

| | | | | |
|------------|--|------------|---------|--|
| 12a | Tax (see inst.) Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____ | 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 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, enter -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 your total tax | 16 | 14,449. | |
| 17 | Federal income tax withheld from Forms W-2 and 1099 | 17 | 16,462. | |
| 18 | Other payments and refundable credits: | | | |
| a | Earned income credit (EIC) No. | 18a | | |
| b | Additional child tax credit. Attach Schedule 8812 | 18b | | |
| c | American opportunity credit from Form 8863, line 8 | 18c | | |
| d | Schedule 3, line 14 | 18d | | |
| e | Add lines 18a through 18d. These are your total other payments and refundable credits | 18e | | |
| 19 | Add lines 17 and 18e. These are your total payments | 19 | 16,462. | |

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

Refund

| | | | |
|------------|---|------------|--------|
| 20 | If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you overpaid | 20 | 2,013. |
| 21a | Amount of line 20 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/> | 21a | 2,013. |
| b | Routing number 081000032 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings | | |
| d | Account number 355005880844 | | |
| 22 | Amount of line 20 you want applied to your 2020 estimated tax | 22 | |

Amount You Owe

| | | | |
|-----------|---|-----------|--|
| 23 | Amount you owe. Subtract line 19 from line 16. For details on how to pay, see instructions | 23 | |
| 24 | Estimated tax penalty (see instructions) | 24 | |

Third Party Designee

Do you want to allow another person (other than your paid preparer) to discuss this return with the IRS? See instructions. Yes. Complete below. No

(Other than paid preparer) 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 Worker/Student | If the IRS sent you an Identity Protection PIN, enter it here (see inst.) |
| Spouse's signature. If a joint return, both 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 | Preparer's signature | Date | PTIN | Check if: <input type="checkbox"/> 3rd Party Designee <input type="checkbox"/> Self-employed |
| Firm's name Self-Prepared | Phone no. | | Firm's EIN | |
| Firm's address | | | | |

California Nonresident or Part-Year Resident Income Tax Return

2019

540NR

APE

ATTACH FEDERAL RETURN

842-89-5731 VANA
RAVITEJA VANAM

19

7304 W 130TH ST
OVERLAND PARK KS 66213-2711

12-01-1992

DO NOT FILE

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

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

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. 1 X \$122 = \$ 122
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

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 10 X \$378 = \$

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

11 Exemption amount: Add line 7 through line 10 11 \$ 122

Total Taxable Income
12 Total California wages from your federal Form(s) W-2, box 16 67825 .00
13 Enter federal AGI from federal Form 1040 or 1040-SR, line 8b; 1040NR, line 35; or 1040NR-EZ, line 10 96675 .00
14 California adjustments - subtractions. Enter the amount from Schedule CA (540NR), Part II, line 23, column B .00
15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions 96675 .00
16 California adjustments - additions. Enter the amount from Schedule CA (540NR), Part II, line 23, column C .00
17 Adjusted gross income from all sources. Combine line 15 and line 16. 96675 .00
18 Enter the larger of: Your California itemized deductions from Schedule CA (540NR), Part III, line 30; OR Your California standard deduction. See instructions 4537 .00
19 Subtract line 18 from line 17. This is your total taxable income. If less than zero, enter -0- 92138 .00

31 Tax. Check the box if from: [X] Tax Table [] Tax Rate Schedule
[] FTB 3800 [] FTB 3803 5734 .00

32 CA adjusted gross income from Schedule CA (540NR), Part IV, line 1. 0 .00

35 CA Taxable Income from Schedule CA (540NR), Part IV, line 5. 0 .00

CA Taxable Income
36 CA Tax Rate. Divide line 31 by line 19. 0.0622

37 CA Tax Before Exemption Credits. Multiply line 35 by line 36. 0 .00

38 CA Exemption Credit Percentage. Divide line 35 by line 19. If more than 1, enter 1.0000. 0.0000

39 CA Prorated Exemption Credits. Multiply line 11 by line 38. If the amount on line 13 is more than \$200,534, see instructions. 0 .00

