Illinois Department of Revenue

2020 Form IL-1040

Individual Income Tax Return or for fiscal year ending _ _/_ _

Over 80% of taxpayers file electronically. It is easy and you will get your refund faster. Visit tax.illinois.gov.

Step 1: Personal Information

			1995			anda, karal 14 yılında Almana Kord Doğumlar Eline 1990'yı karalı karalı		
162	-96-2191						ST SK SK SL	
DIF	TI ARUN	KA	TE			ichseonaracha		
						REAL REPARTADS		
111	OW STOUGHTON S	STREET		302				
URE	ANA	IL 6	1801					
B C D	Check If someone ca	an claim you,	, or your spouse if	<u>f fili</u> ng jointly, a	filing separately Was a dependent. See ins ent - Attach Sch. NR	tructions. You	Spouse	
		applies to y	00 001119 2020.1	Nomeside				e dollars only)
5te	5 2: Income Federal adjusted gro	se income f	rom vour federal	Eorm 1040 c	r 10/0-SB Line 11		1	86,080.00
2	Federally tax-exemp	t interest an	d dividend incom	1040 C	ederal Form 1040 or 10	040-SR. Line 2a.	2	.00
3	Other additions. Atta	ach Schedul	le M.	,		,	3	.00
4	Total income. Add I	Lines 1 throu	ıgh 3.				4	86,080 <u>.00</u>
	o 3: Base Income							
5	Social Security bene					5	00	
6	received if included i Illinois Income Tax ov				or 1040-SB	ວ	.00	
Ŭ	Schedule 1, Ln. 1.	verpayment				6	.00	
7	Other subtractions.					7	.00	
-	Check if Line 7 incl				C. 🗆		-	
8	Add Lines 5, 6, and						8 9	.00
9	Illinois base incom	e. Subtract I	_ine 8 from Line 4	4.			9	80,080.00
	o 4: Exemptions							
10	a Enter the exemptionb Check if 65 or old				eckboxes X \$1,000	a 2,3		
	c Check if legally bl	lind: 🛛 Yo	ou + 🗌 Spous	e # of ch	eckboxes X \$1,000			
	d If you are claiming	dependents,	enter the amount	t from Schedu	le IL-E/EIC, Step 2, Line			
	Attach Schedule II					d		0 205
	Exemption allowan		es a through d.				10	2,325.00
	5: Net Income a							
11	Residents: Net inco				n a ann a franc Calcadula N			426.00
12	Residents: Multiply				ncome from Schedule N	NR. Attach Schedule	e NR. 11	420.00
12	Nonresidents and	part-vear re	esidents: Enter th	he tax from S	chedule NR.		12	21.00
13	Recapture of investr					`	13	.00
14	Income tax. Add Lir	nes 12 and 1	3. Cannot be les	s than zero.			14	21.00
Ste	o 6: Tax After Non							
15	Income tax paid to a					15	.00	
16	Property tax and K- Attach Schedule IC		i expense credit a	amount from	Schedule ICR.	16	.00	
17	Credit amount from		299-C. Attach Sc	hedule 1299-	C.	17	.00	
					ot exceed the tax amou		18	0.00
19	Tax after nonrefune	dable credit	s. Subtract Line	18 from Line	14.		19	21.00
Ste	o 7: Other Taxes							
	Household employm				, , , , , , , , , ,		20	.00
21				ate purchases	s from UT Worksheet o	or UT Table	01	0.00
22	in the instructions. D			1 Act and sale	of assets by gaming lic	ensee surcharges	21 22	.00
23	Total Tax. Add Lines				e. access by garning he	energe our on argeo.	23	21.00
	IL-1040 2D Front (R-12/20)	This form is author	prized as outlined under the					
			sclosure of this informatic information could result i					

Failure to provide information could result in a penalty.

