Ę 1	1	0/0	Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Retu	(99
ß		UTU	U.S. Individual Income Tax Retu	rn

2019

OMB No. 1545-0074

IRS Use Only—Do not write or staple in this space.

					ONID NO. 10 K	001	1		mito or otapio in timo opaco.
Filing Status	X :	Single Married filing jointly	7 ма	arried filing separately (MFS	S) Head of househ	old (H	IOH) \square Qua	lifvina wic	dow(er) (QW)
Check only		u checked the MFS box, enter the nan	_	0 1 , 1	, <u> </u>	,	,	, 0	() ()
one box.		ild but not your dependent.		, , ,					
Your first name	and m	iddle initial	L	ast name				Your so	ocial security number
Ravi Te	ja		7	/anam				842-	89-5731
If joint return, s	pouse's	s first name and middle initial	L	ast name				Spouse	's social security number
Home address	(numbe	er and street). If you have a P.O. box, s	ee ins	structions.			Apt. no.	1	ntial Election Campaign
7304 W	130t	h St						1	re if you, or your spouse if filing
City, town or p	ost offic	ce, state, and ZIP code. If you have a fo	reigr	address, also complete	spaces below (see instru	ıction	s).		nt \$3 to go to this fund. a box below will not change your
Overland	d Pa	rk KS 66213-2711						tax or refur	nd. You Spouse
Foreign country	y name			Foreign province/st	ate/county	Fore	eign postal code	If more	than four dependents,
							see instructions and ✓ here ▶		
Standard	Som	eone can claim: You as a depend	dent	Your spouse as	a dependent				
Deduction		Spouse itemizes on a separate return o	r you	were a dual-status alien					
Age/Blindness	You:	Were born before January 2, 19	55	Are blind Spous	e: Was born befor	o lan	uan/2 1055	☐ Is bli	ind
Dependents (, , , ,		(2) Social security number	(3) Relationship to yo				or (see instructions):
(1) First name	000 1110	Last name		(2) Social Security Humber	(3) Helationship to yo	u	Child tax cr	•	Credit for other dependents
									П
							П		
	1	Wages, salaries, tips, etc. Attach For	m(s) \	W-2				. 1	96,675.
	2a	Tax-exempt interest	2a		b Taxable interest.	Attach	Sch. B if requir		
	3a	Qualified dividends	3a		b Ordinary dividends				
Standard Deduction for—	4a	IRA distributions	4a		b Taxable amount			. 4b	
Single or Married	С	Pensions and annuities	4c		d Taxable amount			. 4d	I
filing separately, \$12,200	5a	Social security benefits	5a		b Taxable amount			. 5b)
 Married filing jointly or Qualifying 	6	Capital gain or (loss). Attach Schedul	e D it	f required. If not required,	check here		▶[<u> </u>	
widow(er),	7a	Other income from Schedule 1, line 9						. 7a	1
\$24,400 • Head of	b	Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and	d 7a.	This is your total income				▶ 7b	96,675.
household, \$18,350	8a	Adjustments to income from Schedu	le 1, l	line 22				. 8a	1
• If you checked	b	Subtract line 8a from line 7b. This is	your	adjusted gross income				▶ 8b	96,675.
any box under Standard	9	Standard deduction or itemized de	duct	ions (from Schedule A)			12,20	0.	
Deduction, see instructions.	10	Qualified business income deduction	. Atta	ach Form 8995 or Form 8	995-A 1 0	0			
see mstructions.	11a	Add lines 9 and 10						. 11:	12,200.
	b	Taxable income. Subtract line 11a fi	rom li	ine 8b. If zero or less, ent	er -0			. 111	b 84.475.