40 CA Regular Tax Before Credits. Subtract line 39 from line 37. If less than zero, enter -0- . 0 .00

41 Tax. See instructions. Check the box if from: [] Schedule G-1 [] FTB 5870A .00

42 Add line 40 and line 41. 0 .00

Special Credits
50 Nonrefundable Child and Dependent Care Expenses Credit. See instructions. Attach form FTB 3506. .00

51 Credit for joint custody head of household. See instructions. .00

52 Credit for dependent parent. See instructions. .00

53 Credit for senior head of household. See instructions. .00

54 Credit percentage. Enter the amount from line 38 here. If more than 1, enter 1.0000. See instructions. .00

55 Credit amount. See instructions. .00

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

Special Credits continued

58 Enter credit name code and amount... .00

59 Enter credit name code and amount... .00

60 To claim more than two credits. See instructions... .00

61 Nonrefundable renter's credit. See instructions... .00

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-... .00

Other Taxes

71 Alternative minimum tax. Attach Schedule P (540NR)... .00

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... .00

Payments

81 California income tax withheld. See instructions... .00

82 2019 CA estimated tax and other payments. See instructions... .00

83 Withholding (Form 592-B and/or 593). See instructions... .00

84 Excess SDI (or VPD) withheld. See instructions... .00

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... .00

Overpaid Tax/Tax Due

101 Overpaid tax. If line 87 is more than line 74, subtract line 74 from line 87... .00

102 Amount of line 101 you want applied to your 2020 estimated tax... .00

103 Overpaid tax available this year. Subtract line 102 from line 101... .00

104 Tax due. If line 87 is less than line 74, subtract line 87 from line 74... .00

DO NOT FILE

Your name: VANAM

Your SSN or ITIN: 842-89-5731



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

DO NOT FILE

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

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

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

125 REFUND OR NO AMOUNT DUE. Subtract line 120 from line 103. Mail to: FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001. 3710

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

Type: Routing number 081000032, Checking, Account number 355005880844, Savings, Direct deposit amount 3710

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

Type: Routing number, Checking, Account number, Savings, Direct deposit amount

IMPORTANT: Attach a copy of your complete federal return.

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

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

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

Your email address. Enter only one email address. Preferred phone number 6316398850

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) SELF-PREPARED

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

California Adjustments —
Nonresidents or Part-Year Residents

2019

CA (540NR)

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

Name(s) as shown on tax return: RAVI TEJA VANAM
SSN or ITIN: 842895731

Part I Residency Information. Complete all lines that apply to you and your spouse/RDP for taxable year 2019.

During 2019:

- 1 My California (CA) Residency (Check one)
a Myself: [X] Nonresident [] Part-Year Resident [] Resident
b Spouse: [] Nonresident [] Part-Year Resident [] Resident
2 a I was domiciled in (enter two letter code, see instructions)
b I was in the military and stationed in (enter two letter code).
3 I became a CA resident (enter state of prior residence and date (mm/dd/yyyy) of move)
4 I became a CA nonresident (enter new state of residence and date (mm/dd/yyyy) of move)
5 I was a CA nonresident the entire year (enter state of residence).
6 The number of days I spent in CA for any purpose was:
7 I owned a home/property in CA (enter Y for Yes, N for No)
8 Before 2019: I was a CA resident for the period of

Table with 5 columns: Section A - Income, A Federal Amounts, B Subtractions, C Additions, D Total Amounts Using CA Law, E CA Amounts. Rows include wages, interest, dividends, IRA distributions, pensions, social security benefits, capital gain, taxable refunds, alimony, business income, other gains, and rental real estate.