Staple W-2 and 1099 forms here

1

Staple your check and IL-1040-V

V

24 Tot	al tax from Page 1, Line 23.					24	21.00
	Payments and Refundab	le Credit					
25 Illino	bis Income Tax withheld. Attac	h Schedule IL-W	IT.		25	22.00	
26 Estir	mated payments from Forms I	L-1040-ES and II	505-I,		-		
inclu	iding any overpayment applied	l from a prior yea	ır return.		26	.00	
	s-through withholding. Attach S				27	.00	
	ned Income Credit from Schedu				28	.00	22.00
	I payments and refundable	credit. Add Lines	25 through	28.		29	22.00
Step 9:	10tal ne 29 is greater than Line 24, su	htraat Lina 24 from	n Lino 20			30	1.00
	ne 24 is greater than Line 24, su					30	.00
	: Underpayment of Estima			ations - Only com	nlete Sten 10 f		
-	erpayment of estimated t		-	2		or late-payme	in penalty
	-payment penalty for underpay				32	.00	
a 🗆	Check if at least two-thirds o	f your federal gro	ss income is	from farming.			
	Check if you or your spouse		•				
c	Check if your income was no	t received evenly	during the y	ear and you annualiz	ed your income of	on Form IL-2210	
4 F	Attach Form IL-2210. Check if you were not require	ad to filo an Illino	ic Individual	Incomo Tox roturn in	the provious tax	voor	
	ntary charitable donations. At				33	.00	
	Il penalty and donations. Ad					34	.00
	: Refund						
•	u have an amount on Line 30	and this amount	is greater th	an Line 34, subtract L	ine 34 from Line	30.	
-	is your overpayment.		5	,		35	1.00
36 Amo	ount from Line 35 you want refu	inded to you . Ch	neck one box	on Line 37. See instr	ructions.	36	1.00
37 I cho	pose to receive my refund by						
a 🗵	direct deposit - Complete th	ne information be	low if you ch	eck this box.			
	Routing number	r 0 7 1 9	2 1 8	91 × Ch	ecking or 📃 Sa	vings	
	Account number	er 4 6 9 2	594	169			
b L	Illinois Individual Income T http://tax.illinois.gov/Debit	ax refund debit Card prior to ma	card. I ackn king this ele	owledge I have review	wed the card info	rmation found at	
c 🗆	paper check.						
38 Amo	ount to be credited forward. Su	btract Line 36 fro	om Line 35. S	See instructions.		38	.00
Step 12	: Amount You Owe						
39 If yo	u have an amount on Line 31,	add Lines 31 an	d 34. - or -				
lf yo	u have an amount on Line 30	and this amount	is less than	Line 34,			
subt	ract Line 30 from Line 34. This	s is the amount y	ou owe . Se	e instructions.		39	.00
Step 13	3: If this is a joint return, both yo	u and your spous	e must sign l	below.			
	Under penalties of perjury, I s	state that I have ex	kamined this	return and, to the best	t of my knowledge	, it is true, correct	t, and complete.
Sign						(217) 979-	-7062
Here	Your signature	Date (mm/dd/yyyy)	Spouse's sigi	nature	Date (mm/dd/yyyy)	Daytime phone r	number
	SYAM PRIYA RAM SAGAR GUPTA TA	LLAM	SYAM PRIYA R		04/19/2021	Check if F	02082703
Paid	Print/Type paid preparer's name		Paid prepare	r's signature	Date (mm/dd/yyyy)	self-employed F	Paid Preparer's PTIN
Preparer Use Only	Firm's name GLOBAL	TAXES LLC			Firm's FEIN	301017196	
USE Only	Firm's address > 2530 Peb	ble Creek LnC	umming	GA 30041	Firm's phone	(678) 965-	-9522
Third				()		Check if the	Department may
Party					h a 1	discuss this return with the third	
Designee	nee Designee's name (please print) Designee's phone number			party designee	shown in this step.		

Refer to the 2020 IL-1040 Instructions for the address to mail your return.

IR

ID

IL-1040 2D Back (R-12/20) Printed by authority of the State of Illinois - web only, 1. DR____ AP___ RR DC

REV 03/17/21 PRO



\sum	Illinois Department of Rev	venue
$\left\{ \right\}$	Illinois Department of Rev 2020 Schedule	NR
Q~1	Attach to your Form IL-1040	

Nonresident and Part-Year Resident **Computation of Illinois Tax** IL Attachment No. 2

Attach to your Form IL-1040

2 а

3

	,	•
	DIPTI ARUN KATE	<u> 1 6 2 9 6 </u>
_	Your name as shown on your Form IL-1040	Your Social Security number
S	Step 1: Provide the following info	ormation
1	Were you, or your spouse if "married filing jointly," a	a full-year resident of Illinois during the tax year?
	Yes X No If you answere	red "Yes," STOP you cannot use this form (see instructions).
2	If you, or your spouse if "married filing jointly," were a	e a part-year resident during the tax year, tell us your residency dates for 2020.
â	a I lived in Illinois from// 2_0 to/ Month Day Year Month Day	/ 2_0 I lived in from / / 2_0 to / / 2_0 Day Year Month Day Year Month Day Year
I	b My spouse lived in Illinois from / / <u>2</u> <u>0</u> to Month Day Year	to / / 2 0 , and from / / 2 0 to / / 2 0 Month Day Year State Month Day Year Month Day Year
3		elow during the tax year, if you were in Illinois only to accompany your spouse who ervice member spouse's state of residence for tax purposes, check the appropriate box.
4		Michigan Wisconsin Military Spouse ady indicated on Line 2 or 3 above, that you claimed residency for tax purposes in 2020.

Step 2: Complete Form IL-1040

Complete Lines 1 through 10 of your Form IL-1040, Individual Income Tax Return, as if you were a full-year Illinois resident. Then, complete the remainder of this schedule following the instructions for your residency. Attach Schedule NR to your Form IL-1040.

Step 3: Figure the Illinois portion of your federal adjusted gross income

Enter the amounts from your federal return in Column A. Before completing Column B, read the Column B instructions.

_				Federal Total	Column B Illinois Portion
	5	Wages, salaries, tips, etc. (federal Form 1040 or 1040-SR, Line 1)	5	93,406 _{.00}	438.00
	6	Taxable interest (federal Form 1040 or 1040-SR, Line 2b)	6	.00	.00
	7	Ordinary dividends (federal Form 1040 or 1040-SR, Line 3b)	7	.00	.00
	8	Taxable refunds, credits, or offsets of state and local income taxes			
		(federal Form 1040 or 1040-SR, Schedule 1, Line 1)	8 _	.00	.00
	9	Alimony received (federal Form 1040 or 1040-SR, Schedule 1, Line 2	a) 9 _	.00	.00
	10	Business income or loss (federal Form 1040 or 1040-SR, Schedule 1	, Line 3) 10 _	.00	.00
	11	Capital gain or loss (federal Form 1040 or 1040-SR, Line 7)	11.	554.00	0.00
_	12	Other gains or losses (federal Form 1040 or 1040-SR, Schedule 1, Li	ne 4) 12	.00	.00
come	13	Taxable IRA distributions (federal Form 1040 or 1040-SR, Line 4b)	13	.00	.00
<u></u>	14	Pensions and annuities (federal Form 1040 or 1040-SR, Line 5b)	14	.00	.00
Ĕ	15	Rental real estate, royalties, partnerships, S corporations, trusts, etc.			
		(federal Form 1040 or 1040-SR, Schedule 1, Line 5)	15	-7,580 _{.00}	0.00
	16	Farm income or loss (federal Form 1040 or 1040-SR, Schedule 1, Lin	e 6) 16	.00	.00
	17	Unemployment compensation and Alaska Permanent Fund dividends			
		(federal Form 1040 or 1040-SR, Schedule 1, Line 7)	17	.00	.00
	18	Taxable Social Security benefits (federal Form 1040 or 1040-SR, Line	e 6b) 18	.00	.00
	19	Other income. See instructions. (federal Form 1040 or 1040-SR, Sche	edule 1, Line 8)		
		Include winnings from the $\ensuremath{\textsc{llinois}}$ State $\ensuremath{\textsc{Lottery}}$ as Illinois income in	Column B. 19	.00	.00
	20	Add Column B, Lines 5 through 19. This is the Illinois portion of your f	ederal total income	. 20	438.00
		Continue with Step 3			
				lined under the Illinois Income Tax ailure to provide information could	



