

# 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>SRIKANTH VAVUDALA</b>		Social security number <b>299-41-3118</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>	10,600.
<b>2</b>	Total tax . . . . .	<b>2</b>	0.
<b>3</b>	Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . . .	<b>3</b>	648.
<b>4</b>	Amount you want refunded to you . . . . .	<b>4</b>	2,448.
<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 

1	3	1	1	8
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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 \_\_\_\_\_ 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
---	---	---	---	---	---	---	---	---	---	---

  
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: SRIKANTH
Last name: VAVUDALA
Your social security number: 299-41-3118
If joint return, spouse's first name and middle initial:
Last name:
Spouse's social security number:

Home address (number and street): 2550 WEST AVE 133RD
Apt. no.:
City, town, or post office: SAN LEANDRO
State: CA
ZIP code: 94577
Foreign country name:
Foreign province/state/county:
Foreign postal code:
Presidential Election Campaign: [ ] 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 (Child tax credit, Credit for other dependents). Includes 'Dependents (see instructions):' and 'If more than four dependents, see instructions and check here'.

Main tax calculation table with columns for line numbers and amounts. Includes sections for 'Attach Sch. B if required' and 'Standard Deduction for-' with bullet points for filing status options.

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

<b>16</b>	<b>Tax</b> (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	<b>16</b>	0.
<b>17</b>	Amount from Schedule 2, line 3	<b>17</b>	
<b>18</b>	Add lines 16 and 17	<b>18</b>	0.
<b>19</b>	Child tax credit or credit for other dependents	<b>19</b>	
<b>20</b>	Amount from Schedule 3, line 7	<b>20</b>	
<b>21</b>	Add lines 19 and 20	<b>21</b>	
<b>22</b>	Subtract line 21 from line 18. If zero or less, enter -0-	<b>22</b>	0.
<b>23</b>	Other taxes, including self-employment tax, from Schedule 2, line 10	<b>23</b>	0.
<b>24</b>	Add lines 22 and 23. This is your <b>total tax</b>	<b>24</b>	0.
<b>25</b>	Federal income tax withheld from:		
<b>a</b>	Form(s) W-2	<b>25a</b>	648.
<b>b</b>	Form(s) 1099	<b>25b</b>	
<b>c</b>	Other forms (see instructions)	<b>25c</b>	
<b>d</b>	Add lines 25a through 25c	<b>25d</b>	648.
<b>26</b>	2020 estimated tax payments and amount applied from 2019 return	<b>26</b>	
<b>27</b>	Earned income credit (EIC) <b>NO</b>	<b>27</b>	
<b>28</b>	Additional child tax credit. Attach Schedule 8812	<b>28</b>	
<b>29</b>	American opportunity credit from Form 8863, line 8	<b>29</b>	
<b>30</b>	Recovery rebate credit. See instructions	<b>30</b>	1,800.
<b>31</b>	Amount from Schedule 3, line 13	<b>31</b>	
<b>32</b>	Add lines 27 through 31. These are your <b>total other payments and refundable credits</b>	<b>32</b>	1,800.
<b>33</b>	Add lines 25d, 26, and 32. These are your <b>total payments</b>	<b>33</b>	2,448.

**Refund**

<b>34</b>	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	<b>34</b>	2,448.
<b>35a</b>	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>35a</b>	2,448.
<b>b</b>	Routing number <u>1 2 1 0 4 2 8 8 2</u>	<b>c</b>	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings
<b>d</b>	Account number <u>3 7 3 8 0 3 6 3 4 6</u>		
<b>36</b>	Amount of line 34 you want <b>applied to your 2021 estimated tax</b>	<b>36</b>	

**Amount You Owe**

For details on how to pay, see instructions.