DO NOT FILE

| | A | B | C | 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 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7 Unemployment compensation 7 | <input type="radio"/> | <input type="radio"/> | | | |
| 8 Other income. | | | | | |
| a California lottery winnings | | a <input type="radio"/> | a <input type="text"/> | | |
| b Disaster loss deduction from FTB 3805V | | b <input type="radio"/> | b <input type="text"/> | | |
| c Federal NOL (Schedule 1 (Form 1040 or 1040-SR), line 8) | | c <input type="radio"/> | c <input type="radio"/> | | |
| d NOL deduction from FTB 3805V 8 | <input type="radio"/> | d <input type="radio"/> | d <input type="text"/> | 8 <input type="radio"/> | 8 <input type="radio"/> |
| e NOL from FTB 3805Z, FTB 3806, FTB 3807, or FTB 3809 | | e <input type="radio"/> | e <input type="text"/> | | |
| f Other (describe): <input type="radio"/> | | f <input type="radio"/> | f <input type="text"/> | | |
| g Student loan discharged due to closure of a for-profit school | | g <input type="radio"/> | g <input type="text"/> | | |
| 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 | <input type="radio"/> 96,675. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> 96,675. | <input type="radio"/> 0. |

| | A | B | C | 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 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) |
| 10 Educator expenses 10 | <input type="radio"/> | <input type="radio"/> | | | |
| 11 Certain business expenses of reservists, performing artists, and fee-basis government officials 11 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 12 Health savings account deduction 12 | <input type="radio"/> | <input type="radio"/> | | | |
| 13 Moving expenses. Attach federal Form 3903. See instructions 13 | <input type="radio"/> | | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 14 Deductible part of self-employment tax . . . 14 | <input type="radio"/> | | | <input type="radio"/> | <input type="radio"/> |
| 15 Self-employed SEP, SIMPLE, and qualified plans 15 | <input type="radio"/> | | | <input type="radio"/> | <input type="radio"/> |
| 16 Self-employed health insurance deduction 16 | <input type="radio"/> | | | <input type="radio"/> | <input type="radio"/> |
| 17 Penalty on early withdrawal of savings . . 17 | <input type="radio"/> | | | <input type="radio"/> | <input type="radio"/> |
| 18a Alimony paid. b Enter recipient's: SSN <input type="radio"/> _____ Last name <input type="radio"/> _____ 18a | <input type="radio"/> | | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 19 IRA deduction 19 | <input type="radio"/> | | | <input type="radio"/> | <input type="radio"/> |
| 20 Student loan interest deduction 20 | <input type="radio"/> | | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 21 Reserved 21 | | | | | |
| 22 Add line 10 through line 21 in each column, A through E 22 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 23 Total. Subtract line 22 from line 9 in each column, A through E. See instructions. . . 23 | <input type="radio"/> 96,675. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> 96,675. | <input type="radio"/> 0. |

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 or 1040-SR)) | B Subtractions See instructions | C Additions See instructions |
|---|---|--|

Medical and Dental Expenses

| | | | |
|--|----------------------------------|--------|----------|
| 1 Medical and dental expenses | <input checked="" type="radio"/> | | 1 |
| 2 Enter amount from federal Form 1040 or 1040-SR, line 8b | <input checked="" type="radio"/> | 96,675 | 2 |
| 3 Multiply line 2 by 10% (0.10) | <input checked="" type="radio"/> | 9,668 | 3 |
| 4 Subtract line 3 from line 1. If line 3 is more than line 1, enter 0 | <input checked="" type="radio"/> | | 4 |

Taxes You Paid

| | | | | | |
|---|----------------------------------|-------|----------------------------------|-------|----------------------------------|
| 5a State and local income tax or general sales taxes | <input checked="" type="radio"/> | 5,102 | <input checked="" type="radio"/> | 5,102 | |
| 5b State and local real estate taxes | <input checked="" type="radio"/> | | | | |
| 5c State and local personal property taxes | <input checked="" type="radio"/> | 0 | | | |
| 5d Add lines 5a through 5c | <input checked="" type="radio"/> | 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 Enter the difference from line 5d and line 5e, column A in line 5e, column C | <input checked="" type="radio"/> | 5,102 | <input checked="" type="radio"/> | 5,102 | <input checked="" type="radio"/> |
| 6 Other taxes. List type | <input checked="" type="radio"/> | | <input checked="" type="radio"/> | | <input checked="" type="radio"/> |
| 7 Add lines 5e and 6 | <input checked="" type="radio"/> | 5,102 | <input checked="" type="radio"/> | 5,102 | <input checked="" type="radio"/> |

