Filing Status       Single       Married filing jointly       Married filing separately (MFS)       Head of household (HOH)       Qualifying widow(e) (QW)         Check only       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 midow(e) (QW)         Your first name and middle initial       Last name       Your social security number         GOPTINITH       VELLIARI GOVARDHANAN       380-81-6023         Horne address (number and street). If you have a P.O. box, see instructions.       Apt. no.         Horne address (number and street). If you have a foreign address, also complete spaces below.       State       TX         CRy, town, or poot office. If you have a foreign address, also complete spaces below.       State       TX       T74.94         Foreign country name       Foreign province/state/county       Foreign province/state/county       Foreign postal code       your as or refund.         Begelintistics on a separate return or you ware a dual-status alien       Age/Bindness You:       Yees       No         Standard       Operating on goal (file) gloinbly, wont 33       Sa       Image: Sa       Image: Sa         Age/Bindness You:       Were born before January 2, 1956       Ire blind       Spouse       Image: Sa       Image: Sa         Age/Bindness You:       If Rist name       Last name       Image:	E <b>1040</b>		artment of the Treasury—Internal Revenue Servi <b>S. Individual Income Ta</b> >		<sup>(99)</sup> 20)	20	OMB No. 1545	-0074	IRS Use Onl	y—Do not v	vrite or staple	in this space.
GOPINATH       VELLARI GOVARDHANAN       380-81-6023         If join return, spouse's first name and middle initial       Last name       Spouse's social sociity number         SARITHA       NAGRAJAN       APPLICED FOR         Home address furnher and street). If you have a P.0. box, see instructions.       Apt. no.       Presidential Election Campaign         150 COBIA DR       Correly on your ago thirds. If you have a foreign address, also complete spaces below.       State       2P code       to other if you, royour ago thirds. If you have a foreign address, also complete spaces below.       State       2P code       to other if you, royour ago thirds. If you have a foreign address, also complete spaces below.       State       2P code       to other if you, royour ago thirds. If you have a foreign address, also complete space show.       State       2P code       to other if you, royour ago thirds. If you have a foreign address, also complete space show.       State       2P code       to other if you, royour ago thirds. If you have a foreign province/state/county       Foreign postal code       you tax or refund.       you tax or refund.       you tax or refund.       you is tax or foreid.       If you is a dependent       If you ago tag benedicat is align.         Deduction Signation ago the space show you could you receive, sell, send ard you were a dual-status alien       Someone can claim:       you as a dependent.       You is postere show the fore dual water addit counts count is not the other dual water addit counts.       Alla Add	Check only	lf yo	ou checked the MFS box, enter the n	ame of y					, ,			. , . ,
If joint return, spouse's first name and middle initial       Last name       APP1_IED       Spouse's social security number         SAR TTHA       NACGRAJAN       APP1_IED       FOR         Home address furniber and street). If you have a P.O. box, see instructions.       Apt. no.       Harding instructions.       Apt. no.         150       COBIA DR       If log lonity, wart S3       Cobeck here if you, ary our disclose instructions.       Apt. no.       Presidential Election Campaign to go to this fund. Checking a box below will not change at this you have a toreign address, also complete spaces below.       State       TX       77 49 4       Souce will not change your tax or refund.         Foreign country name       Foreign province/state/county       Foreign postal code       You       Spouse it filling joinity, want S3       box below will not change your tax or refund.         Standard       Someone can claim:       You as a dependent       Your spouse as a dependent       You       Spouse its market is in any virtual currency?       Yes       No         Standard       Spouse itemizes on a separate return or you were a dual-status allen       Age/Blindness You:       (all Pi dualities for (see instructions):       (all Pi dualities for (see instructions):       (all Pi dualities for (see instructions):       (bi field as credit cre	Your first name	e and m	iddle initial	Last na	me					Your so	ocial securi	ty number
SARITHA       NAGARAJAN       APPLIED FOR         Home address furmber and street). If you have a P.O. box, see instructions.       41 no.       Home address furmber and street). If you have a P.O. box, see instructions.       41 no.       Check here if you, or your spouse if filing jointly, want S3 to go to file. If you have a foreign address, also complete spaces below.       State       ZIP code       Check here if you, or your spouse if filing jointly, want S3 to go to file full. (Precising province/state/county       Foreign postal code       Vou       Spouse it filing jointly, want S3 to box below will not change box box box box will not change box below will not change box	GOPINAT	H		VELL	ARI GOVARI	HANA	N			380-	81-602	3
Home address (number and street). If you have a P.O. box, see instructions.       Apt. no. 4101       Presidential Election Campaign Check here if you, or your stop of thifse. If you, wart S3 to go to this fund. Checking a trx       Presidential Election Campaign Check here if you, or your stop of thifse. If you, wart S3 to go to this fund. Checking a trx         Foreign country name       Foreign province/state/county       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       Soncenc can claim:       You as a dependent       Your spouse as a dependent       You Spouse         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) If qualifies for (see instructions):       (1) First name       1       81, 253.         Attach soch Bif required.       2a       b       b Taxable interest       2b       2b       2b         Attach soch Bif required.       1       81, 253.       3b       9       21, 253.       3b         3a Outlifted dividends       3a       b Taxable interest       2b       3b	If joint return, s	spouse's	s first name and middle initial	Last na	me					Spouse	's social se	curity number
150 COBIA DR       4101       Check here if you, or your         City, town, or post office. If you have a foreign address, also complete spaces below.       State       TX       77.494       Source if filing jointly, want 53         KATY       Foreign country name       Foreign province/state/country       Foreign postal code       Out its fund. Checking a box below will not change your tax or refund.         Standard       Someone can claim:       You as a dependent       Your spouse as a dependent       Out as or refund.         Deduction       Spouse itemizes on a separate return or you were a dual-status allen         Age/Blindness       You:       Ware 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       (3) Relationship       (4) 4/1 fu qualifies for (see instructions):       (1) First name       Is blind         Attach       2a       Tax-exempt interest       2a       2a       b       Dordinary dividends       3b         Standard       0ualified dividends       3a       b       Tax-axempt interest       2b       3b         Attach       1       81, 253.       3a       b       Tax-axempt interest       9       81, 253.	SARITHA			NAGA	RAJAN					APPL	IED FO	R
City, town, or post office. If you have a foreign address, also complete spaces below.       State       TX       ZP code       pouse if filing jointy, want \$3 to go to this fund. Checking a box below will not change a box below will not change a box below.       Y = 200 code       TX       TY = 94       TX       TY = 94       TY = 100 code	Home address	(numbe	er and street). If you have a P.O. box, see	instructio	ons.			A	vpt. no.	Preside	ential Election	on Campaign
Clip, Count, or bost miles, in your name       State       2/P dode       to go to this fund, Checking a box below into change your tax or refund.         Foreign country name       Foreign province/state/country       Foreign postal code       2/P dode         At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?       Yes       No         Standard       Someone can claim:       You as a dependent       You ryouse as a dependent       You is pouse 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         Perpendents       (see instructions):       (f) First name       (f) First name       Code of the dependents; see instructions;       (f) First name       Code of the dependents; see instructions;         required.       1       Wages, salaries, tips, etc. Attach Form(s)W-2       1       81, 253.       2b         Attach       2a       Tax-everpt interest       2a       2b       b       Taxable amount       4b         Signader       6a       Social security benefits       5a       b       Taxable amount       5b         Sa       Qualified dividends       3a       b       Taxable amount       5b<	150 COB	IA D	R					4	101			
KATY       TX       77494       box below will not change         Foreign country name       Foreign province/state/county       Foreign postal code       your tax or refund.         You       Spouse       Spouse itemizes on a separate return or you were a dual-status alien       You       Spouse         Age/Blindness       You:       You       Spouse itemizes on a separate return or you were a dual-status alien         Age/Blindness       You:       You       You       Spouse         Age/Blindness       You:       You       Spouse       Was born before January 2, 1956       Is blind         Depondents       (see instructions):       (f) First name       Last name       (g) Relationship       (h) V if qualifies for (see instructions):         if more       (1) First name       Last name       Immber       Immber <td>City, town, or p</td> <td>oost offi</td> <td>ce. If you have a foreign address, also co</td> <td>mplete s</td> <td>paces below.</td> <td>Sta</td> <td>ite</td> <td>ZIP co</td> <td>de</td> <td></td> <td></td> <td></td>	City, town, or p	oost offi	ce. If you have a foreign address, also co	mplete s	paces below.	Sta	ite	ZIP co	de			
