

2020 California Resident Income Tax Return

540

APE

ATTACH FEDERAL RETURN

742-98-7391 GAVV 129-08-5254
SHRAVAN GAVVA

20

4141 STEVENSON PLACE APT 321
FREMONT CA 94538

12-02-1989

Principal Residence

Enter your county at time of filing (see instructions)

SAN FRANCISCO

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

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

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

Apt. no/ste. no.

City

State

ZIP code

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

Filing Status

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

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

See instructions.

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

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

Exemptions

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

Whole dollars only

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

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

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

Your name: Your SSN or ITIN:

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

	Dependent 1	Dependent 2	Dependent 3
First Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
SSN. See instructions.	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dependent's relationship to you	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total dependent exemptions ● 10 X \$383 = ● \$

11 Exemption amount: Add line 7 through line 10. Transfer this amount to line 32 ● 11 \$

12	State wages from your federal Form(s) W-2, box 16 ● 12	<input type="text" value="90000"/>	<input type="text" value="00"/>
13	Enter federal adjusted gross income from federal Form 1040 or 1040-SR, line 11 ● 13	<input type="text" value="90569"/>	<input type="text" value="00"/>
14	California adjustments – subtractions. Enter the amount from Schedule CA (540), Part I, line 23, column B. ● 14	<input type="text"/>	<input type="text" value="00"/>
15	Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions 15	<input type="text" value="90569"/>	<input type="text" value="00"/>
16	California adjustments – additions. Enter the amount from Schedule CA (540), Part I, line 23, column C. ● 16	<input type="text"/>	<input type="text" value="00"/>
17	California adjusted gross income. Combine line 15 and line 16 ● 17	<input type="text" value="90569"/>	<input type="text" value="00"/>
18	Enter the larger of { Your California itemized deductions from Schedule CA (540), Part II, line 30; OR Your California standard deduction shown below for your filing status: • Single or Married/RDP filing separately. \$4,601 • Married/RDP filing jointly, Head of household, or Qualifying widow(er) . . . \$9,202 If Married/RDP filing separately or the box on line 6 is checked, STOP . See instructions } ● 18	<input type="text" value="13313"/>	<input type="text" value="00"/>
19	Subtract line 18 from line 17. This is your taxable income . If less than zero, enter -0- ● 19	<input type="text" value="77256"/>	<input type="text" value="00"/>

31	Tax. Check the box if from: <input checked="" type="checkbox"/> Tax Table <input type="checkbox"/> Tax Rate Schedule ● <input type="checkbox"/> FTB 3800 ● <input type="checkbox"/> FTB 3803 ● 31	<input type="text" value="4318"/>	<input type="text" value="00"/>
32	Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$203,341, see instructions. ● 32	<input type="text" value="124"/>	<input type="text" value="00"/>
33	Subtract line 32 from line 31. If less than zero, enter -0- ● 33	<input type="text" value="4194"/>	<input type="text" value="00"/>
34	Tax. See instructions. Check the box if from: ● <input type="checkbox"/> Schedule G-1 ● <input type="checkbox"/> FTB 5870A. . . ● 34	<input type="text"/>	<input type="text" value="00"/>
35	Add line 33 and line 34 ● 35	<input type="text" value="4194"/>	<input type="text" value="00"/>

40	Nonrefundable Child and Dependent Care Expenses Credit. See instructions. ● 40	<input type="text"/>	<input type="text" value="00"/>
43	Enter credit name <input type="text"/> code ● <input type="text"/> and amount. . . ● 43	<input type="text"/>	<input type="text" value="00"/>
44	Enter credit name <input type="text"/> code ● <input type="text"/> and amount. . . ● 44	<input type="text"/>	<input type="text" value="00"/>

Your name:

Your SSN or ITIN:

Special Credits

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

Other Taxes

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

Payments

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

Use Tax

- 91 **Use Tax.** Do not leave blank. See instructions. 91 .00
- If line 91 is zero, check if: No use tax is owed. You paid your use tax obligation directly to CDTFA.