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

**Third Party Designee**

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

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

**Sign Here**

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

Your signature	Date	Your occupation <b>STUDENT</b>	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <input type="text"/>
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.) <input type="text"/>
Phone no.	Email address		

**Paid Preparer Use Only**

Preparer's name <b>SYAM PRIYA RAM SAGAR GUPTA TALLAM</b>	Preparer's signature <b>SYAM PRIYA RAM SAGAR GUPTA TALLAM</b>	Date <b>04/08/2021</b>	PTIN <b>P02082703</b>	Check if: <input type="checkbox"/> Self-employed
Firm's name <input type="checkbox"/> <b>GLOBAL TAXES LLC</b>	Firm's address <input type="checkbox"/> <b>2530 Pebble Creek Ln Cumming GA 30041</b>			Phone no. <b>(678) 965-9522</b> Firm's EIN <input type="checkbox"/> <b>30-1017196</b>

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

**SCHEDULE 1  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**  
▶ **Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.**

OMB No. 1545-0074

**2020**  
Attachment  
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR  
SRIKANTH VAVUDALA

Your social security number  
299-41-3118

**Part I Additional Income**

<b>1</b> Taxable refunds, credits, or offsets of state and local income taxes . . . . .	<b>1</b>	
<b>2a</b> Alimony received . . . . .	<b>2a</b>	
<b>b</b> Date of original divorce or separation agreement (see instructions) ▶ _____		
<b>3</b> Business income or (loss). Attach Schedule C . . . . .	<b>3</b>	
<b>4</b> Other gains or (losses). Attach Form 4797 . . . . .	<b>4</b>	
<b>5</b> Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	<b>5</b>	
<b>6</b> Farm income or (loss). Attach Schedule F . . . . .	<b>6</b>	
<b>7</b> Unemployment compensation . . . . .	<b>7</b>	
<b>8</b> Other income. List type and amount ▶ _____	<b>8</b>	
_____		
<b>9</b> Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 . . . . .	<b>9</b>	

**Part II Adjustments to Income**

<b>10</b> Educator expenses . . . . .	<b>10</b>	
<b>11</b> Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .	<b>11</b>	
<b>12</b> Health savings account deduction. Attach Form 8889 . . . . .	<b>12</b>	
<b>13</b> Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .	<b>13</b>	
<b>14</b> Deductible part of self-employment tax. Attach Schedule SE . . . . .	<b>14</b>	
<b>15</b> Self-employed SEP, SIMPLE, and qualified plans . . . . .	<b>15</b>	
<b>16</b> Self-employed health insurance deduction . . . . .	<b>16</b>	
<b>17</b> Penalty on early withdrawal of savings . . . . .	<b>17</b>	
<b>18a</b> Alimony paid . . . . .	<b>18a</b>	
<b>b</b> Recipient's SSN . . . . . ▶ _____		
<b>c</b> Date of original divorce or separation agreement (see instructions) ▶ _____		
<b>19</b> IRA deduction . . . . .	<b>19</b>	
<b>20</b> Student loan interest deduction . . . . .	<b>20</b>	
<b>21</b> Tuition and fees deduction. Attach Form 8917 . . . . .	<b>21</b>	3,600.
<b>22</b> Add lines 10 through 21. These are your <b>adjustments to income</b> . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a . . . . .	<b>22</b>	3,600.

## Tuition and Fees Deduction

OMB No. 1545-0074

▶ **Attach to Form 1040 or 1040-SR.**  
▶ **Go to [www.irs.gov/Form8917](http://www.irs.gov/Form8917) for the latest information.**

Attachment  
Sequence No. **60**

Name(s) shown on return <b>SRIKANTH VAVUDALA</b>	Your social security number <b>299-41-3118</b>
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Use this form for qualified tuition and fees paid in 2018, 2019, or 2020, and later years if legislation extends the deduction (see instructions). File a separate Form 8917 for each year after 2017 for which you qualify to take the deduction.

You **can't** take both an education credit from Form 8863 and the tuition and fees deduction from this form for the **same student** for the same tax year.

