

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 your 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 PRASANNAKUMAR	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. 3560 FLORA VISTA AVE		Apt. no. 322	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
City, town, or post office. If you have a foreign address, also complete spaces below. SANTA CLARA	State CA	ZIP code 95051	
Foreign country name	Foreign province/state/county	Foreign postal code	

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes No

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, 1956 Are blind **Spouse:** Was born before January 2, 1956 Is blind

	(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions):	Child tax credit	Credit for other dependents
If more than four dependents, see instructions and check here ▶ <input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<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	
Attach Sch. B if required.	2a	Tax-exempt interest	2a	b	Taxable interest
	3a	Qualified dividends	3a	b	Ordinary dividends
	4a	IRA distributions	4a	b	Taxable amount
	5a	Pensions and annuities	5a	b	Taxable amount
	6a	Social security benefits	6a	b	Taxable amount
	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>		7	
	8	Other income from Schedule 1, line 9		8	-4,117.
	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶		9	-4,117.
Standard Deduction for— • Single or Married filing separately, \$12,400 • Married filing jointly or Qualifying widow(er), \$24,800 • Head of household, \$18,650 • If you checked any box under <i>Standard Deduction</i> , see instructions.	10 Adjustments to income:				
	a	From Schedule 1, line 22	10a		
	b	Charitable contributions if you take the standard deduction. See instructions	10b		
	c	Add lines 10a and 10b. These are your total adjustments to income ▶		10c	
	11	Subtract line 10c from line 9. This is your adjusted gross income ▶		11	-4,117.
	12	Standard deduction or itemized deductions (from Schedule A)		12	12,400.
	13	Qualified business income deduction. Attach Form 8995 or Form 8995-A		13	
	14	Add lines 12 and 13		14	12,400.
	15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-		15	0.

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	0.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	0.
19	Child tax credit or credit for other dependents	19	
20	Amount from Schedule 3, line 7	20	
21	Add lines 19 and 20	21	
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	0.
23	Other taxes, including self-employment tax, from Schedule 2, line 10	23	0.
24	Add lines 22 and 23. This is your total tax	24	0.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	
26	2020 estimated tax payments and amount applied from 2019 return	26	
27	Earned income credit (EIC) NO	27	
28	Additional child tax credit. Attach Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	600.
31	Amount from Schedule 3, line 13	31	
32	Add lines 27 through 31. These are your total other payments and refundable credits	32	600.
33	Add lines 25d, 26, and 32. These are your total payments	33	600.

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

Refund

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	600.
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	600.
b	Routing number 1 2 1 0 0 0 3 5 8		
c	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number 3 2 5 0 4 6 7 7 9 5 8 8		
36	Amount of line 34 you want applied to your 2021 estimated tax	36	

Amount You Owe

For details on how to pay, see instructions.

37	Subtract line 33 from line 24. This is the amount you owe now	37	
Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.			
38	Estimated tax penalty (see instructions)	38	

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions **Yes.** Complete below. **No**

Designee's name _____ Phone no. _____ Personal identification number (PIN) _____

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation DRIVER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no.	Email address		

Paid Preparer Use Only

Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 04/21/2021	PTIN P02082703	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Firm's address 2530 Pebble Creek Ln Cumming GA 30041			Phone no. (678) 965-9522 Firm's EIN 30-1017196

**SCHEDULE 1
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**
▶ **Go to www.irs.gov/Form1040 for instructions and the latest information.**

OMB No. 1545-0074

2020
Attachment
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
PRASANNAKUMAR ANNAVARAPU

Your social security number
389-49-4494

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	-4,117.
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, 1040-SR, or 1040-NR, line 8	9	-4,117.

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	
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 deduction. Attach Form 8917	21	
22	Add lines 10 through 21. These are your adjustments to income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a	22	

**SCHEDULE C
(Form 1040)**

**Profit or Loss From Business
(Sole Proprietorship)**

OMB No. 1545-0074

2020
Attachment
Sequence No. **09**

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.