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

Form **1040** (2019)

Form 1040 (2019	9)										Page	2
	12a	Tax (see inst.) Check if any from F	Form(s): 1 8814	4 2 4972	з 🗌	12a	14,	449.				_
	b	Add Schedule 2, line 3, and line	12a and enter the	total				. •	12b		14,449.	_
	13a	Child tax credit or credit for other	er dependents .			13a						
	b	Add Schedule 3, line 7, and line	13a and enter the	total				. •	13b			
	14	Subtract line 13b from line 12b.	If zero or less, ente	er -0					14		14,449.	
	15	Other taxes, including self-empl	loyment tax, from S	Schedule 2, line	10				15		0.	_
	16	Add lines 14 and 15. This is you	r total tax					. •	16		14,449.	
	17	Federal income tax withheld fro	m Forms W-2 and	1099					17		16,462.	_
If you have a	18	Other payments and refundable	credits:									
qualifying child, attach Sch. EIC.	a	Earned income credit (EIC) .		No.		18a						
If you have	b	Additional child tax credit. Attac	ch Schedule 8812			18b						
nontaxable combat pay, see	С	American opportunity credit from	m Form 8863, line	3		18c						
instructions.	d	Schedule 3, line 14				18d						
	е	Add lines 18a through 18d. The	se are your total o t	ther payments a	and refundable cred	dits .		. •	18e			
	19	Add lines 17 and 18e. These are	e your total payme	nts				. ▶	19		16,462.	
Refund	20	If line 19 is more than line 16, su	ubtract line 16 from	line 19. This is t	the amount you over	rpaid .			20		2,013.	_
	21a	Amount of line 20 you want refu	ınded to you. If Fo	rm 8888 is attac	hed, check here .			▶ □	21a		2,013.	
Direct deposit? See instructions.	▶ b		0 0 0 0		- /	Checkin	g 🗌 Sa	vings				
See instructions.	▶ d	Account number 3 5 5	0 0 5 8	8 0 8 4	1 4		_					
-	22	Amount of line 20 you want applied to your 2020 estimated tax										_
Amount	23	Amount you owe. Subtract line	19 from line 16. Fo	or details on how	v to pay, see instruct	tions .		. ▶	23			_
You Owe	24	Estimated tax penalty (see instr	uctions)			24						
Third Party Designee	Do	you want to allow another persor	n (other than your p	paid preparer) to	discuss this return w	vith the IF	RS? See instr	uctions.	×		mplete below	
(Other than paid preparer)		signee's		Phone			Personal		ation		 	٦
Sign	Un	me der penalties of perjury, I declare that I						st of my k	nowledg	ge and be	elief, they are tru	.e,
Here		rect, and complete. Declaration of prep	arer (other than taxpa	. ,		eparer has	any knowledg					
	Yo	our signature		Date	Your occupation			1		,	n Identity r it here	
Joint return?					 Worker/Sti	ıdent.		(see i		IIV, CINC	T IT I	٦
See instructions.	Sp	oouse's signature. If a joint return,	both must sign.	Date	Spouse's occupati			If the	IRS se	nt your s	spouse an	_
Keep a copy for	,		· ·					1	-	ection P	IN, enter it he	e
your records.								(see i	nst.)			┙
		none no.		Email address								_
Paid	Pr	eparer's name	Preparer's signat	ture		Date		PTIN		Check		
Preparer										=	d Party Design	е
Use Only	Fir	m's name ▶ Self-Pr	epared			Phone	no.			∐ S	elf-employed	_
	Fir	m's address ▶						Firm'	s EIN 🕨	<u> </u>		_
Go to www.irs.go	ov/Forn	m1040 for instructions and the late	est information.		BAA	REV 01/15	5/20 Intuit.cg.cfp.sp			Fo	rm 1040 (20	9)

TAXABLE YEAR

2019

California Nonresident or Part-Year Resident Income Tax Return CALIFORNIA FORM 540NR