At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?       You       Spouse         Standard Deduction       Someone can claim:       You as a dependent       Your spouse as a dependent         Age/Blindness       Someone can claim:       You as a dependent       Your spouse as a dependent         Age/Blindness       You:       Were born before January 2, 1956       Are blind       Spouse:       Was born before January 2, 1956       Is blind         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       Immber       Child tar credit       Credit for other dependents         see instructions       In are-exempt interest       2a       Immber       Dependents       Immber       Immber <td>KATY</td> <td></td> <td></td> <td></td> <td></td> <td>T</td> <td>Х</td> <td>774</td> <td>94</td> <td>Ŭ Ŭ</td> <td></td> <td>0</td>	KATY					T	Х	774	94	Ŭ Ŭ		0
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       Yes       No         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       (3) Relationship       (4) V' It qualifies for (see instructions):         If more than four dependents, see instructions       (1) First name       Last name       Immetrial       Imm	Foreign countr	y name		F	oreign province/st	ate/coun	ty	Foreig	n postal code	your ta	x or refund.	
Standard Deduction       Someone can claim:       You as a dependent       Your spouse as a dependent         Age/Blindness       You:       Were born before January 2, 1956       Are blind       Spouse:       Was born before January 2, 1956       Is blind         Dependents       (see instructions):       (2) Social security       (3) Relationship       (4) V' if qualifies for (see instructions):         If more than four dependents, see instructions       Imme       Last name       Imme       Imme       Imme       Credit for other dependents         see instructions       Imme											You You	Spouse
Deduction       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):       (a) Relationship       (b) V if qualifies for (see instructions):       Child tax credit       Credit for other dependents         if more       in and check	At any time du	uring 20	020, did you receive, sell, send, excl	nange, o	or otherwise acqu	iire any	financial intere	est in a	ny virtual c	urrency?	Yes	X No
Dependents (see instructions):       (2) Social security number       (3) Relationship to you       (4) ✓ if qualifies for (see instructions):         If more than four dependents, see instructions       (1) First name       Last name       Image: Credit for other dependents         see instructions and check here ►       Image: Credit for other dependents       Image: Credit for other dependents       Image: Credit for other dependents         Attach       1       Wages, salaries, tips, etc. Attach Form(s) W-2       Image: Credit for other dependents         Attach       2a       Image: Credit for other dependents       Image: Credit for other dependents         3a       Ualified dividends       Image: Credit for other dependents       Image: Credit for other dependents         4a       Vages, salaries, tips, etc. Attach Form(s) W-2       Image: Credit for other dependents       Image: Credit for other dependents         4a       IRA distributions       Image: Credit for other dependents       Image: Credit for other dependents         5a       Pensions and annuities       Image: Credit for other dependents       Image: Credit for other dependents         5a       Pensions and annuities       Image: Credit for other dependents       Image: Credit for other dependents         6a       Social security benefits       Image: Credit for other dependents       Image: Credit for other dependents         512,400 <td></td> <td>_</td> <td></td> <td>•</td> <td>— ·</td> <td></td> <td>•</td> <td></td> <td></td> <td></td> <td></td> <td></td>		_		•	— ·		•					
If more than four dependents, see instructions and check       Image: task name       number       to you       Child tax credit       Credit for other dependents         see instructions and check       Image: task name       Ima	Age/Blindnes	s You:	: 🗌 Were born before January 2, 1	956	Are blind	Spouse	: 🗌 Was bo	rn befo	ore January	2, 1956	Is bl	lind
If more than four dependents, see instructions and check       Image: task name       number       to you       Child tax credit       Credit for other dependents         see instructions and check       Image: task name       Ima	Dependent	s (see	instructions):		(2) Social sec	urity	(3) Relationsh	nip	<b>(4) 🖌</b> if c	qualifies fo	or (see instru	uctions):
than four dependents, see instructions and check here ▶ Attach 2a Tax-exempt interest	-				number		to you				1	
see instructions       Image: Constructions and check here												
and check   here   here   here   here   here   here   1   Wages, salaries, tips, etc. Attach Form(s) W-2   2a    aa   Qualified dividends   aa   aa   Qualified dividends   ba   ba   ba   ba   ba   ba   ba   ba    ba   ba    ba   ba    ba   ba    ba    capital gain or (loss). Attach Schedule D if required. If not required, check here   capital gain or (loss). Attach Schedule D if required. If not required, check here   capital gain or (loss). Attach Schedule D if required. If not required, check here   capital gain or (loss). Attach Schedule D if required. If not required, check here   capital gain or (loss). Attach Schedule D if required. If not required, check here   capital gain or (loss). Attach Schedule D if required. If not required, check here   capital gain or (loss). Attach Schedule D if required. If not required.   ba   capital gain or (loss). Attach Schedule D if required. If not required. If not required. <t< td=""><td></td><td>~</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>		~										
Attach       2a       1       81,253.         Attach       2a       56, B if       7       2b         Sch, B if       3a       2a       b       Tax-exempt interest       2b         Attach       3a       3a       b       Ordinary dividends       3b         Year       4a       IRA distributions       4a       b       Ordinary dividends       3b         Standard       4a       IRA distributions       5a       b       Taxable amount       4b         Standard       6a       Social security benefits       6a       b       Taxable amount       5b         Standard       6a       Social security benefits       6a       b       Taxable amount       7         Single or       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       8         9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       8       9         9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       10a       10b         9       Add lines 10a and 10b. These are your total adjustments to income       10c       11         10       Subtract line 10c from line 9. This is your adjusted gross income       12       24, 800. <td></td> <td>5</td> <td></td>		5										
Attach       2a       Tax-exempt interest       2a       b       Taxable interest       2b         Sch. B if       a       Qualified dividends        3a        b       Ordinary dividends        3b         required.       4a       IRA distributions        4a        b       Ordinary dividends        3b         5a       Pensions and annuities        5a       b       Taxable amount        4b         5a       Pensions and annuities        5a       b       Taxable amount        4b         Standard       Deduction for-       6a       Social security benefits        6a        5b         Single or       Married filing       gain or (loss). Attach Schedule D if required. If not required, check here         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       81, 253.         10       Adgistments to income:            10b	here 🕨 🗌											
Sch. B if required.       2a       2a       2a       2a       2a         Sch. B if required.       3a       Qualified dividends       3a       3b       3b         Standard       IRA distributions       4a       b       b       Taxable amount       3b         Standard       Pensions and annuities       5a       Pensions and annuities       5a       b       Taxable amount       5b         Standard       Ga       Social security benefits       6a       b       Taxable amount       7         Signed or Married filing jointly or Qualifying widow(er), \$24,400       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       7       8         Married filing jointly or Qualifying widow(er), \$24,800       Add lines 10a and 10b. These are your total adjustments to income:       9       81,253.         10       Add lines 10a and 10b. These are your total adjustments to income       10c         11       81,253.       11       81,253.         14       Add lines 12 and 13       12       24,800.         13       Qualified business income deduction. Attach Form 8995 or Form 8995-A       13         14       24,800.       14       24,800.         15       Taxable income. Subtract line 11. If zero or less, enter -0-       15 <t< td=""><td></td><td>1</td><td>Wages, salaries, tips, etc. Attach F</td><td>orm(s) ۱</td><td>N-2</td><td></td><td></td><td></td><td></td><td>. 1</td><td></td><td>81,253.</td></t<>		1	Wages, salaries, tips, etc. Attach F	orm(s) ۱	N-2					. 1		81,253.
required.       3a       Qualified dividends       3a       b       Ordinary dividends       3b         required.       4a       IRA distributions       4a       b       Taxable amount       4b         5a       Pensions and annuities       5a       b       Taxable amount       5b         Standard Deduction for-       6a       Social security benefits       6a       b       Taxable amount       6b         7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       7         8       Other income from Schedule 1, line 9       7       8         9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       81, 253.         9       Add lines 10a and 10b. These are your total adjustments to income       10a       10b         9       Subtract line 10c from line 9. This is your adjusted gross income       11       81, 253.         11       Subtract line 10c from line 9. This is your adjusted gross income       12       24, 800.         13       Qualified business income deduction. Attach Form 8995 or Form 8995-A       13       14       24, 800.         14       24, 800.       14       24, 800.       14       24, 800.       15         56, 453.       56,		2a	Tax-exempt interest	2a		bТ	axable interes	t.		. 2t	<b>)</b>	
