

Filing Status [ ] Single [X] 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

Form fields for personal information: Your first name and middle initial (GOPINATH), Last name (VELLARI GOVARDHANAN), Your social security number (380-81-6023), Spouse's social security number (APPLIED FOR), Home address (150 COBIA DR), Apt. no. (4101), City, town, or post office (KATY), State (TX), ZIP code (77494), 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 [X] No

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

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

Table for Dependents with columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Child tax credit, Credit for other dependents.

Main tax calculation table with rows 1-15: 1 Wages, salaries, tips, etc. Attach Form(s) W-2 (81,253); 2a Tax-exempt interest; 3a Qualified dividends; 4a IRA distributions; 5a Pensions and annuities; 6a Social security benefits; 7 Capital gain or (loss); 8 Other income from Schedule 1, line 9; 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income (81,253); 10 Adjustments to income (10a, 10b, 10c); 11 Subtract line 10c from line 9. This is your adjusted gross income (81,253); 12 Standard deduction or itemized deductions (24,800); 13 Qualified business income deduction; 14 Add lines 12 and 13; 15 Taxable income (56,453).

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

<b>16</b>	<b>Tax</b> (see instructions). Check if any from Form(s): <b>1</b> <input type="checkbox"/> 8814 <b>2</b> <input type="checkbox"/> 4972 <b>3</b> <input type="checkbox"/> _____	<b>16</b>	6,382.
<b>17</b>	Amount from Schedule 2, line 3	<b>17</b>	
<b>18</b>	Add lines 16 and 17	<b>18</b>	6,382.
<b>19</b>	Child tax credit or credit for other dependents	<b>19</b>	
<b>20</b>	Amount from Schedule 3, line 7	<b>20</b>	
<b>21</b>	Add lines 19 and 20	<b>21</b>	
<b>22</b>	Subtract line 21 from line 18. If zero or less, enter -0-	<b>22</b>	6,382.
<b>23</b>	Other taxes, including self-employment tax, from Schedule 2, line 10	<b>23</b>	0.
<b>24</b>	Add lines 22 and 23. This is your <b>total tax</b>	<b>24</b>	6,382.
<b>25</b>	Federal income tax withheld from:		
<b>a</b>	Form(s) W-2	<b>25a</b>	12,541.
<b>b</b>	Form(s) 1099	<b>25b</b>	
<b>c</b>	Other forms (see instructions)	<b>25c</b>	
<b>d</b>	Add lines 25a through 25c	<b>25d</b>	12,541.
<b>26</b>	2020 estimated tax payments and amount applied from 2019 return	<b>26</b>	
<b>27</b>	Earned income credit (EIC)	<b>27</b>	
<b>28</b>	Additional child tax credit. Attach Schedule 8812	<b>28</b>	
<b>29</b>	American opportunity credit from Form 8863, line 8	<b>29</b>	
<b>30</b>	Recovery rebate credit. See instructions	<b>30</b>	1,800.
<b>31</b>	Amount from Schedule 3, line 13	<b>31</b>	
<b>32</b>	Add lines 27 through 31. These are your <b>total other payments and refundable credits</b>	<b>32</b>	1,800.
<b>33</b>	Add lines 25d, 26, and 32. These are your <b>total payments</b>	<b>33</b>	14,341.

• If you have a qualifying child, attach Sch. EIC.  
• If you have nontaxable combat pay, see instructions.

**Refund**

<b>34</b>	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	<b>34</b>	7,959.
<b>35a</b>	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>35a</b>	7,959.
<b>b</b>	Routing number 1 2 1 0 0 0 3 5 8	<b>c</b>	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings
<b>d</b>	Account number 3 2 5 0 8 3 7 7 0 3 0 4		
<b>36</b>	Amount of line 34 you want <b>applied to your 2021 estimated tax</b>	<b>36</b>	

**Amount You Owe**

For details on how to pay, see instructions.

