"/> | 94 | <input type="text"/> | .00 |
| | 95 | Payments after Individual Shared Responsibility Penalty. If line 93 is more than line 92, subtract line 92 from line 93. | <input checked="" type="radio"/> | 95 | <input type="text" value="696"/> | .00 |
| | 96 | Individual Shared Responsibility Penalty Balance. If line 92 is more than line 93, then subtract line 93 from line 92. | <input checked="" type="radio"/> | 96 | <input type="text"/> | .00 |

Your name:

Your SSN or ITIN:

Overpaid Tax/Tax Due

| | | | | | |
|------------|---|----------------------------------|------------|----------------------------------|-----|
| 97 | Overpaid tax. If line 95 is more than line 65, subtract line 65 from line 95. | <input checked="" type="radio"/> | 97 | <input type="text" value="696"/> | .00 |
| 98 | Amount of line 97 you want applied to your 2021 estimated tax | <input type="radio"/> | 98 | <input type="text"/> | .00 |
| 99 | Overpaid tax available this year. Subtract line 98 from line 97 | <input type="radio"/> | 99 | <input type="text" value="696"/> | .00 |
| 100 | Tax due. If line 95 is less than line 65, subtract line 95 from line 65 | <input checked="" type="radio"/> | 100 | <input type="text"/> | .00 |

Contributions

| | | | Code | Amount | |
|---|-----------------------|--|-------------|----------------------|-----|
| California Seniors Special Fund. See instructions | <input type="radio"/> | | 400 | <input type="text"/> | .00 |
| Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund | <input type="radio"/> | | 401 | <input type="text"/> | .00 |
| Rare and Endangered Species Preservation Voluntary Tax Contribution Program | <input type="radio"/> | | 403 | <input type="text"/> | .00 |
| California Breast Cancer Research Voluntary Tax Contribution Fund. | <input type="radio"/> | | 405 | <input type="text"/> | .00 |
| California Firefighters' Memorial Voluntary Tax Contribution Fund | <input type="radio"/> | | 406 | <input type="text"/> | .00 |
| Emergency Food for Families Voluntary Tax Contribution Fund | <input type="radio"/> | | 407 | <input type="text"/> | .00 |
| California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund. | <input type="radio"/> | | 408 | <input type="text"/> | .00 |
| California Sea Otter Voluntary Tax Contribution Fund | <input type="radio"/> | | 410 | <input type="text"/> | .00 |
| California Cancer Research Voluntary Tax Contribution Fund | <input type="radio"/> | | 413 | <input type="text"/> | .00 |
| School Supplies for Homeless Children Fund | <input type="radio"/> | | 422 | <input type="text"/> | .00 |
| State Parks Protection Fund/Parks Pass Purchase | <input type="radio"/> | | 423 | <input type="text"/> | .00 |
| Protect Our Coast and Oceans Voluntary Tax Contribution Fund. | <input type="radio"/> | | 424 | <input type="text"/> | .00 |
| Keep Arts in Schools Voluntary Tax Contribution Fund | <input type="radio"/> | | 425 | <input type="text"/> | .00 |
| Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund | <input type="radio"/> | | 431 | <input type="text"/> | .00 |
| California Senior Citizen Advocacy Voluntary Tax Contribution Fund | <input type="radio"/> | | 438 | <input type="text"/> | .00 |
| Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund. | <input type="radio"/> | | 439 | <input type="text"/> | .00 |
| Rape Kit Backlog Voluntary Tax Contribution Fund | <input type="radio"/> | | 440 | <input type="text"/> | .00 |
| Schools Not Prisons Voluntary Tax Contribution Fund | <input type="radio"/> | | 443 | <input type="text"/> | .00 |
| Suicide Prevention Voluntary Tax Contribution Fund | <input type="radio"/> | | 444 | <input type="text"/> | .00 |
| 110 Add code 400 through code 444. This is your total contribution | <input type="radio"/> | | 110 | <input type="text"/> | .00 |

Your name: ARATIKATLA Your SSN or ITIN: 537-73-4137

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

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

115 REFUND OR NO AMOUNT DUE. Subtract the sum of line 110, line 112 and line 113 from line 99. See instructions. Mail to: FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001.

