

# IRS e-file Signature Authorization

▶ **ERO must obtain and retain completed Form 8879.**  
▶ **Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.**

Submission Identification Number (SID) ▶

Taxpayer's name <b>MANIKANDAN SELVAGANESAN</b>	Social security number <b>040-37-6197</b>
Spouse's name <b>BALA PRIYA SURESH</b>	Spouse's social security number <b>APPLIED FOR</b>

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

Enter whole dollars only on lines 1 through 5.

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

<b>1</b> Adjusted gross income . . . . .	<b>1</b>	182,189.
<b>2</b> Total tax . . . . .	<b>2</b>	26,205.
<b>3</b> Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . . .	<b>3</b>	35,876.
<b>4</b> Amount you want refunded to you . . . . .	<b>4</b>	9,671.
<b>5</b> Amount you owe . . . . .	<b>5</b>	

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

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

**Taxpayer's PIN: check one box only**

- I authorize GLOBAL TAXES LLC to enter or generate my PIN 

7	6	1	9	7
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 as my signature on the income tax return (original or amended) I am now authorizing.
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**Spouse's PIN: check one box only**

- I authorize GLOBAL TAXES LLC to enter or generate my PIN 

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

Spouse's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**Practitioner PIN Method Returns Only—continue below**

**Part III Certification and Authentication – Practitioner PIN Method Only**

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

5	8	7	2	7	8	6	1	9	8	9
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Don't enter all zeros

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

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

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

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

Your first name and middle initial <b>MANIKANDAN</b>	Last name <b>SELVAGANESAN</b>	Your social security number <b>040-37-6197</b>
If joint return, spouse's first name and middle initial <b>BALA PRIYA</b>	Last name <b>SURESH</b>	Spouse's social security number <b>APPLIED FOR</b>
Home address (number and street). If you have a P.O. box, see instructions. <b>3700 CASA VERDE ST</b>		Apt. no. <b>3506</b>
City, town, or post office. If you have a foreign address, also complete spaces below. <b>SAN JOSE</b>		State <b>CA</b>
		ZIP code <b>95134</b>
Foreign country name	Foreign province/state/county	Foreign postal code

You  Spouse

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

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

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

**Dependents** (see instructions):

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

	<b>1</b> Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .			<b>1</b>	170,442.
Attach Sch. B if required.	<b>2a</b> Tax-exempt interest . . . . .	<b>2a</b>		<b>2b</b>	
	<b>3a</b> Qualified dividends . . . . .	<b>3a</b>	13.	<b>3b</b> Ordinary dividends . . . . .	13.
	<b>4a</b> IRA distributions . . . . .	<b>4a</b>		<b>4b</b> Taxable amount . . . . .	
	<b>5a</b> Pensions and annuities . . . . .	<b>5a</b>		<b>5b</b> Taxable amount . . . . .	
	<b>6a</b> Social security benefits . . . . .	<b>6a</b>		<b>6b</b> Taxable amount . . . . .	
	<b>7</b> Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . .			<b>7</b>	12,034.
	<b>8</b> Other income from Schedule 1, line 9 . . . . .			<b>8</b>	
	<b>9</b> Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b> . . . . .			<b>9</b>	182,489.
<b>Standard Deduction for—</b> • Single or Married filing separately, \$12,400 • Married filing jointly or Qualifying widow(er), \$24,800 • Head of household, \$18,650 • If you checked any box under <i>Standard Deduction</i> , see instructions.	<b>10</b> Adjustments to income:				
	<b>a</b> From Schedule 1, line 22 . . . . .	<b>10a</b>			
	<b>b</b> Charitable contributions if you take the standard deduction. See instructions . . . . .	<b>10b</b>	300.		
	<b>c</b> Add lines 10a and 10b. These are your <b>total adjustments to income</b> . . . . .			<b>10c</b>	300.
	<b>11</b> Subtract line 10c from line 9. This is your <b>adjusted gross income</b> . . . . .			<b>11</b>	182,189.
	<b>12</b> <b>Standard deduction or itemized deductions</b> (from Schedule A) . . . . .			<b>12</b>	24,800.
	<b>13</b> Qualified business income deduction. Attach Form 8995 or Form 8995-A . . . . .			<b>13</b>	
	<b>14</b> Add lines 12 and 13 . . . . .			<b>14</b>	24,800.
	<b>15</b> <b>Taxable income.</b> Subtract line 14 from line 11. If zero or less, enter -0- . . . . .			<b>15</b>	157,389.

