

Filing Status Single Married filing jointly Married filing separately (MFS)
 Head of household (HOH) Qualifying widow(er) (QW)

Check only one box. If you checked the MFS box, enter the name of spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent. ▶

Your first name and middle initial PRASANNA KUMAR	Last name ANNAVARAPU	Your social security number 389-49-4494
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number
Home address (number and street). If you have a P.O. box, see instructions. 1250 BEETHOVEN CMN		Apt. no. 301
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). FREMONT, CA 94538		Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
Foreign country name	Foreign province/state/county	Foreign postal code
If more than four dependents, see inst. & check here ▶ <input type="checkbox"/>		

Standard Deduction **Someone can claim:** You as a dependent Your spouse as a dependent
 Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness **You:** Were born before January 2, 1955 Are blind
Spouse: Was born before January 2, 1955 Is blind

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) check if qualifies for (see inst.):	
(1) First name	Last name			Child tax credit	Credit for other dependents
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	
2a	Tax-exempt interest	2a	
3a	Qualified dividends	3a	
4a	IRA distributions	4a	
c	Pensions and annuities	4c	
5a	Social security benefits	5a	
6	Capital gain or (loss). Attach Schedule D if required. If not required, check here . . ▶ <input type="checkbox"/>	6	
7a	Other income from Schedule 1, line 9	7a	6,147
b	Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income ▶	7b	6,147
8a	Adjustments to income from Schedule 1, line 22	8a	435
b	Subtract line 8a from line 7b. This is your adjusted gross income ▶	8b	5,712
9	Standard deduction or itemized deductions (from Schedule A)	9	12,200
10	Qualified business income deduction. Attach Form 8995 or Form 8995-A.	10	
11a	Add lines 9 and 10	11a	12,200
b	Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0-	11b	0

Standard Deduction

- Single or Married filing separately, \$12,200
- Married filing jointly or Qualifying widow(er), \$24,400
- Head of household, \$18,350
- If you checked any box under Standard Deduction, see instructions.

12a Tax (see instructions). Check if any from:
 1 Form(s) 8814 2 Form 4972 3 _____ **12a** 0

b Add Schedule 2, line 3, and line 12a and enter the total ▶ **12b** 0

13a Child tax credit or credit for other dependents **13a**

b Add Schedule 3, line 7, and line 13a and enter the total ▶ **13b** 0

14 Subtract line 13b from line 12b. If zero or less, enter -0- **14** 0

15 Other taxes, including self-employment tax, from Schedule 2, line 10 **15** 869

16 Add lines 14 and 15. This is your **total tax** ▶ **16** 869

17 Federal income tax withheld from Forms W-2 and 1099 **17**

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** 0

● 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**

21 a Amount of line 20 you want **refunded to you**. If Form 8888 is attached, check here ▶ **21a**

Direct deposit? ▶ **b** Routing number [] [] [] [] [] [] [] [] [] [] ▶ **c** Type: Checking Savings
 See instructions. ▶ **d** Account number []

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** 869

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 **16270** Date **05-21-2020** Your occupation
 Spouse's signature. If a joint return, **both** must sign. Date Spouse's occupation
 If the IRS sent you an Identity Protection PIN, enter it here (see inst.) []
 If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) []

Phone no. **510-565-2009** Email address

Paid Preparer Use Only

Preparer's signature Date **04-19-2021** PTIN **P00622606** Check if: 3rd Party Designee
 Preparer's name **Santosh Sharma** Phone no. **510-792-4119** Self-employed

Firm's name ▶ **Liberty Tax - Office 11736**
 Firm's address ▶ **121 Fremont Hub Courtyard Fremont, CA 94538** Firm's EIN ▶ **26-4070746**

SCHEDULE 1
(Form 1040 or 1040-SR)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2019

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 1040 or 1040-SR.**

Attachment
Sequence No. **01**

▶ **Go to www.irs.gov/Form1040 for instructions and the latest information.**

Name(s) shown on Form 1040 or 1040-SR

Your social security number

PRASANNA KUMAR ANNAVARAPU

389-49-4494

At any time during 2019, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes No

Part I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ▶ _____		
3	Business income or (loss). Attach Schedule C	3	6,147
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ▶ _____	8	
9	Combine lines 1 through 8. Enter here and on Form 1040 or 1040-SR, line 7a	9	6,147

Part II Adjustments to Income			
10	Educator expenses	10	
11	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	11	
12	Health savings account deduction. Attach Form 8889	12	
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14	Deductible part of self-employment tax. Attach Schedule SE	14	435
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	
17	Penalty on early withdrawal of savings	17	
18a	Alimony paid	18a	
b	Recipient's SSN. ▶ _____		
c	Date of original divorce or separation agreement (see instructions) ▶ _____		
19	IRA deduction	19	
20	Student loan interest deduction	20	
21	Tuition and fees. Attach Form 8917	21	
22	Add lines 10 through 21. These are your adjustments to income . Enter here and on Form 1040 or 1040-SR, line 8a	22	435

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 1 (Form 1040 or 1040-SR) 2019

SCHEDULE 2
(Form 1040 or 1040-SR)

Department of the Treasury
Internal Revenue Service

Additional Taxes

▶ **Attach to Form 1040 or 1040-SR.**

▶ **Go to www.irs.gov/Form1040 for instructions and the latest information.**

OMB No. 1545-0074

2019

Attachment
Sequence No. **02**

Name(s) shown on Form 1040 or 1040-SR

Your social security number

PRASANNA KUMAR ANNAVARAPU

389-49-4494

Part I Tax			
1	Alternative minimum tax. Attach Form 6251	1	
2	Excess advance premium tax credit repayment. Attach Form 8962	2	
3	Add lines 1 and 2. Enter here and include on Form 1040 or 1040-SR, line 12b	3	0
Part II Other Taxes			
4	Self-employment tax. Attach Schedule SE	4	869
5	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	5	
6	Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 5329 if required	6	
7a	Household employment taxes. Attach Schedule H	7a	
b	Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required	7b	
8	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s) _____	8	
9	Section 965 net tax liability installment from Form 965-A	9	
10	Add lines 4 through 8. These are your total other taxes . Enter here and on Form 1040 or 1040-SR, line 15	10	869

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 2 (Form 1040 or 1040-SR) 2019

SCHEDULE C
(Form 1040 or 1040-SR)

Profit or Loss From Business
(Sole Proprietorship)

OMB No. 1545-0074

2019

Department of the Treasury
Internal Revenue Service (99)

▶ Go to www.irs.gov/ScheduleC for instructions and the latest information.
▶ Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form 1065.