Schedule NR – Page 2

Step 3: Continued

St	ер	3: Continued		olumn A eral Total	Column B Illinois Portion
	21	Enter the Illinois portion of your federal total income from Page 1, Step 3, Line 20.		21	438.00
	22	Educator expenses (federal Form 1040 or 1040-SR, Schedule 1, Line 10)	22	.00	.00
	23	Certain business expenses of reservists, performing artists, and fee-basis			
	I 1	government officials (federal Form 1040 or 1040-SR, Schedule 1, Line 11)	23	.00	.00
	24	Health savings account deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 12)	24	.00	.00
e	25	Moving expenses for members of the Armed Forces (federal Form 1040 or 1040-SR,			
DO	I 1	Schedule 1, Line 13)	25	.00	.00
Income	26	Deductible part of self-employment tax (federal Form 1040 or 1040-SR, Schedule 1, Line 14)	26	.00	.00
	27				
5	I 1		27		.00
Its	28		28	.00	.00
ē	29	Penalty on early withdrawal of savings (federal Form 1040 or 1040-SR, Schedule 1, Line 17)	29	.00	.00
đ	30	Alimony paid (federal Form 1040 or 1040-SR, Schedule 1, Line 18a)	30	.00	.00
djustments	31	IRA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 19)	31	.00	.00
Ē	32	Student loan interest deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 20)	32	.00	.00
٩	33	Tuition and fees (federal Form 1040 or 1040-SR, Schedule 1, Line 21)	33	.00	.00
	34	RESERVED	34		
	35	Other adjustments (see instructions)	35	300.00	0.00
	36	Add Column B, Lines 22 through 35. This is the Illinois portion of your federal			
	I 1	adjustments to income.		36	0.00
	37	Enter your adjusted gross income as reported on your Form IL-1040, Line 1.	37	86,080 _{.00}	
	38	Subtract Line 36 from Line 21. This is the Illinois portion of your federal adjusted gro	ss income	. 38	438.00

Step 4: Figure your Illinois additions and subtractions

the	e inst	mn A, enter the total amounts from your Form IL-1040. You must read ructions for Column B to properly complete this step.		Column A Form IL-1040 Total	Column B Illinois Portion
ptc	39	Federally tax-exempt interest and dividend income (Form IL-1040, Line 2)	39	.00	.00
ľ	40	Other additions (Form IL-1040, Line 3)	40	.00	.00
let m		Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income.		41	438.00
Ę	42	Federally taxed Social Security and retirement income (Form IL-1040, Line 5)	42	.00	.00
		Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR,			
i.c	2	Schedule 1, Line 1. (Form IL-1040, Line 6)	43	.00	.00
<u> </u>	44	Other subtractions (Form IL-1040, Line 7)	44	.00	.00
ΙΞ	45	Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions.		45	.00

Step 5: Figure your Illinois income and tax

Γ	46	Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your Illinois base income.		46	438.00
ဖ		If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52.			
suo	47	Enter the base income from Form IL-1040, Line 9.	47	86,080.00	
lati	48	Divide Line 46 by Line 47 (round to three decimal places). Enter the appropriate			
13	I 1	decimal. If Line 46 is greater than Line 47, enter 1.000.	48	0 • 005	
<u> </u> <u></u>	49	Enter your exemption allowance from your Form IL-1040, Line 10.	49	2,325.00	
Ca	50	Multiply Line 49 by the decimal on Line 48. This is your Illinois exemption			
-	I 1	allowance.		50	12.00
Tax	51	Subtract Line 50 from Line 46. This is your Illinois net income.			
	I 1	Enter the amount here and on your Form IL-1040, Line 11.		51	426.00
	52	Multiply the amount on Line 51 by 4.95% (.0495). This amount may not be less than	zero.		
		Enter the amount here and on your Form IL-1040, Line 12.			
		This is your tax.		52	21.00



Illinois Department of Revenue

2020 Schedule IL-WIT Illinois Income Tax Withheld

Attach to your Form IL-1040. If you have more than five withholding forms, complete multiple copies of this schedule. IL Attachment No. 31

Use the reference for Column A shown in the chart below.								
Form Type	Letter Code for Column A							
W-2	W	1099-DIV	D					
W-2G	WG	1099-INT	I					
1099-R	R	1042-S	S					
1099-G	G	1099-B	В					
1099-MISC	М	1099-K	K					
1099-OID	0	1099-NEC	N					

Step 1: Provide your withholding records (include all W-2 and 1099 forms that show Illinois withholding)

DIPTI ARUN KATE Your name as shown on F	1 6 Your Soc		curity numb	9 <u>6</u> ber		2	1	9 1	L		
Column A Form type	Column B Employer/Payer Identification Number	Colu Federal Wages, Distributions, Co					nings, Gro		Illinoi	umn E is Income Withheld	
1	37600051	\$	438 .0 0	<u>)</u>	\$		<u>438.00</u>	\$	i	22.	• <u>00</u>
2		\$	•00	<u>)</u>	\$		•00	\$		•	<u>00</u>
3		\$	<u>•00</u>	<u>)</u>	\$		•00	\$		•	<u>00</u>
4		\$	•00	<u>)</u>	\$		•00	\$		•	<u>00</u>
5		\$	•00	<u>)</u>	\$		•00	\$		•	00

