

# 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<br><b>PALAK SADHWANI</b> | Social security number<br><b>301-39-5616</b> |
| Spouse's name                            | Spouse's social security number              |

## Part I Tax Return Information – Tax Year Ending December 31, 2020 (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> | 13,138. |
| <b>2</b> Total tax . . . . .   | <b>2</b> | 74.     |
| <b>3</b> Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . . . | <b>3</b> | 740.    |
| <b>4</b> Amount you want refunded to you . . . . .                               | <b>4</b> | 666.    |
| <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 

|   |   |   |   |   |
|---|---|---|---|---|
| 9 | 5 | 6 | 1 | 6 |
|---|---|---|---|---|

 as my signature on the income tax return (original or amended) I am now authorizing.   
ERO firm name   
Enter five digits, but don't enter all zeros
- 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 \_\_\_\_\_ to enter or generate my PIN 

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

 as my signature on the income tax return (original or amended) I am now authorizing.   
ERO firm name   
Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

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

### Practitioner PIN Method Returns Only—continue below

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

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

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

  
Don't enter all zeros

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

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

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

Filing Status [X] 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: PALAK
Last name: SADHWANI
Your social security number: 301-39-5616
If joint return, spouse's first name and middle initial:
Last name:
Spouse's social security number:

Home address (number and street). If you have a P.O. box, see instructions.
2185 W COLLEGE AVE
Apt. no. 3004
Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.
[ ] You [ ] Spouse

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

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

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

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) if qualifies for (see instructions): Child tax credit, Credit for other dependents. Includes a checkbox for 'Dependents (see instructions):'.

Main tax calculation table with columns for line numbers and amounts. Includes sub-columns for 10a, 10b, and 10c. Total income is 13,438. Adjusted gross income is 13,138. Standard deduction is 12,400. Taxable income is 738.

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

|    |   |     |      |
|----|---|-----|------|
| 16 | Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____ | 16  | 74.  |
| 17 | Amount from Schedule 2, line 3  | 17  |      |
| 18 | Add lines 16 and 17   | 18  | 74.  |
| 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  | 74.  |
| 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  | 74.  |
| 25 | Federal income tax withheld from:   |     |      |
| a  | Form(s) W-2   | 25a | 740. |
| b  | Form(s) 1099  | 25b |      |
| c  | Other forms (see instructions)  | 25c |      |
| d  | Add lines 25a through 25c   | 25d | 740. |
| 26 | 2020 estimated tax payments and amount applied from 2019 return   | 26  |      |
| 27 | Earned income credit (EIC) <b>NO</b>  | 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  | 740. |

• 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  | 666. |
| 35a | Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/> | 35a | 666. |
| b   | Routing number 3 2 2 2 7 1 6 2 7  |     |      |
| c   | Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings                               |     |      |
| d   | Account number 3 2 3 5 8 2 3 6 8  |     |      |
| 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<br>OPERATIONS TECHNOLOGIST | 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                        | 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<br>SYAM PRIYA RAM SAGAR GUPTA TALLAM | Preparer's signature<br>SYAM PRIYA RAM SAGAR GUPTA TALLAM | Date<br>04/19/2021 | PTIN<br>P02082703 | Check if:<br><input type="checkbox"/> Self-employed |
| Firm's name<br>GLOBAL TAXES LLC                      | Firm's address<br>2530 Pebble Creek Ln Cumming GA 30041   |                    |                   | Phone no. (678) 965-9522                            |
| Firm's EIN   |   |                    |                   | 30-1017196  |

TAXABLE YEAR

FORM

2020

California e-file Signature Authorization for Individuals

8879

Table with 2 columns: Name/SSN or ITIN. Row 1: PALAK SADHWANI, 301-39-5616. Row 2: Spouse's/RDP's name, Spouse's/RDP's SSN or ITIN.

Part I Tax Return Information (whole dollars only)

Table with 2 columns: Line number, Amount. Line 1: 13,438. Line 2: (blank). Line 3: 172.

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 9 5 6 1 6 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

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

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

Spouse's/RDP's signature Date

Practitioner PIN Method Returns Only -- continue below

Part III Certification and Authentication — Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 5 8 7 2 7 8 6 1 9 8 9 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 04/19/2021

# 2020 California Resident Income Tax Return

# 540

APE

DO NOT ATTACH FEDERAL RETURN

301-39-5616 SADH  
PALAK SADHWANI

20

2185 W COLLEGE AVE APT 3004  
SAN BERNARDINO CA 92407

02-18-1995

Principal Residence

Enter your county at time of filing (see instructions)

SAN BERNARDINO

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

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

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

Apt. no/ste. no.