Name of proprietor PRASANNAKUMAR ANNAVARAPU		Social security number (SSN) 389-49-4494
A Principal business or profession, including product or service (see instructions) Uber Technologies, Inc	B Enter code from instructions ▶ 4 8 5 3 0 0	
C Business name. If no separate business name, leave blank.	D Employer ID number (EIN) (see instr.) 	
E Business address (including suite or room no.) ▶ 3560 FLORA VISTA AVE, Apt. 322 City, town or post office, state, and ZIP code SANTA CLARA, CA 95051		
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 2020? 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 2020, check here		<input type="checkbox"/>
I Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
J If "Yes," did you or will you file required Form(s) 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"/>	1	35,278.
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	35,278.
4 Cost of goods sold (from line 42)	4	
5 Gross profit. Subtract line 4 from line 3	5	35,278.
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7 Gross income. Add lines 5 and 6 ▶	7	35,278.

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8 Advertising	8		18 Office expense (see instructions)	18	
9 Car and truck expenses (see instructions).	9	23,000.	19 Pension and profit-sharing plans	19	
10 Commissions and fees	10		20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11		a Vehicles, machinery, and equipment	20a	
12 Depletion	12		b Other business property	20b	6,300.
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions).	13		21 Repairs and maintenance	21	1,500.
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	
15 Insurance (other than health)	15		23 Taxes and licenses	23	
16 Interest (see instructions):			24 Travel and meals:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	
b Other	16b		b Deductible meals (see instructions)	24b	2,400.
17 Legal and professional services	17		25 Utilities	25	6,195.
28 Total expenses before expenses for business use of home. Add lines 8 through 27a ▶	28		26 Wages (less employment credits)	26	
29 Tentative profit or (loss). Subtract line 28 from line 7	29		27a Other expenses (from line 48)	27a	
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		27b Reserved for future use	27b	
31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040), line 3 , 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	-4,117.			
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), line 3 , 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 checked="" type="checkbox"/> All investment is at risk. 32b <input type="checkbox"/> Some investment is not at risk.

Additional information from your 2020 Federal Tax Return

Schedule C (Uber Technologies, Inc): Profit or Loss from Business

Ln 24b: 50% limit

Itemization Statement

Description	Amount
M&E (240D*\$20P.D) AS PER IRS PUB 1542	4,800.
Total	4,800.

Schedule C (Uber Technologies, Inc): Profit or Loss from Business

Line 20b

Itemization Statement

Description	Amount
RENT (7M * 900 P.M)	6,300.
Total	6,300.

Schedule C (Uber Technologies, Inc): Profit or Loss from Business

Line 25

Itemization Statement

Description	Amount
INTERNET EXPENSES(7M*70 P.M)	490.
TELEPHONE EXPENSES(7M*65 P.M)	455.
GAS EXPENSES(7M*750 P.M)	5,250.
Total	6,195.

TAXABLE YEAR

FORM

2020

California e-file Signature Authorization for Individuals

8879

Table with 2 columns: Name (Your name, Spouse's/RDP's name) and SSN/ITIN (Your SSN or ITIN, Spouse's/RDP's SSN or ITIN). Values include PRASANNAKUMAR ANNAVARAPU and 389-49-4494.

Part I Tax Return Information (whole dollars only)

Table with 3 rows: 1 California Adjusted Gross Income (AGI), 2 Amount You Owe, 3 Refund or No Amount Due. Values: -4,117, 0.

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, 2020, and to the best of my knowledge and belief, it is true, correct, and complete.

Taxpayer's PIN: check one box only

- I authorize GLOBAL TAXES LLC to enter my PIN 9 4 4 9 4 as my signature on my 2020 e-filed California individual income tax return. I will enter my PIN as my signature on my 2020 e-filed California individual income tax return.

Your signature Date

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

- I authorize to enter my PIN as my signature on my 2020 e-filed California individual income tax return. I will enter my PIN as my signature on my 2020 e-filed California individual income tax return.

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. 5 8 7 2 7 8 6 1 9 8 9 Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the 2020 California individual income tax return for the taxpayer(s) indicated above.