Attachment
Sequence No. **09**

Name of proprietor PRASANNA KUMAR ANNAVARAPU		Social security number (SSN) 389-49-4494
A Principal business or profession, including product or service (see instructions) UBER AND LYFT		B Enter code from instructions ▶ 485300
C Business name. If no separate business name, leave blank. UBER AND LYFT		D Employer ID number (EIN) (see instr.)
E Business address (including suite or room no.) ▶ 1250 BEETHOVEN CMN APT 301 City, town or post office, state, and ZIP code FREMONT, CA 94538		
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ▶		
G Did you "materially participate" in the operation of this business during 2019? If "No," see instructions for limit on losses		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
H If you started or acquired this business during 2019, check here.		<input type="checkbox"/> Yes <input type="checkbox"/> No
I Did you make any payments in 2019 that would require you to file Form(s) 1099? (see instructions)		<input type="checkbox"/> Yes <input type="checkbox"/> No
J If "Yes," did you or will you file required Forms 1099?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part I Income			
1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked	▶ <input type="checkbox"/>	73,365
2	Returns and allowances		0
3	Subtract line 2 from line 1		73,365
4	Cost of goods sold (from line 42)		
5	Gross profit. Subtract line 4 from line 3.		73,365
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)		
7	Gross income. Add lines 5 and 6		73,365

Part II Expenses. Enter expenses for business use of your home only on line 30.			
8	Advertising	8	
9	Car and truck expenses (see instructions)	9	38,219
10	Commissions and fees	10	
11	Contract labor (see instructions)	11	
12	Depletion	12	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	
14	Employee benefit programs (other than on line 19)	14	
15	Insurance (other than health)	15	
16	Interest (see instructions):		
	a Mortgage (paid to banks, etc.)	16a	
	b Other	16b	
17	Legal and professional services	17	
18	Office expense (see instructions)	18	
19	Pension and profit-sharing plans	19	
20	Rent or lease (see instructions):		
	a Vehicles, machinery, and equipment	20a	
	b Other business property	20b	
21	Repairs and maintenance	21	
22	Supplies (not included in Part III)	22	
23	Taxes and licenses	23	
24	Travel and meals:		
	a Travel	24a	
	b Deductible meals (see instructions)	24b	1,948
25	Utilities	25	
26	Wages (less employment credits)	26	
27a	Other expenses (from line 48)	27a	27,051
27b	Reserved for future use	27b	
28	Total expenses before expenses for business use of home. Add lines 8 through 27a.	28	67,218
29	Tentative profit or (loss). Subtract line 28 from line 7	29	6,147
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30	
31	Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040 or 1040-SR), line 3 (or Form 1040-NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.	31	6,147
32	If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both Schedule 1 (Form 1040 or 1040-SR), line 3 , (or Form 1040-NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited.	32a	<input type="checkbox"/> All investment is at risk.
		32b	<input type="checkbox"/> Some investment is not at risk.

Name(s) **PRASANNA KUMAR ANNAVARAPU** SSN **389-49-4494**

Part III Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory: a Cost b Lower of cost or market c Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation Yes No

35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation.	35	
36 Purchases less cost of items withdrawn for personal use	36	
37 Cost of labor. Do not include any amounts paid to yourself	37	
38 Materials and supplies	38	
39 Other costs	39	
40 Add lines 35 through 39	40	
41 Inventory at end of year	41	
42 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42	

Part IV Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month, day, year) ▶ 01-01-2019

44 Of the total number of miles you drove your vehicle during 2019, enter the number of miles you used your vehicle for:
 a Business 65,895 b Commuting (see instructions) _____ c Other _____

45 Was your vehicle available for personal use during off-duty hours? Yes No

46 Do you (or your spouse) have another vehicle available for personal use? Yes No

47a Do you have evidence to support your deduction? Yes No
 b If "Yes," is the evidence written? Yes No

Part V Other Expenses. List below business expenses not included on lines 8-26 or line 30.

UBER EXPENSES	13,359
LYFT EXPENSES	11,307
CELL PHONE	750
TOLLS AND PARKING	485
CARWASH	800
SUPPLIES	350
48 Total other expenses. Enter here and on line 27a	27,051

SCHEDULE SE
(Form 1040 or 1040-SR)

Self-Employment Tax

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service (99)

► Go to www.irs.gov/ScheduleSE for instructions and the latest information.
► Attach to Form 1040, 1040-SR, or 1040-NR.