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	26,205.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	26,205.
19	Child tax credit or credit for other dependents	19	
20	Amount from Schedule 3, line 7	20	
21	Add lines 19 and 20	21	
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	26,205.
23	Other taxes, including self-employment tax, from Schedule 2, line 10	23	0.
24	Add lines 22 and 23. This is your <b>total tax</b>	24	26,205.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	35,766.
b	Form(s) 1099	25b	110.
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	35,876.
26	2020 estimated tax payments and amount applied from 2019 return	26	
27	Earned income credit (EIC)	27	
28	Additional child tax credit. Attach Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	
31	Amount from Schedule 3, line 13	31	
32	Add lines 27 through 31. These are your <b>total other payments and refundable credits</b>	32	
33	Add lines 25d, 26, and 32. These are your <b>total payments</b>	33	35,876.

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

Refund

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	34	9,671.
35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	35a	9,671.
b	Routing number 1 2 1 0 0 0 3 5 8		
c	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number 3 2 5 1 3 2 6 6 0 2 0 0		
36	Amount of line 34 you want <b>applied to your 2021 estimated tax</b>	36	

Amount You Owe

For details on how to pay, see instructions.

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

Third Party Designee

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

Designee's name \_\_\_\_\_ Phone no. \_\_\_\_\_ Personal identification number (PIN) \_\_\_\_\_

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation SOFTWARE ENGINEER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation HR	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no.	Email address		

Paid Preparer Use Only

Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 03/09/2021	PTIN P02082703	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Firm's address 2530 Pebble Creek Ln Cumming GA 30041			Phone no. (678) 965-9522
Firm's EIN				30-1017196

**SCHEDULE D**  
**(Form 1040)**

**Capital Gains and Losses**

OMB No. 1545-0074

**2020**

Attachment  
Sequence No. **12**

Department of the Treasury  
Internal Revenue Service (99)

▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**  
▶ **Go to [www.irs.gov/ScheduleD](http://www.irs.gov/ScheduleD) for instructions and the latest information.**  
▶ **Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.**

Name(s) shown on return

MANIKANDAN SELVAGANESAN & BALA PRIYA SURESH

Your social security number

040-37-6197

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?  **Yes**  **No**

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

**Part I Short-Term Capital Gains and Losses—Generally Assets Held One Year or Less** (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b .				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked . . . . .	27,162.	14,410.		12,752.
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked . . . . .	18,944.	18,094.		850.
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked . . . . .				
<b>4</b> Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .				<b>4</b>
<b>5</b> Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .				<b>5</b>
<b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .				<b>6</b> ( )
<b>7 Net short-term capital gain or (loss).</b> Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back . . . . .				<b>7</b> 13,602.

**Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year** (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b .				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked . . . . .				
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked . . . . .	4,622.	6,190.		-1,568.
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked . . . . .				
<b>11</b> Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .				<b>11</b>
<b>12</b> Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .				<b>12</b>
<b>13</b> Capital gain distributions. See the instructions . . . . .				<b>13</b>
<b>14</b> Long-term capital loss carryover. Enter the amount, if any, from line 13 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .				<b>14</b> ( )
<b>15 Net long-term capital gain or (loss).</b> Combine lines 8a through 14 in column (h). Then, go to Part III on the back . . . . .				<b>15</b> -1,568.