- Before you begin:**
- ✓ To see if you qualify for this deduction, see *Who Can Take the Deduction* in the instructions below.
  - ✓ If you file Form 1040 or 1040-SR, figure any write-in adjustments.
    - For 2018: Figure any write-in adjustments to be entered on the dotted line next to Schedule 1 (Form 1040), line 36.
    - For 2019: Figure any write-in adjustments to be entered on the dotted line next to Schedule 1 (Form 1040 or 1040-SR), line 22.
    - For 2020 and later years: Figure any write-in adjustments for Schedule 1 (Form 1040 or 1040-SR); see the Instructions for Forms 1040 and 1040-SR.

1	(a) Student's name (as shown on page 1 of your tax return)	(b) Student's social security number (as shown on page 1 of your tax return)	(c) Adjusted qualified expenses (see instructions)
	First name: <b>SRIKANTH</b> Last name: <b>VAVUDALA</b>	<b>299-41-3118</b>	<b>3,600.</b>
<b>2</b>	Add the amounts on line 1, column (c), and enter the total . . . . .		<b>3,600.</b>
<b>3</b>	Enter the amount from your <b>"total income"</b> line of Form 1040 or 1040-SR . . . . .	<b>14,200.</b>	
<b>4</b>	<ul style="list-style-type: none"> <li>• For 2018: Enter the total of the amounts on your 2018 Schedule 1 (Form 1040), lines 23 through 33, plus any write-in adjustments you entered on the dotted line next to Schedule 1 (Form 1040), line 36.</li> <li>• For 2019 and 2020: Enter the total of the amounts on your 2019 Schedule 1 (Form 1040 or 1040-SR), lines 10 through 20, plus any write-in adjustments you entered on the dotted line next to Schedule 1 (Form 1040 or 1040-SR), line 22.</li> <li>• For later years: See <a href="http://www.irs.gov/Form8917">www.irs.gov/Form8917</a> to find out if the line references above for 2019 have changed . . . . .</li> </ul>		
<b>5</b>	Subtract line 4 from line 3.* If the result is more than \$80,000 (\$160,000 if married filing jointly), <b>stop</b> ; you can't take the deduction for tuition and fees . . . . .		<b>14,200.</b>
* If you're filing Form 2555, 2555-EZ, or 4563, or you're excluding income from Puerto Rico, see <i>Effect of the Amount of Your Income on the Amount of Your Deduction</i> in Pub. 970 to figure the amount to enter on line 5.			
<b>6</b>	<b>Tuition and fees deduction.</b> Is the amount on line 5 more than \$65,000 (\$130,000 if married filing jointly)?  <input type="checkbox"/> <b>Yes.</b> Enter the smaller of line 2, or \$2,000. <input checked="" type="checkbox"/> <b>No.</b> Enter the smaller of line 2, or \$4,000.		<b>3,600.</b>

**Also enter** this amount on line 21 of the 2019 and 2020 Schedule 1 (Form 1040 or 1040-SR), or line 34 of the 2018 Schedule 1 (Form 1040). See [www.irs.gov/Form8917](http://www.irs.gov/Form8917) to find out if the line references above for 2019 have changed.

TAXABLE YEAR

FORM

2020

California e-file Signature Authorization for Individuals

8879

Table with 2 columns: Name/SSN/ITIN and Spouse's/RDP's name/SSN/ITIN. Row 1: SRIKANTH VAVUDALA, 299-41-3118. Row 2: (blank), (blank).

Part I Tax Return Information (whole dollars only)

Table with 3 rows: 1 California Adjusted Gross Income (AGI) 14,200; 2 Amount You Owe; 3 Refund or No Amount Due 577.