Step 2: Provide spouse's withholding records (include all W-2 and 1099 forms that show Illinois withholding)

Your spouse's name as shown on Form IL-1040

Your spouse's Social Security number

Column A Form type	Column B Employer/Payer Identification Number	Column C Federal Wages, Winnings, Gross Distributions, Compensation, etc.		Column D Illinois Wages, Winnings, Gross Distributions, Compensation, etc.			Column E Illinois Income Tax Withheld	
6		\$	•00	\$	•00	\$	•00	
7		\$	•00	\$	•00	\$	•00	
8		- \$	•00	\$	•00	\$	•00	
9		- \$	•00	\$	•00	\$	•00	
10		_ \$	•00	\$	•00	\$	•00	

Step 3: Total Illinois withholding

11 Add the amounts in Column E for Lines 1 through 10 (and the amounts from Column E of any additional copies you attached). This is the total amount of your Illinois income tax withheld. Enter this amount here and on Form IL-1040, Line 25.

➡ Attach all Schedules IL-WIT to your IL-1040.

Illinois Department of Revenue Submission ID 2020 IL-8453 Illinois Individual Income Tax Electronic Filing Declaration (Do not mail Form IL-8453 to the Illinois Department of Revenue unless it is requested for review.) Step 1: Provide taxpayer information DIPTI ARUN KATE 1 6 2 9 6 _ 2 1 First name and middle initial Spouse's first name (and last name if different) Last name Social Security number Print 1110W STOUGHTON STREET 302 or type Mailing address Spouse's Social Security number (217) 979-7062 URBANA IL 61801 Citv State 7IP Davtime phone number Step 2: Complete information from tax return 426 | 00 1 Net income from Form IL-1040. Line 11 1 21 | 00 2 Tax from Form IL-1040, Line 14 22 | **00** 3 Illinois Income Tax withheld from Form IL-1040, Line 25 only (enter "0" if none) 3 1 | 00 4 Overpayment from Form IL-1040, Line 35 00 5 5 Total amount due from Form IL-1040, Line 39 6 Filing status: X Single Married filing jointly Married filing separately Widowed Head of household Step 3: Complete direct deposit of refund or electronic funds withdrawal information (Optional) To initiate a payment or refund transaction, the information in this Step must be included within the electronic transmission. Illinois does not support international ACH transactions. IDOR will only perform direct transactions (e.g., debit, deposit) with financial institutions located within the United States or those not funded by international funds. Electronic payments will not be accepted and refunds will be via paper check. Routing no. (RN): 0 7 1 9 2 1 8 9 1 7 Account no. (AN): 4 6 9 2 5 9 4 1 6 9 8 Savings Type of account: \times Checking 9 **10** Date the payment is to be electronically withdrawn: / / 11 Electronic funds withdrawal amount: ____ 00_1 12 Name on account: Step 4: Taxpayer declaration and signature (Sign only after completing Step 2 and, if applicable, Step 3.) X I consent that my refund may be directly deposited as designated in Step 3 and declare the information on Lines 7 through 9 is correct. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund. I authorize the Illinois Department of Revenue (IDOR) and its designated financial agent to initiate an ACH electronic funds withdrawal as designated in the electronic portion of my 2020 Illinois Individual Income Tax return. I authorize the financial institutions involved in the processing of an electronic overpayment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I do not want direct deposit of my refund, or an electronic funds withdrawal (direct debit) of my balance due. Under penalties of perjury, I declare the information on my electronic Form IL-1040 and the information I provided to my electronic return originator (ERO) are identical. To the best of my knowledge, my return is true, correct, and complete. I consent that my return, this declaration, and accompanying information may be sent to IDOR by my ERO. I authorize IDOR to inform my ERO and/or the transmitter when my return has been accepted or rejected. If rejected, I authorize IDOR to identify the reason(s) so the return may be corrected and retransmitted if possible. Sign here Your signature Date Spouse's signature (if joint return, **both** must sign) Date Step 5: Electronic return originator (ERO) and paid preparer declaration and signature I declare that I have examined this taxpayer's electronic Form IL-1040, the information on this Form IL-8453, and accompanying information. I have followed all requirements of this program and declare, under penalties of perjury, that to the best of my knowledge the taxpayer's return and accompanying information are true, correct, and complete.

			04/19/2021	Check if paid preparer: 🔀 (See instructions.)
	ERO's signature		Date	
EDO	GLOBAL TAXES LLC			P 0 2 0 8 2 7 0 3
	Firm's name or your name if self-employed			Your PTIN
use only	2530 Pebble Creek Ln			3 0 - 1 0 1 7 1 9 6
Only	Mailing address			Federal employer identification number (FEIN)
	Cumming	GA	30041	(678) 965-9522
	City	State	ZIP	Daytime phone number

Step 6: Attach required documents (e.g., W-2 forms, 1099 forms, IL-1310). Do not mail Form IL-8453 and these documents unless requested for review.



