

TAXABLE YEAR

FORM

2020

California e-file Signature Authorization for Individuals

8879

Your name: SRI BINDU MAREEDU
Your SSN or ITIN: 520-81-2139
Spouse's/RDP's name:
Spouse's/RDP's SSN or ITIN:

Part I Tax Return Information (whole dollars only)

Table with 3 rows: 1 California Adjusted Gross Income (AGI) 32,474; 2 Amount You Owe; 3 Refund or No Amount Due 796.

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

I authorize GLOBAL TAXES LLC to enter my PIN 1 2 1 3 9
as my signature on my 2020 e-filed California individual income tax return.

Your signature Date

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

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

Spouse's/RDP's signature Date

Practitioner PIN Method Returns Only -- continue below

Part III Certification and Authentication — Practitioner PIN Method Only

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

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

ERO's signature Date 04/17/2021

# California Nonresident or Part-Year Resident Income Tax Return

2020

540NR

APE

ATTACH FEDERAL RETURN

520-81-2139 MARE  
SRIBINDU MAREEDU

20

3507 PALMILLA DR UNIT 3033  
SAN JOSE CA 95134

09-27-1993

NOT MAIL

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

Filing Status

- 1  Single
- 4  Head of household (with qualifying person). See instructions.
- 2  Married/RDP filing jointly. See inst.
- 5  Qualifying widow(er). Enter year spouse/RDP died.
- 3  Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here

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

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

Whole dollars only

- 7 **Personal:** If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2. If you checked the box on line 6, see instructions.  7  X \$124 =  \$
- 8 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2 . . . . .  8  X \$124 =  \$
- 9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2 . . . . .  9  X \$124 =  \$

Exemptions

- 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 =  \$

Your name: MAREEDU Your SSN or ITIN: 520-81-2139

11 Exemption amount: Add line 7 through line 10 11 \$ 124

12 Total California wages from your federal Form(s) W-2, box 16 32474 .00
13 Enter federal AGI from federal Form 1040, 1040-SR, or 1040-NR, line 11 76140 .00
14 California adjustments - subtractions. Enter the amount from Schedule CA (540NR), Part II, line 23, column B .00
15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions 76140 .00
16 California adjustments - additions. Enter the amount from Schedule CA (540NR), Part II, line 23, column C .00
17 Adjusted gross income from all sources. Combine line 15 and line 16. 76140 .00
18 Enter the larger of: Your California itemized deductions from Schedule CA (540NR), Part III, line 30; OR Your California standard deduction. See instructions 4601 .00
19 Subtract line 18 from line 17. This is your total taxable income. If less than zero, enter -0- 71539 .00

31 Tax. Check the box if from: [X] Tax Table [ ] Tax Rate Schedule
[ ] FTB 3800 [ ] FTB 3803 31 3778 .00
32 CA adjusted gross income from Schedule CA (540NR), Part IV, line 1. 32 32474 .00
35 CA Taxable Income from Schedule CA (540NR), Part IV, line 5. 35 30512 .00
36 CA Tax Rate. Divide line 31 by line 19. 36 0.0528
37 CA Tax Before Exemption Credits. Multiply line 35 by line 36. 37 1611 .00
38 CA Exemption Credit Percentage. Divide line 35 by line 19. If more than 1, enter 1.0000. 38 0.4265
39 CA Prorated Exemption Credits. Multiply line 11 by line 38. If the amount on line 13 is more than \$203,341, see instructions. 39 53 .00
40 CA Regular Tax Before Credits. Subtract line 39 from line 37. If less than zero, enter -0-. 40 1558 .00
41 Tax. See instructions. Check the box if from: [ ] Schedule G-1 [ ] FTB 5870A 41 .00
42 Add line 40 and line 41. 42 1558 .00

50 Nonrefundable Child and Dependent Care Expenses Credit. See instructions. Attach form FTB 3506. 50 .00
51 Credit for joint custody head of household. See instructions. 51 .00
52 Credit for dependent parent. See instructions. 52 .00
53 Credit for senior head of household. See instructions. 53 .00
54 Credit percentage. Enter the amount from line 38 here. If more than 1, enter 1.0000. See instructions. 54 .00
55 Credit amount. See instructions. 55 .00