<b>37</b>	Subtract line 33 from line 24. This is the <b>amount you owe now</b>	<b>37</b>	
<b>38</b>	Estimated tax penalty (see instructions)	<b>38</b>	

**Third Party Designee**

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

Designee's name \_\_\_\_\_ 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, <b>both</b> must sign.	Date	Spouse's occupation HOME MAKER	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)

Phone no. (510) 386-0389 Email address GOPINATH.VG13@GMAIL.COM

**Paid Preparer Use Only**

Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 07/07/2021	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

# Application for IRS Individual Taxpayer Identification Number

OMB No. 1545-0074

► For use by individuals who are not U.S. citizens or permanent residents.  
► See separate instructions.

An IRS individual taxpayer identification number (ITIN) is for U.S. federal tax purposes only.

Application type (check one box):  
 Apply for a new ITIN  
 Renew an existing ITIN

**Before you begin:**

• Don't submit this form if you have, or are eligible to get, a U.S. social security number (SSN).

**Reason you're submitting Form W-7.** Read the instructions for the box you check. **Caution:** If you check box **b, c, d, e, f,** or **g,** you must file a U.S. federal tax return with Form W-7 unless you meet one of the exceptions (see instructions).

- a  Nonresident alien required to get an ITIN to claim tax treaty benefit
- b  Nonresident alien filing a U.S. federal tax return
- c  U.S. resident alien (based on days present in the United States) filing a U.S. federal tax return
- d  Dependent of U.S. citizen/resident alien } If d, enter relationship to U.S. citizen/resident alien (see instructions) ► \_\_\_\_\_
- e  Spouse of U.S. citizen/resident alien } If d or e, enter name and SSN/ITIN of U.S. citizen/resident alien (see instructions) ► \_\_\_\_\_  
 GOPINATH VELLARI GOVARDHANAN 380-81-6023
- f  Nonresident alien student, professor, or researcher filing a U.S. federal tax return or claiming an exception
- g  Dependent/spouse of a nonresident alien holding a U.S. visa
- h  Other (see instructions) ► \_\_\_\_\_

Additional information for **a** and **f**: Enter treaty country ► \_\_\_\_\_ and treaty article number ► \_\_\_\_\_

<b>Name</b> (see instructions) Name at birth if different ►	<b>1a</b> First name SARITHA	Middle name	Last name NAGARAJAN
	<b>1b</b> First name	Middle name	Last name

<b>Applicant's Mailing Address</b>	<b>2</b> Street address, apartment number, or rural route number. <b>If you have a P.O. box, see separate instructions.</b> 150 COBIA DR Apt 4101		
	City or town, state or province, and country. Include ZIP code or postal code where appropriate. KATY TX USA 77494		

<b>Foreign (non-U.S.) Address</b> (see instructions)	<b>3</b> Street address, apartment number, or rural route number. <b>Don't use a P.O. box number.</b>		
	City or town, state or province, and country. Include postal code where appropriate.		

<b>Birth Information</b>	<b>4</b> Date of birth (month / day / year) 01 / 08 / 1993	Country of birth INDIA	City and state or province (optional)	<b>5</b> <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female
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<b>Other Information</b>	<b>6a</b> Country(ies) of citizenship INDIA	<b>6b</b> Foreign tax I.D. number (if any)	<b>6c</b> Type of U.S. visa (if any), number, and expiration date	
	<b>6d</b> Identification document(s) submitted (see instructions) <input checked="" type="checkbox"/> Passport <input type="checkbox"/> Driver's license/State I.D. <input type="checkbox"/> USCIS documentation <input type="checkbox"/> Other _____			Date of entry into the United States (MM/DD/YYYY): _____
	Issued by: INDIA No.: U3152129 Exp. date: 01 / 12 / 2030			
	<b>6e</b> Have you previously received an ITIN or an Internal Revenue Service Number (IRSN)? <input type="checkbox"/> <b>No/Don't know.</b> Skip line 6f. <input type="checkbox"/> <b>Yes.</b> Complete line 6f. If more than one, list on a sheet and attach to this form (see instructions).			
<b>6f</b> Enter ITIN and/or IRSN ► <b>ITIN</b> _____ <b>IRSN</b> _____ and name under which it was issued ► _____ First name Middle name Last name				
<b>6g</b> Name of college/university or company (see instructions) ► _____ City and state ► _____ Length of stay ► _____				

**Sign Here**  
Under penalties of perjury, I (applicant/delegate/acceptance agent) declare that I have examined this application, including accompanying documentation and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I authorize the IRS to share information with my acceptance agent in order to perfect this Form W-7, Application for IRS Individual Taxpayer Identification Number.