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

BAA REV 03/01/21 PRO

Schedule D (Form 1040) 2020

**Part III Summary**

<p><b>16</b> Combine lines 7 and 15 and enter the result . . . . .</p> <ul style="list-style-type: none"> <li>• If line 16 is a <b>gain</b>, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.</li> <li>• If line 16 is a <b>loss</b>, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.</li> <li>• If line 16 is <b>zero</b>, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.</li> </ul>	<b>16</b>	12,034.
<p><b>17</b> Are lines 15 and 16 <b>both</b> gains?</p> <p><input type="checkbox"/> <b>Yes.</b> Go to line 18.</p> <p><input checked="" type="checkbox"/> <b>No.</b> Skip lines 18 through 21, and go to line 22.</p>		
<p><b>18</b> If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet . . . . . ▶</p>	<b>18</b>	
<p><b>19</b> If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet . . . . . ▶</p>	<b>19</b>	
<p><b>20</b> Are lines 18 and 19 both zero or blank and are you not filing Form 4952?</p> <p><input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Forms 1040 and 1040-SR, line 16. <b>Don't</b> complete lines 21 and 22 below.</p> <p><input type="checkbox"/> <b>No.</b> Complete the <b>Schedule D Tax Worksheet</b> in the instructions. <b>Don't</b> complete lines 21 and 22 below.</p>		
<p><b>21</b> If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the <b>smaller</b> of:</p> <ul style="list-style-type: none"> <li>• The loss on line 16; or</li> <li>• (\$3,000), or if married filing separately, (\$1,500) } . . . . .</li> </ul> <p><b>Note:</b> When figuring which amount is smaller, treat both amounts as positive numbers.</p>	<b>21</b> ( )	
<p><b>22</b> Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?</p> <p><input checked="" type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Forms 1040 and 1040-SR, line 16.</p> <p><input type="checkbox"/> <b>No.</b> Complete the rest of Form 1040, 1040-SR, or 1040-NR.</p>		

**Sales and Other Dispositions of Capital Assets**

Department of the Treasury  
Internal Revenue Service

► Go to [www.irs.gov/Form8949](http://www.irs.gov/Form8949) for instructions and the latest information.  
► File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return: **MANIKANDAN SELVAGANESAN & BALA PRIYA SURESH**  
Social security number or taxpayer identification number: **040-37-6197**

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

**Part I Short-Term.** Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

**Note:** You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

**You must check Box A, B, or C below. Check only one box.** If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (A)** Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (B)** Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (C)** Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the <b>Note</b> below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). <b>See the separate instructions.</b>		(h) <b>Gain or (loss).</b> Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	E*TRADE SECURITIES LLC	03/20/20	09/02/20	27,162.	14,410.			12,752.
<b>2 Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 1b</b> (if <b>Box A</b> above is checked), <b>line 2</b> (if <b>Box B</b> above is checked), or <b>line 3</b> (if <b>Box C</b> above is checked) ►				27,162.	14,410.			12,752.

**Note:** If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.



Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side

Social security number or taxpayer identification number

MANIKANDAN SELVAGANESAN & BALA PRIYA SURESH

040-37-6197

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

**Part II Long-Term.** Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

**Note:** You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

**You must check Box D, E, or F below. Check only one box.** If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (E)** Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (F)** Long-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the <b>Note</b> below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). <b>See the separate instructions.</b>		(h) <b>Gain or (loss).</b> Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	E*TRADE SECURITIES LLC	09/02/20	03/15/19	4,622.	6,190.			-1,568.
<b>2 Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 8b</b> (if <b>Box D</b> above is checked), <b>line 9</b> (if <b>Box E</b> above is checked), or <b>line 10</b> (if <b>Box F</b> above is checked) ▶				4,622.	6,190.			-1,568.

**Note:** If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

**Sales and Other Dispositions of Capital Assets**

Department of the Treasury  
Internal Revenue Service

► Go to [www.irs.gov/Form8949](http://www.irs.gov/Form8949) for instructions and the latest information.  
► File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return: **MANIKANDAN SELVAGANESAN & BALA PRIYA SURESH**  
Social security number or taxpayer identification number: **040-37-6197**

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

**Part I Short-Term.** Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

**Note:** You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

**You must check Box A, B, or C below. Check only one box.** If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (B) Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (C) Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the <b>Note</b> below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). <b>See the separate instructions.</b>		(h) <b>Gain or (loss).</b> Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	E*TRADE SECURITIES LLC	06/15/20	12/18/20	18,944.	18,094.			850.
<b>2 Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 1b</b> (if <b>Box A</b> above is checked), <b>line 2</b> (if <b>Box B</b> above is checked), or <b>line 3</b> (if <b>Box C</b> above is checked) ►				18,944.	18,094.			850.