ERO's signature Date 04/21/2021

California Nonresident or Part-Year Resident Income Tax Return

2020

540NR

APE

ATTACH FEDERAL RETURN

389-49-4494 ANNA
PRASANNAKUM ANNAVARAPU

20 PBA 485300

3560 FLORA VISTA AVE APT 322
SANTA CLARA CA 95051

06-03-1992

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

Filing Status

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

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

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

Whole dollars only

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

Exemptions

	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 = \$

Your name: Your SSN or ITIN:

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

Total Taxable Income	12 Total California wages from your federal Form(s) W-2, box 16 <input checked="" type="radio"/> 12 <input type="text" value=""/>	<input type="text" value="00"/>
	13 Enter federal AGI from federal Form 1040, 1040-SR, or 1040-NR, line 11 <input checked="" type="radio"/> 13 <input type="text" value="-4117"/>	<input type="text" value="00"/>
	14 California adjustments – subtractions. Enter the amount from Schedule CA (540NR), Part II, line 23, column B <input checked="" type="radio"/> 14 <input type="text" value=""/>	<input type="text" value="00"/>
	15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions <input checked="" type="radio"/> 15 <input type="text" value="-4117"/>	<input type="text" value="00"/>
	16 California adjustments – additions. Enter the amount from Schedule CA (540NR), Part II, line 23, column C <input checked="" type="radio"/> 16 <input type="text" value=""/>	<input type="text" value="00"/>
	17 Adjusted gross income from all sources. Combine line 15 and line 16. <input checked="" type="radio"/> 17 <input type="text" value="-4117"/>	<input type="text" value="00"/>
	18 Enter the larger of: Your California itemized deductions from Schedule CA (540NR), Part III, line 30; OR Your California standard deduction . See instructions <input checked="" type="radio"/> 18 <input type="text" value="4601"/>	<input type="text" value="00"/>
	19 Subtract line 18 from line 17. This is your total taxable income . If less than zero, enter -0- <input checked="" type="radio"/> 19 <input type="text" value="0"/>	<input type="text" value="00"/>

CA Taxable Income	31 Tax. Check the box if from: <input checked="" type="checkbox"/> Tax Table <input type="checkbox"/> Tax Rate Schedule	
	<input checked="" type="radio"/> 31 <input type="checkbox"/> FTB 3800 <input type="checkbox"/> FTB 3803 <input checked="" type="radio"/> 31 <input type="text" value="0"/>	<input type="text" value="00"/>
	32 CA adjusted gross income from Schedule CA (540NR), Part IV, line 1. <input checked="" type="radio"/> 32 <input type="text" value="-4117"/>	<input type="text" value="00"/>
	35 CA Taxable Income from Schedule CA (540NR), Part IV, line 5. <input checked="" type="radio"/> 35 <input type="text" value="0"/>	<input type="text" value="00"/>
	36 CA Tax Rate. Divide line 31 by line 19. <input checked="" type="radio"/> 36 <input type="text" value="0.0000"/>	
	37 CA Tax Before Exemption Credits. Multiply line 35 by line 36. <input checked="" type="radio"/> 37 <input type="text" value="0"/>	<input type="text" value="00"/>
	38 CA Exemption Credit Percentage. Divide line 35 by line 19. If more than 1, enter 1.0000. <input checked="" type="radio"/> 38 <input type="text" value="0.0000"/>	
	39 CA Prorated Exemption Credits. Multiply line 11 by line 38. If the amount on line 13 is more than \$203,341, see instructions <input checked="" type="radio"/> 39 <input type="text" value="0"/>	<input type="text" value="00"/>
	40 CA Regular Tax Before Credits. Subtract line 39 from line 37. If less than zero, enter -0- ... <input checked="" type="radio"/> 40 <input type="text" value="0"/>	<input type="text" value="00"/>
	41 Tax. See instructions. Check the box if from: <input type="checkbox"/> Schedule G-1 <input type="checkbox"/> FTB 5870A <input checked="" type="radio"/> 41 <input type="text" value=""/>	<input type="text" value="00"/>
42 Add line 40 and line 41 <input checked="" type="radio"/> 42 <input type="text" value="0"/>	<input type="text" value="00"/>	