APE

ATTACH FEDERAL RETURN

Form 540NR 2019 **Side 1**

842-89-5731 VANA RAVITEJA VANAM 19

7304 W 130TH ST OVERLAND PARK KS 66213-2711

12-01-1992

Filing Status	2	If your California filing status is different from your Single 4 Married/RDP filing jointly. See inst. 5 Married/RDP filing separately. Enter spous	Head of household (with qualifying Qualifying widow(er). Enter year sp See instructions. See's/RDP's SSN or ITIN above and full name	person). See instructions.							
	6	If someone can claim you (or your spouse/RDP)	as a dependent, check the box here. See in	nst • 6							
	For	line 7, line 8, line 9, and line 10: Multiply the numb	er you enter in the box by the pre-printed do	ollar amount for that line. Whole dollars only							
	7	Personal: If you checked box 1, 3, or 4 above, er									
	checked box 2 or 5, enter 2. If you checked the box on line 6, see instructions. \odot 7 $\boxed{1}$ X \$122 = \odot \$ $\boxed{1}$										
	8	Blind: If you (or your spouse/RDP) are visually ir if both are visually impaired, enter 2		X \$122 = ● \$							
	9	Senior: If you (or your spouse/RDP) are 65 or old		X \$122 = • \$							
		if both are 65 or older, enter 2	X \$122 = • \$								
S	10	10 Dependents: Do not include yourself or your spouse/RDP. Dependent 1 Dependent 2 Dependent 3									
Exemptions		First Name	•	•							
Exer		Last Name	•	•							
		SSN									
		Dependent's relationship to you									
	Total	dependent exemptions	10	\$378 = • \$							
			REV 01/14/20 INTUIT	T.CG.CFP.SP							

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175

You	r nan	ne: VANAM	Your SSN or ITIN:	842-89-5731			
	11	Exemption amount: Add line 7 through line	ne 10		• 11 \$	122	
		Total California wages from your federal Form(s) W-2, box 16	• 12	67825	• 00		
ome	14	or 1040NR-EZ, line 10	ter the amount from So	hedule CA (540NR),	• 14	96675	.00
Total Taxable Income	15 16	Subtract line 14 from line 13. If less than See instructions	zero, enter the result in	parentheses.	15	96675	.00
Total Ta	17	line 23, column C			• 16 • 17	96675	.00
	18	Enter the larger of: Your California itemiz Part III, line 30; OR Your California standa Subtract line 18 from line 17. This is your	ed deductions from So ard deduction . See inst	chedule CA (540NR), ructions	• 18	4537	.00
		enter -0-		,	19	92138	. 00
	31	Tax. Check the box if from:	able Tax	Rate Schedule		5524	
	32	CA adjusted gross income from Schedule (540NR), Part IV, line 1	CA	0	• 31 • 00	5734	. 00
	35	CA Taxable Income from Schedule CA (54	ONR), Part IV, line 5		• 35	0	_00
CA Taxable Income	36 37	CA Tax Rate. Divide line 31 by line 19 CA Tax Before Exemption Credits. Multiply			● 37	0	. 00 C
СА Таха	38	CA Exemption Credit Percentage. Divide line If more than 1, enter 1.0000		• 38 0.0000			
	39	CA Prorated Exemption Credits. Multiply I If the amount on line 13 is more than \$20	•		● 39	0	.00
	40	CA Regular Tax Before Credits. Subtract li	ne 39 from line 37. If le	ess than zero, enter -0	• 40	0	. 00
	41	Tax. See instructions. Check the box if fro	m: • Schedule	G-1 • FTB 5870A	• 41		. 00
	42	Add line 40 and line 41			• 42	0	. 00
lits	50 51	Nonrefundable Child and Dependent Care Attach form FTB 3506			• 50 • 00		• 00
Special Credits	52 53	Credit for dependent parent. See instruction Credit for senior head of household. See instructions			<u> </u>		
		Credit percentage. Enter the amount from If more than 1, enter 1.0000. See instructi	line 38 here.	. • 54		Е	
	55	Credit amount. See instructions			• 55		. 00