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 321171184 Type: [X] Checking [] Savings Account number 42026372526 Direct deposit amount 696

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 [] Direct deposit amount []

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 7148182973

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

TAXABLE YEAR

SCHEDULE

2020 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

SSN or ITIN

HIMABINDU ARATIKATLA

537734137

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 1 | <input checked="" type="radio"/> 13,200. | <input type="radio"/> | <input type="radio"/> |
| 2 Taxable interest. a <input checked="" type="radio"/> _____ 2b | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3 Ordinary dividends. See instructions. a <input checked="" type="radio"/> _____ 3b | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4 IRA distributions. See instructions. a <input checked="" type="radio"/> _____ 4b | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5 Pensions and annuities. See instructions. a <input checked="" type="radio"/> _____ 5b | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6 Social security benefits. a <input checked="" type="radio"/> _____ 6b | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7 Capital gain or (loss). See instructions. 7 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Section B — Additional Income from federal Schedule 1 (Form 1040)

| | | | |
|---|--|-----------------------|-----------------------|
| 1 Taxable refunds, credits, or offsets of state and local income taxes. 1 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2a Alimony received. See instructions. 2a | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3 Business income or (loss). See instructions. 3 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4 Other gains or (losses). 4 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. 5 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6 Farm income or (loss) 6 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7 Unemployment compensation 7 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 8 Other income. 8 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| a California lottery winnings | | a | |
| b Disaster loss deduction from FTB 3805V | | b | |
| c Federal NOL (federal Schedule 1 (Form 1040), line 8) | | c | <input type="radio"/> |
| d NOL deduction from FTB 3805V | | d | |
| e NOL from FTB 3805Z, 3807, or 3809 | | e | |
| f Other (describe): <input type="radio"/> _____ | | f | <input type="radio"/> |
| g Student loan discharged due to closure of a for-profit school | | g | |
| 9 Total. Combine Section A, line 1 through line 7, and Section B, line 1 through line 8 in column A. Add Section A, line 1 through line 7, and Section B, line 1 through line 8g in column B and column C. Go to Section C. 9 | <input checked="" type="radio"/> 13,200. | <input type="radio"/> | <input type="radio"/> |

Section C — Adjustments to Income from federal Schedule 1 (Form 1040)

| | | | |
|---|---|--|-----------------------|
| 10 Educator expenses 10 | <input type="radio"/> | <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"/> |
| 12 Health savings account deduction 12 | <input type="radio"/> | <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"/> |
| 14 Deductible part of self-employment tax. See instructions. 14 | <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"/> |
| 17 Penalty on early withdrawal of savings. 17 | <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"/> _____ 18a | <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"/> |
| 21 Tuition and fees 21 | <input checked="" type="radio"/> 4,000. | <input checked="" type="radio"/> 4,000. | <input type="radio"/> |
| 22 Add line 10 through line 18a and line 19 through line 21 in columns A, B, and C. See instructions 22 | <input checked="" type="radio"/> 4,000. | <input checked="" type="radio"/> 4,000. | <input type="radio"/> |
| 23 Total. Subtract line 22 from line 9 in columns A, B, and C. See instructions. 23 | <input checked="" type="radio"/> 9,200. | <input checked="" type="radio"/> -4,000. | <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)) | 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"/> | 9,200 | 2 | | |
| 3 Multiply line 2 by 7.5% (0.075) <input checked="" type="radio"/> | 690 | 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"/> | 5a | 695 | 695 | |
| 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"/> | 5d | 695 | | |
| 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 | 695 | 695 | 0 |
| 6 Other taxes. List type <input checked="" type="radio"/> | 6 | | | |
| 7 Add line 5e and line 6 <input checked="" type="radio"/> | 7 | 695 | 695 | 0 |

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"/> |
| 9 Investment interest <input checked="" type="radio"/> | 9 | | | <input checked="" type="radio"/> |
| 10 Add line 8e and line 9 <input checked="" type="radio"/> | 10 | | | <input checked="" type="radio"/> |

Gifts to Charity

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

Other Itemized Deductions

| | | | | |
|---|----|-----|-----|----------------------------------|
| 16 Other—from list in federal instructions <input checked="" type="radio"/> | 16 | | | <input checked="" type="radio"/> |
| 17 Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C <input checked="" type="radio"/> | 17 | 695 | 695 | 0 |
| 18 Total. Combine line 17 column A less column B plus column C <input checked="" type="radio"/> | 18 | | | 0 |



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 _____ 9,200.