4a       IRA distributions       4a       b Taxable amount       4b         5a       Pensions and annuities       5a       b Taxable amount       5b         Standard Deduction for       6a       Social security benefits       6a       b Taxable amount       5b         Single or       Capital gain or (loss). Attach Schedule D if required. If not required, check here       b       7         8       Other income from Schedule 1, line 9       7       8         9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       81, 253.         10       Adjustments to income:       10a       10a         9       Add lines 10a and 10b. These are your total adjustments to income       10b       11         818,660       11       Subtract line 10c from line 9. This is your adjusted gross income       11       81, 253.         11       81, 253.       12       24, 800.       12       24, 800.         13       Qualified business income deduction. Attach Form 8995 or Form 8995-A       13       14       24, 800.         14       24, 800.       14       24, 800.       14       24, 800.         14       24, 800.       15       56, 453.       15       56, 453.		<u>3a</u>	Qualified dividends	3a		b	Drdinary divide	nds .		. 3t	)	
Standard Deduction for-       6a       Social security benefits       6a       b       Taxable amount       6b         Single or Married filing separately, \$12,400       7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       8         9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       81,253.         9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       81,253.         9       Add justments to income:       10a       9       81,253.         10       Adjustments to income:       10b       10b       10c         widow(er), \$24,800       Charitable contributions if you take the standard deduction. See instructions       10b       10c         11       81,253.       10c       11       81,253.       10c         10       Add lines 10a and 10b. These are your total adjustments to income       10c       11       81,253.         12       24,800       11       81,253.       12       24,800.       12       24,800.         13       Qualified business income deduction. Attach Form 8995 or Form 8995-A       13       12       24,800.       13         14       Add lines 12 and 13       14       24,800.       14       24,800.<		) 4a	IRA distributions	4a		b٦	axable amoun	t		. 4t	)	
Deduction for-       7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7         • Single or Married filing separately, \$12,400       9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       8         • Married filing jointly or Qualifying widow(er), \$24,800       9       Add lines 10a and 10b. These are your total adjustments to income       10a       10b         • Head of household, \$16,650       11       Subtract line 10c from line 9. This is your adjusted gross income       10c         • If you checked any box under Standard deduction, see instructions.       12       Standard deduction or itemized deductions (from Schedule A)       12       24,800.         • If you checked any box under Standard       13       Qualified business income deduction. Attach Form 8995 or Form 8995-A       13       14       24,800.         • Add lines 12 and 13       • • • • • • • • • • • • • • • • • • •		5a	Pensions and annuities	5a		b٦	axable amoun	t		. 5t	)	
<ul> <li>Single or Married filing separately, \$12,400</li> <li>Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income</li> <li>Married filing jointy or Qualifying widow(er), \$24,800</li> <li>Head of household, \$18,650</li> <li>Head of household, \$18,650</li> <li>Head of household, \$18,650</li> <li>Head of household, \$18,650</li> <li>Subtract line 10c from line 9. This is your adjusted gross income</li> <li>In the second content of the second co</li></ul>		6a	Social security benefits	6a		b٦	axable amoun	t		. 6k	)	
Married filing separately, \$12,400       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       81, 253.         Married filing jointy or Qualifying widow(er), \$24,800       10       Adjustments to income:       10a         10       Adjustments to income:       10a       10b       10b         •       0       Add lines 10, 20, 30, 4b, 5b, 6b, 7, and 8. This is your total income       10a         9       81, 253.       10a       10a         •       10a       10b       10b         •       10a       10b       10c         •       10c       11       81, 253.         •       11       81, 253.       11       81, 253.         •       10c       11       81, 253.       11       81, 253.         •       11       81, 253.       11       81, 253.         •       11       81, 253.       11       81, 253.         •       12       24, 800.       13       Qualified business income deduction. Attach Form 8995 or Form 8995-A       13         •       14       24, 800.       14       24, 800.       14       24, 800.         •		7	Capital gain or (loss). Attach Schee	dule D if	required. If not r	equired	l, check here		🕨	7		
\$12,400       9       Add lines 1, 25, 35, 45, 55, 65, 7, and 8. This is your total income       9       61, 253.         • Married filing jointly or Qualifying widow(er), \$24,800       10       Adjustments to income:       10a         • Married filing jointly or Qualifying widow(er), \$24,800       • Charitable contributions if you take the standard deduction. See instructions       10a       10b         • Head of household, \$18,650       • Add lines 10a and 10b. These are your total adjustments to income       • • • • • • • • • • • • • • • • • • •	Married filing	8	Other income from Schedule 1, lin	e9						. 8		
<ul> <li>Married filing jointy or Qualifying widow(er), \$24,800</li> <li>Head of household, \$18,650</li> <li>If you checked any box under Standard deduction or itemized deduction. Attach Form 8995 or Form 8995-A</li> <li>Qualified business income deduction. Attach Form 8995 or Form 8995-A</li> <li>Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-</li> </ul>		9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. T	his is your <b>total</b> i	income				▶ 9		81,253.
Qualifying widow(er), \$24,800       a       From Schedule 1, line 22       10a         b       Charitable contributions if you take the standard deduction. See instructions       10b         • Head of household, \$18,650       c       Add lines 10a and 10b. These are your total adjustments to income       . <td><ul> <li>Married filing</li> </ul></td> <td>10</td> <td>Adjustments to income:</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	<ul> <li>Married filing</li> </ul>	10	Adjustments to income:									
\$24,800       ID       Chantable contributions if you take the standard deduction. See instructions       ID         • Head of household, \$18,650       11       Subtract line 10c from line 9. This is your adjusted gross income       ID       11       81,253.         • If you checked any box under Standard deduction, see instructions, see ins		а	From Schedule 1, line 22				10	а				
<ul> <li>Head of household, \$18,650</li> <li>If you checked any box under Standard Deduction, see instructions.</li> <li>If you checked any box under Standard Deductions.</li> <li>If you checked any box under Standard Deduction.</li> <li>If you checked Standard Deduction.</li> <li>If you checked any box under Standard Deduction.</li> <li>If you checked any box under Standard Deduction.</li> <li>If you checked Standard Deduction.</li></ul>		b	Charitable contributions if you take	the stan	dard deduction.	See inst	ructions 10	b				
\$18,650       11       Subtract line 10c from line 9. This is your adjusted gross income       11       81,253.         • If you checked any box under Standard       12       Standard deduction or itemized deductions (from Schedule A)       12       24,800.         13       Qualified business income deduction. Attach Form 8995 or Form 8995-A       13       14       24,800.         14       Add lines 12 and 13       .       .       .       14       24,800.         15       Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-       .       15       56,453.	<ul> <li>Head of</li> </ul>	с	Add lines 10a and 10b. These are	your <b>tot</b>	al adjustments	to inco	me			▶ 10	c	
<ul> <li>If you checked any box under Standard deduction or itemized deductions (from Schedule A)</li> <li>Ia Qualified business income deduction. Attach Form 8995 or Form 8995-A</li> <li>Ia Add lines 12 and 13</li> <li>Ib Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-</li> <li>Ib Standard deduction or itemized deductions (from Schedule A)</li> <li>Ic Deduction, see instructions.</li> <li>Ic Deduction or itemized deduction or itemized deduction. Attach Form 8995 or Form 8995-A</li> <li>Ic Deduction or itemized deduction. Attach Form 8995 or Form 8995-A</li> <li>Ic Deduction or itemized deduction. Attach Form 8995 or Form 8995-A</li> <li>Ic Deduction or itemized deduction. Attach Form 8995 or Form 8995-A</li> <li>Ic Deduction or itemized deduction. Attach Form 8995 or Form 8995-A</li> <li>Ic Deduction or itemized deduction. Attach Form 8995 or Form 8995-A</li> <li>Ic Deduction or itemized deduction. Attach Form 8995 or Form 8995-A</li> <li>Ic Deduction or itemized deduction. Attach Form 8995 or Form 8995-A</li> <li>Ic Deduction or itemized deduction. Attach Form 8995 or Form 8995-A</li> <li>Ic Deduction or itemized deduction. Attach Form 8995 or Form 8995-A</li> <li>Ic Deduction or itemized deduction. Attach Form 8995 or Form 8995-A</li> <li>Ic Deduction or itemized deduction. Attach Form 8995 or Form 8995-A</li> <li>Ic Deduction or itemized deduction. Attach Form 8995 or Form 8995-A</li> <li>Ic Deduction or itemized deduction. Attach Form 8995 or Form 8995-A</li> <li>Ic Deduction or itemized deduction. Attach Form 8995 or Form 8995-A</li> <li>Ic Deduction or itemized deduction. Attach Form 8995 or Form 8995-A</li> <li>Ic Deduction or itemized deduction or itemized deduction. Attach Form 8995 or Form 8995-A</li> <li>Ic Deduction or itemized deduction or itemized deduction. Attach Form 8995 or Form 8995-A</li> <li>Ic Deduction or itemized deduction or itemized deduction or itemized deduct</li></ul>		11	Subtract line 10c from line 9. This	is your <b>a</b>	adjusted gross i	ncome				▶ 11	;	81,253.
Standard Deduction, see instructions.       13       Qualified business income deduction. Attach Form 8995 or Form 8995-A       13       13         14       Add lines 12 and 13       14       24,800.         15       Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-       15       15	<ul> <li>If you checked</li> </ul>	12	Standard deduction or itemized	deducti	i <b>ons</b> (from Schec	lule A)				. 12	2	24,800.
see instructions.         14         24,800.           15         Taxable income. Subtract line 14 from line 11. If zero or less, enter -0         15         56,453.	Standard	13	Qualified business income deduction	ion. Atta	ich Form 8995 or	Form 8	3995-A			. 13	3	
<b>15 Taxable income.</b> Subtract line 14 from line 11. If zero or less, enter -0		14										
		<sup>′</sup> 15	Taxable income. Subtract line 14	from lin	e 11. If zero or le	ss, ente	er-0			. 15	5	56,453.