Special Credits	50 Nonrefundable Child and Dependent Care Expenses Credit. See instructions. Attach form FTB 3506. <input checked="" type="radio"/> 50 <input type="text" value=""/>	<input type="text" value="00"/>
	51 Credit for joint custody head of household. See instructions <input checked="" type="radio"/> 51 <input type="text" value=""/>	<input type="text" value="00"/>
	52 Credit for dependent parent. See instructions. <input checked="" type="radio"/> 52 <input type="text" value=""/>	<input type="text" value="00"/>
	53 Credit for senior head of household. See instructions. <input checked="" type="radio"/> 53 <input type="text" value=""/>	<input type="text" value="00"/>
	54 Credit percentage. Enter the amount from line 38 here. If more than 1, enter 1.0000. See instructions <input checked="" type="radio"/> 54 <input type="text" value=""/>	
55 Credit amount. See instructions <input checked="" type="radio"/> 55 <input type="text" value=""/>	<input type="text" value="00"/>	

Your name: Your SSN or ITIN:

Special Credits continued

- 58 Enter credit name code and amount... 58 .00
- 59 Enter credit name code and amount... 59 .00
- 60 To claim more than two credits. See instructions. 60 .00
- 61 Nonrefundable Renter's Credit. See instructions 61 .00
- 62 Add line 50 and line 55 through 61. These are your total credits 62 .00
- 63 Subtract line 62 from line 42. If less than zero, enter -0- 63 .00

Other Taxes

- 71 Alternative Minimum Tax. Attach Schedule P (540NR). 71 .00
- 72 Mental Health Services Tax. See instructions 72 .00
- 73 Other taxes and credit recapture. See instructions 73 .00
- 74 Excess Advance Premium Assistance Subsidy (APAS) repayment. See instructions 74 .00
- 75 Add line 63, line 71, line 72, line 73, and line 74. This is your total tax 75 .00

Payments

- 81 California income tax withheld. See instructions 81 .00
- 82 2020 CA estimated tax and other payments. See instructions 82 .00
- 83 Withholding (Form 592-B and/or 593). See instructions 83 .00
- 84 Excess SDI (or VPMI) withheld. See instructions 84 .00
- 85 Earned Income Tax Credit (EITC) 85 .00
- 86 Young Child Tax Credit (YCTC). See instructions 86 .00
- 87 Net Premium Assistance Subsidy (PAS). See instructions 87 .00
- 88 Add line 81 through line 87. These are your total payments. See instructions 88 .00

ISR Penalty

- 91 Individual Shared Responsibility (ISR) Penalty. See instructions 91 .00
- Full-year health care coverage.

Overpaid Tax/Tax Due

- 92 Payments after Individual Shared Responsibility Penalty. If line 88 is more than line 91, subtract line 91 from line 88. 92 .00
- 93 Individual Shared Responsibility Penalty Balance. If line 91 is more than line 88, subtract line 88 from line 91. 93 .00
- 101 Overpaid tax. If line 92 is more than line 75, subtract line 75 from line 92. 101 .00
- 102 Amount of line 101 you want applied to your 2021 estimated tax 102 .00

Your name: Your SSN or ITIN:

103 Overpaid tax available this year. Subtract line 102 from line 101 ● **103** .00
104 Tax due. If line 92 is less than line 75, subtract line 92 from line 75 ● **104** .00

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

Your name: ANNAVARAPU Your SSN or ITIN: 389-49-4494

121 AMOUNT YOU OWE. Add line 93, line 104, and line 120. See instructions. Do not send cash. Mail to: FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001. Pay Online - Go to ftb.ca.gov/pay for more information.

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

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

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

Refund and Direct Deposit. Routing number, Type (Checking/Savings), Account number, Direct deposit amount 126

The remaining amount of my refund (line 125) is authorized for direct deposit into the account shown below: Routing number, Type (Checking/Savings), Account number, Direct deposit amount 127

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

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

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

Your email address. Enter only one email address. Preferred phone number 5105652009

Sign Here

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

Joint tax return? (See instructions)

Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge) SYAM PRIYA RAM SAGAR GUPTA TALLAM

Firm's name (or yours, if self-employed) GLOBAL TAXES LLC PTIN P02082703

Firm's address 2530 PEBBLE CREEK LN CUMMING GA 30041 Firm's FEIN 301017196

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

Print Third Party Designee's Name Telephone Number

California Adjustments — Nonresidents or Part-Year Residents

CA (540NR)

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

Name(s) as shown on tax return PRASANAKUMAR ANNAVARAPU	SSN or ITIN 389494494
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Part I Residency Information. Complete all lines that apply to you and your spouse/RDP for taxable year 2020.