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**

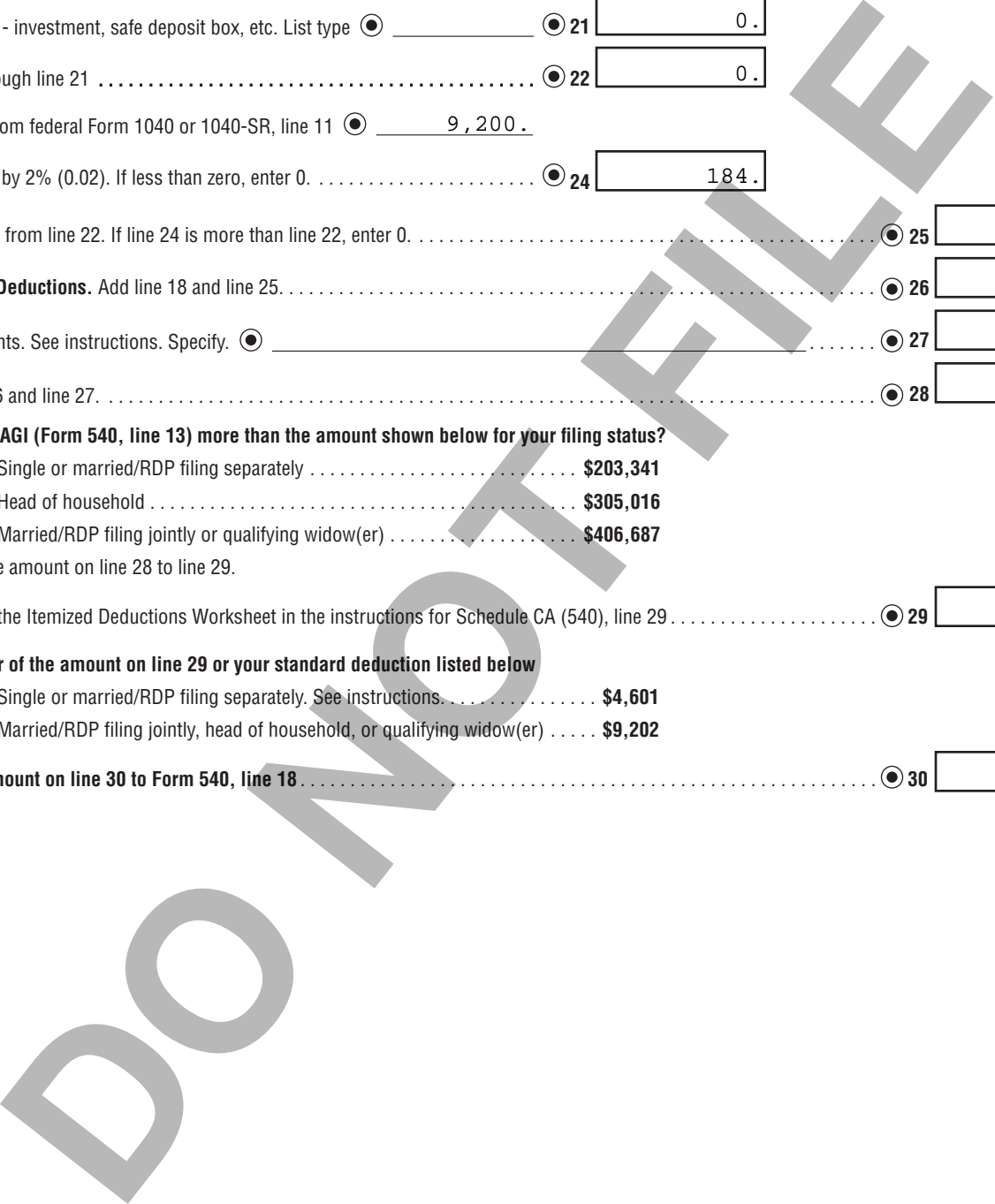
29 Is your federal AGI (Form 540, line 13) more than the amount shown below for your filing status?
 Single or married/RDP filing separately \$203,341
 Head of household \$305,016
 Married/RDP filing jointly or qualifying widow(er) \$406,687

No. Transfer the amount on line 28 to line 29.

Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (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. \$4,601
 Married/RDP filing jointly, head of household, or qualifying widow(er) \$9,202

Transfer the amount on line 30 to Form 540, line 18 **30**



TAXABLE YEAR

FORM

2020 California Earned Income Tax Credit

3514

Attach to your California Form 540, Form 540 2EZ or Form 540NR.

Name(s) as shown on tax return

Your SSN or ITIN

HIMABINDU ARATIKATLA

537734137

Before you begin:

If you claim the California Earned Income Tax Credit (EITC) even though you know you are not eligible, you may not be allowed to take the credit for up to 10 years.

If you are claiming the California EITC, you must provide your date of birth (DOB), and spouse's/ Registered Domestic Partner's (RDP's) DOB if filing jointly, on your California Form 540, Form 540 2EZ, or Form 540NR.

If you qualify for the California EITC you may also qualify for the Young Child Tax Credit (YCTC). See instructions for additional information.

Follow Step 1 through Step 9 in the instructions to determine if you meet the requirements, to complete this form, and to figure the amount of the credit(s).

Part I Qualifying Information See Specific Instructions.