City

State

ZIP code

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

Filing Status

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

2  Married/RDP filing jointly. See inst. 5  Qualifying widow(er). Enter year spouse/RDP died.

See instructions.

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

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

Exemptions

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

Whole dollars only

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

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

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

Your name:  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="13438"/> | <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="13138"/> | <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="13138"/> | <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="13438"/> | <input type="text" value="00"/> |
| <b>18</b> | Enter the larger of {<br>Your California <b>itemized deductions</b> from Schedule CA (540), Part II, line 30; <b>OR</b><br>Your California <b>standard deduction</b> shown below for your filing status:<br>• Single or Married/RDP filing separately. .... \$4,601<br>• Married/RDP filing jointly, Head of household, or Qualifying widow(er) . . . \$9,202<br>If Married/RDP filing separately or the box on line 6 is checked, <b>STOP.</b> See instructions ..... ● 18 | <input type="text" value="4601"/>  | <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="8837"/>  | <input type="text" value="00"/> |

|           |  |                                  |                                 |
|-----------|--|----------------------------------|---------------------------------|
| <b>31</b> | Tax. Check the box if from: <input checked="" type="checkbox"/> Tax Table <input type="checkbox"/> Tax Rate Schedule<br>● <input type="checkbox"/> FTB 3800 ● <input type="checkbox"/> FTB 3803 ..... ● 31 | <input type="text" value="88"/>  | <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="124"/> | <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="0"/>   | <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="0"/>   | <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: SADHWANI

Your SSN or ITIN: 301-39-5616

Special Credits

- 45 To claim more than two credits. See instructions. Attach Schedule P (540). ● 45  .00
- 46 Nonrefundable Renter's Credit. See instructions ● 46  .00
- 47 Add line 40 through line 46. These are your total credits ● 47  .00
- 48 Subtract line 47 from line 35. If less than zero, enter -0- ● 48  .00

Other Taxes

- 61 Alternative Minimum Tax. Attach Schedule P (540) ● 61  .00
- 62 Mental Health Services Tax. See instructions ● 62  .00
- 63 Other taxes and credit recapture. See instructions ● 63  .00
- 64 Excess Advance Premium Assistance Subsidy (APAS) repayment. See instructions. ● 64  .00
- 65 Add line 48, line 61, line 62, line 63, and line 64. This is your total tax ● 65  .00

Payments

- 71 California income tax withheld. See instructions ● 71  .00
- 72 2020 CA estimated tax and other payments. See instructions ● 72  .00
- 73 Withholding (Form 592-B and/or 593). See instructions ● 73  .00
- 74 Excess SDI (or VPD) withheld. See instructions ● 74  .00
- 75 Earned Income Tax Credit (EITC) ● 75  .00
- 76 Young Child Tax Credit (YCTC). See instructions ● 76  .00
- 77 Net Premium Assistance Subsidy (PAS). See instructions ● 77  .00
- 78 Add line 71 through line 77. These are your total payments. See instructions ● 78  .00

Use Tax

91 Use Tax. Do not leave blank. See instructions. ● 91  .00

If line 91 is zero, check if:  No use tax is owed.  You paid your use tax obligation directly to CDTFA.