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 1 3 1 1 8 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 04/08/2021

California Nonresident or Part-Year Resident Income Tax Return

2020

540NR

APE

ATTACH FEDERAL RETURN

299-41-3118 VAVU
SRIKANTH VAVUDALA

20

2550 WEST AVE 133RD
SAN LEANDRO CA 94577

02-09-1992

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

Filing Status

- 1 [X] 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.
8 Blind: If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2
9 Senior: If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2

Exemptions

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

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

Total dependent exemptions X \$383 =



Your name:  Your SSN or ITIN:

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

<b>Total Taxable Income</b>	<b>12</b> Total California wages from your federal Form(s) W-2, box 16 ..... <input checked="" type="radio"/> <b>12</b> <input type="text" value="14200"/> <input type="text" value=".00"/>
	<b>13</b> Enter federal AGI from federal Form 1040, 1040-SR, or 1040-NR, line 11 ..... <input checked="" type="radio"/> <b>13</b> <input type="text" value="10600"/> <input type="text" value=".00"/>
	<b>14</b> California adjustments – subtractions. Enter the amount from Schedule CA (540NR), Part II, line 23, column B ..... <input checked="" type="radio"/> <b>14</b> <input type="text" value=""/> <input type="text" value=".00"/>
	<b>15</b> Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions ..... <input type="radio"/> <b>15</b> <input type="text" value="10600"/> <input type="text" value=".00"/>
	<b>16</b> California adjustments – additions. Enter the amount from Schedule CA (540NR), Part II, line 23, column C ..... <input checked="" type="radio"/> <b>16</b> <input type="text" value="3600"/> <input type="text" value=".00"/>
	<b>17</b> Adjusted gross income from all sources. Combine line 15 and line 16. .... <input checked="" type="radio"/> <b>17</b> <input type="text" value="14200"/> <input type="text" value=".00"/>
	<b>18</b> Enter the <b>larger</b> of: Your California <b>itemized deductions</b> from Schedule CA (540NR), Part III, line 30; <b>OR</b> Your California <b>standard deduction</b> . See instructions ..... <input checked="" type="radio"/> <b>18</b> <input type="text" value="4601"/> <input type="text" value=".00"/>
	<b>19</b> Subtract line 18 from line 17. This is your <b>total taxable income</b> . If less than zero, enter -0- ..... <input checked="" type="radio"/> <b>19</b> <input type="text" value="9599"/> <input type="text" value=".00"/>

<b>CA Taxable Income</b>	<b>31</b> Tax. Check the box if from: <input checked="" type="checkbox"/> Tax Table <input type="checkbox"/> Tax Rate Schedule <input checked="" type="radio"/> <input type="checkbox"/> FTB 3800 <input type="checkbox"/> FTB 3803 ..... <input checked="" type="radio"/> <b>31</b> <input type="text" value="103"/> <input type="text" value=".00"/>
	<b>32</b> CA adjusted gross income from Schedule CA (540NR), Part IV, line 1. .... <input checked="" type="radio"/> <b>32</b> <input type="text" value="14200"/> <input type="text" value=".00"/>
	<b>35</b> CA Taxable Income from Schedule CA (540NR), Part IV, line 5. .... <input checked="" type="radio"/> <b>35</b> <input type="text" value="9599"/> <input type="text" value=".00"/>
	<b>36</b> CA Tax Rate. Divide line 31 by line 19. .... <input checked="" type="radio"/> <b>36</b> <input type="text" value="0.0107"/>
	<b>37</b> CA Tax Before Exemption Credits. Multiply line 35 by line 36. .... <input checked="" type="radio"/> <b>37</b> <input type="text" value="103"/> <input type="text" value=".00"/>
	<b>38</b> CA Exemption Credit Percentage. Divide line 35 by line 19. If more than 1, enter 1.0000. .... <input checked="" type="radio"/> <b>38</b> <input type="text" value="1.0000"/>
	<b>39</b> CA Prorated Exemption Credits. Multiply line 11 by line 38. If the amount on line 13 is more than \$203,341, see instructions ..... <input checked="" type="radio"/> <b>39</b> <input type="text" value="124"/> <input type="text" value=".00"/>
	<b>40</b> CA Regular Tax Before Credits. Subtract line 39 from line 37. If less than zero, enter -0-... <input checked="" type="radio"/> <b>40</b> <input type="text" value="0"/> <input type="text" value=".00"/>
	<b>41</b> Tax. See instructions. Check the box if from: <input type="checkbox"/> Schedule G-1 <input type="checkbox"/> FTB 5870A <input checked="" type="radio"/> <b>41</b> <input type="text" value=""/> <input type="text" value=".00"/>
<b>42</b> Add line 40 and line 41 ..... <input checked="" type="radio"/> <b>42</b> <input type="text" value="0"/> <input type="text" value=".00"/>	