- 1 a Has the Internal Revenue Service (IRS) previously disallowed your federal Earned Income Credit (EIC)? Yes No
- b Has the Franchise Tax Board (FTB) previously disallowed your California EITC? Yes No
- 2 Federal AGI (federal Form 1040 or 1040-SR, line 11) .00
- 3 Federal EIC (federal Form 1040 or 1040-SR, line 27) .00

Part II Investment Income Information

- 4 Investment Income. See instructions for Step 2 – Investment Income .00

Part III Qualifying Child Information

You must complete Part I and Part II before filling out Part III. **If you are not claiming a qualifying child, skip Part III and go to Step 4 in the instructions.**

Qualifying Child Information

| | Child 1 | Child 2 | Child 3 |
|--|---|---|---|
| 5 First name | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 6 Last name | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 7 SSN or ITIN. See instructions. | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 8 Date of birth (mm/dd/yyyy). If born after 2001 and the child is younger than you (or your spouse/RDP, if filing jointly), skip line 9a and line 9b; go to line 10. | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 9 a Was the child under age 24 at the end of 2020, a student, and younger than you (or your spouse/RDP, if filing jointly)? If yes, go to line 10. If no, go to line 9b. See instructions. | <input checked="" type="radio"/> Yes <input type="radio"/> No | <input checked="" type="radio"/> Yes <input type="radio"/> No | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| b Was the child permanently and totally disabled during any part of 2020? If yes, go to line 10. If no, stop here. The child is not a qualifying child. | <input checked="" type="radio"/> Yes <input type="radio"/> No | <input checked="" type="radio"/> Yes <input type="radio"/> No | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| 10 Child's relationship to you. See instructions. | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 11 Number of days child lived with you in California during 2020. Do not enter more than 366 days. See instructions. | <input type="text"/> | <input type="text"/> | <input type="text"/> |



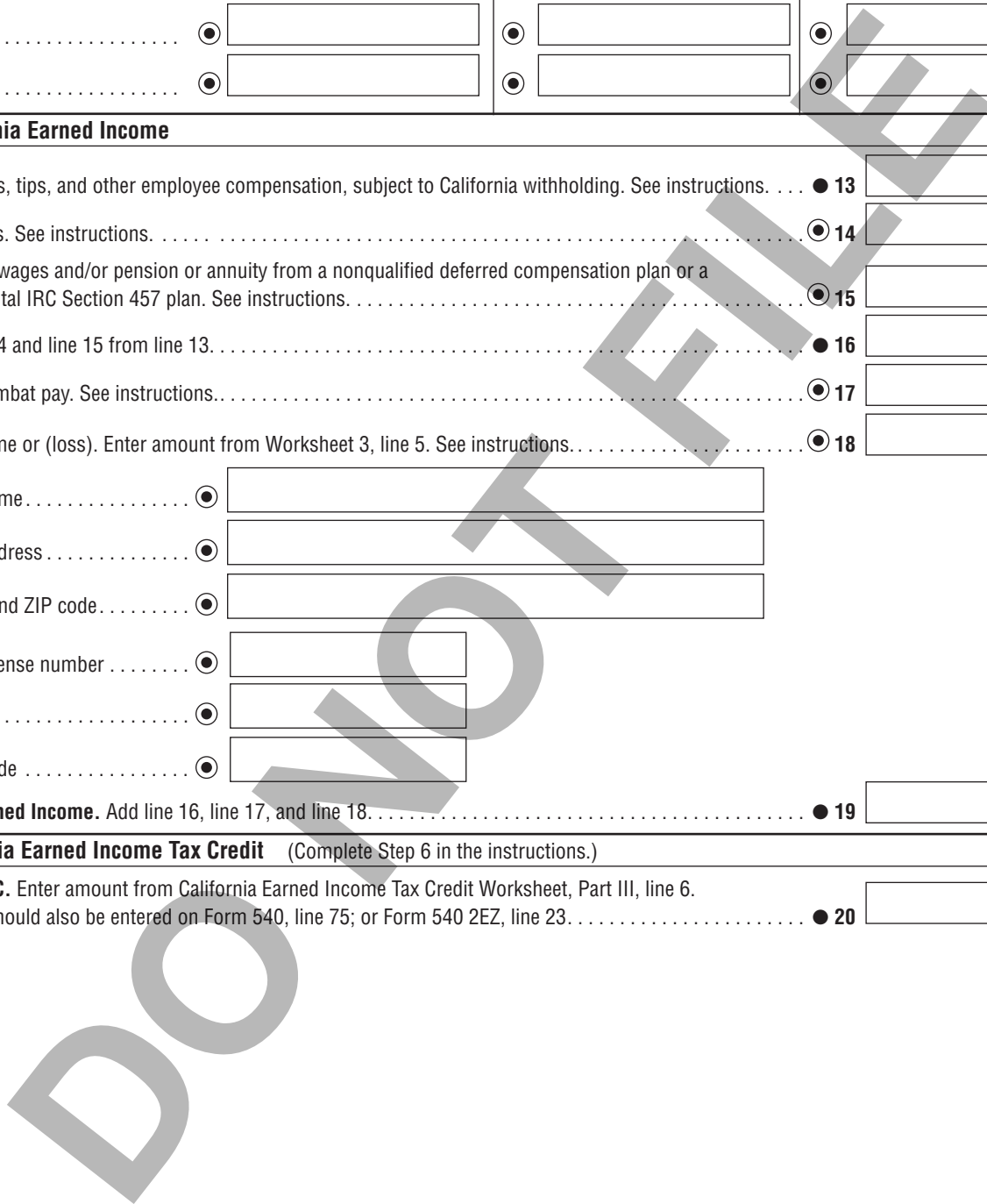
| | Child 1 | Child 2 | Child 3 |
|---|----------------------|----------------------|----------------------|
| 12 a Child's physical address during 2020 (number, street, and apt. no./ste. no.). See instructions. | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| b City. | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| c State. | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| d ZIP code. | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Part IV California Earned Income