ISR Penalty

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

Overpaid Tax/Tax Due

- 93 Payments balance. If line 78 is more than line 91, subtract line 91 from line 78 93 .00
- 94 **Use Tax balance.** If line 91 is more than line 78, subtract line 78 from line 91 94 .00
- 95 Payments after Individual Shared Responsibility Penalty. If line 93 is more than line 92, subtract line 92 from line 93. 95 .00
- 96 Individual Shared Responsibility Penalty Balance. If line 92 is more than line 93, then subtract line 93 from line 92. 96 .00

Your name: Your SSN or ITIN:

Overpaid Tax/Tax Due	97 Overpaid tax. If line 95 is more than line 65, subtract line 65 from line 95. <input checked="" type="radio"/> 97 <input type="text" value="1300"/> <input type="text" value=".00"/>
	98 Amount of line 97 you want applied to your 2021 estimated tax <input type="radio"/> 98 <input type="text"/> <input type="text" value=".00"/>
	99 Overpaid tax available this year. Subtract line 98 from line 97 <input type="radio"/> 99 <input type="text" value="1300"/> <input type="text" value=".00"/>
	100 Tax due. If line 95 is less than line 65, subtract line 95 from line 65 <input checked="" type="radio"/> 100 <input type="text"/> <input type="text" value=".00"/>

Contributions		Code	Amount
	California Seniors Special Fund. See instructions	<input type="radio"/> 400	<input type="text"/> <input type="text" value=".00"/>
	Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund	<input type="radio"/> 401	<input type="text"/> <input type="text" value=".00"/>
	Rare and Endangered Species Preservation Voluntary Tax Contribution Program	<input type="radio"/> 403	<input type="text"/> <input type="text" value=".00"/>
	California Breast Cancer Research Voluntary Tax Contribution Fund.	<input type="radio"/> 405	<input type="text"/> <input type="text" value=".00"/>
	California Firefighters' Memorial Voluntary Tax Contribution Fund	<input type="radio"/> 406	<input type="text"/> <input type="text" value=".00"/>
	Emergency Food for Families Voluntary Tax Contribution Fund	<input type="radio"/> 407	<input type="text"/> <input type="text" value=".00"/>
	California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund.	<input type="radio"/> 408	<input type="text"/> <input type="text" value=".00"/>
	California Sea Otter Voluntary Tax Contribution Fund	<input type="radio"/> 410	<input type="text"/> <input type="text" value=".00"/>
	California Cancer Research Voluntary Tax Contribution Fund	<input type="radio"/> 413	<input type="text"/> <input type="text" value=".00"/>
	School Supplies for Homeless Children Fund	<input type="radio"/> 422	<input type="text"/> <input type="text" value=".00"/>
	State Parks Protection Fund/Parks Pass Purchase	<input type="radio"/> 423	<input type="text"/> <input type="text" value=".00"/>
	Protect Our Coast and Oceans Voluntary Tax Contribution Fund.	<input type="radio"/> 424	<input type="text"/> <input type="text" value=".00"/>
	Keep Arts in Schools Voluntary Tax Contribution Fund	<input type="radio"/> 425	<input type="text"/> <input type="text" value=".00"/>
	Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund	<input type="radio"/> 431	<input type="text"/> <input type="text" value=".00"/>
	California Senior Citizen Advocacy Voluntary Tax Contribution Fund	<input type="radio"/> 438	<input type="text"/> <input type="text" value=".00"/>
	Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund.	<input type="radio"/> 439	<input type="text"/> <input type="text" value=".00"/>
	Rape Kit Backlog Voluntary Tax Contribution Fund	<input type="radio"/> 440	<input type="text"/> <input type="text" value=".00"/>
	Schools Not Prisons Voluntary Tax Contribution Fund	<input type="radio"/> 443	<input type="text"/> <input type="text" value=".00"/>
	Suicide Prevention Voluntary Tax Contribution Fund	<input type="radio"/> 444	<input type="text"/> <input type="text" value=".00"/>
	110 Add code 400 through code 444. This is your total contribution	<input type="radio"/> 110	<input type="text"/> <input type="text" value=".00"/>

Your name: Your SSN or ITIN:

Amount You Owe 111 **AMOUNT YOU OWE.** If you do not have an amount on line 99, add line 94, line 96, line 100, and line 110. See instructions. **Do not send cash.**
Mail to: **FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001** ● 111 .00
Pay Online – Go to **ftb.ca.gov/pay** for more information.

Interest and Penalties 112 Interest, late return penalties, and late payment penalties 112 .00
113 Underpayment of estimated tax.
Check the box: ● **FTB 5805 attached** ● **FTB 5805F attached** ● 113 .00
114 Total amount due. See instructions. Enclose, but **do not** staple, any payment 114 .00

115 **REFUND OR NO AMOUNT DUE.** Subtract the sum of line 110, line 112 and line 113 from line 99. See instructions.
Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001** ● 115 .00

Refund and Direct Deposit Fill in the information to authorize direct deposit of your refund into one or two accounts. **Do not** attach a voided check or a deposit slip. See instructions. **Have you verified the routing and account numbers?** Use whole dollars only.
All or the following amount of my refund (line 115) is authorized for direct deposit into the account shown below:

● Routing number ● Type Checking Savings ● Account number ● 116 Direct deposit amount .00

The remaining amount of my refund (line 115) is authorized for direct deposit into the account shown below:
● Routing number ● Type Checking Savings ● Account number ● 117 Direct deposit amount .00

IMPORTANT: See the instructions to find out if you should attach a copy of your complete federal tax return.