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



Your name:  Your SSN or ITIN:

**Special Credits continued**

- 58 Enter credit name  code  and amount... ● 58  .00
- 59 Enter credit name  code  and amount... ● 59  .00
- 60 To claim more than two credits. See instructions ..... ● 60  .00
- 61 Nonrefundable Renter's Credit. See instructions ..... ● 61  .00
- 62 Add line 50 and line 55 through 61. These are your total credits ..... ● 62  .00
- 63 Subtract line 62 from line 42. If less than zero, enter -0- ..... ● 63  .00

**Other Taxes**

- 71 Alternative Minimum Tax. Attach Schedule P (540NR) ..... ● 71  .00
- 72 Mental Health Services Tax. See instructions ..... ● 72  .00
- 73 Other taxes and credit recapture. See instructions ..... ● 73  .00
- 74 Excess Advance Premium Assistance Subsidy (APAS) repayment. See instructions ..... ● 74  .00
- 75 Add line 63, line 71, line 72, line 73, and line 74. This is your total tax ..... ● 75  .00

**Payments**

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

**ISR Penalty**

- 91 Individual Shared Responsibility (ISR) Penalty. See instructions ..... ● 91  .00
- 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. .... ● 92  .00
- 93 Individual Shared Responsibility Penalty Balance. If line 91 is more than line 88, subtract line 88 from line 91. .... ● 93  .00
- 101 Overpaid tax. If line 92 is more than line 75, subtract line 75 from line 92. .... ● 101  .00
- 102 Amount of line 101 you want applied to your 2021 estimated tax ..... ● 102  .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>	
<b>Contributions</b>	California Seniors Special Fund. See instructions .....	● <b>400</b>	<input type="text"/>	.00
	Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund .....	● <b>401</b>	<input type="text"/>	.00
	Rare and Endangered Species Preservation Voluntary Tax Contribution Program .....	● <b>403</b>	<input type="text"/>	.00
	California Breast Cancer Research Voluntary Tax Contribution Fund .....	● <b>405</b>	<input type="text"/>	.00
	California Firefighters' Memorial Voluntary Tax Contribution Fund .....	● <b>406</b>	<input type="text"/>	.00
	Emergency Food for Families Voluntary Tax Contribution Fund .....	● <b>407</b>	<input type="text"/>	.00
	California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund .....	● <b>408</b>	<input type="text"/>	.00
	California Sea Otter Voluntary Tax Contribution Fund .....	● <b>410</b>	<input type="text"/>	.00
	California Cancer Research Voluntary Tax Contribution Fund .....	● <b>413</b>	<input type="text"/>	.00
	School Supplies for Homeless Children Fund .....	● <b>422</b>	<input type="text"/>	.00
	State Parks Protection Fund/Parks Pass Purchase .....	● <b>423</b>	<input type="text"/>	.00
	Protect Our Coast and Oceans Voluntary Tax Contribution Fund .....	● <b>424</b>	<input type="text"/>	.00
	Keep Arts in Schools Voluntary Tax Contribution Fund .....	● <b>425</b>	<input type="text"/>	.00
	Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund .....	● <b>431</b>	<input type="text"/>	.00
	California Senior Citizen Advocacy Voluntary Tax Contribution Fund .....	● <b>438</b>	<input type="text"/>	.00
	Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund .....	● <b>439</b>	<input type="text"/>	.00
	Rape Kit Backlog Voluntary Tax Contribution Fund .....	● <b>440</b>	<input type="text"/>	.00
	Schools Not Prisons Voluntary Tax Contribution Fund .....	● <b>443</b>	<input type="text"/>	.00
Suicide Prevention Voluntary Tax Contribution Fund .....	● <b>444</b>	<input type="text"/>	.00	
<b>120</b> Add code 400 through code 444. This is your total contribution .....	● <b>120</b>	<input type="text"/>	.00	