175	DO NOT M	AIL THIS	FORM TO	THE FTB
TAXABLE YEAR			_	FORM
2020	California e-file Signature Authorization for Indiv	iduals		8879
Your name		Your SSN	or ITIN	
DIPTI ARU		162-96		
Spouse's/RDP's na	me	Spouse's/F	IDP's SSN or	ITIN
Part I Tax Ret	urn Information (whole dollars only)			
	sted Gross Income (AGI). See instructions			53,500.
2 Amount You C	we. See instructions		2	1 0 2 0
	Amount Due. See instructions		3	1,238.
	rer Declaration and Signature Authorization (Be sure you obtain and keep a copy of your return.) f perjury, I declare that I have examined a copy of my individual income tax return and accompanying sch			
and on form FTB agrees with the di agent to authorize return to the Fran provider, and/or does not receive f read and consent	. If applicable, I authorize an electronic funds withdrawal of the amount on line 2 and/or the estimated tax 3455, California e-file Payment Record for Individuals, or a comparable form. If applicable, I declare that a rect deposit authorization stated on my return. If I have filed a joint return, this is an irrevocable appointn an electronic funds withdrawal or direct deposit. I authorize my ERO, transmitter, or intermediate service chise Tax Board (FTB). If the processing of my return or refund is delayed, I authorize the FTB to disclo ransmitter the reason(s) for the delay or the date when the refund was sent. If I am filing a balance du ull and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and to the Electronic Funds Withdrawal Consent included on the copy of my electronic income tax return. I ha my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent	direct deposi nent of the of e provider to ose to my ER e return, I un penalties. I a ave selected	t refund amo ther spouse/ transmit my 0, intermed derstand tha acknowledge	ount on line 3 RDP as an complete iate service at if the FTB that I have
. ,	heck one box only	56111.		
X Lauthorize C	LOBAL TAXES LLC to en	er my PIN	6 2	1 9 1
	ERO firm name			er all zeros
as my signa	ure on my 2020 e-filed California individual income tax return.			
	ny PIN as my signature on my 2020 e-filed California individual income tax return. Check this box only if y d using the Practitioner PIN method. The ERO must complete Part III below.	vou are enter	ing your owr	n PIN and you
Your signature	▶ Date ▶			
Spouse's/RDP's I	PIN: check one box only			
I authorize	to en	ter mv PIN		
	ERO firm name cure on my 2020 e-filed California individual income tax return.		Do not ent	er all zeros
	my PIN as my signature on my 2020 e-filed California individual income tax return. Check this box c urn is filed using the Practitioner PIN method. The ERO must complete Part III below.	only if you a	re entering	your own PIN
Spouse's/RDP's s	ignature 🕨 Date 🕨			
	Practitioner PIN Method Returns Only continue below			
Part III Certif	ication 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 Do not enter all	6 1 zeros	9 8 9	9
	bove numeric entry is my PIN, which is my signature for the 2020 California individual income tax retur submitting this return in accordance with the requirements of the Practitioner PIN method and FTB Pub	n for the tax		
FRO's signature	▶ Date ▶04/19/	2021		
	, Duit (,)			

TAX	ABLE YEAR	Ca	alifornia No	onresident	or	Part-Ye	ar		CALIFORNIA FORM
	2020	R	esident Inc	ome Tax F	letu	Irn			540NR
				A	PE		A	TTACH FEDERAL RE	TURN
	2-96-23 PTIARUI		KATE KATE				2	0	
	LOW STO BANA	OUGH	TON STREET	61801		APT	302		
03-	-30-199	95							
			-			-		x here	
<u>ہ</u> م		Single		4				lifying person). See instructions	
Filing Status	2	Marrie	d/RDP filing jointly. S	See inst. 5		ying widow(e	r). Enter y	year spouse/RDP died.	
	3	Marrie	d/RDP filing separate	ely. Enter spouse's/Rl		_	ove and fu	Il name here	
	6 If som	eone c	an claim vou (or vou	spouse/RDP) as a d	epende	ent check the	box here	. See inst • 6	
•				. ,				nted dollar amount for that line.	Whole dollars on
			ou checked box 1, 3, 2 or 5, enter 2. If you				ns (1) 7	1 X \$124 = • \$	124
	8 Blind:	lf you (or your spouse/RDP) are visually impaire	d, ente	r 1;	0		
			ually impaired, enter (or your spouse/RD				• 8	X \$124 = • \$	
su			or older, enter 2 Do not include yours		RDP.		• 9	X \$124 = • \$	
Exemptions	First N		Dependent 1		De	pendent 2		Dependent 3	
Exe	Last N								
	SSN. S	See	•						
	instruc Depen relatio to you	ident's Inship	•					•	
	-		emptions			•	10] X \$383 = ● \$	
						• • • • • • • • •			

You	ir nai	ne: KATE Your SSN or ITIN: 162-96-2191		
	11	Exemption amount: Add line 7 through line 10	🖲 11 \$	124
	12	Total California wages from your federalForm(s) W-2, box 1653500	. 00	
ncome	13 14	Enter federal AGI from federal Form 1040, 1040-SR, or 1040-NR, line 11 California adjustments – subtractions. Enter the amount from Schedule CA (540NR), Part II, line 23, column B	 13 14 	86080 .00
Total Taxable Income	15 16	Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions California adjustments – additions. Enter the amount from Schedule CA (540NR), Part II, line 23, column C	15	86080 .00 300 .00
Total	17 18	Adjusted gross income from all sources. Combine line 15 and line 16 Enter the larger of: Your California itemized deductions from Schedule CA (540NR), Part III, line 30; OR Your California standard deduction . See instructions		86380 .00 4601 .00
	19	Subtract line 18 from line 17. This is your total taxable income . If less than zero, enter -0	19 19	81779 .00
	31	Tax. Check the box if from:		4736 00
	32	• FTB 3800 CA adjusted gross income from Schedule CA (540NR), Part IV, line 1. • 32	• 31	4736 .00
	35	CA Taxable Income from Schedule CA (540NR), Part IV, line 5	• 35	50650.00
some	36	CA Tax Rate. Divide line 31 by line 19		
ole Inc	37	CA Tax Before Exemption Credits. Multiply line 35 by line 36	③ 37	2933 .00
CA Taxable Income	38	CA Exemption Credit Percentage. Divide line 35 by line 19. If more than 1, enter 1.0000		
	39	CA Prorated Exemption Credits. Multiply line 11 by line 38. If the amount on line 13 is more than \$203,341, see instructions	• 39	77.00
	40	CA Regular Tax Before Credits. Subtract line 39 from line 37. If less than zero, enter -0	• 40	2856 .00
	41	Tax. See instructions. Check the box if from: Schedule G-1 FTB 5870A	• 41	. 00
	42	Add line 40 and line 41	• 42	2856 .00
lits	50 51	Nonrefundable Child and Dependent Care Expenses Credit. See instructions. Attach form FTB 3506Credit for joint custody head of household. See instructions	• 50	.00
Special Credits	52 53	Credit for dependent parent. See instructions • 52 Credit for senior head of household. See instructions • 53	. <u>00</u> . <u>00</u>	
	54	Credit percentage. Enter the amount from line 38 here. If more than 1, enter 1.0000. See instructions • 54		
	55	Credit amount. See instructions	• 55	.00
	;	Side 2 Form 540NR 2020 175 3132204 REV 04/06/	/21 PRO	