During 2020:

- 1 My California (CA) Residency (Check one)
 a Myself: Nonresident Part-Year Resident Resident
 b Spouse: Nonresident Part-Year Resident Resident

	Yourself	Spouse/RDP
2 a I was domiciled in (enter two letter code, see instructions)	<input type="radio"/> FL	<input type="radio"/> ___
b I was in the military and stationed in (enter two letter code).	<input type="radio"/> ___	<input type="radio"/> ___
3 I became a CA resident (enter state of prior residence and date (mm/dd/yyyy) of move) . . .	<input checked="" type="radio"/> FL 1 0/0 1/2 0 2 0	<input type="radio"/> ___ / ___ / ___
4 I became a CA nonresident (enter new state of residence and date (mm/dd/yyyy) of move) .	<input type="radio"/> ___ / ___ / ___	<input type="radio"/> ___ / ___ / ___
5 I was a CA nonresident the entire year (enter state of residence).	<input type="radio"/> ___	<input type="radio"/> ___
6 The number of days I spent in CA for any purpose was:	<input type="radio"/> 92	<input type="radio"/> ___
7 I owned a home/property in CA (enter Y for Yes, N for No)	<input type="radio"/> N	<input type="radio"/> ___
8 Before 2020: I was a CA resident for the period of	<input type="radio"/> ___ / ___ / ___ - ___ / ___ / ___	<input type="radio"/> ___ / ___ / ___ - ___ / ___ / ___

Part II Income Adjustment Schedule

	A	B	C	D	E
Section A — Income from federal Form 1040 or 1040-SR	Federal Amounts (taxable amounts from your federal tax return)	Subtractions See instructions (difference between CA & federal law)	Additions See instructions (difference between CA & federal law)	Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
1 Wages, salaries, tips, etc. See instructions before making an entry in col. B or C. 1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2 Taxable interest. a <input type="radio"/> 2b	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3 Ordinary dividends. See instructions. a <input type="radio"/> 3b	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4 IRA distributions. See instructions. a <input type="radio"/> 4b	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5 Pensions and annuities. See instructions. a <input type="radio"/> 5b	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6 Social security benefits. a <input type="radio"/> 6b	<input type="radio"/>	<input type="radio"/>			
7 Capital gain or (loss). See instructions 7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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. 1	<input type="radio"/>	<input type="radio"/>			
2a Alimony received. See instructions. 2a	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3 Business income or (loss). See instructions. 3	<input type="radio"/> -4,117.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> -4,117.	<input type="radio"/> -4,117.
4 Other gains or (losses) 4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5 Rental real estate, royalties, partnerships, S corporations, trusts, etc 5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	A	B	C	D	E
Section B — Additional Income Continued	Federal Amounts (taxable amounts from your federal tax return)	Subtractions See instructions (difference between CA & federal law)	Additions See instructions (difference between CA & federal law)	Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
6 Farm income or (loss) 6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7 Unemployment compensation 7	<input type="radio"/>	<input type="radio"/>			
8 Other income.					
a California lottery winnings		<input type="radio"/>	a _____		
b Disaster loss deduction from FTB 3805V		<input type="radio"/>	b _____		
c Federal NOL (Schedule 1 (Form 1040), line 8)		<input type="radio"/>	c <input type="radio"/>		
d NOL deduction from FTB 3805V 8	<input type="radio"/>	<input type="radio"/>	d _____	8 <input type="radio"/>	8 <input type="radio"/>
e NOL from FTB 3805Z, FTB 3807, or FTB 3809		<input type="radio"/>	e _____		
f Other (describe): <input type="radio"/> _____		<input type="radio"/>	f <input type="radio"/>		
g Student loan discharged due to closure of a for-profit school		<input type="radio"/>	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 9	<input type="radio"/> -4,117.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> -4,117.	<input type="radio"/> -4,117.