Your name:  Your SSN or ITIN:

Special Credits continued

58	Enter credit name <input type="text"/> code <input type="text"/> and amount...	<input type="radio"/>	58	<input type="text"/>	.00
59	Enter credit name <input type="text"/> code <input type="text"/> and amount...	<input type="radio"/>	59	<input type="text"/>	.00
60	To claim more than two credits. See instructions	<input type="radio"/>	60	<input type="text"/>	.00
61	Nonrefundable Renter's Credit. See instructions	<input type="radio"/>	61	<input type="text"/>	.00
62	Add line 50 and line 55 through 61. These are your total credits	<input checked="" type="radio"/>	62	<input type="text"/>	.00
63	Subtract line 62 from line 42. If less than zero, enter -0-	<input checked="" type="radio"/>	63	<input type="text" value="1558"/>	.00

Other Taxes

71	Alternative Minimum Tax. Attach Schedule P (540NR)	<input type="radio"/>	71	<input type="text"/>	.00
72	Mental Health Services Tax. See instructions	<input type="radio"/>	72	<input type="text"/>	.00
73	Other taxes and credit recapture. See instructions	<input type="radio"/>	73	<input type="text"/>	.00
74	Excess Advance Premium Assistance Subsidy (APAS) repayment. See instructions	<input type="radio"/>	74	<input type="text"/>	.00
75	Add line 63, line 71, line 72, line 73, and line 74. This is your total tax	<input type="radio"/>	75	<input type="text" value="1558"/>	.00

Payments

81	California income tax withheld. See instructions	<input type="radio"/>	81	<input type="text" value="2354"/>	.00
82	2020 CA estimated tax and other payments. See instructions	<input type="radio"/>	82	<input type="text"/>	.00
83	Withholding (Form 592-B and/or 593). See instructions	<input type="radio"/>	83	<input type="text"/>	.00
84	Excess SDI (or VPD) withheld. See instructions	<input type="radio"/>	84	<input type="text"/>	.00
85	Earned Income Tax Credit (EITC)	<input type="radio"/>	85	<input type="text"/>	.00
86	Young Child Tax Credit (YCTC). See instructions	<input type="radio"/>	86	<input type="text"/>	.00
87	Net Premium Assistance Subsidy (PAS). See instructions	<input type="radio"/>	87	<input type="text"/>	.00
88	Add line 81 through line 87. These are your total payments. See instructions	<input checked="" type="radio"/>	88	<input type="text" value="2354"/>	.00

ISR Penalty

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

Overpaid Tax/Tax Due

92	Payments after Individual Shared Responsibility Penalty. If line 88 is more than line 91, subtract line 91 from line 88	<input checked="" type="radio"/>	92	<input type="text" value="2354"/>	.00
93	Individual Shared Responsibility Penalty Balance. If line 91 is more than line 88, subtract line 88 from line 91	<input checked="" type="radio"/>	93	<input type="text"/>	.00
101	Overpaid tax. If line 92 is more than line 75, subtract line 75 from line 92	<input checked="" type="radio"/>	101	<input type="text" value="796"/>	.00
102	Amount of line 101 you want applied to your 2021 estimated tax	<input type="radio"/>	102	<input type="text" value="0"/>	.00

Your name:  Your SSN or ITIN:

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

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

Contributions

Your name: MAREEDU Your SSN or ITIN: 520-81-2139

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

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

125 REFUND OR NO AMOUNT DUE. Subtract line 120 from line 103. See instructions. Mail to: FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001. 125 796 .00

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

Type: Routing number 074000010, Checking, Account number 311099763, Direct deposit amount 796 .00

The remaining amount of my refund (line 125) is authorized for direct deposit into the account shown below: Routing number, Checking, Account number, Direct deposit amount .00

IMPORTANT: Attach a copy of your complete federal return. To learn about your privacy rights, how we may use your information, and the consequences for not providing the requested information, go to ftb.ca.gov/forms and search for 1131. To request this notice by mail, call 800.852.5711.