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

Form **1040** (2020)

Form 1040 (2020	D)									Page <b>2</b>
	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3			16	6,382.
	17	Amount from Schedule 2, lin	ne3						17	
	18	Add lines 16 and 17							18	6,382.
	19	Child tax credit or credit for	other dependen	ts					19	
	20	Amount from Schedule 3, lin	ne7						20	
	21	Add lines 19 and 20							21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0					22	6,382.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 10 .				23	0.
	24	Add lines 22 and 23. This is	your <b>total tax</b>					. 🕨	24	6,382.
	25	Federal income tax withheld	from:							
	а	Form(s) W-2				25a	12,	541.		
	b	Form(s) 1099				25b				
	с	Other forms (see instructions	s)			25c				
	d	Add lines 25a through 25c							25d	12,541.
• If you have a	26	2020 estimated tax payment	ts and amount a	pplied from 20	19 return .				26	
qualifying child,	27	Earned income credit (EIC)				27				
attach Sch. EIC.	28	Additional child tax credit. A	ttach Schedule 8	8812		28				
nontaxable	29	American opportunity credit	from Form 8863	8, line 8		29				
combat pay, see instructions.	30	Recovery rebate credit. See	instructions .			30	1,	800.		
	31	Amount from Schedule 3, lin	ne 13			31				
	32	Add lines 27 through 31. The	ese are your <b>tot</b> a	al other paym	ents and refund	able cre	dits	. 🕨	32	1,800.
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	tal payments				. 🕨	33	14,341.
Refund	34	If line 33 is more than line 24							34	7,959.
Refutio	35a	Amount of line 34 you want	refunded to you	<b>J.</b> If Form 8888	is attached, che	eck here			35a	7,959.
Direct deposit?	►b	Routing number 1 2 1			► c Type: 🛛			vings		
See instructions.	►d	Account number 3 2 5						U		
	36	Amount of line 34 you want a					-			
Amount	37	Subtract line 33 from line 24	This is the <b>amo</b>	ount vou owe	now			. 🕨	37	
You Owe		Note: Schedule H and Sch								
For details on		2020. See Schedule 3, line 1								
how to pay, see instructions.	38	Estimated tax penalty (see in				38				
Third Party	Do	you want to allow another				? See				
Designee		structions				_	Yes. Con	nplete b	elow.	× No
-		signee's		Phone				al identif		
		me 🕨		no. 🕨				r (PIN) 🕨		
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com								
Here				、			in information		• •	nt you an Identity
	, to	ur signature		Date	Your occupation					N, enter it here
Joint return?					SOFTWARE	ENGIN	EER		nst.) 🕨	
See instructions.	Sp	ouse's signature. If a joint return, <b>t</b>	ooth must sign.	Date	Spouse's occupa	tion				nt your spouse an
Keep a copy for your records.	<b>*</b>					_			-	ection PIN, enter it here
your records.					HOME MAKE			(see I	nst.) 🕨	
		one no. (510)386-038		Email address	GOPINATH.V	1				
Paid		eparer's name	Preparer's signat			Date		PTIN		Check if:
Preparer		I PRIYA RAM SAGAR GUPTA TALLAM	I	RAM SAGAR	GUPTA TALLAM	1   07/0	7/2021 P	02082		Self-employed
Use Only								one no. (678)965-9522		
	Fir	m's address 🕨 2530 Pebb	le Creek L	n Cummin	g GA 30041			Firm'	s EIN 🕨	30-1017196
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 0	5/29/21 PRO			Form <b>1040</b> (2020)