**Note:** If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.



TAXABLE YEAR

FORM

2020

California e-file Signature Authorization for Individuals

8879

Table with 2 columns: Name (Your name, Spouse's/RDP's name) and SSN/ITIN. Values include MANIKANDAN SELVAGANESAN, BALA PRIYA SURESH, and 040-37-6197.

Part I Tax Return Information (whole dollars only)

Table with 2 columns: Line number and Amount. Lines 1, 2, and 3 with amounts 182,489 and 3,511.

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

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

Taxpayer's PIN: check one box only

[X] I authorize GLOBAL TAXES LLC to enter my PIN 7 6 1 9 7 as my signature on my 2020 e-filed California individual income tax return.

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

Your signature Date

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

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

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

Spouse's/RDP's signature Date

Practitioner PIN Method Returns Only -- continue below

Part III Certification and Authentication — Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 5 8 7 2 7 8 6 1 9 8 9 Do not enter all zeros

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

ERO's signature Date 03/09/2021

# 2020 California Resident Income Tax Return

# 540

APE

ATTACH FEDERAL RETURN

040-37-6197 SELV 000-00-0000  
MANIKANDAN SELVAGANESAN  
BALAPRIYA SURESH

20

3700 CASA VERDE ST APT 3506  
SAN JOSE CA 95134

09-06-1993 03-21-1994

Principal Residence

Enter your county at time of filing (see instructions)

SANTA CLARA

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

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

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

Apt. no/ste. no.

City

State

ZIP code

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

Filing Status

1  Single

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

2  Married/RDP filing jointly. See inst.

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

See instructions.

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

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

Exemptions

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

Whole dollars only

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

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

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

Your name:  Your SSN or ITIN:

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

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

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

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

<b>12</b>	State wages from your federal Form(s) W-2, box 16 ..... ● 12	<input type="text" value="170329"/>	<input type="text" value="00"/>
<b>13</b>	Enter federal adjusted gross income from federal Form 1040 or 1040-SR, line 11 ..... ● 13	<input type="text" value="182189"/>	<input type="text" value="00"/>
<b>14</b>	California adjustments – subtractions. Enter the amount from Schedule CA (540), Part I, line 23, column B. .... ● 14	<input type="text"/>	<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 ..... 15	<input type="text" value="182189"/>	<input type="text" value="00"/>
<b>16</b>	California adjustments – additions. Enter the amount from Schedule CA (540), Part I, line 23, column C. .... ● 16	<input type="text" value="300"/>	<input type="text" value="00"/>
<b>17</b>	California adjusted gross income. Combine line 15 and line 16 ..... ● 17	<input type="text" value="182489"/>	<input type="text" value="00"/>
<b>18</b>	Enter the larger of { Your California <b>itemized deductions</b> from Schedule CA (540), Part II, line 30; <b>OR</b> Your California <b>standard deduction</b> shown below for your filing status: • Single or Married/RDP filing separately. .... \$4,601 • Married/RDP filing jointly, Head of household, or Qualifying widow(er) . . . \$9,202 If Married/RDP filing separately or the box on line 6 is checked, <b>STOP</b> . See instructions ..... ● 18	<input type="text" value="9202"/>	<input type="text" value="00"/>
<b>19</b>	Subtract line 18 from line 17. This is your <b>taxable income</b> . If less than zero, enter -0- ..... ● 19	<input type="text" value="173287"/>	<input type="text" value="00"/>

<b>31</b>	Tax. Check the box if from: <input type="checkbox"/> Tax Table <input checked="" type="checkbox"/> Tax Rate Schedule ● <input type="checkbox"/> FTB 3800 ● <input type="checkbox"/> FTB 3803 ..... ● 31	<input type="text" value="10373"/>	<input type="text" value="00"/>
<b>32</b>	Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$203,341, see instructions. .... ● 32	<input type="text" value="248"/>	<input type="text" value="00"/>
<b>33</b>	Subtract line 32 from line 31. If less than zero, enter -0- ..... ● 33	<input type="text" value="10125"/>	<input type="text" value="00"/>
<b>34</b>	Tax. See instructions. Check the box if from: ● <input type="checkbox"/> Schedule G-1 ● <input type="checkbox"/> FTB 5870A. . . ● 34	<input type="text"/>	<input type="text" value="00"/>
<b>35</b>	Add line 33 and line 34 ..... ● 35	<input type="text" value="10125"/>	<input type="text" value="00"/>