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

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

Your email address. Enter only one email address. Preferred phone number 8126069143

Sign Here

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

Joint tax return? (See instructions)

Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge) SYAM PRIYA RAM SAGAR GUPTA TALLAM

Firm's name (or yours, if self-employed) GLOBAL TAXES LLC PTIN P02082703

Firm's address 2530 PEBBLE CREEK LN CUMMING GA 30041 Firm's FEIN 301017196

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

Print Third Party Designee's Name Telephone Number

# California Adjustments — Nonresidents or Part-Year Residents

## CA (540NR)

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

Name(s) as shown on tax return SRI BINDU MAREEDU	SSN or ITIN 520812139
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**Part I Residency Information. Complete all lines that apply to you and your spouse/RDP for taxable year 2020.**

**During 2020:**

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

	Yourself	Spouse/RDP
2 a I was domiciled in (enter two letter code, see instructions) . . . . .	<input checked="" type="radio"/> IN	<input type="radio"/> ___
b I was in the military and stationed in (enter two letter code). . . . .	<input type="radio"/> ___	<input type="radio"/> ___
3 I became a CA resident (enter state of prior residence and date (mm/dd/yyyy) of move) . . .	<input checked="" type="radio"/> IN 07/25/2020	<input type="radio"/> ___/___/___
4 I became a CA nonresident (enter new state of residence and date (mm/dd/yyyy) of move) . . .	<input type="radio"/> ___/___/___	<input type="radio"/> ___/___/___
5 I was a CA nonresident the entire year (enter state of residence). . . . .	<input type="radio"/> ___	<input type="radio"/> ___
6 The number of days I spent in CA for any purpose was: . . . . .	<input checked="" type="radio"/> 160	<input type="radio"/> ___
7 I owned a home/property in CA (enter Y for Yes, N for No) . . . . .	<input type="radio"/> N	<input type="radio"/> ___
8 Before 2020: I was a CA resident for the period of . . . . .	<input type="radio"/> ___/___/___ - ___/___/___	<input type="radio"/> ___/___/___ - ___/___/___

Part II Income Adjustment Schedule	A	B	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	<input checked="" type="radio"/> 76,140.	<input type="radio"/> ___	<input type="radio"/> ___	<input checked="" type="radio"/> 76,140.	<input checked="" type="radio"/> 32,474.
2 Taxable interest. a <input type="radio"/> ___ . . . . . 2b	<input type="radio"/> ___	<input type="radio"/> ___	<input type="radio"/> ___	<input type="radio"/> ___	<input type="radio"/> ___
3 Ordinary dividends. See instructions. a <input type="radio"/> ___ . . . . . 3b	<input type="radio"/> ___	<input type="radio"/> ___	<input type="radio"/> ___	<input type="radio"/> ___	<input type="radio"/> ___
4 IRA distributions. See instructions. a <input type="radio"/> ___ . . . . . 4b	<input type="radio"/> ___	<input type="radio"/> ___	<input type="radio"/> ___	<input type="radio"/> ___	<input type="radio"/> ___
5 Pensions and annuities. See instructions. a <input type="radio"/> ___ . . . . . 5b	<input type="radio"/> ___	<input type="radio"/> ___	<input type="radio"/> ___	<input type="radio"/> ___	<input type="radio"/> ___
6 Social security benefits. a <input type="radio"/> ___ . . . . . 6b	<input type="radio"/> ___	<input type="radio"/> ___	<input type="radio"/> ___	<input type="radio"/> ___	<input type="radio"/> ___
7 Capital gain or (loss). See instructions . . . . . 7	<input type="radio"/> ___	<input type="radio"/> ___	<input type="radio"/> ___	<input type="radio"/> ___	<input type="radio"/> ___
<b>Section B — Additional Income</b> from federal Schedule 1 (Form 1040)					
1 Taxable refunds, credits, or offsets of state and local income taxes. . . . . 1	<input type="radio"/> ___	<input type="radio"/> ___	<input type="radio"/> ___	<input type="radio"/> ___	<input type="radio"/> ___
2a Alimony received. See instructions. . . . . 2a	<input type="radio"/> ___	<input type="radio"/> ___	<input type="radio"/> ___	<input type="radio"/> ___	<input type="radio"/> ___
3 Business income or (loss). See instructions. . . . . 3	<input type="radio"/> ___	<input type="radio"/> ___	<input type="radio"/> ___	<input type="radio"/> ___	<input type="radio"/> ___
4 Other gains or (losses) . . . . . 4	<input type="radio"/> ___	<input type="radio"/> ___	<input type="radio"/> ___	<input type="radio"/> ___	<input type="radio"/> ___
5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. . . . . 5	<input type="radio"/> ___	<input type="radio"/> ___	<input type="radio"/> ___	<input type="radio"/> ___	<input type="radio"/> ___