You	ir nar	ne:	KATE		Your SSN	or ITIN:	162-	96-2191		I		
	58	Enter	r credit name			code •		and amount	• 58			. 00
inued	59	Enter	r credit name			code •		and amount	• 59			. 00
Special Credits continued	60	To cl	laim more thai	n two credits. See	instructions				• 60			. 00
redits	61	Nonr	refundable Rei	nter's Credit. See	nstructions				• 61			. 00
cial C	62	Add	line 50 and lin	ie 55 through 61.	These are your tota	I credits .			62			. 00
Spe	63	Subt	tract line 62 fro	om line 42. If less	than zero, enter -0				63		2856	. 00
	71	Alter	rnative Minimu	ım Tax. Attach Sc	nedule P (540NR).				• 71			.00
laxes	72	Ment	tal Health Serv	vices Tax. See inst	ructions				• 72			<u>00</u>
Other Taxes	73	Othe	er taxes and cr	edit recapture. Se	e instructions				• 73			. 00
0	74	Exce	ess Advance P	remium Assistanc	e Subsidy (APAS) ı	repayment	. See ins	tructions	• 74			. 00
	75	Add	line 63, line 7 ⁻	1, line 72, line 73,	and line 74. This is	s your tota	I tax		• 75		2856	. 00
	81	Calif	ornia income t	tax withheld. See	nstructions				• 81		4094	. 00
	82				yments. See instruc							.00
	83				3). See instructions							.00
nts	84				instructions							.00
Payments	85											.00
₽.												
	86		-		instructions							• <u>00</u>
	87				AS). See instructio						4004	.00
_	88	Add	line 81 throug	h line 87. These a	re your total payme	ents. See i	nstructio	ns	• 88		4094	. 00
enalty	91	Indiv	vidual Shared	Responsibility (IS	R) Penalty. See ins	tructions .		• 91		. 00		
ISR Penalty		•	× Full-yea	r health care cove	rage.							
	92				sponsibility Penalt				0		4004	
Overpaid Tax/Tax Due	93	Indiv	vidual Shared I	Responsibility Per	nalty Balance. If line	e 91 is mo	re than li	ne 88,	• 92		4094	. 00
d Tax/									• 93			.00
erpaid					line 75, subtract lir						1238	<u> 00</u>
Ove	102	Amo	ount of line 10 ⁻	1 you want applied	d to your 2021 estin	mated tax			• 102		0	. 00

	1	
175	5	

You	r nam	e: KATE Your S	SN or ITIN:	162-96-2191			
	103	Overpaid tax available this year. Subtract line 102 f	rom line 101		● 103	1238	. 00
	104	Tax due. If line 92 is less than line 75, subtract line	92 from line 7	5	🖲 104		- 00
					<u>Code</u>	Amount	
		California Seniors Special Fund. See instructions			● 400		. 00
		Alzheimer's Disease and Related Dementia Volunta	ry Tax Contribu	tion Fund	• 401		- 00
		Rare and Endangered Species Preservation Volunta	ıry Tax Contribi	ution Program	● 403		.00
		California Breast Cancer Research Voluntary Tax Co	ontribution Fun	d	• 405		. 00
		California Firefighters' Memorial Voluntary Tax Con	tribution Fund		• 406		. 00
		Emergency Food for Families Voluntary Tax Contrib	ution Fund		● 407		. 00
		California Peace Officer Memorial Foundation Volu	ntary Tax Contr	ibution Fund	• 408		. 00
		California Sea Otter Voluntary Tax Contribution Fun	d		• 410		. 00
ions		California Cancer Research Voluntary Tax Contribut	ion Fund		• 413		. 00
Contributions		School Supplies for Homeless Children Fund			• 422		. 00
Con		State Parks Protection Fund/Parks Pass Purchase .			• 423		. 00
		Protect Our Coast and Oceans Voluntary Tax Contri	bution Fund		• 424		. 00
		Keep Arts in Schools Voluntary Tax Contribution Fu	nd		• 425		. 00
		Prevention of Animal Homelessness and Cruelty Vo	luntary Tax Co	ntribution Fund	• 431		- 00
		California Senior Citizen Advocacy Voluntary Tax Co	ontribution Fun	d	• 438		- 00
		Native California Wildlife Rehabilitation Voluntary T	ax Contribution	ı Fund	• 439		- 00
		Rape Kit Backlog Voluntary Tax Contribution Fund .			• 440		. 00
		Schools Not Prisons Voluntary Tax Contribution Fu	nd		• 443		. 00
		Suicide Prevention Voluntary Tax Contribution Fund	1		• 444		. 00
	120	Add code 400 through code 444. This is your total	contribution .		• 120		. 00