<b>Sign Here</b> Keep a copy for your records.	Signature of applicant (if delegate, see instructions)	Date (month / day / year)	Phone number
	Name of delegate, if applicable (type or print)	Delegate's relationship to applicant <input type="checkbox"/> Parent <input type="checkbox"/> Court-appointed guardian <input type="checkbox"/> Power of attorney	
<b>Acceptance Agent's Use ONLY</b>	Signature	Date (month / day / year)	Phone Fax
	Name and title (type or print)	Name of company	EIN Office code
			PTIN

Date Accepted \_\_\_\_\_

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR

2020

California e-file Return Authorization for Individuals

FORM

8453

Form header section containing taxpayer and spouse information, including names, SSN/ITIN, and contact details.

Part I Tax Return Information (whole dollars only)

Table with 2 columns: Description and Amount. Rows include California adjusted gross income, refund, and amount owed.

Part II Settle Your Account Electronically for Taxable Year 2020 (Payment due 4/15/2021)

Form section for electronic settlement, including checkboxes for direct deposit and electronic funds withdrawal.

Part III Make Estimated Tax Payments for Taxable Year 2021 These are NOT installment payments for the current amount you owe.

Table for estimated tax payments with columns for First, Second, Third, and Fourth payment due dates and amounts.

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

Form section for banking information, including fields for refund amount, routing number, and account number.

Part V Declaration of Taxpayer(s)

Text block stating authorization for account settlement and refund processing.

Text block containing a declaration under penalties of perjury regarding the accuracy of the return information.

Signature section with fields for 'Sign Here', 'Your signature', 'Date', 'Spouse's/RDP's signature', and 'Date'.

Part VI Declaration of Electronic Return Originator (ERO) and Paid Preparer. See instructions.

Text block containing a declaration from the ERO or paid preparer regarding the accuracy of the return.

Form section for ERO and Paid Preparer information, including signature, date, and firm details.

Text block containing a declaration from the ERO or paid preparer regarding the accuracy of the return.

Form section for Paid Preparer information, including signature, date, and firm details.

California Nonresident or Part-Year Resident Income Tax Return

2020

540NR

APE

ATTACH FEDERAL RETURN

380-81-6023 VELL 000-00-0000
GOPINATH VELLARI GOVARDHANAN
SARITHA NAGARAJAN

20

150 COBIA DR APT 4101
KATY TX 77494

04-13-1989 01-08-1993

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.

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

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

Whole dollars only

7 Personal: If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2. If you checked the box on line 6, see instructions. 2 X \$124 = \$ 248

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

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

Exemptions

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

Table with 3 columns: Dependent 1, Dependent 2, Dependent 3. Rows include First Name, Last Name, SSN, and Dependent's relationship to you.

Total dependent exemptions X \$383 = \$

Your name:  Your SSN or ITIN:

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

<b>Total Taxable Income</b>	<b>12</b> Total California wages from your federal Form(s) W-2, box 16 ..... <input checked="" type="radio"/> <b>12</b> <input type="text" value="42083"/> <input type="text" value=".00"/>
	<b>13</b> Enter federal AGI from federal Form 1040, 1040-SR, or 1040-NR, line 11 ..... <input checked="" type="radio"/> <b>13</b> <input type="text" value="81253"/> <input type="text" value=".00"/>
	<b>14</b> California adjustments – subtractions. Enter the amount from Schedule CA (540NR), Part II, line 23, column B ..... <input checked="" type="radio"/> <b>14</b> <input type="text" value=""/> <input type="text" value=".00"/>
	<b>15</b> Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions ..... <b>15</b> <input type="text" value="81253"/> <input type="text" value=".00"/>
	<b>16</b> California adjustments – additions. Enter the amount from Schedule CA (540NR), Part II, line 23, column C ..... <input checked="" type="radio"/> <b>16</b> <input type="text" value=""/> <input type="text" value=".00"/>
	<b>17</b> Adjusted gross income from all sources. Combine line 15 and line 16. .... <input checked="" type="radio"/> <b>17</b> <input type="text" value="81253"/> <input type="text" value=".00"/>
	<b>18</b> Enter the <b>larger</b> of: Your California <b>itemized deductions</b> from Schedule CA (540NR), Part III, line 30; <b>OR</b> Your California <b>standard deduction</b> . See instructions ..... <input checked="" type="radio"/> <b>18</b> <input type="text" value="9202"/> <input type="text" value=".00"/>
	<b>19</b> Subtract line 18 from line 17. This is your <b>total taxable income</b> . If less than zero, enter -0- ..... <input checked="" type="radio"/> <b>19</b> <input type="text" value="72051"/> <input type="text" value=".00"/>

<b>CA Taxable Income</b>	<b>31</b> Tax. Check the box if from: <input checked="" type="checkbox"/> Tax Table <input type="checkbox"/> Tax Rate Schedule <input checked="" type="radio"/> <input type="text" value="FTB 3800"/> <input type="radio"/> <input type="text" value="FTB 3803"/> ..... <input checked="" type="radio"/> <b>31</b> <input type="text" value="1964"/> <input type="text" value=".00"/>
	<b>32</b> CA adjusted gross income from Schedule CA (540NR), Part IV, line 1. .... <input checked="" type="radio"/> <b>32</b> <input type="text" value="42083"/> <input type="text" value=".00"/>
	<b>35</b> CA Taxable Income from Schedule CA (540NR), Part IV, line 5. .... <input checked="" type="radio"/> <b>35</b> <input type="text" value="37317"/> <input type="text" value=".00"/>
	<b>36</b> CA Tax Rate. Divide line 31 by line 19. .... <input checked="" type="radio"/> <b>36</b> <input type="text" value="0.0273"/>
	<b>37</b> CA Tax Before Exemption Credits. Multiply line 35 by line 36. .... <input checked="" type="radio"/> <b>37</b> <input type="text" value="1019"/> <input type="text" value=".00"/>
	<b>38</b> CA Exemption Credit Percentage. Divide line 35 by line 19. If more than 1, enter 1.0000. .... <input checked="" type="radio"/> <b>38</b> <input type="text" value="0.5179"/>
	<b>39</b> CA Prorated Exemption Credits. Multiply line 11 by line 38. If the amount on line 13 is more than \$203,341, see instructions ..... <input checked="" type="radio"/> <b>39</b> <input type="text" value="128"/> <input type="text" value=".00"/>
	<b>40</b> CA Regular Tax Before Credits. Subtract line 39 from line 37. If less than zero, enter -0-... <input checked="" type="radio"/> <b>40</b> <input type="text" value="891"/> <input type="text" value=".00"/>
	<b>41</b> Tax. See instructions. Check the box if from: <input type="checkbox"/> Schedule G-1 <input type="checkbox"/> FTB 5870A ..... <input checked="" type="radio"/> <b>41</b> <input type="text" value=""/> <input type="text" value=".00"/>
	<b>42</b> Add line 40 and line 41 ..... <input checked="" type="radio"/> <b>42</b> <input type="text" value="891"/> <input type="text" value=".00"/>