2019

Attachment
Sequence No. **17**

Name of person with self-employment income (as shown on Form 1040, 1040-SR, or 1040-NR)
PRASANNA KUMAR ANNAVARAPU

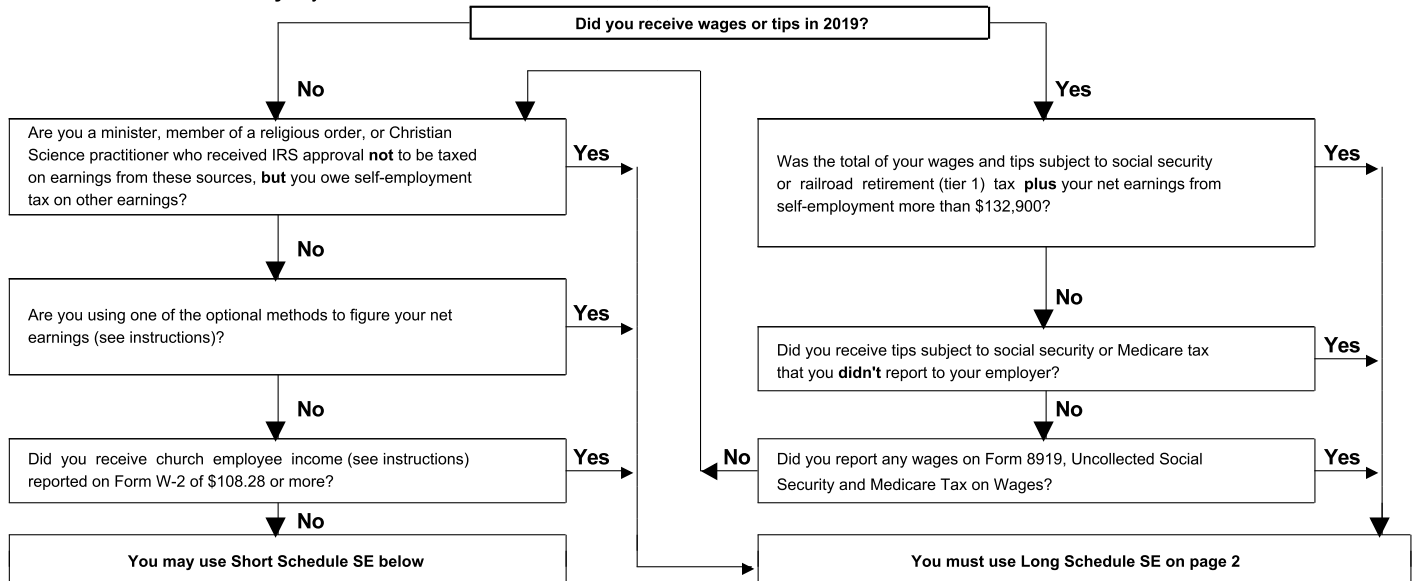
Social security number of person
with self-employment income ►

389-49-4494

Before you begin: To determine if you must file Schedule SE, see the instructions.

May I Use Short Schedule SE or Must I Use Long Schedule SE?

Note. Use this flowchart **only** if you must file Schedule SE. If unsure, see *Who Must File Schedule SE* in the instructions.



Section A - Short Schedule SE. Caution: Read above to see if you can use Short Schedule SE.

1a Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A	1a	
b If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AH	1b	()
2 Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report	2	6,147
3 Combine lines 1a, 1b, and 2	3	6,147
4 Multiply line 3 by 92.35% (0.9235). If less than \$400, you don't owe self-employment tax; don't file this schedule unless you have an amount on line 1b ►	4	5,677
Note: If line 4 is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions		
5 Self-employment tax. If the amount on line 4 is: • \$132,900 or less, multiply line 4 by 15.3% (0.153). Enter the result here and on Schedule 2 (Form 1040 or 1040-SR), line 4, or Form 1040-NR, line 55. • More than \$132,900, multiply line 4 by 2.9% (0.029). Then, add \$16,479.60 to the result. Enter the total here and on Schedule 2 (Form 1040 or 1040-SR), line 4, or Form 1040-NR, line 55.	5	869
6 Deduction for one-half of self-employment tax. Multiply line 5 by 50% (0.50). Enter the result here and on Schedule 1 (Form 1040 or 1040-SR), line 14, or Form 1040-NR, line 27	6	435

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule SE (Form 1040 or 1040-SR) 2019

**Qualified Business Income Deduction
Simplified Computation**

2019

Department of the Treasury
Internal Revenue Service

▶ **Attach to your tax return.**
▶ **Go to www.irs.gov/Form8995 for instructions and the latest information.**

Attachment
Sequence No. **55**

Name(s) shown on return

Your taxpayer identification number

PRASANNA KUMAR ANNAVARAPU

389-49-4494

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i	Schedule C: UBER AND LYFT		5,712
ii			
iii			
iv			
v			
2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2 5,712	
3	Qualified business net (loss) carryforward from the prior year	3 ()	
4	Total qualified business income, Combine lines 2 and 3. If zero or less, enter -0-	4 5,712	
5	Qualified business income component. Multiply line 4 by 20% (0.20)		5 1,142
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6 0	
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7 ()	
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8 0	
9	REIT and PTP component. Multiply line 8 by 20% (0.20)		9 0
10	Qualified business income deduction before the income limitation. Add lines 5 and 9		10 1,142
11	Taxable income before qualified business income deduction	11 (6,488)	
12	Net capital gain (see instructions)	12 0	
13	Subtract line 12 from line 11. If zero or less, enter -0-	13 0	
14	Income limitation. Multiply line 13 by 20% (0.20)		14 0
15	Qualified business income deduction. Enter the lesser of line 10 or line 14. Also enter this amount on the applicable line of your return ▶		15 0
16	Total qualified business (loss) carryforward Combine lines 2 and 3. If greater than zero, enter -0-		16 (0)
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-		17 (0)

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

Form **8995** (2019)

EEA

Amount from Form 1040, line 8b..... **5,712**
Amount from Form 1040, line 9..... **12,200**

Line 11 above is the difference between these amounts (6,488)

2019 Form 1040-V Payment Voucher and Filing Instructions
PRASANNA KUMAR ANNAVARAPU

Due date:

Payment was due 07-15-2020. To avoid further penalties and interest, pay as soon as possible.

