

**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<br>SRINADHREDDY      | Last name<br>GATTUPALLY | Your social security number<br>137-27-3880 |
| 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.<br>39505 TRINITY TOWN HOMES |                               | Apt. no.<br>E 32    | <b>Presidential Election Campaign</b><br>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.<br><input type="checkbox"/> You <input type="checkbox"/> Spouse |
| City, town, or post office. If you have a foreign address, also complete spaces below.<br>FREMONT       | State<br>CA                   | ZIP code<br>94538   |   |
| 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"/>    |

|                            |           |   |            |            |         |
|----------------------------|-----------|---|------------|------------|---------|
| Attach Sch. B if required. | <b>1</b>  | Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .  |            | <b>1</b>   |         |
|                            | <b>2a</b> | Tax-exempt interest . . . . .   | <b>2a</b>  | <b>2b</b>  |         |
|                            | <b>3a</b> | Qualified dividends . . . . .   | <b>3a</b>  | <b>3b</b>  |         |
|                            | <b>4a</b> | IRA distributions . . . . .   | <b>4a</b>  | <b>4b</b>  |         |
|                            | <b>5a</b> | Pensions and annuities . . . . .  | <b>5a</b>  | <b>5b</b>  |         |
|                            | <b>6a</b> | Social security benefits . . . . .  | <b>6a</b>  | <b>6b</b>  |         |
|                            | <b>7</b>  | Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . . ▶ <input type="checkbox"/> |            | <b>7</b>   |         |
|                            | <b>8</b>  | Other income from Schedule 1, line 9 . . . . .  |            | <b>8</b>   | 4,839.  |
|                            | <b>9</b>  | Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b> . . . . . ▶                                 |            | <b>9</b>   | 4,839.  |
|                            | <b>10</b> | Adjustments to income:  |            |            |         |
|                            | <b>a</b>  | From Schedule 1, line 22 . . . . .  | <b>10a</b> | 342.       |         |
|                            | <b>b</b>  | Charitable contributions if you take the standard deduction. See instructions . . . . .                                 | <b>10b</b> |            |         |
|                            | <b>c</b>  | Add lines 10a and 10b. These are your <b>total adjustments to income</b> . . . . . ▶                                    |            | <b>10c</b> | 342.    |
|                            | <b>11</b> | Subtract line 10c from line 9. This is your <b>adjusted gross income</b> . . . . . ▶                                    |            | <b>11</b>  | 4,497.  |
|                            | <b>12</b> | <b>Standard deduction or itemized deductions</b> (from Schedule A) . . . . .  |            | <b>12</b>  | 12,400. |
|                            | <b>13</b> | Qualified business income deduction. Attach Form 8995 or Form 8995-A . . . . .  |            | <b>13</b>  |         |
|                            | <b>14</b> | Add lines 12 and 13 . . . . .   |            | <b>14</b>  | 12,400. |
|                            | <b>15</b> | <b>Taxable income.</b> Subtract line 14 from line 11. If zero or less, enter -0- . . . . .                              |            | <b>15</b>  | 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  | 684.   |
| 24 | Add lines 22 and 23. This is your <b>total tax</b>  | 24  | 684.   |
| 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) <span style="float:right">No</span>  | 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  | 1,800. |
| 31 | Amount from Schedule 3, line 13   | 31  |        |
| 32 | Add lines 27 through 31. These are your <b>total other payments and refundable credits</b>  | 32  | 1,800. |
| 33 | Add lines 25d, 26, and 32. These are your <b>total payments</b>   | 33  | 1,800. |

• 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 <b>overpaid</b>            | 34  | 1,116. |
| 35a | Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/> | 35a | 1,116. |
| b   | Routing number 1 2 1 0 4 2 8 8 2  |     |        |
| c   | Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings                               |     |        |
| d   | Account number 8 2 4 5 2 9 6 1 1 9  |     |        |
| 36  | Amount of line 34 you want <b>applied to your 2021 estimated tax</b>  | 36  |        |

**Amount You Owe**

For details on how to pay, see instructions.

|  |  |    |  |
|--|--|----|--|
| 37   | Subtract line 33 from line 24. This is the <b>amount you owe now</b> | 37 |  |
| <b>Note:</b> 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     | If the IRS sent you an Identity Protection PIN, enter it here (see inst.)         |
| _____   | _____         | DELIVERY SERVICES   | _____   |
| Spouse's signature. If a joint return, <b>both</b> must sign. | Date          | Spouse's occupation | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) |
| _____   | _____         | _____               | _____   |
| Phone no.   | Email address |                     |   |