	A	B	C	D	E
Section C — Adjustments to Income from federal Schedule 1 (Form 1040)	Federal Amounts (taxable amounts from your federal tax return)	Subtractions See instructions (difference between CA & federal law)	Additions See instructions (difference between CA & federal law)	Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
10 Educator expenses 10	<input type="radio"/>	<input type="radio"/>			
11 Certain business expenses of reservists, performing artists, and fee-basis government officials 11	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12 Health savings account deduction 12	<input type="radio"/>	<input type="radio"/>			
13 Moving expenses. Attach federal Form 3903. See instructions 13	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14 Deductible part of self-employment tax. See instructions. 14	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
15 Self-employed SEP, SIMPLE, and qualified plans 15	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
16 Self-employed health insurance deduction. See instructions. 16	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
17 Penalty on early withdrawal of savings . . . 17	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
18a Alimony paid. b Enter recipient's: SSN <input type="radio"/> _____ Last name <input type="radio"/> _____ 18a	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19 IRA deduction 19	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
20 Student loan interest deduction 20	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21 Tuition and fees 21	<input type="radio"/>	<input type="radio"/>			
22 Add line 10 through line 21 in each column, A through E 22	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23 Total. Subtract line 22 from line 9 in each column, A through E. See instructions. . . 23	<input type="radio"/> -4,117.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> -4,117.	<input type="radio"/> -4,117.

Part III Adjustments to Federal Itemized Deductions

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

A	B	C
Federal Amounts (from federal Schedule A (Form 1040))	Subtractions See instructions	Additions See instructions

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"/> -4,117.	2			
3	Multiply line 2 by 7.5% (0.075) <input checked="" type="radio"/>	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"/>		<input checked="" type="radio"/>

Taxes You Paid

5a	State and local income tax or general sales taxes <input checked="" type="radio"/>	5a			
5b	State and local real estate taxes <input checked="" type="radio"/>	5b			
5c	State and local personal property taxes <input checked="" type="radio"/>	5c			
5d	Add line 5a through line 5c <input checked="" type="radio"/>	5d			
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	5e	<input checked="" type="radio"/>	0.	<input checked="" type="radio"/>
6	Other taxes. List type <input checked="" type="radio"/>	6	<input checked="" type="radio"/>		<input checked="" type="radio"/>
7	Add line 5e and line 6 <input checked="" type="radio"/>	7	<input checked="" type="radio"/>	0.	<input checked="" type="radio"/>

Interest You Paid

8a	Home mortgage interest and points reported to you on federal Form 1098 <input checked="" type="radio"/>	8a			
8b	Home mortgage interest not reported to you on federal Form 1098 <input checked="" type="radio"/>	8b			
8c	Points not reported to you on federal Form 1098 <input checked="" type="radio"/>	8c			
8d	Mortgage insurance premiums <input checked="" type="radio"/>	8d	<input checked="" type="radio"/>		
8e	Add line 8a through line 8d <input checked="" type="radio"/>	8e	<input checked="" type="radio"/>		<input checked="" type="radio"/>
9	Investment interest <input checked="" type="radio"/>	9	<input checked="" type="radio"/>		<input checked="" type="radio"/>
10	Add line 8e and line 9 <input checked="" type="radio"/>	10	<input checked="" type="radio"/>		<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"/>		<input checked="" type="radio"/>
13	Carryover from prior year <input checked="" type="radio"/>	13	<input checked="" type="radio"/>		<input checked="" type="radio"/>
14	Add line 11 through line 13 <input checked="" type="radio"/>	14	<input checked="" type="radio"/>		<input checked="" type="radio"/>

Casualty and Theft Losses

15	Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions <input checked="" type="radio"/>	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	<input checked="" type="radio"/>	0.	<input checked="" type="radio"/>

18 **Total.** Combine line 17 column A less column B plus column C 18 0.