Balance due:

\$869

Transaction method:

To pay by check or money order, write "2019 Form 1040," your name, address, SSN or ITIN, and daytime phone number on the payment, make it payable to "United States Treasury," and mail with Form 1040-V to the address below. To pay using your bank account (at no extra cost to you), go to IRS.gov/Payments. To pay by credit or debit card (for a fee), go to 1040paytax.com.

Mail-to address:

Internal Revenue Service
P.O. Box 802501
Cincinnati, OH 45280-2501

Taxpayer records:

Amount paid _____
Check number _____
Date mailed _____

Form 1040-V (2019)

▼ Detach Here and Mail With Your Payment and Return ▼

Form **1040-V**

Department of the Treasury
Internal Revenue Service (99)

Payment Voucher

OMB No. 1545-0074

2019

▶ Do not staple or attach this voucher to your payment or return.

1 Your social security number (SSN) (if a joint return, SSN shown first on your return) 389-49-4494	2 If a joint return, SSN shown second on your return	3 Amount you are paying by check or money order. Make your check or money order payable to "United States Treasury" 869	
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EEA

PRASANNA KUMAR ANNAVARAPU
1250 BEETHOVEN CMN APT 301
FREMONT, CA 94538

Internal Revenue Service
P.O. Box 802501
Cincinnati, OH 45280-2501

For Paperwork Reduction Act Notice, see your tax return instructions.

389494494 HA ANNA 30 0 201912 610

IRS e-file Signature Authorization

OMB No. 1545-0074

- ▶ ERO must obtain and retain completed Form 8879.
- ▶ Go to www.irs.gov/Form8879 for the latest information.

2019

Submission Identification Number (SID) **00-944347-005180**

Taxpayer's name PRASANNA KUMAR ANNAVARAPU	Social security number 389-49-4494
Spouse's name	Spouse's social security number

Part I Tax Return Information - Tax Year Ending December 31, 2019 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

1 Adjusted gross income	1	5,712
2 Total tax	2	869
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	
4 Amount you want refunded to you	4	
5 Amount you owe	5	869

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

- I authorize Liberty Tax - Office 11736 to enter or generate my PIN 16270 as my signature on the income tax return (original or amended) I am now authorizing. ERO firm name Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

- I authorize _____ to enter or generate my PIN _____ as my signature on the income tax return (original or amended) I am now authorizing. ERO firm name Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only - continue below

Part III Certification and Authentication - Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 944347-22606
Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ _____ Date ▶ 04-19-2021

ERO Must Retain This Form - See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

1040

Overflow Statement

2019
Page 1

Name(s) as shown on return

PRASANNA KUMAR ANNAVARAPU

Your Social Security Number

389-49-4494

Gross Receipts Sales

Description	Amount
UBER	\$ 42,308
LYFT	31,057
Total:	\$ 73,365

Auto Expense Worksheet

(Keep for your records)

2019

Name(s) as shown on return

Tax ID Number

PRASANNA KUMAR ANNAVARAPU

389-49-4494

Profession/Business
UBER AND LYFT \ UBER AND LYFT

Description HONDA CIVIC

Date placed in service 2019-01-01

Number of miles your vehicle was used for:

Total Business miles driven during the year 65,895

Total Commuting miles driven during the year _____

Total Other miles driven during the year _____

Total Miles driven during the year 65,895

Business Use percentage 100.00

Expenses:

Total

**Business
Percentage**

Section 179			
Bonus Depreciation			
Depreciation			
Garage Rent			
Gas			
Insurance			
Licenses			
Oil			
Parking Fees			
Rental Fees			
Interest			
Personal Property Tax			
Repairs			
Tires			
Tolls			
Lease Add Back			
Other Expenses:			

Total Expenses			

Standard Mileage Rate Calculation

Business miles	<u>65,895</u>	X 0.58	<u>38,219</u>		<u>38,219</u>
Parking fees					
Tolls					
Interest					
Personal Property Tax					
Total Standard Mile Rate deduction					<u>38,219</u>

How it is reported:

Depreciation deduction	
Auto Expense	<u>38,219</u>
Personal Property Taxes, Schedule A, Line 5c	

QBI Explanation Worksheet

Form 1040

(Do not file. Keep for your records)

2019

Name(s) as shown on return

Tax ID Number

PRASANNA KUMAR ANNAVARAPU

389-49-4494

Name of business activity	As reported	As allowed on 1040 after limitations
Schedule C: UBER AND LYFT		
1. Ordinary business income (loss)	6,147	6,147
2. Rental income (loss)		
3. Royalty income (loss)		
4. Section 1231 gain (loss)		
5. Other income (loss)		
6. Section 179 deduction		
7. Charitable contributions		
8. Other deductions		
9. Deduction for half of SE tax		435
10. Self-employed health insurance deduction		
11. Self-employed pension deduction		
12. QBI amount carried to Form 8995 / 8995-A		5,712
13. W-2 wages carried to Form 8995 / 8995-A		
14. UBIA of qualified property carried to Form 8995 / 8995-A		
15. Section 199A REIT dividends		
16. 199(A)(g) deduction		
17. QBI allocable to cooperative payments		
18. W-2 wages allocable to cooperative payments		

The income amount from line 12 will show on one of the following lines, depending on circumstances:

- Form 8995, line 1
- Form 8995-A, line 2
- Form 8995-A, Schedule A, line 2
- Form 8995-A, Schedule A, line 16
- Form 8995-A, Schedule B, line 3
- Form 8995-A, Schedule C, line 1

Note: The Tax Cuts and Jobs Act and the related proposed regulations state that losses or deductions that were disallowed, suspended, limited, or carried over from taxable years ending before January 1, 2018 (including under sections 465, 469, 704(d), and 1366(d)), are not taken into account in a later taxable year for purposes of computing QBI.