	A	B	C	D	E
<b>Section B — Additional Income</b> Continued	<b>Federal Amounts</b> (taxable amounts from your federal tax return)	<b>Subtractions</b> See instructions (difference between CA & federal law)	<b>Additions</b> See instructions (difference between CA & federal law)	<b>Total Amounts Using CA Law As If You Were a CA Resident</b> (subtract col. B from col. A; add col. C to the result)	<b>CA Amounts</b> (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
<b>6</b> Farm income or (loss) . . . . . <b>6</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>7</b> Unemployment compensation . . . . . <b>7</b>	<input type="radio"/>	<input type="radio"/>			
<b>8</b> Other income.					
<b>a</b> California lottery winnings		<input type="radio"/>	<b>a</b> _____		
<b>b</b> Disaster loss deduction from FTB 3805V		<input type="radio"/>	<b>b</b> _____		
<b>c</b> Federal NOL (Schedule 1 (Form 1040), line 8)		<input type="radio"/>	<b>c</b> <input type="radio"/>		
<b>d</b> NOL deduction from FTB 3805V . . . . . <b>8</b>	<input type="radio"/>	<input type="radio"/>	<b>d</b> _____	<b>8</b> <input type="radio"/>	<b>8</b> <input type="radio"/>
<b>e</b> NOL from FTB 3805Z, FTB 3807, or FTB 3809		<input type="radio"/>	<b>e</b> _____		
<b>f</b> Other (describe): <input type="radio"/> _____		<input type="radio"/>	<b>f</b> <input type="radio"/>		
<b>g</b> Student loan discharged due to closure of a for-profit school		<input type="radio"/>	<b>g</b> _____		
<b>9 Total.</b> Combine Section A, line 1 through line 7, and Section B, line 1 through line 8, in each column. Go to Section C . . . . . <b>9</b>	<input type="radio"/> 76,140.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> 76,140.	<input type="radio"/> 32,474.

	A	B	C	D	E
<b>Section C — Adjustments to Income</b> from federal Schedule 1 (Form 1040)	<b>Federal Amounts</b> (taxable amounts from your federal tax return)	<b>Subtractions</b> See instructions (difference between CA & federal law)	<b>Additions</b> See instructions (difference between CA & federal law)	<b>Total Amounts Using CA Law As If You Were a CA Resident</b> (subtract col. B from col. A; add col. C to the result)	<b>CA Amounts</b> (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
<b>10</b> Educator expenses . . . . . <b>10</b>	<input type="radio"/>	<input type="radio"/>			
<b>11</b> Certain business expenses of reservists, performing artists, and fee-basis government officials . . . . . <b>11</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>12</b> Health savings account deduction . . . . . <b>12</b>	<input type="radio"/>	<input type="radio"/>			
<b>13</b> Moving expenses. Attach federal Form 3903. See instructions . . . . . <b>13</b>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>14</b> Deductible part of self-employment tax. See instructions. . . . . <b>14</b>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
<b>15</b> Self-employed SEP, SIMPLE, and qualified plans . . . . . <b>15</b>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
<b>16</b> Self-employed health insurance deduction. See instructions. . . . . <b>16</b>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
<b>17</b> Penalty on early withdrawal of savings . . . <b>17</b>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
<b>18a</b> Alimony paid. <b>b</b> Enter recipient's: SSN <input type="radio"/> _____ Last name <input type="radio"/> _____ <b>18a</b>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>19</b> IRA deduction . . . . . <b>19</b>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
<b>20</b> Student loan interest deduction . . . . . <b>20</b>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>21</b> Tuition and fees . . . . . <b>21</b>	<input type="radio"/>	<input type="radio"/>			
<b>22</b> Add line 10 through line 21 in each column, A through E . . . . . <b>22</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>23 Total.</b> Subtract line 22 from line 9 in each column, A through E. See instructions. . . <b>23</b>	<input type="radio"/> 76,140.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> 76,140.	<input type="radio"/> 32,474.