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Form <b>W-7</b>
(Rev. August 2019)
Department of the Treasury Internal Revenue Service

# Application for IRS Individual Taxpayer Identification Number

OMB No. 1545-0074

Department of the Treas Internal Revenue Service			are not U.S. cit separate instru		permaner	it reside	nts.			
An IRS individual	l taxpayer identification nun	nber (ITIN) is	for U.S. fede	ral tax p	ourposes	only.			vpe (check one box):	
Before you begin		ible to get a		o	mbor (CC				or a new ITIN an existing ITIN	
	is form if you have, or are elig								_	
must file a U.S. fe	ubmitting Form W-7. Read the deral tax return with Form	W-7 unless y	you meet one						, c, a, e, t, or g, you	
_	alien required to get an ITIN to c		benefit							
_	alien filing a U.S. federal tax retu at alien <b>(based on days present i</b>		<b>States)</b> filing a LI	S fadar	al tax rotur	n				
_	of U.S. citizen/resident alien		-				tructions) 🕨	•		
e 🛛 Spouse of U			name and SSN/I VELLARI G			resident	alien (see ir		tions) ► 380-81-6023	
f 🗌 Nonresident	alien student, professor, or resea	archer filing a l	J.S. federal tax r	eturn or	claiming ar	n except	ion			
_	spouse of a nonresident alien hol	ding a U.S. vis	а							
h 🗌 Other (see in										
	on for <b>a</b> and <b>f</b> : Enter treaty country <b>1a</b> First name		Middle name	an	d treaty ar		iber ► name			
Name (see instructions)	SARITHA		Middle Hame				GARAJAN			
Name at birth if different	1b First name		Middle name		name					
Applicant's Mailing	2 Street address, apartment n 150 COBIA DR Apt		l route number. I	f you ha	ve a P.O.	box, see	separate	instru	ctions.	
Address	City or town, state or provin	ce, and countr	y. Include ZIP co	de or po	stal code	where ap	propriate.			
	КАТҮ				TX	USA		7	77494	
Foreign (non-	3 Street address, apartment n	umber, or rura	l route number. I	Don't us	e a P.O. b	ox numb	oer.			
U.S.) Address										
(see instructions)	City or town, state or provin	ce, and countr	y. Include posta	code wi	iere appro	priate.				
Birth	4 Date of birth (month / day / yea	r) Country of k	oirth	City ar	nd state or	province	e (optional)	5	Male	
Information	01/08/1993	INDIA							K Female	
Other Information	6a Country(ies) of citizenship INDIA	6b Foreign t	tax I.D. number (	if any)	6c Type	of U.S. v	isa (if any), ı	numbe	r, and expiration date	
	6d Identification document(s) submitted (see instructions) 🛛 Passport 🗌 Driver's license/State I.D.							D.		
	USCIS documentation	Other_					Date of e	ntry in	to	
			2129 Exp. date: 01/12/203				the United States			
		No.: U3152					(MM/DD/	<u>YYYY)</u>	):	
	<ul> <li>6e Have you previously received an ITIN or an Internal Revenue Service Number (IRSN)?</li> <li>No/Don't know. Skip line 6f.</li> </ul>									
	Yes. Complete line 6f.		ne, list on a shee	t and att	ach to this	form (se	e instructio	ons).		
	6f Enter ITIN and/or IRSN ►	ITIN			IF	SN			and	
	name under which it was is	sued ►								
			First name		Middle r	lame			Last name	
	6g Name of college/university of City and state ►	or company (se	e instructions)	•	Length of	etav N				
0'		licent/delegate/a		dooloro	Ŭ		d this appli	oction	including accompanying	
Sign Here	Under penalties of perjury, I (app documentation and statements, an information with my acceptance age	d to the best o	of my knowledge	and belie	f, it is true,	correct,	and comple	te. I ai	uthorize the IRS to share	
Keep a copy for your records.	Signature of applicant (if de	elegate, see ins	structions)	Date (n	nonth / day .	/ year)	Phone nur	nber		
	Name of delegate, if applic	able (type or p	rint)	Delega to appl	te's relatior icant	ship	Parent Court-appointed guardian			
Acceptance	Signature			Date (n	nonth / day	/ year)	Phone			
Agent's		1)	·	<u> </u>		EIN	Fax			
Use ONLY	Name and title (type or prin	ιτ)	Name of c	Name of company			rode		PTIN	