Carryover Worksheet

List of items that will carryover to the 2020 tax return

(Keep for your records)

2019

Name(s) as shown on return

Tax ID Number

PRASANNA KUMAR ANNAVARAPU

389-49-4494

Itemized Deductions

Carryover Amount

Contributions subject to 100% of AGI limitations	
Contributions subject to 60% of AGI limitations	
Contributions subject to 30% of AGI limitations (50% capital gains appreciated property)	
Contributions subject to 30% of AGI limitations	
Contributions subject to 20% of AGI limitations (30% capital gains appreciated property)	
Taxable state and local refunds to Form 1040, line 10	
State/local taxes paid in 2020 to flow to the Schedule A	
State donations and contributions carryover	
State overpayment applied to next year	

Expenses

Office in home operating expenses	
Office in home excess casualty losses and depreciation	
Disallowed investment interest expense AMT _____ Reg. Tax _____	
Section 179 expense	
Operating expenses, from Form WK_E, Sch E - Rental limitation on deductions when used for personal use	
Excess depreciation, from Form WK_E, Sch E - Rental limitation on deductions when used for personal use	

Losses

Short-term capital loss AMT _____ Reg. Tax _____	
Long-term capital loss AMT _____ Reg. Tax _____	
Net operating loss AMT _____ Reg. Tax _____	
Excess business loss from Form 461 (becomes part of NOL next year) AMT _____ Reg. Tax _____	
Qualified REIT and PTP loss carryover	
QBI loss carryover	
Nonrecaptured net section 1231 losses from WK_1231C AMT _____ Reg. Tax _____	

Credits

Mortgage interest credit	
Credit for prior year minimum tax	
Foreign Tax credit AMT _____ Reg. Tax _____	
District of Columbia first time home owner's credit	
Res. energy efficient property credit	

Other

Preparer Fee	
Overpayment applied to next year's estimates	
Estimated Tax Payment 1 _____ Estimated Tax Payment 2 _____	
Estimated Tax Payment 3 _____ Estimated Tax Payment 4 _____	
Federal tax liability for 2210 calculation	869
State tax liability for state 2210 calculation	
IRA basis Taxpayer _____ Spouse _____	

Passive Activity

At Risk Limitations

2019 Filing Instructions
PRASANNA KUMAR ANNAVARAPU

Form filed:

Form 1040 and supplemental forms and schedules

Filing method:

Your return will be e-filed once your signed and dated Form 8879 has been received by this office. Do not mail your return to the IRS.

Due date:

07-15-2020

Balance due:

\$869

Transaction method:

To pay by check or money order, write "2019 Form 1040," your name, address, SSN or ITIN, and daytime phone number on the payment, make it payable to "United States Treasury," and mail with Form 1040-V to the address below. To pay using your bank account (at no extra cost to you), go to [IRS.gov/Payments](https://www.irs.gov/Payments). To pay by credit or debit card (for a fee), go to [1040paytax.com](https://www.1040paytax.com).

Other information:

To avoid penalties and interest, make your payment as soon as possible.

Mail-to address:

Internal Revenue Service
P.O. Box 802501
Cincinnati, OH 45280-2501



2019 Tax Return

PRASANNA KUMAR ANNAVARAPU
1250 BEETHOVEN CMN APT 301, FREMONT, CA 94538

Dear PRASANNA KUMAR ANNAVARAPU:

We appreciate your choosing Liberty Tax and our professional service to prepare your 2019 Tax Return. It is our goal to make the process easy and less stressful for you. We look forward to seeing you next year!

Federal

Your Federal tax return has been electronically filed.

Your Federal balance due is **\$869**.

California - Income Tax

Your California tax return has been electronically filed.

We have provided a copy of your tax return to keep for your records.

Thank you for choosing Liberty Tax!

1040

**Individual
Diagnostic Summary**

2019

Name(s) **PRASANNA KUMAR ANNAVARAPU** Social Security No. **389-49-4494**

Spouse SSN No.

Mailing Address:**Taxpayer****Spouse**

1250 BEETHOVEN CMN APT 301
FREMONT, CA 94538

Daytime Phone: 510-565-2009

Evening Phone: 510-565-2009

Cell Phone: 510-565-2009

TP email:

SP email:

Resident State: CA

Date of Birth: Taxpayer 06-03-1992

Spouse

Dependent Information: (*If more than 5 dependents see last page of summary)

<u>Name</u>	<u>SSN</u>	<u>Relationship</u>	<u>Date of Birth</u>
-------------	------------	---------------------	----------------------

Preparer: Santosh Sharma

Invoice:

Date: 04-19-2021

Return Information Form Type: 1040

Item on Return	2019 Federal	2018 Federal (If available)
Filing Status	1	
Exemptions (suspended until tax year 2025)	N\A	N\A
Total Income	6,147	
AGI	5,712	
Deductions	12,200	
Taxable Income		
Tax (before credits)		
Tax (after credits)		
Tax Rate Percentage	10	
EIC		
Additional CTC		
Overpayment		
Refund		
Refund Applied to ES		
Balance Due	869	

Form of Refund/Payment: The client will be sending a check to the IRS.