<b>40</b>	Nonrefundable Child and Dependent Care Expenses Credit. See instructions. .... ● 40	<input type="text"/>	<input type="text" value="00"/>
<b>43</b>	Enter credit name <input type="text"/> code ● <input type="text"/> and amount. . . ● 43	<input type="text"/>	<input type="text" value="00"/>
<b>44</b>	Enter credit name <input type="text"/> code ● <input type="text"/> and amount. . . ● 44	<input type="text"/>	<input type="text" value="00"/>

Your name:  Your SSN or ITIN:

<b>Special Credits</b>	45	To claim more than two credits. See instructions. Attach Schedule P (540).	<input type="radio"/>	45	<input type="text"/>	.00
	46	Nonrefundable Renter's Credit. See instructions	<input type="radio"/>	46	<input type="text"/>	.00
	47	Add line 40 through line 46. These are your total credits	<input checked="" type="radio"/>	47	<input type="text"/>	.00
	48	Subtract line 47 from line 35. If less than zero, enter -0-	<input checked="" type="radio"/>	48	<input type="text" value="10125"/>	.00

<b>Other Taxes</b>	61	Alternative Minimum Tax. Attach Schedule P (540)	<input type="radio"/>	61	<input type="text"/>	.00
	62	Mental Health Services Tax. See instructions	<input type="radio"/>	62	<input type="text"/>	.00
	63	Other taxes and credit recapture. See instructions	<input type="radio"/>	63	<input type="text"/>	.00
	64	Excess Advance Premium Assistance Subsidy (APAS) repayment. See instructions.	<input type="radio"/>	64	<input type="text"/>	.00
	65	Add line 48, line 61, line 62, line 63, and line 64. This is your total tax	<input type="radio"/>	65	<input type="text" value="10125"/>	.00

<b>Payments</b>	71	California income tax withheld. See instructions	<input type="radio"/>	71	<input type="text" value="13636"/>	.00
	72	2020 CA estimated tax and other payments. See instructions	<input type="radio"/>	72	<input type="text"/>	.00
	73	Withholding (Form 592-B and/or 593). See instructions	<input type="radio"/>	73	<input type="text"/>	.00
	74	Excess SDI (or VPD) withheld. See instructions	<input type="radio"/>	74	<input type="text"/>	.00
	75	Earned Income Tax Credit (EITC)	<input type="radio"/>	75	<input type="text"/>	.00
	76	Young Child Tax Credit (YCTC). See instructions	<input type="radio"/>	76	<input type="text"/>	.00
	77	Net Premium Assistance Subsidy (PAS). See instructions	<input type="radio"/>	77	<input type="text"/>	.00
	78	Add line 71 through line 77. These are your total payments. See instructions	<input checked="" type="radio"/>	78	<input type="text" value="13636"/>	.00

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

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

<b>Overpaid Tax/Tax Due</b>	93	Payments balance. If line 78 is more than line 91, subtract line 91 from line 78	<input checked="" type="radio"/>	93	<input type="text" value="13636"/>	.00
	94	<b>Use Tax balance.</b> If line 91 is more than line 78, subtract line 78 from line 91	<input checked="" type="radio"/>	94	<input type="text"/>	.00
	95	Payments after Individual Shared Responsibility Penalty. If line 93 is more than line 92, subtract line 92 from line 93.	<input checked="" type="radio"/>	95	<input type="text" value="13636"/>	.00
	96	Individual Shared Responsibility Penalty Balance. If line 92 is more than line 93, then subtract line 93 from line 92.	<input checked="" type="radio"/>	96	<input type="text"/>	.00

Your name:  Your SSN or ITIN:

<b>Overpaid Tax/Tax Due</b>	<b>97</b> Overpaid tax. If line 95 is more than line 65, subtract line 65 from line 95. . . . . <input checked="" type="radio"/>	<b>97</b> <input type="text" value="3511"/>	<input type="text" value=".00"/>
	<b>98</b> Amount of line 97 you want applied to your <b>2021</b> estimated tax . . . . . <input type="radio"/>	<b>98</b> <input type="text" value="0"/>	<input type="text" value=".00"/>
	<b>99</b> Overpaid tax available this year. Subtract line 98 from line 97 . . . . . <input type="radio"/>	<b>99</b> <input type="text" value="3511"/>	<input type="text" value=".00"/>
	<b>100</b> Tax due. If line 95 is less than line 65, subtract line 95 from line 65 . . . . . <input checked="" type="radio"/>	<b>100</b> <input type="text"/>	<input type="text" value=".00"/>

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

Your name:  Your SSN or ITIN:

**Amount You Owe** 111 **AMOUNT YOU OWE.** If you do not have an amount on line 99, add line 94, line 96, line 100, and line 110. See instructions. **Do not send cash.**  
Mail to: **FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001** . . . . . ● 111  .00  
Pay Online – Go to **ftb.ca.gov/pay** for more information.

**Interest and Penalties** 112 Interest, late return penalties, and late payment penalties . . . . . 112  .00  
113 Underpayment of estimated tax.  
Check the box: ●  **FTB 5805 attached** ●  **FTB 5805F attached** . . . . . ● 113  .00  
114 Total amount due. See instructions. Enclose, but **do not** staple, any payment . . . . . 114  .00

115 **REFUND OR NO AMOUNT DUE.** Subtract the sum of line 110, line 112 and line 113 from line 99. See instructions.  
Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001** . . . . . ● 115  .00

**Refund and Direct Deposit** Fill in the information to authorize direct deposit of your refund into one or two accounts. **Do not** attach a voided check or a deposit slip. See instructions. **Have you verified the routing and account numbers?** Use whole dollars only.  
All or the following amount of my refund (line 115) is authorized for direct deposit into the account shown below:

● Routing number  ● Type  Checking  Savings ● Account number  ● 116 Direct deposit amount  .00

The remaining amount of my refund (line 115) is authorized for direct deposit into the account shown below:  
● Routing number  ● Type  Checking  Savings ● Account number  ● 117 Direct deposit amount  .00

**IMPORTANT:** See the instructions to find out if you should attach a copy of your complete federal tax return.

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

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

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

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

**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

# 2020 California Adjustments – Residents

# CA (540)

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

Name(s) as shown on tax return <b>M SELVAGANESAN &amp; B SURESH</b>	SSN or ITIN <b>040376197</b>
--	---------------------------------

	<b>A</b>	<b>B</b>	<b>C</b>
<b>Part I Income Adjustment Schedule</b>	<b>Federal Amounts</b> <small>(taxable amounts from your federal tax return)</small>	<b>Subtractions</b> <small>See instructions</small>	<b>Additions</b> <small>See instructions</small>
<b>Section A – Income from federal Form 1040 or 1040-SR</b>			
<b>1</b> Wages, salaries, tips, etc. See instructions before making an entry in column B or C . . . . .	1 <input checked="" type="radio"/> 170,442.	<input type="radio"/>	<input type="radio"/>
<b>2</b> Taxable interest. <b>a</b> <input checked="" type="radio"/> _____	2b <input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>3</b> Ordinary dividends. See instructions. <b>a</b> <input checked="" type="radio"/> _____ 13.	3b <input type="radio"/> 13.	<input type="radio"/>	<input type="radio"/>
<b>4</b> IRA distributions. See instructions. <b>a</b> <input checked="" type="radio"/> _____	4b <input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>5</b> Pensions and annuities. See instructions. <b>a</b> <input checked="" type="radio"/> _____	5b <input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>6</b> Social security benefits. <b>a</b> <input checked="" type="radio"/> _____	6b <input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>7</b> Capital gain or (loss). See instructions . . . . .	7 <input type="radio"/> 12,034.	<input type="radio"/>	<input type="radio"/>