Your name:  Your SSN or ITIN:

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

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

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

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

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

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

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

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

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

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

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

**Sign Here** ● Your email address. Enter only one email address.  ● Preferred phone number

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

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

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

Joint tax return? (See instructions)

Firm's address  ● Firm's FEIN

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 SRIKANTH VAVUDALA	SSN or ITIN 299413118
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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"/> FL	<input checked="" type="radio"/> ___
b I was in the military and stationed in (enter two letter code). . . . .	<input checked="" type="radio"/> ___	<input checked="" type="radio"/> ___
3 I became a CA resident (enter state of prior residence and date (mm/dd/yyyy) of move) . . .	<input checked="" type="radio"/> FL 1 0/0 1/2 0 2 0	<input checked="" type="radio"/> ___ / ___ / ___
4 I became a CA nonresident (enter new state of residence and date (mm/dd/yyyy) of move) .	<input checked="" type="radio"/> ___ / ___ / ___	<input checked="" type="radio"/> ___ / ___ / ___
5 I was a CA nonresident the entire year (enter state of residence). . . . .	<input checked="" type="radio"/> ___	<input checked="" type="radio"/> ___
6 The number of days I spent in CA for any purpose was: . . . . .	<input checked="" type="radio"/> 92	<input checked="" type="radio"/> ___
7 I owned a home/property in CA (enter Y for Yes, N for No) . . . . .	<input checked="" type="radio"/> N	<input checked="" type="radio"/> ___
8 Before 2020: I was a CA resident for the period of . . . . .	<input checked="" type="radio"/> ___ / ___ / ___ - ___ / ___ / ___	<input checked="" 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"/> 14,200.	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/> 14,200.	<input checked="" type="radio"/> 14,200.
2 Taxable interest. a <input checked="" type="radio"/> . . . . . 2b	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
3 Ordinary dividends. See instructions. a <input checked="" type="radio"/> . . . . . 3b	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
4 IRA distributions. See instructions. a <input checked="" type="radio"/> . . . . . 4b	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
5 Pensions and annuities. See instructions. a <input checked="" type="radio"/> . . . . . 5b	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
6 Social security benefits. a <input checked="" type="radio"/> . . . . . 6b	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
7 Capital gain or (loss). See instructions . . . . . 7	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" 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 checked="" type="radio"/>	<input checked="" type="radio"/>			
2a Alimony received. See instructions. . . . . 2a	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
3 Business income or (loss). See instructions. . . . . 3	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
4 Other gains or (losses) . . . . . 4	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
5 Rental real estate, royalties, partnerships, S corporations, trusts, etc . . . . . 5	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" 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 checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>7</b> Unemployment compensation . . . . . <b>7</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
<b>8</b> Other income.					
<b>a</b> California lottery winnings		<input checked="" type="radio"/>	<b>a</b> _____		
<b>b</b> Disaster loss deduction from FTB 3805V		<input checked="" type="radio"/>	<b>b</b> _____		
<b>c</b> Federal NOL (Schedule 1 (Form 1040), line 8)		<input type="radio"/>	<b>c</b> <input checked="" type="radio"/>		
<b>d</b> NOL deduction from FTB 3805V . . . . . <b>8</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<b>d</b> _____	<b>8</b> <input checked="" type="radio"/>	<b>8</b> <input checked="" type="radio"/>
<b>e</b> NOL from FTB 3805Z, FTB 3807, or FTB 3809		<input checked="" type="radio"/>	<b>e</b> _____		
<b>f</b> Other (describe): <input type="radio"/> _____		<input checked="" type="radio"/>	<b>f</b> <input checked="" type="radio"/>		
<b>g</b> Student loan discharged due to closure of a for-profit school		<input checked="" 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 checked="" type="radio"/> 14,200.	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/> 14,200.	<input checked="" type="radio"/> 14,200.