<b>Special Credits</b>	<b>50</b> Nonrefundable Child and Dependent Care Expenses Credit. See instructions. Attach form FTB 3506. .... <input checked="" type="radio"/> <b>50</b> <input type="text" value=""/> <input type="text" value=".00"/>
	<b>51</b> Credit for joint custody head of household. See instructions ..... <input checked="" type="radio"/> <b>51</b> <input type="text" value=""/> <input type="text" value=".00"/>
	<b>52</b> Credit for dependent parent. See instructions. .... <input checked="" type="radio"/> <b>52</b> <input type="text" value=""/> <input type="text" value=".00"/>
	<b>53</b> Credit for senior head of household. See instructions. .... <input checked="" type="radio"/> <b>53</b> <input type="text" value=""/> <input type="text" value=".00"/>
	<b>54</b> Credit percentage. Enter the amount from line 38 here. If more than 1, enter 1.0000. See instructions ..... <input checked="" type="radio"/> <b>54</b> <input type="text" value=""/>
<b>55</b> Credit amount. See instructions ..... <input checked="" type="radio"/> <b>55</b> <input type="text" value=""/> <input type="text" value=".00"/>	

Your name:  Your SSN or ITIN:

Special Credits continued

58	Enter credit name <input type="text"/> code <input type="text"/> and amount...	<input type="radio"/>	58	<input type="text"/>	<input type="text" value=".00"/>
59	Enter credit name <input type="text"/> code <input type="text"/> and amount...	<input type="radio"/>	59	<input type="text"/>	<input type="text" value=".00"/>
60	To claim more than two credits. See instructions . . . . .	<input type="radio"/>	60	<input type="text"/>	<input type="text" value=".00"/>
61	Nonrefundable Renter's Credit. See instructions . . . . .	<input type="radio"/>	61	<input type="text"/>	<input type="text" value=".00"/>
62	Add line 50 and line 55 through 61. These are your total credits . . . . .	<input checked="" type="radio"/>	62	<input type="text"/>	<input type="text" value=".00"/>
63	Subtract line 62 from line 42. If less than zero, enter -0- . . . . .	<input checked="" type="radio"/>	63	<input type="text" value="891"/>	<input type="text" value=".00"/>

Other Taxes

71	Alternative Minimum Tax. Attach Schedule P (540NR) . . . . .	<input type="radio"/>	71	<input type="text"/>	<input type="text" value=".00"/>
72	Mental Health Services Tax. See instructions . . . . .	<input type="radio"/>	72	<input type="text"/>	<input type="text" value=".00"/>
73	Other taxes and credit recapture. See instructions . . . . .	<input type="radio"/>	73	<input type="text"/>	<input type="text" value=".00"/>
74	Excess Advance Premium Assistance Subsidy (APAS) repayment. See instructions . . . . .	<input type="radio"/>	74	<input type="text"/>	<input type="text" value=".00"/>
75	Add line 63, line 71, line 72, line 73, and line 74. This is your total tax . . . . .	<input type="radio"/>	75	<input type="text" value="891"/>	<input type="text" value=".00"/>

Payments

81	California income tax withheld. See instructions . . . . .	<input type="radio"/>	81	<input type="text" value="2971"/>	<input type="text" value=".00"/>
82	2020 CA estimated tax and other payments. See instructions . . . . .	<input type="radio"/>	82	<input type="text"/>	<input type="text" value=".00"/>
83	Withholding (Form 592-B and/or 593). See instructions . . . . .	<input type="radio"/>	83	<input type="text"/>	<input type="text" value=".00"/>
84	Excess SDI (or VPD) withheld. See instructions . . . . .	<input type="radio"/>	84	<input type="text"/>	<input type="text" value=".00"/>
85	Earned Income Tax Credit (EITC) . . . . .	<input type="radio"/>	85	<input type="text"/>	<input type="text" value=".00"/>
86	Young Child Tax Credit (YCTC). See instructions . . . . .	<input type="radio"/>	86	<input type="text"/>	<input type="text" value=".00"/>
87	Net Premium Assistance Subsidy (PAS). See instructions . . . . .	<input type="radio"/>	87	<input type="text"/>	<input type="text" value=".00"/>
88	Add line 81 through line 87. These are your total payments. See instructions . . . . .	<input checked="" type="radio"/>	88	<input type="text" value="2971"/>	<input type="text" value=".00"/>

ISR Penalty

91	Individual Shared Responsibility (ISR) Penalty. See instructions . . . . .	<input type="radio"/>	91	<input type="text"/>	<input type="text" value=".00"/>
	<input checked="" type="radio"/> <input type="checkbox" value="X"/> Full-year health care coverage.				