**Part III Adjustments to Federal Itemized Deductions**

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

<b>A</b> Federal Amounts (from federal Schedule A (Form 1040))	<b>B</b> Subtractions See instructions	<b>C</b> Additions See instructions
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**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"/>	76,140.		<b>2</b>
<b>3</b> Multiply line 2 by 7.5% (0.075)	<input checked="" type="radio"/>	5,711.		<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>

**Taxes You Paid**

<b>5a</b> State and local income tax or general sales taxes	<input checked="" type="radio"/>	2,354.	<input checked="" type="radio"/>	2,354.	
<b>5b</b> State and local real estate taxes	<input checked="" type="radio"/>				
<b>5c</b> State and local personal property taxes	<input checked="" type="radio"/>				
<b>5d</b> Add line 5a through line 5c	<input checked="" type="radio"/>	2,354.			
<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"/>	2,354.	<input checked="" type="radio"/>	2,354.	<input checked="" type="radio"/>
<b>6</b> Other taxes. List type <input checked="" type="radio"/>	<input checked="" type="radio"/>				<input checked="" type="radio"/>
<b>7</b> Add line 5e and line 6	<input checked="" type="radio"/>	2,354.	<input checked="" type="radio"/>	2,354.	<input checked="" type="radio"/>

**Interest You Paid**

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

**Gifts to Charity**

<b>11</b> Gifts by cash or check	<input checked="" type="radio"/>		<input checked="" type="radio"/>		<input checked="" type="radio"/>
<b>12</b> Other than by cash or check	<input checked="" type="radio"/>		<input checked="" type="radio"/>		<input checked="" type="radio"/>
<b>13</b> Carryover from prior year	<input checked="" type="radio"/>		<input checked="" type="radio"/>		<input checked="" type="radio"/>
<b>14</b> Add line 11 through line 13	<input checked="" type="radio"/>		<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"/>		<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"/>		<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"/>	2,354.	<input checked="" type="radio"/>	2,354.	<input checked="" type="radio"/>

<b>18 Total.</b> Combine line 17 column A less column B plus column C	<input checked="" type="radio"/>				<input checked="" type="radio"/>
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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  76,140.
- 24 Multiply line 23 by 2% (0.02). If less than zero, enter 0.  24
- 25 Subtract line 24 from line 22. If line 24 is more than line 22, enter 0.  25
- 26 **Total Itemized Deductions.** Add line 18 and line 25.  26
- 27 Other adjustments. See instructions. Specify.    27
- 28 Combine line 26 and line 27.  28
- 29 **Is your federal AGI (Form 540NR, line 13) more than the amount shown below for your filing status?**  
 Single or married/RDP filing separately ..... \$203,341  
 Head of household ..... \$305,016  
 Married/RDP filing jointly or qualifying widow(er) ..... \$406,687
- No.** Transfer the amount on line 28 to line 29.
- Yes.** Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540NR), line 29  29 .
- 30 **Enter the larger of the amount on line 29 or your standard deduction listed below**  
 Single or married/RDP filing separately. See instructions. .... \$4,601  
 Married/RDP filing jointly, head of household, or qualifying widow(er) .... \$9,202  30 .

**Part IV California Taxable Income**

- 1 **California AGI.** Enter your California AGI from Part II, line 23, column E  1 .
- 2 Enter your deductions from line 30  2 .
- 3 **Deduction Percentage.** Divide Part II, line 23, column E by Part II, line 23, column D. Carry the decimal to four places. If the result is greater than 1.0000, enter 1.0000. If less than zero, enter -0-  3 .
- 4 **California Itemized/Standard Deductions.** Multiply line 2 by the percentage on line 3  4 .
- 5 **California Taxable Income.** Subtract line 4 from line 1. Transfer this amount to Form 540NR, line 35. If less than zero, enter -0-  5 .