State/City Information (* If more than 8 states see last page of summary)

<u>T/S/J</u>	<u>State/City</u>	<u>AGI</u>	<u>Taxable Income</u>	<u>Tax</u>	<u>Refund/ (Balance Due)</u>
T	CA540	5,712	1,175		

**TAX RETURN COMPARISON
2017 / 2018 / 2019**

2019

Name(s) as shown on return
PRASANNA KUMAR ANNAVARAPU

Identifying number
389-49-4494

	2017	2018	2019	Difference 2018-2019
Filing Status			Single	
Number of Exemptions		N/A	N/A	N/A
Number of Dependents	N/A			
Income				
Wages, salaries, tips, etc.				
Taxable interest and dividends				
Taxable state and local refunds				
Alimony				
Business income (loss)			6,147	6,147
Gains (losses)				
Pensions and IRA distributions				
Rent and royalty income (loss)				
Part, S-corps, trusts income (loss)				
Farm income (loss)				
Unemployment compensation				
Total SS benefits received				
Taxable SS benefits				
Other income (loss)				
Total Income			6,147	6,147
Adjusted Gross Income				
Half of self-employment tax			435	435
IRA deduction				
Other adjustments				
Total Adjusted Gross Income			5,712	5,712
Deductions				
Medical deductions				
State and local taxes				
Interest				
Contributions				
Employee business expenses				
Standard or other deductions			12,200	12,200
Total Itemized or Standard Ded			12,200	12,200
Exemption Amount		N/A	N/A	N/A
Qualified Business Income Deduction	N/A			
Tax and Credits				
Taxable Income				
Tax				
Credits				
Self-employment tax			869	869
Other taxes				
Total Tax			869	869
Payments				
Withholdings				
Estimated tax payments				
Earned income credit				
Other payments and credits				
Overpayment				
Overpayment Applied				
Refund				
Balance Due			869	869
Marginal tax rate			10.00	10.00
Effective tax rate				

CA-MSG

CA ELECTRONIC FILING MESSAGES
MUST be corrected before electronic filing is allowed.

PAGE 1

Name(s) as shown on return

PRASANNA KUMAR ANNAVARAPU

SSN/FEIN

389-49-4494

8004 CA Electronic Filing NOT Allowed

Federal rejects have been identified; the rejects disallow transmittal of the state file.

Drake Software Tip:

- * Return to data entry
- * Make necessary changes to correct rejects
- * Recalculate the return

CANOTES	Notes about the return	2019 PAGE 1										
Name(s) as shown on return PRASANNA KUMAR ANNAVARAPU		SSN/FEIN 389-49-4494										
126	<p>CA 540 2EZ is not produced due to income computed from sources other than Total wages, Total Interest Income, Total Dividend Income, & Total Pensions.</p>											
140	<p>If you want to suppress the state's notes page from generating when it only concerns long form versus short form do the following:</p> <p>Escape out of the tax package data entry screen, go to Setup-Options-States tab. Select CA from the list; check box for "Suppress the CA Notes Page concerning ONLY the reason a short form did not print."</p> <p>Note: This will turn off ONLY notes about why a California short form was not generated.</p>											
201	<p>Taxpayer/Spouse first name has been modified by the Tax software to remove any non allowed spaces for Electronic Filing purposes.</p> <p>Otherwise, the spacing in a first name would produce reject code 509.</p> <p>509 540/NR/2EZ Record</p> <p>There is an error with the First Name information you provided. Your first name (Field 0030) and/or your spouse's first name (Field 0040) cannot have more than 11 characters and cannot have spaces, dashes, punctuation, or symbols.</p> <p>For example:</p> <table border="0"> <tr> <td>Not Acceptable</td> <td>Acceptable</td> </tr> <tr> <td>-----</td> <td>-----</td> </tr> <tr> <td>Jo Ann</td> <td>Joann</td> </tr> <tr> <td>Shu-Hueng</td> <td>Shuhueng</td> </tr> <tr> <td>Teresita M.</td> <td>First Name = Teresita Middle Initial = M</td> </tr> </table>	Not Acceptable	Acceptable	-----	-----	Jo Ann	Joann	Shu-Hueng	Shuhueng	Teresita M.	First Name = Teresita Middle Initial = M	
Not Acceptable	Acceptable											
-----	-----											
Jo Ann	Joann											
Shu-Hueng	Shuhueng											
Teresita M.	First Name = Teresita Middle Initial = M											

**2019 CA540 Filing Instructions
PRASANNA KUMAR ANNAVARAPU**

Form filed:

CA540 and supplemental forms and schedules

Filing method:

Your return will be e-filed, do not mail your return

Due date:

07-15-2020

The return reflects neither a refund nor a balance due

2019 California Resident Income Tax Return

540

ATTACH FEDERAL RETURN

389-49-4494 ANNA
PRASANNA KU ANNAVARAPU

19 PBA 485300

1250 BEETHOVEN CMN APT 301
FREMONT CA 94538

06-03-1992

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

Filing Status

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

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

See instructions.

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

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

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

Exemptions

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 [1] X \$122 = \$ 122

8 Blind: If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2 8 [] X \$122 = \$

9 Senior: If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2 9 [] X \$122 = \$

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

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

Total dependent exemptions 10 [] X \$378 = \$

Your name: Your SSN or ITIN:

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

Taxable Income

12 State wages from your federal Form(s) W-2, box 16 **12**

13 Enter federal adjusted gross income from federal Form 1040 or 1040-SR, line 8b **13**

14 California adjustments - subtractions. Enter the amount from Schedule CA (540), Part I, line 23, column B **14**

15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions **15**

16 California adjustments - additions. Enter the amount from Schedule CA (540), Part I, line 23, column C **16**

17 California adjusted gross income. Combine line 15 and line 16 **17**

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 \$4,537
 Married/RDP filing jointly, Head of household, or Qualifying widow(er). . . \$9,074
 If Married/RDP filing separately or the box on line 6 is checked, STOP. See instr. **18**

19 Subtract line 18 from line 17. This is your **taxable income**. If less than zero, enter -0- **19**

Tax

31 Tax. Check the box if from: Tax Table Tax Rate Schedule
 FTB 3800 FTB 3803 **31**

32 Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$200,534, see instructions. **32**