Side 2 Form 540NR 2019

175 3132194

REV 01/14/20 INTUIT.CG.CFP.SP

Your name: VANAM Your SSN or ITIN: 842-89-5731

penu	58	Enter credit name	.00
contir	59	Enter credit name code and amount • 59	.00
Special Credits continued	60	To claim more than two credits. See instructions	-00
ial Cr	61	Nonrefundable renter's credit. See instructions	.00
Spec	62	Add line 50 and line 55 through 61. These are your total credits	.00
	63	Subtract line 62 from line 42. If less than zero, enter -0	0 .00
Se	71	Alternative minimum tax. Attach Schedule P (540NR)	-00
Other Taxes	72	Mental Health Services Tax. See instructions	_00
	73	Other taxes and credit recapture. See instructions	-00
	74	Add line 63, line 71, line 72, and line 73. This is your total tax	0 .00
	81	California income tax withheld. See instructions	3710 .00
	82	2019 CA estimated tax and other payments. See instructions	-00
nts	83	Withholding (Form 592-B and/or 593). See instructions	-00
Payments	84	Excess SDI (or VPDI) withheld. See instructions	.60
Δ.	85	Earned Income Tax Credit (EITC)	.00
	86	Young Child Tax Credit (YCTC). See instructions	.00
	87	Add lines 81 through 86. These are your total payments. See instructions	3710 .00
Overpaid Tax/Tax Due	101	Overpaid tax. If line 87 is more than line 74, subtract line 74 from line 87 • 101	3710 .00
Тах/Те	102	Amount of line 101 you want applied to your 2020 estimated tax	.00
rpaid	103	Overpaid tax available this year. Subtract line 102 from line 101 • 103	3710 .00
Ove	104	Tax due. If line 87 is less than line 74, subtract line 87 from line 74	. 00

DO NOT FILE

REV 01/14/20 INTUIT.CG.CFP.SP Form 540NR 2019 Side 3

Your name:

VANAM

Your SSN or ITIN:

842-89-5731

		<u>Code</u>	Amount
	California Seniors Special Fund. See instructions	400	.00
	Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund	• 401	.00
	Rare and Endangered Species Preservation Voluntary Tax Contribution Program	• 403	.00
	California Breast Cancer Research Voluntary Tax Contribution Fund	• 405	. 00
	California Firefighters' Memorial Fund	• 406	. 00
	Emergency Food for Families Voluntary Tax Contribution Fund	• 407	.00
	California Peace Officer Memorial Foundation Fund	• 408	.00
	California Sea Otter Fund	410	• 00
	California Cancer Research Voluntary Tax Contribution Fund	• 413	.00
	School Supplies for Homeless Children Fund	• 422	.00
	State Parks Protection Fund/Parks Pass Purchase	• 423	. 00
	Protect Our Coast and Oceans Voluntary Tax Contribution Fund	• 424	. 00
Ю	Keep Arts in Schools Voluntary Tax Contribution Fund	425	-00
ш	Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund	• 431	.000
	California Senior Citizen Advocacy Voluntary Tax Contribution Fund	438	_ 00
	Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund	• 439	_ 00
	Rape Kit Backlog Voluntary Tax Contribution Fund	• 440	.00
	Organ and Tissue Donor Registry Voluntary Tax Contribution Fund	• 441	.00
	National Alliance on Mental Illness California Voluntary Tax Contribution Fund	• 442	-00
	Schools Not Prisons Voluntary Tax Contribution Fund	• 443	-00
	Suicide Prevention Voluntary Tax Contribution Fund	• 444	-00
120	Add code 400 through code 444. This is your total contribution	120	.00