Job Expenses and Certain Miscellaneous Deductions

19 Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach federal Form 2106 if required. See instructions. 19

20 Tax preparation fees. 20

21 Other expenses- investment, safe deposit box, etc. List type 21

22 Add line 19 through line 21 22

23 Enter amount from federal Form 1040 or 1040-SR, line 11 -4,117.

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

25 Subtract line 24 from line 22. If line 24 is more than line 22, enter 0. 25

26 **Total Itemized Deductions.** Add line 18 and line 25. 26

27 Other adjustments. See instructions. Specify. 27

28 Combine line 26 and line 27. 28

29 **Is your federal AGI (Form 540NR, line 13) more than the amount shown below for your filing status?**
 Single or married/RDP filing separately \$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 (540NR), line 29 29 .

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

Part IV California Taxable Income

1 **California AGI.** Enter your California AGI from Part II, line 23, column E 1 .

2 Enter your deductions from line 30 2 .

3 **Deduction Percentage.** Divide Part II, line 23, column E by Part II, line 23, column D. Carry the decimal to four places. If the result is greater than 1.0000, enter 1.0000. If less than zero, enter -0- 3 .

4 **California Itemized/Standard Deductions.** Multiply line 2 by the percentage on line 3 4 .

5 **California Taxable Income.** Subtract line 4 from line 1. Transfer this amount to Form 540NR, line 35. If less than zero, enter -0- 5 .

2020

Net Operating Loss (NOL) Computation and NOL and Disaster Loss Limitations — Individuals, Estates, and Trusts

3805V

Attach to your California tax return.

Names as shown on tax return

SSN or ITIN

389494494

FEIN

PRASANNAKUMAR ANNAVARAPU

Part I Computation of Current Year NOL for Individuals, Estates, and Trusts. If you do not have a current year NOL, go to Part II.

Section A — California Residents Only (Nonresidents go to Section B.)

- 1 Adjusted gross income from 2020 Form 540, line 17. If negative, use brackets. Estates and Trusts, begin on line 3
2 Itemized deductions or standard deduction from 2020 Form 540, line 18
3 a Combine line 1 and line 2. (Estates and Trusts, enter taxable income, see instructions.) If negative, use brackets.
b 2020 declared disaster loss included in line 3a. Enter as a positive number.
c Combine line 3a and line 3b. If negative, use brackets and continue to line 4. If zero or more, do not complete the rest of Part I.

Enter amounts on line 4 through line 24 as if they were all positive numbers. See instructions.

- 4 Nonbusiness capital losses
5 Nonbusiness capital gains
6 If line 4 is more than line 5, enter the difference; otherwise, enter -0-
7 If line 4 is less than line 5, enter the difference; otherwise, enter -0-
8 Nonbusiness deductions. See instructions.
9 Nonbusiness income other than capital gains. See instructions.
10 Add line 7 and line 9.
11 If line 8 is more than line 10, enter the difference; otherwise, enter -0-
12 If line 8 is less than line 10, enter the difference; otherwise, enter -0-
13 Business capital losses.
14 Business capital gains
15 Add line 12 and line 14.
16 If line 13 is more than line 15, enter the difference; otherwise, enter -0-. See instructions.
17 Add line 6 and line 16
18 Enter the loss, if any, from Schedule D (540), line 8. Estates and Trusts, enter the loss, if any, from Schedule D (541), line 9, column (c). If you do not have a loss on that line, skip line 18 through line 21 and enter on line 22 the amount from line 17.
19 Enter the loss, if any, from Schedule D (540), line 9. Estates and Trusts, enter the loss, if any, from Schedule D (541), line 10. Enter as a positive number
20 If line 18 is more than line 19, enter the difference; otherwise, enter -0-
21 If line 19 is more than line 18, enter the difference; otherwise, enter -0-
22 Subtract line 20 from line 17. If zero or less, enter -0-
23 NOL and disaster loss carryovers from prior years. See instructions.
24 Add lines 11, 21, 22, and 23.
25 Current Year NOL. Combine line 3c and line 24. If more than zero, enter -0-. You do not have a current year NOL to carryover. See instructions.