33 Subtract line 32 from line 31. If less than zero, enter -0- **33**

34 Tax. See instructions. Check the box if from: Schedule G-1 FTB 5870A. **34**

35 Add line 33 and line 34 **35**

Special Credits

40 Nonrefundable Child and Dependent Care Expenses Credit. See instructions **40**

43 Enter credit name code and amount. **43**

44 Enter credit name code and amount. **44**

45 To claim more than two credits. See instructions. Attach Schedule P (540) **45**

46 Nonrefundable renter's credit. See instructions **46**

47 Add line 40 through line 46. These are your total credits **47**

48 Subtract line 47 from line 35. If less than zero, enter -0- **48**

Your name: Your SSN or ITIN:

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 Add line 48, line 61, line 62, and line 63. This is your total tax ● 64 .00

Payments

71 California income tax withheld. See instructions ● 71 .00

72 2019 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 VPDI) withheld. See instructions ● 74 .00

75 Earned Income Tax Credit (EITC) ● 75 .00

76 Young Child Tax Credit (YCTC). See instructions ● 76 .00

77 Add lines 71 through 76. These are your total payments.
See instructions ⊕ 77 .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.

Overpaid Tax/Tax Due

92 Payments balance. If line 77 is more than line 91, subtract line 91 from line 77. ⊕ 92 .00

93 Use Tax balance. If line 91 is more than line 77, subtract line 77 from line 91. ⊕ 93 .00

94 Overpaid tax. If line 92 is more than line 64, subtract line 64 from line 92 ⊕ 94 .00

95 Amount of line 94 you want applied to your 2020 estimated tax ● 95 .00

96 Overpaid tax available this year. Subtract line 95 from line 94 ● 96 .00

97 Tax due. If line 92 is less than line 64, subtract line 92 from line 64 ⊕ 97 .00

Your name: Your SSN or ITIN:



Contributions

Code Amount

California Seniors Special Fund. See instructions	• 400	<input type="text"/>	<input type="text" value=".00"/>
Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund . .	• 401	<input type="text"/>	<input type="text" value=".00"/>
Rare and Endangered Species Preservation Voluntary Tax Contribution Program	• 403	<input type="text"/>	<input type="text" value=".00"/>
California Breast Cancer Research Voluntary Tax Contribution Fund	• 405	<input type="text"/>	<input type="text" value=".00"/>
California Firefighters' Memorial Fund	• 406	<input type="text"/>	<input type="text" value=".00"/>
Emergency Food for Families Voluntary Tax Contribution Fund	• 407	<input type="text"/>	<input type="text" value=".00"/>
California Peace Officer Memorial Foundation Fund	• 408	<input type="text"/>	<input type="text" value=".00"/>
California Sea Otter Fund	• 410	<input type="text"/>	<input type="text" value=".00"/>
California Cancer Research Voluntary Tax Contribution Fund	• 413	<input type="text"/>	<input type="text" value=".00"/>
School Supplies for Homeless Children Fund	• 422	<input type="text"/>	<input type="text" value=".00"/>
State Parks Protection Fund/Parks Pass Purchase	• 423	<input type="text"/>	<input type="text" value=".00"/>
Protect Our Coast and Oceans Voluntary Tax Contribution Fund	• 424	<input type="text"/>	<input type="text" value=".00"/>
Keep Arts in Schools Voluntary Tax Contribution Fund	• 425	<input type="text"/>	<input type="text" value=".00"/>
Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund	• 431	<input type="text"/>	<input type="text" value=".00"/>
California Senior Citizen Advocacy Voluntary Tax Contribution Fund	• 438	<input type="text"/>	<input type="text" value=".00"/>
Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund	• 439	<input type="text"/>	<input type="text" value=".00"/>
Rape Kit Backlog Voluntary Tax Contribution Fund	• 440	<input type="text"/>	<input type="text" value=".00"/>
Organ and Tissue Donor Registry Voluntary Tax Contribution Fund	• 441	<input type="text"/>	<input type="text" value=".00"/>
National Alliance on Mental Illness California Voluntary Tax Contribution Fund . .	• 442	<input type="text"/>	<input type="text" value=".00"/>
Schools Not Prisons Voluntary Tax Contribution Fund	• 443	<input type="text"/>	<input type="text" value=".00"/>
Suicide Prevention Voluntary Tax Contribution Fund	• 444	<input type="text"/>	<input type="text" value=".00"/>
110 Add code 400 through code 444. This is your total contribution	• 110	<input type="text"/>	<input type="text" value=".00"/>



Your name: PRASANNA KUMAR AN Your SSN or ITIN: 389-49-4494

Amount You Owe 111 AMOUNT YOU OWE. If you do not have an amount on line 96, add line 93, line 97, and line 110. 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.

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

115 REFUND OR NO AMOUNT DUE. Subtract the sum of 110, line 112 and line 113 from line 96. See instructions. Mail to:FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001.

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:

Type: Routing number, Checking, Savings, Account number, Direct deposit amount 116.

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

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: 04-19-2021, Spouse's/RDP's signature (if a joint tax return, both must sign).

Sign Here: Your email address, Preferred phone number: 510-565-2009.

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): LIBERTY TAX OFFICE 11736, PTIN: P00622606.

Firm's address: 121 FREMONT HUB COURTYARD FREMONT, CA 94538, Firm's FEIN: 264070746.

Do you want to allow another person to discuss this tax return with us? See instructions. Yes (checked), No.

Print Third Party Designee's Name: Santosh Sharma, Telephone Number: 510-792-4119.