| | | | |
|---|-------------|------------------------------------|---------------------------------|
| 13 Wages, salaries, tips, and other employee compensation, subject to California withholding. See instructions. | ● 13 | <input type="text" value="13200"/> | <input type="text" value="00"/> |
| 14 IHSS payments. See instructions. | ● 14 | <input type="text"/> | <input type="text" value="00"/> |
| 15 Prison inmate wages and/or pension or annuity from a nonqualified deferred compensation plan or a nongovernmental IRC Section 457 plan. See instructions. | ● 15 | <input type="text"/> | <input type="text" value="00"/> |
| 16 Subtract line 14 and line 15 from line 13. | ● 16 | <input type="text" value="13200"/> | <input type="text" value="00"/> |
| 17 Nontaxable combat pay. See instructions. | ● 17 | <input type="text"/> | <input type="text" value="00"/> |
| 18 Business income or (loss). Enter amount from Worksheet 3, line 5. See instructions. | ● 18 | <input type="text"/> | <input type="text" value="00"/> |
| a Business name. | ● | <input type="text"/> | |
| b Business address. | ● | <input type="text"/> | |
| City, state, and ZIP code. | ● | <input type="text"/> | |
| c Business license number. | ● | <input type="text"/> | |
| d SEIN. | ● | <input type="text"/> | |
| e Business code. | ● | <input type="text"/> | |
| 19 California Earned Income. Add line 16, line 17, and line 18. | ● 19 | <input type="text" value="13200"/> | <input type="text" value="00"/> |

Part V California Earned Income Tax Credit (Complete Step 6 in the instructions.)

| | | | |
|--|-------------|----------------------------------|---------------------------------|
| 20 California EITC. Enter amount from California Earned Income Tax Credit Worksheet, Part III, line 6. This amount should also be entered on Form 540, line 75; or Form 540 2EZ, line 23. | ● 20 | <input type="text" value="133"/> | <input type="text" value="00"/> |
|--|-------------|----------------------------------|---------------------------------|



Part VI Nonresident or Part-Year Resident California Earned Income Tax Credit

- 21 CA Exemption Credit Percentage from Form 540NR, line 38. See instructions. . . . 21
- 22 **Nonresident or Part-Year Resident EITC.** Multiply line 20 by line 21.
This amount should also be entered on Form 540NR, line 85. . . . 22 .00

Part VII Young Child Tax Credit (See Step 8 in the instructions before completing this part.)

- 23 **California Earned Income.** Enter the amount from form FTB 3514, line 19. . . . 23 .00
- 24 **Available Young Child Tax Credit.** 24 1,000.00
 - If the amount on line 23 is \$25,000 or less, skip lines 25 through 27 and enter \$1,000 on line 28. If applicable, complete lines 29 and 30.
 - If the amount on line 23 is greater than \$25,000, complete lines 25 through 28. If applicable, complete lines 29 and 30.
- 25 Excess Earned Income over threshold. Subtract \$25,000 from line 23. 25 .00
- 26 Divide line 25 by 100. Enter the result as a decimal out to two decimal places, **do not** round. . . . 26
- 27 **Reduction amount.** Multiply line 26 by \$20. Enter the result as a decimal out to two decimal places, **do not** round. 27
- 28 **Young Child Tax Credit.**
 - If you did not need to complete lines 25 through 27, your credit is the \$1,000 from line 24.
 - If you completed lines 25 through 27, to compute your credit, subtract line 27 from line 24. If your credit amount is between \$0 and \$1, enter \$1. If your credit amount is over \$1, round to the nearest whole dollar.
 This amount should also be entered on Form 540, line 76; or Form 540 2EZ, line 24. 28 .00

Part VIII Nonresident or Part-Year Resident Young Child Tax Credit (See Step 9 in the instructions.)

- 29 CA Exemption Credit Percentage from Form 540NR, line 38. See instructions. . . . 29
- 30 **Nonresident or Part-Year Resident YCTC.** Multiply line 28 by line 29.
This amount should also be entered on Form 540NR, line 86. 30 .00



TAXABLE YEAR

2020

Paid Preparer's Due Diligence Checklist for California Earned Income Tax Credit

CALIFORNIA FORM

3596

Attach to taxpayer's original or amended California Form 540, 540 2EZ, or 540NR.