DO NOT FILE

You	r nan	ne:	VANAM		Your SSN or IT	IN:	842-89-	573	1						
Amount You Owe	121	Mail	to: Franchise T	dd line 104 and line AX BOARD, PO BO ca.gov/pay for moi	X 942867, SACRA					1			.00		
Interest and Penalties	123	Unde	erpayment of estim	FTB 5805 attach	ned • FTB		F attached		12	3	E		.00		
				instructions. Enclos	<u> </u>		y payment		12	4					
	125			INT DUE. Subtract AX BOARD, PO BOX					• 12	_		371	0 .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 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 Type Routing number O81000032 Account number Savings							t shown bel							
The remaining amount of my refund (line 125) is authorized for direct deposit into the account shown below: Type Account number Checking Savings MPORTANT: Attach a copy of your complete federal return.											eposit amour	ot			
ftb.c	a.gov er per	v/forn nalties	ns and search for so of perjury, I decla	, how we may use y 1131. To request thing the that I have example to prect, and complete	s notice by mail, ca nined this tax return	all 800	0.852.5711.						my		
Your	signat	ure			Date			Spo	ouse's/RDP's sigi	nature (if a jo	int tax returi	n, both must si	gn)		
			Your email add	ress. Enter only one e	mail address.						Preferre	d phone numbe	er		
Si	gn										63163	98850			
	ere	ļ	Paid preparer's sig	nature (declaration o	of preparer is based	on all	information of	fwhic	h preparer has	any knowled	lge)				
It is used to for spou	unlaw rge a ıse's/	rful	SELF-PREPARED Firm's name (or yours, if self-employed)								● PTIN				
Joint retur (See instr	n?	ns)	Firm's address Do you want to a	allow another perso	on to discuss this ta	ıx retu	urn with us? S	See in	estructions	•	Yes	Firm's FEI	N		
	Do you want to allow another person to discuss this tax return with us? See instructions											Telephone Number			

TAXABLE YEAR

2019

SCHEDULE

California Adjustments — Nonresidents or Part-Year Residents

CA (540NR)

Important: Attach this schedule behind Form	m 540NR, Side 5 a	s a supporting Ca	lifornia schedule.		
Name(s) as shown on tax return				SSN or IT	'IN
RAVI TEJA VANAM				84289	5731
Part I Residency Information. Complete all line	es that apply to you a	nd your spouse/RDP	for taxable year 2019		
During 2019: 1 My California (CA) Residency (Check one) a Myself: Nonresident Part-Year R	esident • Reside	ent b Spous	se: Nonresiden Yourself		sident • Resident Spouse/RDP
 a I was domiciled in (enter two letter code, see in b I was in the military and stationed in (enter two I became a CA resident (enter state of prior resid I became a CA nonresident (enter new state of re I was a CA nonresident the entire year (enter state) The number of days I spent in CA for any purpos 	o letter code) ence and date (mm/do sidence and date (mm e of residence)	d/yyyy) of move) n/dd/yyyy) of move) .	• • • • • • • • • • • • • • • • • • •	$ \begin{array}{cccc} \underline{K} & \underline{S} & \hline \bullet & \\ & \bullet & \\ & \bullet & \\ & \bullet & \\ \underline{K} & \underline{S} & \hline \bullet & \\ \underline{1} & \underline{8} & \underline{0} & \hline \bullet \end{array} $	
7 I owned a home/property in CA (enter Y for Yes,	N for No)		lacktriangle	$\overline{\mathbf{N}}$ \odot	_
8 Before 2019: I was a CA resident for the period of	of		 0 2/0 8/2 0 3 1 1/0 2/2 0 3 		/
Part II Income Adjustment Schedule	Α	В	C	D	E
Section A — Income from federal Form 1040 or 1040-SR	Federal Amounts (taxable amounts from your federal tax return)	Subtractions See instructions (difference between CA & federal law)	Additions See instructions (difference between CA & federal law)	Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
1 Wages, salaries, tips, etc. See instructions before making an entry in col. B or C 1		•	•		0.
2 Taxable interest. a • 2b 3 Ordinary dividends. See instructions. a • 3b 4 IRA distributions. See instructions. a • 4b c Pensions, and annuities. See instructions. c • 4d	OOO		OOOO	OOO	• C
5 Social security benefits. a • 5b		•			
6 Capital gain or (loss). See instructions 6	(a)	•	•	•	•
Section B — Additional Income from federal Schedule 1 (Form 1040 or 1040-SR)		<u> </u>		19	<u>. </u>
1 Taxable refunds, credits, or offsets of state and local income taxes 1	•	•			
2a Alimony received. See instructions 2a	<u> </u>		•	•	o
3 Business income or (loss) 3	•	•	•	•	•
4 Other gains or (losses)	••	•	OO	OO	••