<b>Section B – Additional Income from federal Schedule 1 (Form 1040)</b>			
<b>1</b> Taxable refunds, credits, or offsets of state and local income taxes . . . . .	1 <input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>2a</b> Alimony received. See instructions . . . . .	2a <input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>3</b> Business income or (loss). See instructions . . . . .	3 <input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>4</b> Other gains or (losses) . . . . .	4 <input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>5</b> Rental real estate, royalties, partnerships, S corporations, trusts, etc . . . . .	5 <input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>6</b> Farm income or (loss) . . . . .	6 <input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>7</b> Unemployment compensation . . . . .	7 <input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>8</b> Other income.	8 <input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>a</b> California lottery winnings	<b>e</b> NOL from FTB 3805Z, 3807, or 3809	<b>a</b> <input type="radio"/>	<b>a</b> <input type="radio"/>
<b>b</b> Disaster loss deduction from FTB 3805V	<b>f</b> Other (describe):	<b>b</b> <input type="radio"/>	<b>b</b> <input type="radio"/>
<b>c</b> Federal NOL (federal Schedule 1 (Form 1040), line 8)	<input checked="" type="radio"/> _____	<b>c</b> <input type="radio"/>	<b>c</b> <input type="radio"/>
<b>d</b> NOL deduction from FTB 3805V	<input type="radio"/> _____	<b>d</b> <input type="radio"/>	<b>d</b> <input type="radio"/>
<b>g</b> Student loan discharged due to closure of a for-profit school	<input type="radio"/> _____	<b>e</b> <input type="radio"/>	<b>e</b> <input type="radio"/>
<b>f</b> _____	<input type="radio"/> _____	<b>f</b> <input type="radio"/>	<b>f</b> <input type="radio"/>
<b>g</b> _____	<input type="radio"/> _____	<b>g</b> <input type="radio"/>	<b>g</b> <input type="radio"/>
<b>9 Total.</b> Combine Section A, line 1 through line 7, and Section B, line 1 through line 8 in column A. Add Section A, line 1 through line 7, and Section B, line 1 through line 8g in column B and column C. Go to Section C. . . . .	9 <input checked="" type="radio"/> 182,489.	<input type="radio"/>	<input type="radio"/>

<b>Section C – Adjustments to Income from federal Schedule 1 (Form 1040)</b>			
<b>10</b> Educator expenses . . . . .	10 <input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>11</b> Certain business expenses of reservists, performing artists, and fee-basis government officials . . . . .	11 <input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>12</b> Health savings account deduction . . . . .	12 <input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>13</b> Moving expenses. Attach federal Form 3903. See instructions . . . . .	13 <input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>14</b> Deductible part of self-employment tax. See instructions . . . . .	14 <input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>15</b> Self-employed SEP, SIMPLE, and qualified plans . . . . .	15 <input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>16</b> Self-employed health insurance deduction. See instructions . . . . .	16 <input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>17</b> Penalty on early withdrawal of savings . . . . .	17 <input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>18a</b> Alimony paid. <b>b</b> Recipient's: SSN <input checked="" type="radio"/> _____ - _____ - _____	18a <input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Last name <input checked="" type="radio"/> _____	18a <input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>19</b> IRA deduction . . . . .	19 <input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>20</b> Student loan interest deduction . . . . .	20 <input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>21</b> Tuition and fees . . . . .	21 <input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>22</b> Add line 10 through line 18a and line 19 through line 21 in columns A, B, and C. See instructions . . . . .	22 <input type="radio"/> 300.	<input type="radio"/> 300.	<input type="radio"/>
<small>CHARITABLE CONTRIBUTIONS</small>	22 <input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>23 Total.</b> Subtract line 22 from line 9 in columns A, B, and C. See instructions . . . . .	23 <input type="radio"/> 182,189.	<input type="radio"/> -300.	<input type="radio"/>



**Part II Adjustments to Federal Itemized Deductions**

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

**A Federal Amounts**  
(from federal Schedule A  
(Form 1040))

**B Subtractions**  
See instructions

**C Additions**  
See instructions

**Medical and Dental Expenses** See instructions.

<b>1</b>	Medical and dental expenses	<input checked="" type="radio"/>		<b>1</b>			
<b>2</b>	Enter amount from federal Form 1040 or 1040-SR, line 11	<input checked="" type="radio"/>	182,189.	<b>2</b>			
<b>3</b>	Multiply line 2 by 7.5% (0.075)	<input checked="" type="radio"/>	13,664.	<b>3</b>			
<b>4</b>	Subtract line 3 from line 1. If line 3 is more than line 1, enter 0.	<input checked="" type="radio"/>		<b>4</b>	<input checked="" type="radio"/>		<input checked="" type="radio"/>