Section B — Nonresidents and Part-Year Residents Only — Computation of Current Year California NOL

	(a) Enter total amounts as if you were a CA resident for entire year.	(b) Enter amounts earned or received from CA sources as if you were a nonresident for the entire year.	(c) Enter amounts earned or received during the portion of the year you were a CA resident.	(d) Enter amounts earned or received from CA sources during the portion of the year you were a nonresident.	(e) Total Combine columns (c) and (d)
1 Adjusted gross income. See instructions. If negative, use brackets	1 -4,117.	0.	0.	2,252.	2,252.
2 Itemized deductions or standard deduction. See instructions.	2 (4,601.)	(0.)	(0.)	(4,601.)	(4,601.)
3 a Combine line 1 and line 2. See instructions..	3a -8,718.	0.	0.	-2,349.	-2,349.
b 2020 declared disaster loss included in line 3a. Enter as a positive number	3b				
c Combine line 3a and line 3b. If negative, use brackets and continue to line 4	3c -8,718.			-2,349.	-2,349.
Enter amounts on line 4 through line 24 as if they were all positive numbers.					
4 Nonbusiness capital losses	4				
5 Nonbusiness capital gains	5				
6 If line 4 is more than line 5, enter the difference; otherwise, enter -0-	6				
7 If line 4 is less than line 5, enter the difference; otherwise, enter -0-	7				
8 Nonbusiness deductions	8 4,601.				
9 Nonbusiness income other than capital gains . .	9 0.				
10 Add line 7 and line 9	10 0.				
11 If line 8 is more than line 10, enter the difference; otherwise, enter -0-	11 4,601.				
12 If line 8 is less than line 10, enter the difference; otherwise, enter -0-	12 0.				
13 Business capital losses	13				
14 Business capital gains	14				
15 Add line 12 and line 14	15 0.				
16 If line 13 is more than line 15, enter the difference; otherwise, enter -0-	16 0.				
17 Add line 6 and line 16	17 0.				
18 Enter the loss, if any, from line 4 of Schedule D (540NR) Worksheet for nonresidents and part-year residents. See instructions.	18				
19 Enter the loss, if any, from line 5 of Schedule D (540NR) Worksheet for nonresidents and part-year residents. Enter as a positive number. . .	19				
20 If line 18 is more than line 19, enter the difference; otherwise, enter -0-	20				0.
21 If line 19 is more than line 18, enter the difference; otherwise, enter -0-	21				0.
22 Subtract line 20 from line 17. If zero or less, enter -0-	22 0.				0.
23 NOL and disaster loss carryovers from prior years	23				
24 Add lines 11, 21, 22, 23	24 4,601.				0.
25 Current Year NOL. Combine line 3c and line 24. If more than zero, enter -0-. See instructions. . .	25 -4,117. ●			-2,349. ●	-2,349.

Part II Determine 2020 Modified Taxable Income (MTI). Be sure to read the instructions for Part II.

1	Taxable income. See instructions	1	-8,718.00
Enter amounts on line 2 through line 5 as if they were all positive numbers.			
2	Capital loss deduction included in line 1	2	00
3	Disaster loss carryover included in line 1	3	00
4	NOL carryover included in line 1	4	00
5	Adjustments to itemized deductions. See instructions	5	00
6	MTI. Combine line 1 through line 5. If line 6 is zero or less, enter -0-	6	0.00

Part III NOL Carryover and Disaster Loss Carryover Limitations. See instructions.

	(g) Available balance		
1	MTI from Part II, line 6. If your net business income or modified adjusted gross income is \$1,000,000 or more for the taxable year, see instructions	1	0.

Prior Year NOLs

(a) Year of loss	(b) Code See instructions	(c) Type of NOL See below*	(d) Initial loss	(e) Carryover from 2019	(f) Amount used in 2020	(g)	(h) Carryover to 2021 col. (e) minus col. (f)
2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>

Current Year NOLs

							col. (d) minus col. (f) See instructions
3	2020	<input type="radio"/>	<input type="radio"/> DIS	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
4	2020	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>
	2020	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>
	2020	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>

*Type of NOL: General (GEN), New Business (NB), Eligible Small Business (ESB), or Disaster (DIS).

5	NOL carryover. Add the carryover amounts in column (h) that are not the result of a disaster loss	5	0.00
6	Disaster loss carryover. Enter the total loss carryover amounts in column (h) that are the result of disaster losses	6	0.00