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	A	В	С	D	E
Section B — Additional Income Continued	Federal Amounts (taxable amounts from your federal tax return)	Subtractions See instructions (difference between CA & federal law)	Additions See instructions (difference between CA & federal law)	Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
6 Farm income or (loss) 6	•	•	•	•	•
7 Unemployment compensation	0	•			
a California lottery winnings		a <u>•</u>	a		
 b Disaster loss deduction from FTB 3805V c Federal NOL (Schedule 1 (Form 1040 or 1040-SR), line 8) 		b •	c •		
d NOL deduction from FTB 3805V 8 e NOL from FTB 3805Z, FTB 3806, FTB 3807, or FTB 3809 f Other (describe): ●		d <u>•</u> e <u>•</u> f <u>•</u>	d e f •	8 •	8 •
g Student loan discharged due to closure of a for-profit school		g 💿	g		
9 Total. Combine Section A, line 1 through line 6, and Section B, line 1 through line 8, in each column. Go to Section C 9		•	•	96,675.	0.
	A	В	С	D	E
Section C — Adjustments to Income from federal Schedule 1 (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	CA Amounts (income earned or received as a CA resident and income earned or received
EODA				col. A; add col. C to the result)	from CA sources as a nonresident)
 10 Educator expenses	•	•		111/	С
government officials	•	•	•	•	•
12 Health savings account deduction 12	•	•			
13 Moving expenses. Attach federal Form 3903. See instructions	•		•	•	•
14 Deductible part of self-employment tax 1415 Self-employed SEP, SIMPLE, and	•			•	•
qualified plans	•			•	O
16 Self-employed health insurance deduction 16	•			•	•
 17 Penalty on early withdrawal of savings17 18a Alimony paid. b Enter recipient's: 	•			•	•

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96,675.

7742193

ledow

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ledow

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ledown

0.

96,675

20 Student loan interest deduction 20

SSN • _____ Last name •

	ct III Adjustments to Federal Itemized Deductions ck the box if you did NOT itemize for federal but will itemize for California	A	Federal Amounts (from federal Schedule A (Form 1040 or 1040-SR))	В	Subtractions See instructions	C	Additions See instructions
Med	ical and Dental Expenses						
1	Medical and dental expenses						
2	Enter amount from federal Form 1040 or 1040-SR, line 8b 96,6752	_					
3	Multiply line 2 by 10% (0.10)						
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter 0 4				_	•	
Tax	es You Paid						
5a	State and local income tax or general sales taxes	(5,102.	•	5,102.		
5b	State and local real estate taxes	(
5c	State and local personal property taxes						
5d	Add lines 5a through 5c		5,102.				
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		- 100		- 100		
	Enter the difference from line 5d and line 5e, column A in line 5e, column C			-	5,102.		0.
6	,,			<u>•</u>		<u>•</u>	
7	Add lines 5e and 6		5,102.	O	5,102.		0.
Inte	rest You Paid	Τ_					
8a	Home mortgage interest and points reported to you on Form 1098					<u>•</u>	
8b	Home mortgage interest not reported to you on Form 1098	$\overline{}$				<u>•</u>	
8c	Points not reported to you on Form 1098		<u>)</u>			O	
8d	Reserved						
8e	Add lines 8a through 8c					<u>•</u>	
9	Investment interest			<u>•</u>		<u>•</u>	
10	Add lines 8e and 9)	•		•	
	s to Charity	1 -					_
11	Gifts by cash or check			0		0	_
12	Other than by cash or check			0		•	_
13	Carryover from prior year			0		0	C
14	Add lines 11 through 1314			•		\odot	
Cas	ualty and Theft Losses	_					
15	Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions			•		•	
Othe	er Itemized Deductions						
16	Other—from list in federal instructions			•		•	
17	Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C		5,102.	•	5,102.	•	0.
18	Total Combine line 17 column A less column B plus column C				() 18		0.