**Taxes You Paid**

<b>5a</b>	State and local income tax or general sales taxes	<input checked="" type="radio"/>	14,865.	<b>5a</b>	<input checked="" type="radio"/>	14,865.		
<b>5b</b>	State and local real estate taxes	<input checked="" type="radio"/>		<b>5b</b>				
<b>5c</b>	State and local personal property taxes	<input checked="" type="radio"/>		<b>5c</b>				
<b>5d</b>	Add line 5a through line 5c.	<input checked="" type="radio"/>	14,865.	<b>5d</b>				
<b>5e</b>	Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) in column A . . . Enter the amount from line 5a, column B in line 5e, column B . . . . . Enter the difference from line 5d and line 5e, column A in line 5e, column C . . . . .	<input checked="" type="radio"/>	10,000.	<b>5e</b>	<input checked="" type="radio"/>	14,865.	<input checked="" type="radio"/>	4,865.
<b>6</b>	Other taxes. List type <input checked="" type="radio"/>	<input checked="" type="radio"/>		<b>6</b>	<input checked="" type="radio"/>		<input checked="" type="radio"/>	
<b>7</b>	Add line 5e and line 6.	<input checked="" type="radio"/>	10,000.	<b>7</b>	<input checked="" type="radio"/>	14,865.	<input checked="" type="radio"/>	4,865.

**Interest You Paid**

<b>8a</b>	Home mortgage interest and points reported to you on federal Form 1098	<input checked="" type="radio"/>		<b>8a</b>			<input checked="" type="radio"/>
<b>8b</b>	Home mortgage interest not reported to you on federal Form 1098	<input checked="" type="radio"/>		<b>8b</b>			<input checked="" type="radio"/>
<b>8c</b>	Points not reported to you on federal Form 1098	<input checked="" type="radio"/>		<b>8c</b>			<input checked="" type="radio"/>
<b>8d</b>	Mortgage insurance premiums	<input checked="" type="radio"/>		<b>8d</b>	<input checked="" type="radio"/>		
<b>8e</b>	Add line 8a through line 8d.	<input checked="" type="radio"/>		<b>8e</b>	<input checked="" type="radio"/>		<input checked="" type="radio"/>
<b>9</b>	Investment interest	<input checked="" type="radio"/>		<b>9</b>	<input checked="" type="radio"/>		<input checked="" type="radio"/>
<b>10</b>	Add line 8e and line 9.	<input checked="" type="radio"/>		<b>10</b>	<input checked="" type="radio"/>		<input checked="" type="radio"/>

**Gifts to Charity**

<b>11</b>	Gifts by cash or check	<input checked="" type="radio"/>	300.	<b>11</b>	<input checked="" type="radio"/>		<input checked="" type="radio"/>
<b>12</b>	Other than by cash or check	<input checked="" type="radio"/>		<b>12</b>	<input checked="" type="radio"/>		<input checked="" type="radio"/>
<b>13</b>	Carryover from prior year	<input checked="" type="radio"/>		<b>13</b>	<input checked="" type="radio"/>		<input checked="" type="radio"/>
<b>14</b>	Add line 11 through line 13	<input checked="" type="radio"/>	300.	<b>14</b>	<input checked="" type="radio"/>		<input checked="" type="radio"/>

**Casualty and Theft Losses**

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

<b>16</b>	Other—from list in federal instructions	<input checked="" type="radio"/>		<b>16</b>	<input checked="" type="radio"/>		<input checked="" type="radio"/>	
<b>17</b>	Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C	<input checked="" type="radio"/>	10,300.	<b>17</b>	<input checked="" type="radio"/>	14,865.	<input checked="" type="radio"/>	4,865.

<b>18</b>	<b>Total.</b> Combine line 17 column A less column B plus column C	<input checked="" type="radio"/>		<b>18</b>			<input checked="" type="radio"/>	300.
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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  182,189.

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

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

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

**27** Other adjustments. See instructions. Specify.  \_\_\_\_\_  **27**

**28** Combine line 26 and line 27.  **28**

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

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

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

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

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