**Paid Preparer Use Only**

|                                       |                                   |            |           |  |
|---------------------------------------|-----------------------------------|------------|-----------|--|
| Preparer's name                       | Preparer's signature              | Date       | PTIN      | Check if:                              |
| SYAM PRIYA RAM SAGAR GUPTA TALLAM     | SYAM PRIYA RAM SAGAR GUPTA TALLAM | 04/25/2021 | P02082703 | <input type="checkbox"/> Self-employed |
| Firm's name                           | Phone no.                         |            |           |  |
| GLOBAL TAXES LLC                      | (678) 965-9522                    |            |           |  |
| Firm's address                        | Firm's EIN                        |            |           |  |
| 2530 Pebble Creek Ln Cumming GA 30041 | 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](http://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  
SRINADHREDDY GATTUPALLY

Your social security number  
137-27-3880

**Part I Additional Income**

|           |   |           |        |
|-----------|---|-----------|--------|
| <b>1</b>  | Taxable refunds, credits, or offsets of state and local income taxes . . . . .                | <b>1</b>  |        |
| <b>2a</b> | Alimony received . . . . .  | <b>2a</b> |        |
| <b>b</b>  | Date of original divorce or separation agreement (see instructions) ▶ _____                   |           |        |
| <b>3</b>  | Business income or (loss). Attach Schedule C . . . . .  | <b>3</b>  | 4,839. |
| <b>4</b>  | Other gains or (losses). Attach Form 4797 . . . . .   | <b>4</b>  |        |
| <b>5</b>  | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E   | <b>5</b>  |        |
| <b>6</b>  | Farm income or (loss). Attach Schedule F . . . . .  | <b>6</b>  |        |
| <b>7</b>  | Unemployment compensation . . . . .   | <b>7</b>  |        |
| <b>8</b>  | Other income. List type and amount ▶ _____  | <b>8</b>  |        |
| <b>9</b>  | Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 . . . . . | <b>9</b>  | 4,839. |

**Part II Adjustments to Income**

|            |   |            |      |
|------------|---|------------|------|
| <b>10</b>  | Educator expenses . . . . .   | <b>10</b>  |      |
| <b>11</b>  | Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .                 | <b>11</b>  |      |
| <b>12</b>  | Health savings account deduction. Attach Form 8889 . . . . .  | <b>12</b>  |      |
| <b>13</b>  | Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .   | <b>13</b>  |      |
| <b>14</b>  | Deductible part of self-employment tax. Attach Schedule SE . . . . .  | <b>14</b>  | 342. |
| <b>15</b>  | Self-employed SEP, SIMPLE, and qualified plans . . . . .  | <b>15</b>  |      |
| <b>16</b>  | Self-employed health insurance deduction . . . . .  | <b>16</b>  |      |
| <b>17</b>  | Penalty on early withdrawal of savings . . . . .  | <b>17</b>  |      |
| <b>18a</b> | Alimony paid . . . . .  | <b>18a</b> |      |
| <b>b</b>   | Recipient's SSN . . . . . ▶ _____   |            |      |
| <b>c</b>   | Date of original divorce or separation agreement (see instructions) ▶ _____   |            |      |
| <b>19</b>  | IRA deduction . . . . .   | <b>19</b>  |      |
| <b>20</b>  | Student loan interest deduction . . . . .   | <b>20</b>  |      |
| <b>21</b>  | Tuition and fees deduction. Attach Form 8917 . . . . .  | <b>21</b>  |      |
| <b>22</b>  | Add lines 10 through 21. These are your <b>adjustments to income</b> . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a . . . . . | <b>22</b>  | 342. |

**SCHEDULE 2  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Taxes**

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

OMB No. 1545-0074

**2020**  
Attachment  
Sequence No. **02**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR  
SRINADHREDDY GATTUPALLY

**Your social security number**  
137-27-3880

**Part I Tax**

|   |          |  |
|---|----------|--|
| <b>1</b> Alternative minimum tax. Attach Form 6251 . . . . .                                    | <b>1</b> |  |
| <b>2</b> Excess advance premium tax credit repayment. Attach Form 8962 . . . . .                | <b>2</b> |  |
| <b>3</b> Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17 . . . . . | <b>3</b> |  |