Name(s) as shown on tax return

SSN or ITIN

HIMABINDU ARATIKATLA

537734137

Part I Due Diligence Requirements

- 1 a Preparer's name 1a
- b Preparer's PTIN 1b
- c Preparer's license, registration, or enrollment type. Check one box
 CPA EA Attorney CTEC Other (specify) _____
 If CPA, Attorney, or Other, enter license, registration, or enrollment state 1c
- d Preparer's license, registration, or enrollment number 1d
- 2 Did you complete form FTB 3514, California Earned Income Tax Credit (EITC), based on current information provided by the taxpayer or reasonably obtained by you? 2 Yes No
- 3 Did you complete the California Earned Income Tax Credit Worksheet found in the form FTB 3514 instructions, or your own worksheet that provides the same information as the form FTB 3514 worksheet? 3 Yes No
- 4 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following:
 - Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the EITC
 - Review information to determine that the taxpayer is eligible to claim the credit and for what amount. 4 Yes No
- 5 Did any information provided by the taxpayer, a third party, or reasonably known to you, in connection with preparing form FTB 3514, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 5a and 5b. If "No," go to question 6.) 5 Yes No
 - a Did you make reasonable inquiries to determine the correct, complete, and consistent information? 5a Yes No
 - b Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of form FTB 3514.) 5b Yes No
- 6 Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in question 5b, a copy of this form, a copy of applicable worksheets, a record of how, when and from whom the information used to prepare form FTB 3514 and worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for or to figure the amount for the credit 6 Yes No
 List those documents provided by the taxpayer, if any, that you relied on.

- 7 Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for and the amount of the EITC claimed on the return if his/her return is selected for audit? 7 Yes No
- 8 If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct federal Form 1040, 1040-SR, Schedule C, Schedule F, or Schedule SE? 8 Yes No
 N/A



Part II Due Diligence Questions

- 9 a Have you determined that the taxpayer is eligible to claim the EITC for the number of children whom the EITC is claimed, or to claim the EITC if the taxpayer has no qualifying child? (If the taxpayer is claiming the EITC and does not have a qualifying child, skip questions 9b and 9c and go to Part III.) 9a Yes No
- b Did you explain to the taxpayer that he/she may not claim the EITC if the taxpayer has not lived with the child for over half the year, even if the taxpayer has supported the child?..... 9b Yes No
- c Did you explain to the taxpayer the rules about claiming the EITC when a child is the qualifying child of more than one person (tiebreaker rules)? 9c Yes No
 N/A

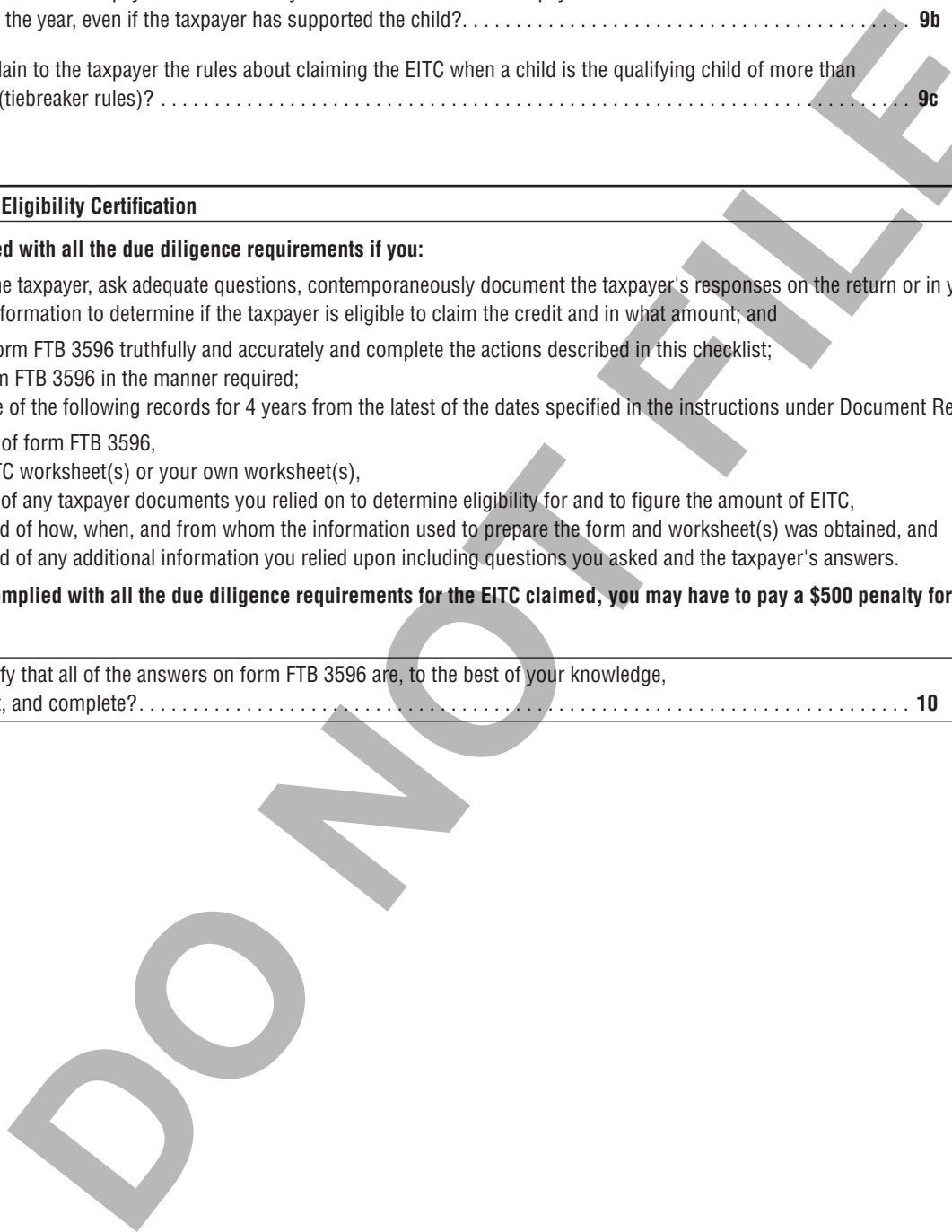
Part III Credit Eligibility Certification