REV 05/29/21 PRO

Office code

TAXABLE `						_	_	_				-	FORM
202	0 C	aliforn	ia e-file	Return	Auth	noriza	tion	) fo	r Inc	lividu	Jals		8453
Your first nar	ne and initial				Last nam					uffix	Your SSN	or ITIN	
GOPINA				VELLARI	GOVA	RDHANAI	N				380-81	L-6023	
lf joint return	, spouse's/RE	)P's first name a	nd initial		Last nam	e			S	uffix	Spouse's/F	RDP's SSN o	r ITIN
SARITH				NAGARAJ	AN						APPLI		
		nd street) or PO	box			Apt. no. /s		PM	1B/private	mailbox		lephone nun	
150 COI	BIA DR					APT	4101				, ,	386-038	9
City									State		ZIP code		
KATY				Foreign pr		. /			T	X	77494	-4-1	
Foreign cour	itry name			Foreign pr	ovince/sta	le/county					Foreign po	stal code	
Part I Ta	ax Return In	formation (wh	ole dollars only)										
1 Californi	a adjusted gr	oss income. Se	e instructions									. 1	42,083.
2 Refund of	or no amoun	t due. See instr	uctions									. 2	2,080.
3 Amount	you owe. Se	e instructions										3	
			nically for Taxa										
	ct deposit of		•										
	•		5a Amount		5t	<b>)</b> Withdraw	al date (	(mm/d	d/yyyy)				
Part III	Make Estima	ted Tax Pavme	ents for Taxable	Year 2021 The	ese are NO	)T installme	ent navm	nents	for the ci	irrent amo	o unt vou o	We	
			t Due 4/15/2021										Due 1/15/2022
6 Amount						0, 10, 2021					. ourt		
7 Withdra		motion (llove)		hanking informs	tion ()								
		· · ·	you verified your sited to account		111011?) 2,080.	<b>19</b> The	omoinin	a am	ount of m	rofund fo	r direct de	agait	
		• •		-	00358	_							
				3250837									
	account: 🛛			5250057	70501				Checl		□ Savings		
		of Taxpayer(s)	Savings			IJ Type	01 0000	Junt.		ang i		5	
from the bar or authorize Under penal name, addre amounts sho filing a balan all applicable service prov	nk account lis an electronic ties of perjur ss, and socia bwn on the co ice due returr e interest and ider. <b>If the p</b> i	ted on lines 9, 1 funds withdraw y, I declare that security numb rresponding lin , I understand ti penalties. I aut	0, and 11. If I haval. t the information er (SSN) or indivi es of my 2020 Ca hat if the Franchis horize my return return or refunct	ve filed a joint re I provided to m dual taxpayer idd lifornia income i se Tax Board (FT and accompany	turn, this i ny electror entification ax return. B) does no ing sched	s an irrevoc nic return or number (IT To the best t receive ful ules and sta	able appo iginator IN), and of my kn and tim tements	(ERO) the ai lowled ely pa be tra	ent of the ), transmi nounts sh lge and be yment of ansmitted	other spou tter, or int lown in Pa lief, my re my tax liab to the FTE	use/RDP as ermediate s rt I above a turn is true ility, I rema 3 by my ER	an agent to service prov grees with th , correct, and in liable for t O, transmith	nts listed on line 6 receive the refund ider, including my e information and d complete. If I an the tax liability and er, or intermediate <b>reason(s) for the</b>
Sign													
Here	Your sig	Inature			Date		Spous	e's/RD	) P's signa	ture. If filin	a jointly, bo	th must sign.	Date
	<u> </u>			(550) 15					I to forge a	a spouse's	RDP's sigr	nature.	
I declare that service provi obtained the the FTB, and the due date under penalti	I have review der, I understa taxpayer's sig I have followe of the return ies of perjury,	ed the above tax and that I am not nature on form F d all other requis or <b>four</b> years fro I declare that I h	t responsible for r TB 8453 before tra rements described m the date the ret	I that the entries eviewing the taxp ansmitting this re I in FTB Pub. 134 turn is filed, whic above taxpayer's	on form FT ayer's retu turn to the 5, 2020 Ha hever is lat return and	B 8453 are c rn. I declare, FTB; I have r indbook for <i>I</i> ter, and I will I accompany h I have know	omplete however provided Authorize make a ing schec	and c r, that the tax ed e-fil copy a dules a	form FTB kpayer with e Provider available to and statem	8453 accur n a copy of s. I will kee o the FTB u ents, and t	ately reflect all forms ar p form FTB pon reques o the best c	is the data on ad informatio 8453 on file t. If I am also f my knowled	nly an intermediate the return.) I have n that I will file with for <b>four</b> years from the paid preparer dge and belief, they
ER0	ERO's- signature					Date 07/0	7/2021	Cheo also prep	paid	Check if self- employed	1 🗆	s PTIN	
Must	Firm's name		GLOBAL T	AXES IIC							n's FEIN -10171	96	
Sign	if self-emplo and address			BLE CREEK	LN C	UMMING	GA			30		 ode 3004;	1
	ties of perjur	, I declare that	I have examined	the above taxpa	iyer's retui	rn and acco	npanying			d statemer			ny knowledge and
		ci, and complet	e. I make this de	ciaration dased (	ni all intor		nich i ha	ive Kn	°.	alı	Daid		
Paid	Paid preparer's					Date			Che if se		Paid prepa	uersPIIN	
Preparer	signature									loyed 🗌		82703	
Must	Firm's name		SYAM PRT	YA RAM SA	GAR G	UPTA T	ALLAM	4		Firm's F	N 0-101	7196	
Sign	if self-emplo and addres			BLE CREEK							ZIP cod	° 30041	
For Privac	y Notice, g	et FTB 1131 E	NG/SP.		RE	V 05/29/21 PR	0					F	TB 8453 2020

\_\_\_\_\_

TAXAE	LE YEAR	Califor	nia Nonres	sident or	Part-Ye	<b>ar</b>			CALIFORN	IA FORM
20	)20		ent Income					-	540	NR
				APE		ΑT	TACH FI	EDERAL R	ETURN	
GOPI	-81-602 INATH ITHA	•	L 000-0 VELLARI GOV NAGARAJAN	00-0000 Vardhanan		20	)			
150 Katy	COBIA (	DR	TX 7749	94	APT	4101				
)4-1	L3-1989	9 01-0	8-1993							
									1	
		-	status is different fro		-				J	
		ingle		4 Head	of household	(with qualif	ying person).	See instruction	IS.	
Status	2 🗙 N	larried/RDP fil	ling jointly. See inst.	5 Qualif	fying widow(e	er). Enter ye	ar spouse/RD	P died.		
-0)				See ir	nstructions.					
:	3 🗌 N	larried/RDP fil	ling separately. Enter	spouse's/RDP's S	SN or ITIN ab	ove and full	name here			
	6 If some	one can claim	you (or your spouse/	RDP) as a depende	ent, check the	e box here. S	See inst	• 6		
			d line 10: Multiply the	-	-	the pre-print	ted dollar amo	unt for that line.	Whole do	ollars onl
·			ed box 1, 3, or 4 abo ter 2. If you checked			ons. •7	<sup>2</sup> X \$124	= • \$	248	
1	8 Blind: If	you (or your s	spouse/RDP) are visu	ally impaired, ente	er 1;					
9		<b>,</b> 1	aired, enter 2 spouse/RDP) are 65			8	X \$124	=•\$		
≗ 10	if both a	re 65 or older.	enter 2				X \$124	= • \$		
1 I	D Deheiine	Depen	nclude yourself or yo dent 1	De	pendent 2			Dependent 3		
xemp	First Nan	ne 💿 🔄								
Û	Last Nan	1e 💿								
	SSN. See									
	Depende relations to you	nt's								
Το	tal denende	nt exemptions			•	10	X \$383 =	• \$		
.0					•					
				175 31	L31204	R	EV 05/29/21 PRO	Form 540NI	R 2020 Side	1

You	ir na	me: VELLARI GOVARDHANAN	Your SSN or ITIN:	380-81-6023	_	
	11	Exemption amount: Add line 7 through line	ne 10		• 11 \$	248
	12	Total California wages from your federal Form(s) W-2, box 16	• 12	42083	. 00	
some	13 14	Enter federal AGI from federal Form 1040 California adjustments – subtractions. En Part II, line 23, column B	, 1040-SR, or 1040-NR ter the amount from Sc	, line 11		81253 .00
ble Inc	15	Subtract line 14 from line 13. If less than See instructions	zero, enter the result in	parentheses.	15	81253 .00
Total Taxable Income	16	California adjustments – additions. Enter line 23, column C		-00		
Tot	17 18	Adjusted gross income from all sources. Enter the <b>larger</b> of: Your California <b>itemiz</b> Part III, line 30; <b>OR</b> Your California <b>stand</b>		81253 .00 9202 .00		
	19			72051 .00		
	31	Tax. Check the box if from:	Table Tax	Rate Schedule		
	32	• FTB	CA	3803 42083	• 31	1964 .00
	35	CA Taxable Income from Schedule CA (54				37317 .00
Icome	36	CA Tax Rate. Divide line 31 by line 19		. • 36 0.027	73	
able In	37	CA Tax Before Exemption Credits. Multipl	y line 35 by line 36		( 37	1019 .00
CA Taxable Income	38	CA Exemption Credit Percentage. Divide lin If more than 1, enter 1.0000		. • 38 0.517	79	
-	39	CA Prorated Exemption Credits. Multiply If the amount on line 13 is more than \$20	•		(•) 39	128 .00
	40	CA Regular Tax Before Credits. Subtract I	ine 39 from line 37. If le	ess than zero, enter -0-	• 40	891 .00
	41	Tax. See instructions. Check the box if fro	om: • 🛄 Schedule (	G-1 • 🖵 FTB 58	70A • 41	
	42	Add line 40 and line 41			• 42	891 .00
dits	50 51	Nonrefundable Child and Dependent Care Attach form FTB 3506 Credit for joint custody head of household See instructions		nstructions.	···· • 50	. 00
Special Credits	52 53	Credit for dependent parent. See instructi Credit for senior head of household. See instructions			. 00	
	54	Credit percentage. Enter the amount from If more than 1, enter 1.0000. See instruct		. • 54		
	55	Credit amount. See instructions			● 55	. 00
		Side 2 Form 540NR 2020	175 313	2204 REV	05/29/21 PRO	