**Part II Other Taxes**

|   |           |      |
|---|-----------|------|
| <b>4</b> Self-employment tax. Attach Schedule SE . . . . .  | <b>4</b>  | 684. |
| <b>5</b> Unreported social security and Medicare tax from Form: <b>a</b> <input type="checkbox"/> 4137 <b>b</b> <input type="checkbox"/> 8919 . . . . .                             | <b>5</b>  |      |
| <b>6</b> Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 5329 if required . . . . .   | <b>6</b>  |      |
| <b>7a</b> Household employment taxes. Attach Schedule H . . . . .   | <b>7a</b> |      |
| <b>b</b> Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required . . . . .  | <b>7b</b> |      |
| <b>8</b> Taxes from: <b>a</b> <input type="checkbox"/> Form 8959 <b>b</b> <input type="checkbox"/> Form 8960<br><b>c</b> <input type="checkbox"/> Instructions; enter code(s) _____ | <b>8</b>  |      |
| <b>9</b> Section 965 net tax liability installment from Form 965-A . . . . .  | <b>9</b>  |      |
| <b>10</b> Add lines 4 through 8. These are your <b>total other taxes</b> . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b . . . . .                     | <b>10</b> | 684. |

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

BAA

REV 04/16/21 PRO

Schedule 2 (Form 1040) 2020

**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](http://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<br><b>SRINADHREDDY GATTUPALLY</b>  |  | Social security number (SSN)<br>137-27-3880                         |
| <b>A</b> Principal business or profession, including product or service (see instructions)<br><b>DELIVERY SERVICES</b>  | <b>B</b> Enter code from instructions<br>▶ 4   9   2   0   0   0 |   |
| <b>C</b> Business name. If no separate business name, leave blank.  | <b>D</b> Employer ID number (EIN) (see instr.)                   |   |
| <b>E</b> Business address (including suite or room no.) ▶ <b>39505 TRINITY TOWN HOMES, Apt. E 32</b><br>City, town or post office, state, and ZIP code <b>FREMONT, CA 94538</b> |  |   |
| <b>F</b> Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ▶                    |  |   |
| <b>G</b> 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 |
| <b>H</b> If you started or acquired this business during 2020, check here   |  | <input type="checkbox"/>  |
| <b>I</b> Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions  |  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>J</b> If "Yes," did you or will you file required Form(s) 1099?  |  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

**Part I Income**

|   |          |         |
|---|----------|---------|
| <b>1</b> 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"/> | <b>1</b> | 80,264. |
| <b>2</b> Returns and allowances . . . . .   | <b>2</b> |         |
| <b>3</b> Subtract line 2 from line 1 . . . . .  | <b>3</b> | 80,264. |
| <b>4</b> Cost of goods sold (from line 42) . . . . .  | <b>4</b> |         |
| <b>5</b> <b>Gross profit.</b> Subtract line 4 from line 3 . . . . .   | <b>5</b> | 80,264. |
| <b>6</b> Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) . . . . .   | <b>6</b> |         |
| <b>7</b> <b>Gross income.</b> Add lines 5 and 6 . . . . . ▶   | <b>7</b> | 80,264. |