ISR Penalty

92 Individual Shared Responsibility (ISR) Penalty. See instructions ● 92  .00  
●  Full-year health care coverage.

Overpaid Tax/Tax Due

- 93 Payments balance. If line 78 is more than line 91, subtract line 91 from line 78 ● 93  .00
- 94 Use Tax balance. If line 91 is more than line 78, subtract line 78 from line 91 ● 94  .00
- 95 Payments after Individual Shared Responsibility Penalty. If line 93 is more than line 92, subtract line 92 from line 93. ● 95  .00
- 96 Individual Shared Responsibility Penalty Balance. If line 92 is more than line 93, then subtract line 93 from line 92. ● 96  .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="172"/> | <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"/>             | <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="172"/> | <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"/> | <input type="text" value=".00"/> |
|                      | Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund . . . . . <input type="radio"/>      | <b>401</b>  | <input type="text"/> | <input type="text" value=".00"/> |
|                      | Rare and Endangered Species Preservation Voluntary Tax Contribution Program . . . . . <input type="radio"/>   | <b>403</b>  | <input type="text"/> | <input type="text" value=".00"/> |
|                      | California Breast Cancer Research Voluntary Tax Contribution Fund. . . . . <input type="radio"/>              | <b>405</b>  | <input type="text"/> | <input type="text" value=".00"/> |
|                      | California Firefighters' Memorial Voluntary Tax Contribution Fund . . . . . <input type="radio"/>             | <b>406</b>  | <input type="text"/> | <input type="text" value=".00"/> |
|                      | Emergency Food for Families Voluntary Tax Contribution Fund . . . . . <input type="radio"/>                   | <b>407</b>  | <input type="text"/> | <input type="text" value=".00"/> |
|                      | California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund. . . . . <input type="radio"/>   | <b>408</b>  | <input type="text"/> | <input type="text" value=".00"/> |
|                      | California Sea Otter Voluntary Tax Contribution Fund . . . . . <input type="radio"/>                          | <b>410</b>  | <input type="text"/> | <input type="text" value=".00"/> |
|                      | California Cancer Research Voluntary Tax Contribution Fund . . . . . <input type="radio"/>                    | <b>413</b>  | <input type="text"/> | <input type="text" value=".00"/> |
|                      | School Supplies for Homeless Children Fund . . . . . <input type="radio"/>                                    | <b>422</b>  | <input type="text"/> | <input type="text" value=".00"/> |
|                      | State Parks Protection Fund/Parks Pass Purchase . . . . . <input type="radio"/>                               | <b>423</b>  | <input type="text"/> | <input type="text" value=".00"/> |
|                      | Protect Our Coast and Oceans Voluntary Tax Contribution Fund. . . . . <input type="radio"/>                   | <b>424</b>  | <input type="text"/> | <input type="text" value=".00"/> |
|                      | Keep Arts in Schools Voluntary Tax Contribution Fund . . . . . <input type="radio"/>                          | <b>425</b>  | <input type="text"/> | <input type="text" value=".00"/> |
|                      | Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund . . . . . <input type="radio"/> | <b>431</b>  | <input type="text"/> | <input type="text" value=".00"/> |
|                      | California Senior Citizen Advocacy Voluntary Tax Contribution Fund . . . . . <input type="radio"/>            | <b>438</b>  | <input type="text"/> | <input type="text" value=".00"/> |
|                      | Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund. . . . . <input type="radio"/>      | <b>439</b>  | <input type="text"/> | <input type="text" value=".00"/> |
|                      | Rape Kit Backlog Voluntary Tax Contribution Fund . . . . . <input type="radio"/>                              | <b>440</b>  | <input type="text"/> | <input type="text" value=".00"/> |
|                      | Schools Not Prisons Voluntary Tax Contribution Fund . . . . . <input type="radio"/>                           | <b>443</b>  | <input type="text"/> | <input type="text" value=".00"/> |
|                      | Suicide Prevention Voluntary Tax Contribution Fund . . . . . <input type="radio"/>                            | <b>444</b>  | <input type="text"/> | <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"/> | <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

SSN or ITIN

PALAK SADHWANI

301395616

Part I Income Adjustment Schedule

Section A — Income from federal Form 1040 or 1040-SR

Table with 3 columns: Federal Amounts, Subtractions, Additions. Rows 1-7 for wages, interest, dividends, IRA, pensions, social security, and capital gain.

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

Table with 3 columns: Federal Amounts, Subtractions, Additions. Rows 1-8 for various income types and other income (a-g). Row 9 is the total for Section B.

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

Table with 3 columns: Federal Amounts, Subtractions, Additions. Rows 10-23 for various deductions including educator expenses, health savings, moving, self-employment, and charitable contributions.

**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"/> | 13,138. | <b>2</b> |                                  |  |                                  |
| <b>3</b> Multiply line 2 by 7.5% (0.075)                                      | <input checked="" type="radio"/> | 985.    | <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"/> | 360. | <b>5a</b> | <input checked="" type="radio"/> | 360. |                                     |
| <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"/> | 360. | <b>5d</b> |                                  |      |                                     |
| <b>5e</b> Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) in column A . . .<br>Enter the amount from line 5a, column B in line 5e, column B . . . . .<br>Enter the difference from line 5d and line 5e, column A in line 5e, column C . . . . . | <input checked="" type="radio"/> | 360. | <b>5e</b> | <input checked="" type="radio"/> | 360. | <input checked="" type="radio"/> 0. |
| <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"/> | 360. | <b>7</b>  | <input checked="" type="radio"/> | 360. | <input checked="" type="radio"/> 0. |

**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"/> |
|--|----------------------------------|--|-----------|----------------------------------|--|----------------------------------|

**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"/> | 660. | <b>17</b> | <input checked="" type="radio"/> | 360. | <input checked="" type="radio"/> 0. |

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

**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  13,138.

**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**