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

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

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

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

Sign Here

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

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

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

Firm's address ● Firm's FEIN

Joint tax return? (See instructions)

Do you want to allow another person to discuss this tax return with us? See instructions. ● Yes No

Print Third Party Designee's Name Telephone Number

2020

Wage and Tax Statement

W-2

Important: Attach this schedule to the back of your original or amended Form 540, 540 2EZ, or 540NR.

Caution: If this schedule is filled out, **do not** send your federal Form(s) W-2 to the Franchise Tax Board. If your federal Form(s) W-2 are from multiple states, **attach** copies showing California tax withheld to this schedule. If this schedule is blank, attach your federal Form(s) W-2 to the lower front of your tax return. **DO NOT ATTACH PAYMENT TO THIS SCHEDULE.**

*Employee's social security number, name, and address must be the same as the information on federal Form(s) W-2.

W-2 Information

a. Employee's social security number* 742987391

c. Employer's name SAJIX INC

b. Employer identification number (EIN) 205684656

Employer's address 990 LAGUNA CREEK LANE

City PLEASANTON State CA ZIP code 94566

e. Employee's first name* SHRAVAN Initial* Last name* GAVVA Suffix*

f. Employee's address* 4141 STEVENSON PLACE, APT. 321

City* FREMONT State* CA ZIP code* 94538

1. Wages, tips, other compensation 90,000.

2. Federal income tax withheld 12,862.

3. Social security wages 90,000.

4. Social security tax withheld 5,580.

6. Medicare tax withheld 1,305.

7. Social security tips

8. Allocated tips (not included in box 1)

10. Dependent care benefits

11. Nonqualified plans

12. Codes and amounts

12a. Code Amount

12b. Code Amount

12c. Code Amount

12d. Code Amount

13. Check the appropriate box for: Statutory employee, Retirement plan, or Third-party sick pay

Statutory employee Retirement plan Third-party sick pay

14. SDI, VPDI, or CA SDI (from box 14 or 19)

Type CA SDI Amount 900.

16. State wages, tips, etc. 90,000.

15. State and employer's state ID number

State CA Employer's state ID number 315-6346-3

17. State income tax 5,494.

2020 California Adjustments — Residents

CA (540)

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

Name(s) as shown on tax return

SSN or ITIN

SHRAVAN GAVVA

742987391

Part I Income Adjustment Schedule

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

	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
1 Wages, salaries, tips, etc. See instructions before making an entry in column B or C	<input checked="" type="radio"/> 90,000.	<input type="radio"/>	<input type="radio"/>
2 Taxable interest. a <input checked="" type="radio"/> _____	<input checked="" type="radio"/> 0.	<input type="radio"/>	<input type="radio"/>
3 Ordinary dividends. See instructions. a <input checked="" type="radio"/> _____ 168.	<input checked="" type="radio"/> 168.	<input type="radio"/>	<input type="radio"/>
4 IRA distributions. See instructions. a <input checked="" type="radio"/> _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5 Pensions and annuities. See instructions. a <input checked="" type="radio"/> _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6 Social security benefits. a <input checked="" type="radio"/> _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7 Capital gain or (loss). See instructions	<input checked="" type="radio"/> 401.	<input type="radio"/>	<input type="radio"/>

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

1 Taxable refunds, credits, or offsets of state and local income taxes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2a Alimony received. See instructions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3 Business income or (loss). See instructions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4 Other gains or (losses)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5 Rental real estate, royalties, partnerships, S corporations, trusts, etc	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6 Farm income or (loss)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7 Unemployment compensation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8 Other income.			
a California lottery winnings		<input checked="" type="radio"/>	<input type="radio"/>
b Disaster loss deduction from FTB 3805V		<input type="radio"/>	<input type="radio"/>
c Federal NOL (federal Schedule 1 (Form 1040), line 8)		<input type="radio"/>	<input type="radio"/>
d NOL deduction from FTB 3805V		<input type="radio"/>	<input type="radio"/>
e NOL from FTB 3805Z, 3807, or 3809		<input type="radio"/>	<input type="radio"/>
f Other (describe): <input checked="" type="radio"/> _____		<input type="radio"/>	<input type="radio"/>
g Student loan discharged due to closure of a for-profit school		<input type="radio"/>	<input type="radio"/>
9 Total. Combine Section A, line 1 through line 7, and Section B, line 1 through line 8 in column A. Add Section A, line 1 through line 7, and Section B, line 1 through line 8g in column B and column C. Go to Section C.	<input checked="" type="radio"/> 90,569.	<input type="radio"/>	<input type="radio"/>