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Job	Expenses and Certain Miscellaneous Deductions		
19	Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach federal Form 2106 if required. See instructions		
20	Tax preparation fees		
21	Other expenses- investment, safe deposit box, etc. List type 21 0.		
22	Add lines 19 through 21		
23	Enter amount from federal Form 1040 or 1040-SR, line 8b 96,675.		
24	Multiply line 23 by 2% (0.02). If less than zero, enter 0		
25	Subtract line 24 from line 22. If line 24 is more than line 22, enter 0.	• 25	0.
26	Total Itemized Deductions. Add line 18 and line 25.	• 26	0.
27	Other adjustments. See instructions. Specify.	● 27	
28	Combine line 26 and line 27.	• 28	0.
29	Is your federal AGI (Form 540NR, line 13) more than the amount shown below for your filing status? Single or married/RDP filing separately \$200,534 Head of household \$300,805 Married/RDP filing jointly or qualifying widow(er) \$401,072 No. Transfer the amount on line 28 to line 29.		
30	Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540NR), line 29 Enter the larger of the amount on line 29 or your standard deduction listed below Single or married/RDP filing separately. See instructions	© 30	0. 4,537.
Pa	rt IV California Taxable Income		
2	California AGI. Enter your California AGI from Part II, line 23, column E Enter your deductions from line 30	,537.	0.
	to four places. If the result is greater than 1.0000, enter 1.0000. If less than zero, enter -0	4	0.
		<u> </u>	

DO NOT FILE

Form	1	0.40	Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Ret					
		UTU	U.S. Individual Income Tax Retu	rn				

2019

OMB No. 1545-0074

IRS Use Only—Do not write or staple in this space.

					ONID NO. 10 K	001	1	50	ritto or otapio iii tilio opaco.			
Filing Status	X :	Single Married filing jointly	7 ма	arried filing separately (MF)	S) Head of househ	old (H	IOH) \square Qua	lifvina wic	low(er) (QW)			
Check only		f you checked the MFS box, enter the name of spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is										
one box.	a child but not your dependent. ▶											
Ravi Teja				Last name					Your social security number			
Ravi Teja				/anam				842-89-5731				
				Last name					Spouse's social security number			
Home address	(numbe	er and street). If you have a P.O. box, s	ee ins	structions.			Apt. no.	I	ntial Election Campaign			
7304 W	130t	h St						I	e if you, or your spouse if filing			
City, town or p	ost offic	ce, state, and ZIP code. If you have a fo	reigr	address, also complete	spaces below (see instru	ıction	s).		nt \$3 to go to this fund. a box below will not change your			
Overland	d Pa	rk KS 66213-2711						tax or refur	nd. You Spouse			
Foreign country name				Foreign province/state/county Fo			eign postal code	If more	If more than four dependents,			
							see instructions and ✓ here ▶					
Standard	Som	eone can claim: You as a depend	dent	Your spouse as	a dependent							
Deduction		Spouse itemizes on a separate return o	r you	were a dual-status alien								
Age/Blindness	You:	Were born before January 2, 19	55	Are blind Spous	e: Was born befor	o lan	uan/2 1055	☐ Is bli	ind			
Dependents (, , , ,		Are blind Spouse: Was born befor (2) Social security number (3) Relationship to you					qualifies for (see instructions):			
(1) First name	000 1110	Last name		(2) Social Security Humber	(3) Helationship to yo	u	Child tax cr		Credit for other dependents			
									П П			
							П					
	1	Wages, salaries, tips, etc. Attach For	m(s) \	W-2				. 1	96,675.			
	2a	Tax-exempt interest	2a		b Taxable interest.	Attach	Sch. B if requir					
	3a	Qualified dividends	3a		b Ordinary dividends							
Standard Deduction for—	4a	IRA distributions	4a		b Taxable amount			. 4b				
Single or Married	С	Pensions and annuities	4c		d Taxable amount			. 4d	1			
filing separately, \$12,200	5a	Social security benefits	5a		b Taxable amount			. 5b)			
 Married filing jointly or Qualifying 	6	Capital gain or (loss). Attach Schedul	e D it	f required. If not required,	check here		▶[<u> </u>				
widow(er),	7a	Other income from Schedule 1, line 9) .					. 7a	1			
\$24,400 • Head of	b	Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income						▶ 7b	96,675.			
household, \$18,350	8a	Adjustments to income from Schedule 1, line 22							ı			
• If you checked	b	Subtract line 8a from line 7b. This is your adjusted gross income						▶ 8b	96,675.			
any box under Standard	9 Standard deduction or itemized deductions (from Schedule A) 9 12						12,20	0.				
Deduction, see instructions.	10	Qualified business income deduction										
see mstructions.	11a	Add lines 9 and 10						. 11a	12,200.			
	b	Taxable income. Subtract line 11a fi	rom li	ine 8b. If zero or less. ent	er -0			. 118	84.475.			