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

|   |            |         |   |            |         |
|---|------------|---------|---|------------|---------|
| <b>8</b> Advertising . . . . .  | <b>8</b>   |         | <b>18</b> Office expense (see instructions)                         | <b>18</b>  |         |
| <b>9</b> Car and truck expenses (see instructions). . . . .   | <b>9</b>   | 45,425. | <b>19</b> Pension and profit-sharing plans . . . . .                | <b>19</b>  |         |
| <b>10</b> Commissions and fees . . . . .  | <b>10</b>  |         | <b>20</b> Rent or lease (see instructions):                         |            |         |
| <b>11</b> Contract labor (see instructions)   | <b>11</b>  |         | <b>a</b> Vehicles, machinery, and equipment                         | <b>20a</b> |         |
| <b>12</b> Depletion . . . . .   | <b>12</b>  |         | <b>b</b> Other business property . . . . .                          | <b>20b</b> | 18,000. |
| <b>13</b> Depreciation and section 179 expense deduction (not included in Part III) (see instructions). . . . .   | <b>13</b>  |         | <b>21</b> Repairs and maintenance . . . . .                         | <b>21</b>  |         |
| <b>14</b> Employee benefit programs (other than on line 19) . . . . .   | <b>14</b>  |         | <b>22</b> Supplies (not included in Part III) . . . . .             | <b>22</b>  |         |
| <b>15</b> Insurance (other than health)   | <b>15</b>  |         | <b>23</b> Taxes and licenses . . . . .                              | <b>23</b>  |         |
| <b>16</b> Interest (see instructions):  |            |         | <b>24</b> Travel and meals:   |            |         |
| <b>a</b> Mortgage (paid to banks, etc.)   | <b>16a</b> |         | <b>a</b> Travel . . . . .   | <b>24a</b> |         |
| <b>b</b> Other . . . . .  | <b>16b</b> | 2,400.  | <b>b</b> Deductible meals (see instructions) . . . . .              | <b>24b</b> | 2,400.  |
| <b>17</b> Legal and professional services   | <b>17</b>  |         | <b>25</b> Utilities . . . . .                                       | <b>25</b>  | 7,200.  |
| <b>28</b> <b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27a . . . . . ▶   | <b>28</b>  | 75,425. | <b>26</b> Wages (less employment credits) . . . . .                 | <b>26</b>  |         |
| <b>29</b> Tentative profit or (loss). Subtract line 28 from line 7 . . . . .  | <b>29</b>  | 4,839.  | <b>27a</b> Other expenses (from line 48) . . . . .                  | <b>27a</b> |         |
| <b>30</b> Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions.<br><b>Simplified method filers only:</b> 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 . . . . .                               | <b>30</b>  |         | <b>27b</b> <b>Reserved for future use</b> . . . . .                 | <b>27b</b> |         |
| <b>31</b> <b>Net profit or (loss).</b> Subtract line 30 from line 29.<br>• If a profit, enter on both <b>Schedule 1 (Form 1040), line 3</b> , and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> .<br>• If a loss, you <b>must</b> go to line 32.  | <b>31</b>  | 4,839.  |   |            |         |
| <b>32</b> If you have a loss, check the box that describes your investment in this activity. See instructions.<br>• If you checked 32a, enter the loss on both <b>Schedule 1 (Form 1040), line 3</b> , and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> .<br>• If you checked 32b, you <b>must</b> attach <b>Form 6198</b> . Your loss may be limited. |            |         | <b>32a</b> <input type="checkbox"/> All investment is at risk.      |            |         |
|   |            |         | <b>32b</b> <input type="checkbox"/> Some investment is not at risk. |            |         |



**SCHEDULE SE  
(Form 1040)**

**Self-Employment Tax**

OMB No. 1545-0074

**2020**  
Attachment  
Sequence No. **17**

Department of the Treasury  
Internal Revenue Service (99)

► Go to [www.irs.gov/ScheduleSE](http://www.irs.gov/ScheduleSE) for instructions and the latest information.  
► Attach to Form 1040, 1040-SR, or 1040-NR.

Name of person with self-employment income (as shown on Form 1040, 1040-SR, or 1040-NR)  
SRINADHREDDY GATTUPALLY

Social security number of person  
with self-employment income ► 137-27-3880

**Part I Self-Employment Tax**

**Note:** If your only income subject to self-employment tax is **church employee income**, see instructions for how to report your income and the definition of church employee income.

**A** If you are a minister, member of a religious order, or Christian Science practitioner **and** you filed Form 4361, but you had \$400 or more of **other** net earnings from self-employment, check here and continue with Part I . . . . .

Skip lines 1a and 1b if you use the farm optional method in Part II. See instructions.

**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** ( )

Skip line 2 if you use the nonfarm optional method in Part II. See instructions.

**2** Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). See instructions for other income to report or if you are a minister or member of a religious order . . . . . **2** 4,839.

**3** Combine lines 1a, 1b, and 2 . . . . . **3** 4,839.

**4a** If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3 . . . . . **4a** 4,469.

**Note:** If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.

**b** If you elect one or both of the optional methods, enter the total of lines 15 and 17 here . . . . . **4b**

**c** Combine lines 4a and 4b. If less than \$400, **stop**; you don't owe self-employment tax. **Exception:** If less than \$400 and you had **church employee income**, enter -0- and continue . . . . . **4c** 4,469.