You have complied with all the due diligence requirements if you:

- A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit and in what amount; and
- B. Complete form FTB 3596 truthfully and accurately and complete the actions described in this checklist;
- C. Submit form FTB 3596 in the manner required;
- D. Keep all five of the following records for 4 years from the latest of the dates specified in the instructions under Document Retention:
 - a A copy of form FTB 3596,
 - b The EITC worksheet(s) or your own worksheet(s),
 - c Copies of any taxpayer documents you relied on to determine eligibility for and to figure the amount of EITC,
 - d A record of how, when, and from whom the information used to prepare the form and worksheet(s) was obtained, and
 - e A record of any additional information you relied upon including questions you asked and the taxpayer's answers.

If you have not complied with all the due diligence requirements for the EITC claimed, you may have to pay a \$500 penalty for each failure to comply.

- 10 Do you certify that all of the answers on form FTB 3596 are, to the best of your knowledge, true, correct, and complete? 10 Yes No



Form **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 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: HIMABINDU Last name: ARATIKATLA Your social security number: 537-73-4137
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. 2316 TULIP ROAD Apt. no.:
City, town, or post office. If you have a foreign address, also complete spaces below. SAN JOSE State: CA ZIP code: 95128
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 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

Dependents (see instructions):

| (1) First name | Last name | (2) Social security number | (3) Relationship to you | (4) <input checked="" type="checkbox"/> if qualifies for (see instructions): Child tax credit | Credit for other dependents |
|----------------|-----------|----------------------------|-------------------------|--|-----------------------------|
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | |
|--|-------------------|---------------------------------------|-----------|
| 1 Wages, salaries, tips, etc. Attach Form(s) W-2 | 1 13,200. | | |
| 2a Tax-exempt interest | 2a | b Taxable interest | 2b |
| 3a Qualified dividends | 3a | b Ordinary dividends | 3b |
| 4a IRA distributions | 4a | b Taxable amount | 4b |
| 5a Pensions and annuities | 5a | b Taxable amount | 5b |
| 6a Social security benefits | 6a | b Taxable amount | 6b |
| 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/> | 7 | | |
| 8 Other income from Schedule 1, line 9 | 8 | | |
| 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶ | 9 13,200. | | |
| 10 Adjustments to income: | | | |
| a From Schedule 1, line 22 | 10a 4,000. | | |
| b Charitable contributions if you take the standard deduction. See instructions | 10b | | |
| c Add lines 10a and 10b. These are your total adjustments to income ▶ | 10c 4,000. | | |
| 11 Subtract line 10c from line 9. This is your adjusted gross income ▶ | 11 9,200. | | |
| 12 Standard deduction or itemized deductions (from Schedule A) | 12 12,400. | | |
| 13 Qualified business income deduction. Attach Form 8995 or Form 8995-A | 13 | | |
| 14 Add lines 12 and 13 | 14 12,400. | | |
| 15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0- | 15 0. | | |

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

Standard Deduction for—
• Single or Married filing separately, \$12,400
• Married filing jointly or Qualifying widow(er), \$24,800
• Head of household, \$18,650
• If you checked any box under **Standard Deduction**, see 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 | 0. |
| 17 | Amount from Schedule 2, line 3 | 17 | |
| 18 | Add lines 16 and 17 | 18 | 0. |
| 19 | Child tax credit or credit for other dependents | 19 | |
| 20 | Amount from Schedule 3, line 7 | 20 | |
| 21 | Add lines 19 and 20 | 21 | |
| 22 | Subtract line 21 from line 18. If zero or less, enter -0- | 22 | 0. |
| 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 | 0. |
| 25 | Federal income tax withheld from: | | |
| a | Form(s) W-2 | 25a | 1,385. |
| b | Form(s) 1099 | 25b | |
| c | Other forms (see instructions) | 25c | |
| d | Add lines 25a through 25c | 25d | 1,385. |
| 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 | 3,185. |