You	r nan	ne:	KATE	Your SSN (or ITIN: 162-96	5-2191				
Amount You Owe	121	Mail	UNT YOU OWE. Add line 93, li to: FRANCHISE TAX BOARD, Online – Go to ftb.ca.gov/pay	, PO BOX 942867, SA	ACRAMENTO CA 942		• 121		. 00)
tt and Ities			est, late return penalties, and erpayment of estimated tax.	late payment penaltie	38		122		. 00)
Interest and Penalties	Check the box: • FTB 5805 attached •				FTB 5805F attached		• 123)
	124	Tota	amount due. See instructions	s. Enclose, but do not	t staple, any payment	t	124		. 00)
	125	REF	UND OR NO AMOUNT DUE. S	ubtract line 120 from	n line 103. See instruc	ctions.			1020	- 1
		Mail	to: FRANCHISE TAX BOARD,	PO BOX 942840, SA	CRAMENTO CA 9424	10-0001	• 125		1238 .00)
Refund and Direct Deposit		Fill in the information to authorize direct deposit of your refund into one or two accounts. Do not attach a voided check 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:							or a deposit slip.	
rect			● Type Routing number	cking 👝 Account nu	umber		•	126 Direct de	posit amount	_
id Dr			071921891	46925941	69				1238 .00)
nd ar			Savi	ings						
Refur		The	remaining amount of my refur	nd (line 125) is autho	rized for direct depos	sit into the accou	unt shown bel	OW:		
			● Type Routing number	Account nu	umbor			107 Diverse de	n a cit a manual	
				cking			• •	127 Direct de]
			Savi	ings					• OC	IJ
		NT.	Attach a copy of your complete	a fadaral ratura						
To le	arn a	bout	your privacy rights, how we m	ay use your informati	ion, and the conseque	ences for not pro	oviding the rec	quested inform	ation, go to	-
Und	er per	naltie	ns and search for 1131. To rec s of perjury, I declare that I ha	ve examined this tax			dules and stat	tements, and to	o the best of my	
	vledge signat		I belief, it is true, correct, and o	•	Date	Spouse's/RI	DP's signature (i	f a joint tax retur	n, both must sign)	_
	0							,	, , , , , , , , , , , , , , , , , , , ,	
			• Your email address. Enter o	only one email address.				Preferre	ed phone number	
Si	gn							21797	97062	
	ere ere		Paid preparer's signature (decla	aration of preparer is b	ased on all information	n of which prepa	er has any kno	wledge)		_
	unlaw		SYAM PRIYA RAM S	SAGAR GUPTA T	ALLAM					
to fo	rge a Ise's/		Firm's name (or yours, if self-en	nployed)						_
RDP	's ature.		GLOBAL TAXES LLO	GLOBAL TAXES LLC						
•			Firm's address						• Firm's FEIN	_
Joint retur	n?		2530 PEBBLE CREE	EK LN CUMMING	GA 30041				301017196	
(See instr	uctior	าร)	Do you want to allow anothe	er person to discuss t	this tax return with us	? See instructio	ns ●	Yes	× No	
			Print Third Party Designee's Na	me				Telephone	Number	٦

REV 04/06/21 PRO Form 540NR 2020 Side 5

TAXABLE YEARCalifornia Adjustments —2020Nonresidents or Part-Year Residents

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

Name(s) as shown on tax return		is a supporting ca	illornia schedule.	SSN or IT	1N
DIPTI ARUN KATE				16296	
Part I Residency Information. Complete all line	es that annly to you a	nd your snouse/RDP	for taxahle year 2020		2191
During 2020:	o that apply to you a		ion taxabio your LoLo	<u>.</u>	
1 My California (CA) Residency (Check one)					
a Myself: \bigcirc Nonresident \bigcirc X Part-Year R	esident 💿 🛛 Reside	ent h Spous	se: 💿 Nonresiden	t 💿 🛛 Part-Year Res	sident Resident
					Spouse/RDP
2 a I was domiciled in (enter two letter code, see in	actructions)			<u> </u>	<u>opuuse/ndr</u>
b I was in the military and stationed in (enter two	letter code)				——
 b I was in the military and stationed in (enter two I became a CA resident (enter state of prior resid 	ence and date (mm/d	d/www) of move)		, ©	
4 I became a CA nonresident (enter new state of re	sidence and date (mn	n/dd/vvvv) of move).	• TX 0 7/0 1/	2020	'
5 I was a CA nonresident the entire year (enter stat			~	<u> </u>	
6 The number of days I spent in CA for any purpos				<u>183</u>	
				<u>N</u> 💽	_
 7 I owned a home/property in CA (enter Y for Yes, 8 Before 2020: I was a CA resident for the period of 	of		•//	•	/
			•//	•/_	/
Part II Income Adjustment Schedule	Α	В	C	D	E
Section A — Income	Federal Amounts	Subtractions	Additions	Total Amounts	CA Amounts
from federal Form 1040 or 1040-SR	(taxable amounts from your federal tax return)	See instructions (difference between	See instructions (difference between	Using CA Law As If You Were a	(income earned or received as a CA
	,	CA & federal law)	CA & federal law)	CA Resident	resident and income
				(subtract col. B from col. A: add col. C	earned or received from CA sources
				to the result)	as a nonresident)
1 Wages, salaries, tips, etc. See instructions	0 02 406			02 406	
before making an entry in col. B or C 1	93,406.	-	\bigcirc	93,406.	
 2 Taxable interest. a <a>[e] 2b 3 Ordinary dividends. See instructions. 		•		٢	•
a • 3b		\odot			
4 IRA distributions. See instructions.					
a • 4b	\bigcirc				
5 Pensions and annuities. See					
instructions. a 🖲 5b	\odot			\odot	\odot
6 Social security benefits.					
a 🖲 6b	$\overline{oldsymbol{O}}$	$\overline{\bullet}$			
7 Capital gain or (loss). See instructions 7	554.			 554. 	• 0.
Section B — Additional Income	<u> </u>				
from federal Schedule 1 (Form 1040)					
1 Taxable refunds, credits, or offsets of state					
and local income taxes 1	\odot				
2a Alimony received. See instructions 2a			\odot	\bullet	\odot
3 Business income or (loss). See instructions. 3	۲	۲	۲	۲	
4 Other gains or (losses) 4	$\overline{\bullet}$	$\overline{\bullet}$	$\overline{\bullet}$	$\overline{\bullet}$	$\overline{\bullet}$
5 Rental real estate, royalties, partnerships,					
S corporations, trusts, etc 5	• -7,580.			-7,580.	