Overpaid Tax/Tax Due

92	Payments after Individual Shared Responsibility Penalty. If line 88 is more than line 91, subtract line 91 from line 88. . . . .	<input checked="" type="radio"/>	92	<input type="text" value="2971"/>	<input type="text" value=".00"/>
93	Individual Shared Responsibility Penalty Balance. If line 91 is more than line 88, subtract line 88 from line 91. . . . .	<input checked="" type="radio"/>	93	<input type="text"/>	<input type="text" value=".00"/>
101	Overpaid tax. If line 92 is more than line 75, subtract line 75 from line 92. . . . .	<input checked="" type="radio"/>	101	<input type="text" value="2080"/>	<input type="text" value=".00"/>
102	Amount of line 101 you want applied to your 2021 estimated tax . . . . .	<input type="radio"/>	102	<input type="text" value="0"/>	<input type="text" value=".00"/>

Your name:  Your SSN or ITIN:

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

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



Your name:  Your SSN or ITIN:

**Amount You Owe** 121 **AMOUNT YOU OWE.** Add line 93, line 104, and line 120. See instructions. **Do not send cash.**  
Mail to: **FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001.** . . . . ● 121  .00  
Pay Online – Go to **ftb.ca.gov/pay** for more information.

**Interest and Penalties** 122 Interest, late return penalties, and late payment penalties. . . . . 122  .00  
123 Underpayment of estimated tax.  
Check the box: ●  FTB 5805 attached ●  FTB 5805F attached . . . . . ● 123  .00  
124 Total amount due. See instructions. Enclose, but **do not** staple, any payment . . . . . 124  .00

**Refund and Direct Deposit** 125 **REFUND OR NO AMOUNT DUE.** Subtract line 120 from line 103. See instructions.  
Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001.** . . . . . ● 125  .00

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

● Routing number  ● Type  Checking ● Account number  ● 126 Direct deposit amount  .00  
 Savings

The remaining amount of my refund (line 125) is authorized for direct deposit into the account shown below:

● Routing number  ● Type  Checking ● Account number  ● 127 Direct deposit amount  .00  
 Savings

**IMPORTANT:** Attach a copy of your complete federal return.

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

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

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

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

**Sign Here**

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

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

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

Firm's address  ● Firm's FEIN

Joint tax return? (See instructions)

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

Print Third Party Designee's Name  Telephone Number

California Adjustments — Nonresidents or Part-Year Residents

2020

CA (540NR)

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

Table with 2 columns: Name(s) as shown on tax return (G VELLARI GOVARDHANAN & S NAGARAJAN) and SSN or ITIN (380816023)

Part I Residency Information. Complete all lines that apply to you and your spouse/RDP for taxable year 2020.

During 2020:

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

Table with 2 main columns: Yourself and Spouse/RDP. Rows 2-8 detailing residency information such as domicile, military status, and days spent in CA.

Part II Income Adjustment Schedule

Main table for income adjustment with columns A (Federal Amounts), B (Subtractions), C (Additions), D (Total Amounts Using CA Law), and E (CA Amounts). Includes Section A (Income from federal Form 1040) and Section B (Additional Income from federal Schedule 1).