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

Form **1040** (2019)

Form 1040 (2019	9)									Page 2
	12a	Tax (see inst.) Check if any from F	orm(s): 1 8814	4 2 4972	з 🗌	12a 1	4,449			
	b	Add Schedule 2, line 3, and line	12a and enter the	total			•	12b		14,449.
	13a	Child tax credit or credit for other	er dependents .			13a				
	b	Add Schedule 3, line 7, and line	13a and enter the	total			•	13b		
	14	Subtract line 13b from line 12b.	If zero or less, ente	er -0				14		14,449.
	15 Other taxes, including self-employment tax, from Schedule 2, line 10							15		0.
	16	Add lines 14 and 15. This is you	r total tax				•	16		14,449.
	17	Federal income tax withheld from	m Forms W-2 and	1099				17		16,462.
If you have a	18	Other payments and refundable	credits:							
qualifying child, attach Sch. EIC.	a	Earned income credit (EIC) .		No.		18a				
If you have	b	Additional child tax credit. Attach Schedule 8812								
nontaxable combat pay, see	С	American opportunity credit from	n Form 8863, line 8	8		18c				
instructions.	d	Schedule 3, line 14				18d				
	е	Add lines 18a through 18d. The	se are your total o f	ther payments a	and refundable cred	lits	•	18e		
	19	Add lines 17 and 18e. These are	your total payme	nts			•	19		16,462.
Refund	20	If line 19 is more than line 16, su	btract line 16 from	line 19. This is t	the amount you over	paid		20		2,013.
Horana	21a	Amount of line 20 you want refu	ınded to you. If Fo	rm 8888 is attac	hed, check here .		. ▶ 🗌	21a		2,013.
Direct deposit? See instructions.	▶ b Routing number 0 8 1 0 0 0 0 3 2 ▶ c Type: ★ Checking Savings									
See instructions.	►d	Account number 3 5 5 0 0 5 8 8 0 8 4 4								
	22	Amount of line 20 you want applied to your 2020 estimated tax								
Amount	23	Amount you owe. Subtract line 19 from line 16. For details on how to pay, see instructions								
You Owe	24	Estimated tax penalty (see instru	uctions)			24				
Third Party Designee									mplete below.	
(Other than paid preparer)		signee's	Phone			Personal identification number (PIN)				
		me ►	no. nave examined this return and accompanying schedules and st							
Sign	Un	y knowledo	ge and beli	ef, they are true,						
Here	Yc	our signature	Date Your occupation			ion If the			nt you ar	Identity
	\						tection F	IN, enter	it here	
Joint return?		Spouse's signature. If a joint return, both must sign.			Worker/Student (se			e inst.)		
See instructions. Keep a copy for	Sp			Date	Spouse's occupation				nt your s	
your records.	,						e inst.)	tity Protection PIN, enter it here inst.)		
	Phone no.			Email address						
		eparer's name	ture		Date PTIN			Check	if:	
Paid		, repair of olig							│	Party Designee
Preparer	Firm's name ► Self-Prepared					Phone no.		=	lf-employed	
Use Only		m's address >			Fir	m's EIN I				
Go to www.irs.a		m1040 for instructions and the late	est information		BAA	REV 01/15/20 Intuit.cq.cfg				n 1040 (2019)
					DAA		11		. 0	(=0.0)