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SCHEDULE

CA (540NR)



	A	В	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	\bullet	\odot			lacksquare
7 Unemployment compensation 7					
8 Other income.					
a California lottery winnings	(a 💽	а		
b Disaster loss deduction from FTB 3805V		b 💽	b		
c Federal NOL (Schedule 1 (Form 1040), line 8)		C	C 🔘		
d NOL deduction from FTB 3805V		d 💽	d	8 🔘	8 🖲
e NOL from FTB 3805Z, FTB 3807, or FTB 3809		e 🖲	e		
f Other (describe): •		f 🖲	f 🖲		
g Student loan discharged due to closure of a for-profit school		g 🖲	g		
9 Total. Combine Section A, line 1 through line 7, and Section B, line 1 through line 8, in each column. Go to Section C	86,380.			86,380.	53,500.

	A	В	C	D	E
Section C — Adjustments to Income from federal Schedule 1 (Form 1040)	Federal Amounts (taxable amounts from your federal tax return)		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)
	\odot				
11 Certain business expenses of reservists, performing artists, and fee-basis government officials11			\bigcirc	$ \bigcirc $	\odot
12 Health savings account deduction12					
13 Moving expenses. Attach federal					
Form 3903. See instructions	\odot				\odot
14 Deductible part of self-employment tax See instructions					
15 Self-employed SEP, SIMPLE, and qualified plans				۲	
16 Self-employed health insurance deduction. See instructions 16					
· · · · · · · · · · · · · · · · · · ·	$oldsymbol{O}$			\odot	ullet
18a Alimony paid. b Enter recipient's:					
SSN () 18a	\odot				\odot
19 IRA deduction 19	۲			۲	ullet
20 Student loan interest deduction	ullet			lacksquare	ullet
21Tuition and fees2122Add line 10 through line 21 in each column,	۲	۲			
A through E CHARITABLE CONTRIBUTIONS. 22	 300. 	 300. 		• 0.	\odot
23 Total. Subtract line 22 from line 9 in each column, A through E. See instructions 23	 86,080. 				53,500.

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	k the box if you did NOT itemize for federal but will itemize for California ()						
1	Medical and dental expenses						
2	Enter amount from federal Form 1040 or 1040-SR, line 11						
3	Multiply line 2 by 7.5% (0.075)						
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter 0	\bigcirc				\odot	
axe	s You Paid						
5a	State and local income tax or general sales taxes	\bigcirc	4,505.		4,505.		
5b							
5c	State and local personal property taxes	-					
5d	Add line 5a through line 5c	-	4,505.				
	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 5e	$oldsymbol{igstar}$	4,505.		4,505.	$oldsymbol{O}$	
6	Other taxes. List type • 6	\odot		\bullet		$oldsymbol{O}$	
7	Add line 5e and line 6	\odot	4,505.		4,505.	$oldsymbol{O}$	
ite	rest You Paid					-	
a	Home mortgage interest and points reported to you on federal Form 1098	\odot				$oldsymbol{O}$	
b	Home mortgage interest not reported to you on federal Form 1098	\bigcirc				\odot	
C	Points not reported to you on federal Form 10988c	\bigcirc				$oldsymbol{O}$	
d	Mortgage insurance premiums	\bigcirc		0			
e	Add line 8a through line 8d	\odot		\bullet		$oldsymbol{O}$	
	Investment interest	-				lacksquare	
0	Add line 8e and line 9	-				٢	
ifts	to Charity					. –	
1	Gifts by cash or check		300.	\bullet		\bullet	
2	Other than by cash or check	lacksquare				٢	
3	Carryover from prior year	lacksquare				lacksquare	
4	Add line 11 through line 13 14		300.				
as	alty and Theft Losses			<u> </u>			
5	Casualty or theft loss(es) (other than net qualified disaster losses).						
	Attach federal Form 4684. See instructions			igodoldoldoldoldoldoldoldoldoldoldoldoldol			
the	r Itemized Deductions	. ~		~			
6	Other—from list in federal instructions						
7	Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C		4,805.		4,505.	$\overline{\bullet}$	

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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 line 19 through line 21		
23	Enter amount from federal Form 1040 or 1040-SR, line 11 🕥 86 , 080		
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 [300.
27	Other adjustments. See instructions. Specify. ④	• 27	
28	Combine line 26 and line 27.	. • 28	300.
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	_	
	Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540NR), line 29	● 29	300.
30	Enter the larger of the amount on line 29 or your standard deduction listed below Single or married/RDP filing separately. See instructions. Married/RDP filing jointly, head of household, or qualifying widow(er) \$9,202	• 30	4,601.

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