**5a** Enter your **church employee income** from Form W-2. See instructions for definition of church employee income . . . . . **5a**

**b** Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0- . . . . . **5b** 0.

**6** Add lines 4c and 5b . . . . . **6** 4,469.

**7** Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2020 . . . . . **7** 137,700

**8a** Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$137,700 or more, skip lines 8b through 10, and go to line 11 . . . . . **8a**

**b** Unreported tips subject to social security tax from Form 4137, line 10 . . . . . **8b**

**c** Wages subject to social security tax from Form 8919, line 10 . . . . . **8c**

**d** Add lines 8a, 8b, and 8c . . . . . **8d**

**9** Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11 . . . . . **9** 137,700.

**10** Multiply the **smaller** of line 6 or line 9 by 12.4% (0.124) . . . . . **10** 554.

**11** Multiply line 6 by 2.9% (0.029) . . . . . **11** 130.

**12** **Self-employment tax.** Add lines 10 and 11. Enter here and on **Schedule 2 (Form 1040), line 4** . . . . . **12** 684.

**13** **Deduction for one-half of self-employment tax.**  
Multiply line 12 by 50% (0.50). Enter here and on **Schedule 1 (Form 1040), line 14** . . . . . **13** 342.

**Part II Optional Methods To Figure Net Earnings** (see instructions)

**Farm Optional Method.** You may use this method **only** if **(a)** your gross farm income<sup>1</sup> wasn't more than \$8,460, **or (b)** your net farm profits<sup>2</sup> were less than \$6,107.

**14** Maximum income for optional methods . . . . . **14** 5,640

**15** Enter the **smaller** of: two-thirds (2/3) of gross farm income<sup>1</sup> (not less than zero) **or** \$5,640. Also, include this amount on line 4b above . . . . . **15**

**Nonfarm Optional Method.** You may use this method **only** if **(a)** your net nonfarm profits<sup>3</sup> were less than \$6,107 and also less than 72.189% of your gross nonfarm income,<sup>4</sup> **and (b)** you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. **Caution:** You may use this method no more than five times.

**16** Subtract line 15 from line 14 . . . . . **16**

**17** Enter the **smaller** of: two-thirds (2/3) of gross nonfarm income<sup>4</sup> (not less than zero) **or** the amount on line 16. Also, include this amount on line 4b above . . . . . **17**

<sup>1</sup> From Sch. F, line 9; and Sch. K-1 (Form 1065), box 14, code B. <sup>3</sup> From Sch. C, line 31; and Sch. K-1 (Form 1065), box 14, code A.  
<sup>2</sup> From Sch. F, line 34; and Sch. K-1 (Form 1065), box 14, code A—minus the amount you would have entered on line 1b had you not used the optional method. <sup>4</sup> From Sch. C, line 7; and Sch. K-1 (Form 1065), box 14, code C.

**Part III Maximum Deferral of Self-Employment Tax Payments**

If line 4c is zero, skip lines 18 through 20, and enter -0- on line 21.

|  |  |           |    |
|--|--|-----------|----|
| <b>18</b>  | Enter the portion of line 3 that can be attributed to March 27, 2020, through December 31, 2020 . . .                  | <b>18</b> | 0. |
| <b>19</b>  | If line 18 is more than zero, multiply line 18 by 92.35% (0.9235); otherwise, enter the amount from line 18            | <b>19</b> |    |
| <b>20</b>  | Enter the portion of lines 15 and 17 that can be attributed to March 27, 2020, through December 31, 2020 . . . . .     | <b>20</b> |    |
| <b>21</b>  | Combine lines 19 and 20 . . . . .  | <b>21</b> |    |
| If line 5b is zero, skip line 22 and enter -0- on line 23. |  |           |    |
| <b>22</b>  | Enter the portion of line 5a that can be attributed to March 27, 2020, through December 31, 2020 . . .                 | <b>22</b> |    |
| <b>23</b>  | Multiply line 22 by 92.35% (0.9235) . . . . .  | <b>23</b> | 0. |
| <b>24</b>  | Add lines 21 and 23 . . . . .  | <b>24</b> | 0. |
| <b>25</b>  | Enter the smaller of line 9 or line 24 . . . . .   | <b>25</b> | 0. |
| <b>26</b>  | Multiply line 25 by 6.2% (0.062). Enter here and see the instructions for line 12e of Schedule 3 (Form 1040) . . . . . | <b>26</b> | 0. |