Refund

| | | | |
|------------|---|------------|--------|
| 34 | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid | 34 | 3,185. |
| 35a | Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/> | 35a | 3,185. |
| b | Routing number 3 2 1 1 7 1 1 8 4 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings | | |
| d | Account number 4 2 0 2 6 3 7 2 5 2 6 | | |
| 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 SOFTWARE ENGINEER | 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 SYAM PRIYA RAM SAGAR GUPTA TALLAM | Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM | Date 02/22/2021 | PTIN P02082703 | Check if: <input type="checkbox"/> Self-employed |
| Firm's name GLOBAL TAXES LLC | Firm's address 2530 Pebble Creek Ln Cumming GA 30041 | | Phone no. (678) 965-9522 | Firm's EIN 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
HIMABINDU ARATIKATLA

Your social security number
537-73-4137

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 | |
| 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 | |

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 | 4,000. |
| 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 | 4,000. |

Tuition and Fees Deduction

OMB No. 1545-0074

▶ **Attach to Form 1040 or 1040-SR.**
▶ **Go to www.irs.gov/Form8917 for the latest information.**

Attachment
Sequence No. **60**

| | |
|--|---|
| Name(s) shown on return HIMABINDU ARATIKATLA | Your social security number 537-73-4137 |
|--|---|



Use this form for qualified tuition and fees paid in 2018, 2019, or 2020, and later years if legislation extends the deduction (see instructions). File a separate Form 8917 for each year after 2017 for which you qualify to take the deduction.

You **can't** take both an education credit from Form 8863 and the tuition and fees deduction from this form for the **same student** for the same tax year.

- Before you begin:**
- ✓ To see if you qualify for this deduction, see *Who Can Take the Deduction* in the instructions below.
 - ✓ If you file Form 1040 or 1040-SR, figure any write-in adjustments.
 - For 2018: Figure any write-in adjustments to be entered on the dotted line next to Schedule 1 (Form 1040), line 36.
 - For 2019: Figure any write-in adjustments to be entered on the dotted line next to Schedule 1 (Form 1040 or 1040-SR), line 22.
 - For 2020 and later years: Figure any write-in adjustments for Schedule 1 (Form 1040 or 1040-SR); see the Instructions for Forms 1040 and 1040-SR.

| 1 | (a) Student's name (as shown on page 1 of your tax return) | (b) Student's social security number (as shown on page 1 of your tax return) | (c) Adjusted qualified expenses (see instructions) |
|----------|---|--|--|
| | First name: <u>HIMABINDU</u> Last name: <u>ARATIKATLA</u> | <u>537-73-4137</u> | <u>14,400.</u> |
| 2 | Add the amounts on line 1, column (c), and enter the total | | <u>14,400.</u> |
| 3 | Enter the amount from your "total income" line of Form 1040 or 1040-SR | <u>13,200.</u> | |
| 4 | <ul style="list-style-type: none"> • For 2018: Enter the total of the amounts on your 2018 Schedule 1 (Form 1040), lines 23 through 33, plus any write-in adjustments you entered on the dotted line next to Schedule 1 (Form 1040), line 36. • For 2019 and 2020: Enter the total of the amounts on your 2019 Schedule 1 (Form 1040 or 1040-SR), lines 10 through 20, plus any write-in adjustments you entered on the dotted line next to Schedule 1 (Form 1040 or 1040-SR), line 22. • For later years: See www.irs.gov/Form8917 to find out if the line references above for 2019 have changed | | |
| 5 | Subtract line 4 from line 3.* If the result is more than \$80,000 (\$160,000 if married filing jointly), stop ; you can't take the deduction for tuition and fees * If you're filing Form 2555, 2555-EZ, or 4563, or you're excluding income from Puerto Rico, see <i>Effect of the Amount of Your Income on the Amount of Your Deduction</i> in Pub. 970 to figure the amount to enter on line 5. | | <u>13,200.</u> |
| 6 | Tuition and fees deduction. Is the amount on line 5 more than \$65,000 (\$130,000 if married filing jointly)? <input type="checkbox"/> Yes. Enter the smaller of line 2, or \$2,000. } <input checked="" type="checkbox"/> No. Enter the smaller of line 2, or \$4,000. } | | <u>4,000.</u> |

Also enter this amount on line 21 of the 2019 and 2020 Schedule 1 (Form 1040 or 1040-SR), or line 34 of the 2018 Schedule 1 (Form 1040). See www.irs.gov/Form8917 to find out if the line references above for 2019 have changed.