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

10 Educator expenses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11 Certain business expenses of reservists, performing artists, and fee-basis government officials	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12 Health savings account deduction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13 Moving expenses. Attach federal Form 3903. See instructions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14 Deductible part of self-employment tax. See instructions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15 Self-employed SEP, SIMPLE, and qualified plans	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16 Self-employed health insurance deduction. See instructions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17 Penalty on early withdrawal of savings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18a Alimony paid. b Recipient's: SSN <input checked="" type="radio"/> _____ - _____ - _____ Last name <input checked="" type="radio"/> _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19 IRA deduction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20 Student loan interest deduction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21 Tuition and fees	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22 Add line 10 through line 18a and line 19 through line 21 in columns A, B, and C. See instructions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23 Total. Subtract line 22 from line 9 in columns A, B, and C. See instructions	<input checked="" type="radio"/> 90,569.	<input type="radio"/>	<input type="radio"/>

Part II Adjustments to Federal Itemized Deductions

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

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

1 Medical and dental expenses <input checked="" type="radio"/>	1			
2 Enter amount from federal Form 1040 or 1040-SR, line 11 <input checked="" type="radio"/>	90,569.	2		
3 Multiply line 2 by 7.5% (0.075) <input checked="" type="radio"/>	6,793.	3		
4 Subtract line 3 from line 1. If line 3 is more than line 1, enter 0. <input checked="" type="radio"/>		4		<input checked="" type="radio"/>

Taxes You Paid

5a State and local income tax or general sales taxes. <input checked="" type="radio"/>	5a	6,394.	6,394.	
5b State and local real estate taxes <input checked="" type="radio"/>	5b	2,873.		
5c State and local personal property taxes <input checked="" type="radio"/>	5c			
5d Add line 5a through line 5c. <input checked="" type="radio"/>	5d	9,267.		
5e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) in column A. Enter the amount from line 5a, column B in line 5e, column B. Enter the difference from line 5d and line 5e, column A in line 5e, column C. <input checked="" type="radio"/>	5e	5,000.	6,394.	4,267.
6 Other taxes. List type <input checked="" type="radio"/>	6			
7 Add line 5e and line 6. <input checked="" type="radio"/>	7	5,000.	6,394.	4,267.

Interest You Paid

8a Home mortgage interest and points reported to you on federal Form 1098. <input checked="" type="radio"/>	8a	10,440.		
8b Home mortgage interest not reported to you on federal Form 1098. <input checked="" type="radio"/>	8b			<input checked="" type="radio"/>
8c Points not reported to you on federal Form 1098. <input checked="" type="radio"/>	8c			<input checked="" type="radio"/>
8d Mortgage insurance premiums <input checked="" type="radio"/>	8d	0.	0.	
8e Add line 8a through line 8d. <input checked="" type="radio"/>	8e	10,440.	0.	<input checked="" type="radio"/>
9 Investment interest. <input checked="" type="radio"/>	9			<input checked="" type="radio"/>
10 Add line 8e and line 9. <input checked="" type="radio"/>	10	10,440.	0.	<input checked="" type="radio"/>

Gifts to Charity

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

Casualty and Theft Losses

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

16 Other—from list in federal instructions <input checked="" type="radio"/>	16			
17 Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C. <input checked="" type="radio"/>	17	15,440.	6,394.	4,267.
18 Total. Combine line 17 column A less column B plus column C. <input checked="" type="radio"/>	18			13,313.

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 0.

22 Add line 19 through line 21 22 0.

23 Enter amount from federal Form 1040 or 1040-SR, line 11 90,569.

24 Multiply line 23 by 2% (0.02). If less than zero, enter 0. 24 1,811.

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 13,313.

27 Other adjustments. See instructions. Specify. _____ 27

28 Combine line 26 and line 27. 28 13,313.

29 **Is your federal AGI (Form 540, line 13) more than the amount shown below for your filing status?**
 Single or married/RDP filing separately \$203,341
 Head of household \$305,016
 Married/RDP filing jointly or qualifying widow(er) \$406,687

No. Transfer the amount on line 28 to line 29.

Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540), line 29. 29 13,313.

30 **Enter the larger of the amount on line 29 or your standard deduction listed below**
 Single or married/RDP filing separately. See instructions. \$4,601
 Married/RDP filing jointly, head of household, or qualifying widow(er) \$9,202

Transfer the amount on line 30 to Form 540, line 18. 30 13,313.