Interest You Paid

| | | | | |
|--|----------------------------------|--|----------------------------------|----------------------------------|
| 8a Home mortgage interest and points reported to you on Form 1098 | <input checked="" type="radio"/> | | | <input checked="" type="radio"/> |
| 8b Home mortgage interest not reported to you on Form 1098 | <input checked="" type="radio"/> | | | <input checked="" type="radio"/> |
| 8c Points not reported to you on Form 1098 | <input checked="" type="radio"/> | | | <input checked="" type="radio"/> |
| 8d Reserved | | | | |
| 8e Add lines 8a through 8c | <input checked="" type="radio"/> | | | <input checked="" type="radio"/> |
| 9 Investment interest | <input checked="" type="radio"/> | | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 10 Add lines 8e and 9 | <input checked="" type="radio"/> | | <input checked="" type="radio"/> | <input checked="" type="radio"/> |

Gifts to Charity

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

Other Itemized Deductions

| | | | | | |
|---|----------------------------------|-------|----------------------------------|----------------------------------|----------------------------------|
| 16 Other—from list in federal instructions | <input checked="" type="radio"/> | | <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"/> | 5,102 | <input checked="" type="radio"/> | 5,102 | <input checked="" type="radio"/> |

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

DO NOT FILE

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 lines 19 through 21. 22

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. 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 \$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.

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. \$4,537
 Married/RDP filing jointly, head of household, or qualifying widow(er) \$9,074 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 .

DO NOT FILE

| | | | | |
|------------|--|------------|---------|--------------------|
| 12a | Tax (see inst.) Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____ | 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 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, enter -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 your total tax | | | 16 14,449. |
| 17 | Federal income tax withheld from Forms W-2 and 1099 | | | 17 16,462. |
| 18 | Other payments and refundable credits: | | | |
| a | Earned income credit (EIC) No. | 18a | | |
| b | Additional child tax credit. Attach Schedule 8812 | 18b | | |
| c | American opportunity credit from Form 8863, line 8 | 18c | | |
| d | Schedule 3, line 14 | 18d | | |
| e | Add lines 18a through 18d. These are your total other payments and refundable credits | | | 18e |
| 19 | Add lines 17 and 18e. These are your total payments | | | 19 16,462. |

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

Refund

| | | | |
|------------|---|------------|--------|
| 20 | If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you overpaid | 20 | 2,013. |
| 21a | Amount of line 20 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/> | 21a | 2,013. |
| b | Routing number 081000032 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings | | |
| d | Account number 355005880844 | | |
| 22 | Amount of line 20 you want applied to your 2020 estimated tax | 22 | |

Amount You Owe

| | | | |
|-----------|---|-----------|--|
| 23 | Amount you owe. Subtract line 19 from line 16. For details on how to pay, see instructions | 23 | |
| 24 | Estimated tax penalty (see instructions) | 24 | |

Third Party Designee

Do you want to allow another person (other than your paid preparer) to discuss this return with the IRS? See instructions. Yes. Complete below. No

(Other than paid preparer) 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 Worker/Student | If the IRS sent you an Identity Protection PIN, enter it here (see inst.) |
| Spouse's signature. If a joint return, both 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 | Preparer's signature | Date | PTIN | Check if: <input type="checkbox"/> 3rd Party Designee <input type="checkbox"/> Self-employed |
| Firm's name Self-Prepared | Phone no. | | Firm's EIN | |
| Firm's address | | | | |