	A	B	C	D	E
<b>Section B — Additional Income</b> Continued	<b>Federal Amounts</b> (taxable amounts from your federal tax return)	<b>Subtractions</b> See instructions (difference between CA & federal law)	<b>Additions</b> See instructions (difference between CA & federal law)	<b>Total Amounts Using CA Law As If You Were a CA Resident</b> (subtract col. B from col. A; add col. C to the result)	<b>CA Amounts</b> (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
<b>6</b> Farm income or (loss) . . . . . <b>6</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>7</b> Unemployment compensation . . . . . <b>7</b>	<input type="radio"/>	<input type="radio"/>			
<b>8</b> Other income.					
<b>a</b> California lottery winnings		<input type="radio"/>	<b>a</b> _____		
<b>b</b> Disaster loss deduction from FTB 3805V		<input type="radio"/>	<b>b</b> _____		
<b>c</b> Federal NOL (Schedule 1 (Form 1040), line 8)		<input type="radio"/>	<b>c</b> <input type="radio"/>		
<b>d</b> NOL deduction from FTB 3805V . . . . . <b>8</b>	<input type="radio"/>	<input type="radio"/>	<b>d</b> _____	<b>8</b> <input type="radio"/>	<b>8</b> <input type="radio"/>
<b>e</b> NOL from FTB 3805Z, FTB 3807, or FTB 3809		<input type="radio"/>	<b>e</b> _____		
<b>f</b> Other (describe): <input type="radio"/> _____		<input type="radio"/>	<b>f</b> _____		
<b>g</b> Student loan discharged due to closure of a for-profit school		<input type="radio"/>	<b>g</b> _____		
<b>9 Total.</b> Combine Section A, line 1 through line 7, and Section B, line 1 through line 8, in each column. Go to Section C . . . . . <b>9</b>	<input type="radio"/> 81,253.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> 81,253.	<input type="radio"/> 42,083.

	A	B	C	D	E
<b>Section C — Adjustments to Income</b> from federal Schedule 1 (Form 1040)	<b>Federal Amounts</b> (taxable amounts from your federal tax return)	<b>Subtractions</b> See instructions (difference between CA & federal law)	<b>Additions</b> See instructions (difference between CA & federal law)	<b>Total Amounts Using CA Law As If You Were a CA Resident</b> (subtract col. B from col. A; add col. C to the result)	<b>CA Amounts</b> (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
<b>10</b> Educator expenses . . . . . <b>10</b>	<input type="radio"/>	<input type="radio"/>			
<b>11</b> Certain business expenses of reservists, performing artists, and fee-basis government officials . . . . . <b>11</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>12</b> Health savings account deduction . . . . . <b>12</b>	<input type="radio"/>	<input type="radio"/>			
<b>13</b> Moving expenses. Attach federal Form 3903. See instructions . . . . . <b>13</b>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>14</b> Deductible part of self-employment tax. See instructions. . . . . <b>14</b>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
<b>15</b> Self-employed SEP, SIMPLE, and qualified plans . . . . . <b>15</b>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
<b>16</b> Self-employed health insurance deduction. See instructions. . . . . <b>16</b>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
<b>17</b> Penalty on early withdrawal of savings . . . <b>17</b>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
<b>18a</b> Alimony paid. <b>b</b> Enter recipient's: SSN <input type="radio"/> _____ Last name <input type="radio"/> _____ <b>18a</b>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>19</b> IRA deduction . . . . . <b>19</b>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
<b>20</b> Student loan interest deduction . . . . . <b>20</b>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>21</b> Tuition and fees . . . . . <b>21</b>	<input type="radio"/>	<input type="radio"/>			
<b>22</b> Add line 10 through line 21 in each column, A through E . . . . . <b>22</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>23 Total.</b> Subtract line 22 from line 9 in each column, A through E. See instructions. . . <b>23</b>	<input type="radio"/> 81,253.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> 81,253.	<input type="radio"/> 42,083.