You	r nar	ne: VELLARI GOVARDHANAN Your SSN or ITIN: 380-81-6023	
	58	Enter credit name code • and amount • 58	00
inued	59	Enter credit name code • and amount • 59	00
Special Credits continued	60	To claim more than two credits. See instructions	00
redits	61	Nonrefundable Renter's Credit. See instructions	00
cial C	62	Add line 50 and line 55 through 61. These are your total credits	00
Spe	63	Subtract line 62 from line 42. If less than zero, enter -0	00
	71		00
laxes	72	Mental Health Services Tax. See instructions	00
Other Taxes	73	Other taxes and credit recapture. See instructions	00
0	74	Excess Advance Premium Assistance Subsidy (APAS) repayment. See instructions • 74	00
	75	Add line 63, line 71, line 72, line 73, and line 74. This is your total tax	00
	81	California income tax withheld. See instructions	00
	82		00
	83		00
ints	84		00
Payments	85		00
<u>a</u>			00
	86		00
	87		00
~	88	Add line 81 through line 87. These are your total payments. See instructions	
enalt	91	Individual Shared Responsibility (ISR) Penalty. See instructions • 91	
ISR Penalty		• X Full-year health care coverage.	
	92	Payments after Individual Shared Responsibility Penalty. If line 88 is more than line 91, subtract line 91 from line 88	00
Overpaid Tax/Tax Due	93	Individual Shared Responsibility Penalty Balance. If line 91 is more than line 88,	00
d Tax	4.4.4		00
rerpai			00
ó	102	Amount of line 101 you want applied to your <b>2021</b> estimated tax • <b>102</b>	00

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Your na	me: VELLARI GOVARDHANAN Your SSN or ITIN: 380-81-6023		I	
103	Overpaid tax available this year. Subtract line 102 from line 101	. • 103	2080	. 00
104	Tax due. If line 92 is less than line 75, subtract line 92 from line 75	. • 104		. 00
		<u>Code</u>	Amount	
	California Seniors Special Fund. See instructions	. • 400		.00
	Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund	. • 401		. 00
	Rare and Endangered Species Preservation Voluntary Tax Contribution Program	. • 403		.00
	California Breast Cancer Research Voluntary Tax Contribution Fund	. • 405		. 00
	California Firefighters' Memorial Voluntary Tax Contribution Fund	. • 406		. 00
	Emergency Food for Families Voluntary Tax Contribution Fund	. • 407		. 00
	California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund	. • 408		<u>    00</u>
	California Sea Otter Voluntary Tax Contribution Fund	. • 410		<u>    00</u>
ions	California Cancer Research Voluntary Tax Contribution Fund	. • 413		<u>    00</u>
Contributions	School Supplies for Homeless Children Fund	. • 422		<u>    00</u>
Con	State Parks Protection Fund/Parks Pass Purchase	. • 423		<u>    00</u>
	Protect Our Coast and Oceans Voluntary Tax Contribution Fund.	. • 424		. 00
	Keep Arts in Schools Voluntary Tax Contribution Fund	. • 425		. 00
	Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund $\ldots \ldots$	. ● 431		- 00
	California Senior Citizen Advocacy Voluntary Tax Contribution Fund	. • 438		- 00
	Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund	. • 439		- 00
	Rape Kit Backlog Voluntary Tax Contribution Fund	. • 440		- 00
	Schools Not Prisons Voluntary Tax Contribution Fund	. • 443		. 00
	Suicide Prevention Voluntary Tax Contribution Fund	. • 444		. 00
12	Add code 400 through code 444. This is your total contribution	. • 120		. 00

You	r nar	ne: 🗋	VELLARI GOV	ARDHANAN	Your SSN	or ITIN: 380-	81-60	23					
Amount You Owe	121	Mail t		AX BOARD, PO B	OX 942867, S	. See instructions. ACRAMENTO CA 9 n.			• 121				. 00
Interest and Penalties	122 123		est, late return pen rpayment of estim	•	ayment penalti	es			122				.00
Intere: Pena		Check	k the box:	FTB 5805 atta	iched •	FTB 5805F attach	ed		• 123				
		Total	amount due. See i	nstructions. Encl	lose, but <b>do no</b>	ot staple, any paym	ent		124				.00
	125					n line 103. See inst			[			2080	
						ACRAMENTO CA 94			• 125 l				. 00
Refund and Direct Deposit		See ir	nstructions. Have	you verified the	routing and ac	ur refund into one o ccount numbers? L authorized for dired	Jse whole	e dollars or	nly.		ieck or a c	leposit slip	
ect		• R	outing number	• Type	<ul> <li>Account n</li> </ul>	number				• <b>126</b> Dire	ect deposif	t amount	
d Dir			121000358	× Checking	32508377	70304				•		2080	. 00
d an				Savings					l				
Refun		The r	emaining amount (	2	e 125) is autho	orized for direct de	posit into	the accou	nt shown	below:			
		• R	outing number	Type     Checking	<ul> <li>Account n</li> </ul>	number				• <b>127</b> Dire	ect deposit	t amount	. —
													. 00
				Savings									
			ttach a copy of you										
ftb.c	a.go	v/form	s and search for <b>1</b>	131. To request t	his notice by n	tion, and the conse nail, call 800.852.5	711.						
Und knov	er pe vledg	nalties e and	of perjury, I declar belief, it is true, co	re that I have exa prrect, and comple	amined this tax ete.	return, including a	ccompar	iying scheo	dules and s	statements, a	and to the	best of my	'
Your	signat	ture				Date		Spouse's/RD	P's signatu	re (if a joint tax	< return, bot	th must sign)	
			Your email add	ress. Enter only one	e email address.							one number	
Si	gn										.038603	389	
He	ere	•		•		based on all informa	tion of wh	nich prepare	er has any	knowledge)			
	unlaw rge a			A RAM SAGA		I'ALLAM							
	ise's/		Firm's name (or you GLOBAL TAX		1)							PTIN	2
	ature.		Firm's address										5
Joint retur				LE CREEK L	N CIIMMINO	GA 30041						Firm's FEIN	6
(See		ns)				this tax return with	us? See	instructior	ns	• Ye		× No	<u> </u>
			Print Third Party De								ohone Numb		
				<u> </u>									

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## 2 a I was domiciled in (enter two letter code, see instructions) ..... **b** I was in the military and stationed in (enter two letter code).......

a Myself: O \_\_\_\_ Nonresident O X Part-Year Resident O \_\_\_\_ Resident

G VELLARI GOVARDHANAN & S NAGARAJAN

Name(s) as shown on tax return

1 My California (CA) Residency (Check one)

During 2020:

3 I became a CA resident (enter state of prior residence and date (mm/dd/yyyy) of move) ... •  $( \bullet )$ 4 I became a CA nonresident (enter new state of residence and date (mm/dd/yyyy) of move). ( )5 TX  $\bigcirc$  $\bigcirc$ Ν ( )

6 7 igodol8 Before 2020: I was a CA resident for the period of .....