	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 checked="" type="radio"/>	<input checked="" type="radio"/>			
<b>11</b> Certain business expenses of reservists, performing artists, and fee-basis government officials . . . . . <b>11</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>12</b> Health savings account deduction . . . . . <b>12</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
<b>13</b> Moving expenses. Attach federal Form 3903. See instructions . . . . . <b>13</b>	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>14</b> Deductible part of self-employment tax. See instructions. . . . . <b>14</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>15</b> Self-employed SEP, SIMPLE, and qualified plans . . . . . <b>15</b>	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>16</b> Self-employed health insurance deduction. See instructions. . . . . <b>16</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>17</b> Penalty on early withdrawal of savings . . . <b>17</b>	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>18a</b> Alimony paid. <b>b</b> Enter recipient's: SSN <input checked="" type="radio"/> _____ Last name <input checked="" type="radio"/> _____ <b>18a</b>	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>19</b> IRA deduction . . . . . <b>19</b>	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>20</b> Student loan interest deduction . . . . . <b>20</b>	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>21</b> Tuition and fees . . . . . <b>21</b>	<input checked="" type="radio"/> 3,600.	<input checked="" type="radio"/> 3,600.			
<b>22</b> Add line 10 through line 21 in each column, A through E . . . . . <b>22</b>	<input checked="" type="radio"/> 3,600.	<input checked="" type="radio"/> 3,600.	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>23 Total.</b> Subtract line 22 from line 9 in each column, A through E. See instructions. . . <b>23</b>	<input checked="" type="radio"/> 10,600.	<input checked="" type="radio"/> -3,600.	<input checked="" type="radio"/>	<input checked="" type="radio"/> 14,200.	<input checked="" type="radio"/> 14,200.

**Part III Adjustments to Federal Itemized Deductions**

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

A	Federal Amounts (from federal Schedule A (Form 1040))	B	Subtractions See instructions	C	Additions See instructions
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**Medical and Dental Expenses** See instructions.

1	Medical and dental expenses <input checked="" type="radio"/>	1			
2	Enter amount from federal Form 1040 or 1040-SR, line 11 <input checked="" type="radio"/> 10,600	2			
3	Multiply line 2 by 7.5% (0.075) <input checked="" type="radio"/> 795	3			
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter 0 <input checked="" type="radio"/>	4	<input checked="" type="radio"/>		<input checked="" type="radio"/>

**Taxes You Paid**

5a	State and local income tax or general sales taxes <input checked="" type="radio"/>	5a	719.	<input checked="" type="radio"/>	719.	
5b	State and local real estate taxes <input checked="" type="radio"/>	5b				
5c	State and local personal property taxes <input checked="" type="radio"/>	5c				
5d	Add line 5a through line 5c <input checked="" type="radio"/> 719.	5d	719.			
5e	Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) in column A . . . Enter the amount from line 5a, column B in line 5e, column B . . . . . Enter the difference from line 5d and line 5e, column A in line 5e, column C . . . . . <input checked="" type="radio"/>	5e	719.	<input checked="" type="radio"/>	719.	<input checked="" type="radio"/> 0.
6	Other taxes. List type <input checked="" type="radio"/>	6		<input checked="" type="radio"/>		<input checked="" type="radio"/>
7	Add line 5e and line 6 <input checked="" type="radio"/>	7	719.	<input checked="" type="radio"/>	719.	<input checked="" type="radio"/> 0.

**Interest You Paid**

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

**Gifts to Charity**

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

**Casualty and Theft Losses**

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

16	Other—from list in federal instructions <input checked="" type="radio"/>	16		<input checked="" type="radio"/>	<input checked="" type="radio"/>
17	Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C <input checked="" type="radio"/> 719.	17	719.	<input checked="" type="radio"/>	719.

18	Total. Combine line 17 column A less column B plus column C <input checked="" type="radio"/>	18			0.
----	--	----	--	--	----

**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  10,600.

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 .