**Part III Adjustments to Federal Itemized Deductions**

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

A	Federal Amounts (from federal Schedule A (Form 1040))	B	Subtractions See instructions	C	Additions See instructions
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**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"/> 81,253	2			
3	Multiply line 2 by 7.5% (0.075) <input checked="" type="radio"/> 6,094	3			
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter 0 <input checked="" type="radio"/>	4	<input checked="" type="radio"/>		<input checked="" type="radio"/>

**Taxes You Paid**

5a	State and local income tax or general sales taxes <input checked="" type="radio"/> 3,392	5a	<input checked="" type="radio"/>	3,392	<input checked="" type="radio"/>	
5b	State and local real estate taxes <input checked="" type="radio"/>	5b	<input checked="" type="radio"/>			
5c	State and local personal property taxes <input checked="" type="radio"/>	5c	<input checked="" type="radio"/>			
5d	Add line 5a through line 5c <input checked="" type="radio"/> 3,392	5d	<input checked="" type="radio"/>	3,392		
5e	Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) in column A <input checked="" type="radio"/> 3,392	5e	<input checked="" type="radio"/>	3,392	<input checked="" type="radio"/>	0
6	Other taxes. List type <input checked="" type="radio"/>	6	<input checked="" type="radio"/>		<input checked="" type="radio"/>	
7	Add line 5e and line 6 <input checked="" type="radio"/> 3,392	7	<input checked="" type="radio"/>	3,392	<input checked="" type="radio"/>	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"/>		<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"/>		<input checked="" type="radio"/>	
8c	Points not reported to you on federal Form 1098 <input checked="" type="radio"/>	8c	<input checked="" type="radio"/>		<input checked="" type="radio"/>	
8d	Mortgage insurance premiums <input checked="" type="radio"/>	8d	<input checked="" type="radio"/>		<input checked="" type="radio"/>	
8e	Add line 8a through line 8d <input checked="" type="radio"/>	8e	<input checked="" type="radio"/>		<input checked="" type="radio"/>	
9	Investment interest <input checked="" type="radio"/>	9	<input checked="" type="radio"/>		<input checked="" type="radio"/>	
10	Add line 8e and line 9 <input checked="" type="radio"/>	10	<input checked="" type="radio"/>		<input checked="" type="radio"/>	

**Gifts to Charity**

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

**Casualty and Theft Losses**

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

16	Other—from list in federal instructions <input checked="" type="radio"/>	16	<input checked="" type="radio"/>		<input checked="" type="radio"/>	
17	Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C <input checked="" type="radio"/> 3,392	17	<input checked="" type="radio"/>	3,392	<input checked="" type="radio"/>	0

18	Total. Combine line 17 column A less column B plus column C <input checked="" type="radio"/>	18			<input checked="" type="radio"/>	0
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**Job Expenses and Certain Miscellaneous Deductions**

19 Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach federal Form 2106 if required. See instructions.  19

20 Tax preparation fees.  20

21 Other expenses- investment, safe deposit box, etc. List type    21  .

22 Add line 19 through line 21  22  .

23 Enter amount from federal Form 1040 or 1040-SR, line 11  81,253 .

24 Multiply line 23 by 2% (0.02). If less than zero, enter 0.  24  .

25 Subtract line 24 from line 22. If line 24 is more than line 22, enter 0.  25  .

26 **Total Itemized Deductions.** Add line 18 and line 25.  26  .

27 Other adjustments. See instructions. Specify.    27

28 Combine line 26 and line 27.  28  .

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

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

**Yes.** Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540NR), line 29  29  .

30 **Enter the larger of the amount on line 29 or your standard deduction listed below**  
 Single or married/RDP filing separately. See instructions. .... \$4,601  
 Married/RDP filing jointly, head of household, or qualifying widow(er) .... \$9,202  30  .

**Part IV California Taxable Income**

1 **California AGI.** Enter your California AGI from Part II, line 23, column E  1  .

2 Enter your deductions from line 30  2  .

3 **Deduction Percentage.** Divide Part II, line 23, column E by Part II, line 23, column D. Carry the decimal to four places. If the result is greater than 1.0000, enter 1.0000. If less than zero, enter -0-  3  .

4 **California Itemized/Standard Deductions.** Multiply line 2 by the percentage on line 3  4  .

5 **California Taxable Income.** Subtract line 4 from line 1. Transfer this amount to Form 540NR, line 35. If less than zero, enter -0-  5  .