Part II Income Adjustment Schedule	A	В	C	D	E
Section A — Income from federal Form 1040 or 1040-SR	Federal Amounts (taxable amounts from your federal tax return)	Subtractions See instructions (difference between CA & federal law)	Additions See instructions (difference between CA & federal law)	Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
1 Wages, salaries, tips, etc. See instructions before making an entry in col. B or C 1	<ul><li>81,253.</li></ul>	۲	$\bullet$	81,253.	42,083.
2 Taxable interest. a 🖲 2b	۲	۲	۲	۲	۲
3 Ordinary dividends. See instructions. a					
4 IRA distributions. See instructions. a ● 4b	_	٢	•	•	•
5 Pensions and annuities. See instructions. a ( ) 5b		۲	۲	•	
6 Social security benefits. a ● 6b	$\textcircled{\bullet}$	۲			
7 Capital gain or (loss). See instructions 7		$\odot$			
Section B — Additional Income from federal Schedule 1 (Form 1040)					• -
1 Taxable refunds, credits, or offsets of state and local income taxes		۲			
2a Alimony received. See instructions 2a	$\odot$		$\odot$	۲	$\odot$
${\bf 3}$ Business income or (loss). See instructions ${\bf 3}$	$\odot$	۲	$\odot$		$\odot$
4 Other gains or (losses) 4	$\odot$	۲	$\odot$	۲	$\odot$
5 Rental real estate, royalties, partnerships, S corporations, trusts, etc		۲			$\odot$

#### California Adjustments — TAXABLE YEAR **Nonresidents or Part-Year Residents** 2020

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

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

175

REV 05/29/21 PRO



Spouse/RDP

Resident

<u>F</u>C

<u>T X</u>

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SSN or ITIN

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( )

<u>T X</u>

**b** Spouse: • X Nonresident • Part-Year Resident •

Yourself

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 $(\bullet)$ 



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

	A	В	C	D	E	
Section C — Adjustments to Income from federal Schedule 1 (Form 1040)	Federal Amounts (taxable amounts from your federal tax return)	Subtractions See instructions (difference between CA & federal law)	Additions See instructions (difference between CA & federal law)	Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)	
<b>10</b> Educator expenses <b>10</b>	۲					
11         Certain business expenses of reservists, performing artists, and fee-basis government officials         11	$\odot$					
<b>12</b> Health savings account deduction <b>12</b>	$\textcircled{\bullet}$	ullet				
<b>13</b> Moving expenses. Attach federal Form 3903. See instructions <b>13</b>	۲		۲	۲	۲	
14Deductible part of self-employment tax.See instructions.14	$\odot$					
15 Self-employed SEP, SIMPLE, and qualified plans15	•			•	•	
<b>16</b> Self-employed health insurance deduction. See instructions					$ \bigcirc $	
<ul><li>17 Penalty on early withdrawal of savings17</li><li>18a Alimony paid. b Enter recipient's:</li></ul>	•			•	•	
SSN • 18a						
<b>19</b> IRA deduction <b>19</b>	۲			$\odot$		
20 Student loan interest deduction 20	$\textcircled{\bullet}$				ullet	
<ul> <li>21 Tuition and fees</li></ul>	•	•			$\overline{\bullet}$	
23 Total. Subtract line 22 from line 9 in each column, A through E. See instructions 23	<ul><li>81,253.</li></ul>		•	<ul><li>81,253.</li></ul>		

	k the box if you did NOT itemize for federal but will itemize for California						
Me	ical and Dental Expenses See instructions.					1	
1	Medical and dental expenses						
2	Enter amount from federal Form 1040 or 1040-SR, line 11 (•) 81 , 253 . 2						
3	Multiply line 2 by 7.5% (0.075)						
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter 0	$oldsymbol{O}$				lacksquare	
ax	s You Paid						
5a	State and local income tax or general sales taxes	$oldsymbol{O}$	3,392.	$oldsymbol{O}$	3,392.		
5b	State and local real estate taxes	$oldsymbol{O}$					
5c	State and local personal property taxes 5c	$oldsymbol{O}$					
5d	Add line 5a through line 5c5d	$oldsymbol{O}$	3,392.				
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 5e	$oldsymbol{O}$	3,392.	-	3,392.		(
6	Other taxes. List type • 6	$oldsymbol{O}$		$oldsymbol{O}$		ullet	
7	Add line 5e and line 6	$\odot$	3,392.	$\bullet$	3,392.	$oldsymbol{O}$	(
nte	rest You Paid			-			
а	Home mortgage interest and points reported to you on federal Form 1098	$oldsymbol{O}$				$oldsymbol{O}$	
b	Home mortgage interest not reported to you on federal Form 1098	$oldsymbol{O}$				$\odot$	
C	Points not reported to you on federal Form 10988c	$oldsymbol{O}$				$oldsymbol{O}$	
d	Mortgage insurance premiums	$oldsymbol{O}$		$oldsymbol{eta}$			
е	Add line 8a through line 8d	$oldsymbol{O}$		$oldsymbol{eta}$		ullet	
	Investment interest	$\odot$		$oldsymbol{eta}$		ullet	
0	Add line 8e and line 9	lacksquare		$   \mathbf{O} $		$\bigcirc$	
ift	to Charity						
1	Gifts by cash or check			$\bullet$		$\bigcirc$	
2	Other than by cash or check	$\bigcirc$		$oldsymbol{O}$		$\bigcirc$	
3	Carryover from prior year	lacksquare		$oldsymbol{O}$		$oldsymbol{O}$	
4	Add line 11 through line 13 14	lacksquare		lacksquare		lacksquare	
as	ualty and Theft Losses						
5	Casualty or theft loss(es) (other than net qualified disaster losses).						
	Attach federal Form 4684. See instructions			$   \mathbf{O} $		$\odot$	
th	r Itemized Deductions						
6	Other—from list in federal instructions					$\bigcirc$	
	Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C		3,392.	$\bigcirc$	3,392.	$\bigcirc$	(

REV 05/29/21 PRO

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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		
20	Tax preparation fees		
21	Other expenses- investment, safe deposit box, etc. List type 🖲 🕥 21 0 .		
22	Add line 19 through line 21		
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		
25	Subtract line 24 from line 22. If line 24 is more than line 22, enter 0.	• 25	0.
26	Total Itemized Deductions. Add line 18 and line 25.	• 26 [	0.
27	Other adjustments. See instructions. Specify	• 27	
28	Combine line 26 and line 27.	• 28	0.
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	_	
	Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540NR), line 29	<b>●</b> 29	0.
30	Enter the larger of the amount on line 29 or your standard deduction listed below         Single or married/RDP filing separately. See instructions.         Married/RDP filing jointly, head of household, or qualifying widow(er)         \$9,202	• 30	9,202.

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