CAWK_AGI	For your records only. Adjusted Gross Income Split Worksheet	2019 AGI			
		FD/ST	Summary		
Name(s) as shown on state return PRASANNA KUMAR ANNAVARAPU		Social Security Number 389-49-4494			
Federal 1040 Income and Adjustments	Federal		State		
	Col. A Taxpayer	Col. B Spouse	Col. A Taxpayer	Col. B Spouse	
Federal 1040					
1 Wages, salaries, tips, etc.	1				
2b Taxable interest	2b				
3b Ordinary dividends	3b				
4b Taxable amount of IRA distributions	4b				
4d Taxable amount of Pensions and annuities	4d				
5b Taxable amount of Social security benefits.	5b				
6 Capital gain or (loss)	6				
Schedule 1 - Additional Income					
1 Taxable refunds, credits, or offsets of state and local income taxes	1				
2a Alimony received	2a				
3 Business income or (loss).	3	6,147		6,147	
4 Other gains or (losses)	4				
5 Rental real estate, royalties, partnerships, S corporations, trusts, etc.	5				
6 Farm income or (loss).	6				
7 Unemployment compensation	7				
8 Other income.	8				
9 Add the amounts in each column for Federal 1040 Lines 1-6 and Schedule 1 lines 1-9. This is your total income	9	6,147		6,147	
Schedule 1 - Adjustments to Income					
10 Educator Expenses	10				
11 Certain business expenses of reservists, performing artists, & fee-basis gov. officials	11				
12 Health savings account deduction	12				
13 Moving expenses.	13				
14 Deductible part of self-employment tax	14	435		435	
15 Self-employed SEP, SIMPLE, and qualified plans	15				
16 Self-employed health insurance deduction	16				
17 Penalty on early withdrawal of savings	17				
18a Alimony paid	18a				
19 IRA deduction.	19				
20 Student loan interest deduction	20				
21 Tuition and fees	21				
22 Line 22 other adjustments	22				
Add lines 10 through 22		435		435	
Line 9 less Line 22. This is your AGI		5,712		5,712	

TAXABLE YEAR **2019** **California e-file Signature Authorization for Individuals** FORM **8879**

Your name PRASANNA KUMAR ANNAVARAPU	Your SSN or ITIN 389-49-4494
Spouse's/RDP's name	Spouse's/RDP's SSN or ITIN

Part I Tax Return Information (whole dollars only)

1 California Adjusted Gross Income. See instructions	1	5712
2 Amount You Owe. See instructions	2	
3 Refund or No Amount Due. See instructions	3	

Part II Taxpayer Declaration and Signature Authorization (Be sure you obtain and keep a copy of your return.)

Under penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2019, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider (including my name, address, and social security number or individual tax identification number) and the amounts shown in Part I above agree with the information and amounts shown on the corresponding lines of my electronic income tax return. If applicable, I authorize an electronic funds withdrawal of the amount on line 2 and/or the estimated tax payments as shown on my return and on form FTB 8455, California e-file Payment Record for Individuals, or a comparable form. If applicable, I declare that direct deposit refund amount on line 3 agrees with the direct deposit authorization stated on my return. If I have filed a joint return, this is an irrevocable appointment of the other spouse/RDP as an agent to authorize an electronic funds withdrawal or direct deposit. I authorize my ERO, transmitter, or intermediate service provider to transmit my complete return to the Franchise Tax Board (FTB). **If the processing of my return or refund is delayed, I authorize the FTB to disclose to my ERO, intermediate service provider, and/or transmitter the reason(s) for the delay or the date when the refund was sent.** If I am filing a balance due return, I understand that if the FTB does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I acknowledge that I have read and consent to the Electronic Funds Withdrawal Consent included on the copy of my electronic income tax return. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

I authorize LIBERTY TAX - OFFICE 11736 to enter my PIN

1	6	2	7	0
---	---	---	---	---

Do not enter all zeros

ERO firm name

as my signature on my 2019 e-filed California individual income tax return.

I will enter my PIN as my signature on my 2019 e-filed California individual income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ _____

Spouse's/RDP's PIN: check one box only

I authorize _____ to enter my PIN

--	--	--	--	--	--

Do not enter all zeros

ERO firm name

as my signature on my 2019 e-filed California individual income tax return.

I will enter my PIN as my signature on my 2019 e-filed California individual income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's/RDP's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only -- continue below

Part III Certification and Authentication - Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

9	4	4	3	4	7	2	2	6	0	6
---	---	---	---	---	---	---	---	---	---	---

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the 2019 California individual income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and FTB Pub. 1345, 2019 Handbook for Authorized e-file Providers.

ERO's signature ▶ _____ Date ▶ 04-19-2021

Name(s) as shown on return
PRASANNA KUMAR ANNAVARAPU

California ID Number
389-49-4494

Round all amounts to the nearest whole dollar.

- 1. Enter purchases from out-of-state sellers made without payment of California sales/use tax. See worksheet instructions \$ _____ .00
- 2. Enter the applicable sales and use tax rate. See worksheet instructions _____
- 3. Multiply line 1 by the tax rate on line 2. Enter result here \$ _____ .00
- 4. Enter any sales or use tax paid to another state for purchases included on line 1. See worksheet instructions \$ _____ .00
- 5. Total Use Tax Due. Subtract line 4 from line 3. This is the total use tax due. If amount is less than zero, enter -0- \$ _____ .00

CA-COMP	Three-year State Tax Return Comparison			2019
Name(s) as shown on return PRASANNA KUMAR ANNAVARAPU			Taxpayer ID Number 389-49-4494	
[State] Income Tax Return	2017	2018	2019	Difference 2018-2019
Filing Status			S	
Gross Income			5,712	5,712
Deductions			4,537	4,537
Taxable Income			1,175	1,175
Actual State Income				
State Income Tax				
Local Taxes				
Use Tax				
Contributions				
Income Tax Withheld				
Estimates and Extension payments				
Underpayment Penalty				
Overpayment Applied to Next Year				
Refund				
Balance Due				
Marginal tax rate			1.000000	1.000000
Effective tax rate				