### Additional information from your 2020 Federal Tax Return

**Schedule C (DELIVERY SERVICES): 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.        |
| <b>Total</b>                           | <b>4,800.</b> |

**Schedule C (DELIVERY SERVICES): Profit or Loss from Business**

**Line 20b**

**Itemization Statement**

| Description           | Amount         |
|-----------------------|----------------|
| RENT (12M*\$1500 P.M) | 18,000.        |
| <b>Total</b>          | <b>18,000.</b> |

**Schedule C (DELIVERY SERVICES): Profit or Loss from Business**

**Line 25**

**Itemization Statement**

| Description                      | Amount        |
|----------------------------------|---------------|
| TELEPHONE BILLS(12M*\$200 P.M.)  | 2,400.        |
| INTERNET BILLS(12M*\$100 P.M.)   | 1,200.        |
| ELECTRICITY BILLS(12M*\$50 P.M.) | 600.          |
| GAS BILLS(12*250 P.M.)           | 3,000.        |
| <b>Total</b>                     | <b>7,200.</b> |

**Schedule C (DELIVERY SERVICES): Profit or Loss from Business**

**Ln 16b: Other Interest**

**Itemization Statement**

| Description                | Amount        |
|----------------------------|---------------|
| TOLL CHARGES(12M*200 P.M.) | 2,400.        |
| <b>Total</b>               | <b>2,400.</b> |

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 or ITIN. Values: SRINADHREDDY GATTUPALLY, 137-27-3880.

Part I Tax Return Information (whole dollars only)

Table with 2 columns: Line number and Amount. Line 1: 4,839. Line 2: (blank). Line 3: 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 7 3 8 8 0 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 (blank) to enter my PIN (blank) 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 04/25/2021

# California Nonresident or Part-Year Resident Income Tax Return

2020

540NR

APE

ATTACH FEDERAL RETURN

137-27-3880 GATT  
SRINADHREDD GATTUPALLY

20 PBA 492000

39505 TRINITY TOWN HOMES  
FREMONT CA 94538

APT E 32

08-17-1992

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

Filing Status

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

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

See instructions.

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

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

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

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

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

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 .....  **12**  .00

**13** Enter federal AGI from federal Form 1040, 1040-SR, or 1040-NR, line 11 .....  **13**  .00

**14** California adjustments – subtractions. Enter the amount from Schedule CA (540NR), Part II, line 23, column B .....  **14**  .00

**15** Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions ..... **15**  .00

**16** California adjustments – additions. Enter the amount from Schedule CA (540NR), Part II, line 23, column C .....  **16**  .00

**17** Adjusted gross income from all sources. Combine line 15 and line 16. ....  **17**  .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 .....  **18**  .00

**19** Subtract line 18 from line 17. This is your **total taxable income**. If less than zero, enter -0- .....  **19**  .00

**CA Taxable Income**

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

**31**  .00

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

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

**36** CA Tax Rate. Divide line 31 by line 19. ....  **36**

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

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

**39** CA Prorated Exemption Credits. Multiply line 11 by line 38. If the amount on line 13 is more than \$203,341, see instructions .....  **39**  .00

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

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

**42** Add line 40 and line 41 .....  **42**  .00

**Special Credits**

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

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

**52** Credit for dependent parent. See instructions. ....  **52**  .00

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

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

**55** Credit amount. See instructions .....  **55**  .00

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 |
|               | <b>120</b> Add code 400 through code 444. This is your total contribution .....     | ● <b>120</b> | <input type="text"/> .00 |

Your name:  Your SSN or ITIN:

**Amount You Owe** 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.** . . . . ● 121  .00  
Pay Online – Go to **ftb.ca.gov/pay** for more information.

**Interest and Penalties** 122 Interest, late return penalties, and late payment penalties. . . . . 122  .00  
123 Underpayment of estimated tax.  
Check the box: ●  FTB 5805 attached ●  FTB 5805F attached . . . . . ● 123  .00  
124 Total amount due. See instructions. Enclose, but **do not** staple, any payment . . . . . 124  .00

**Refund and Direct Deposit** 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.** . . . . . ● 125  .00

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:

● Routing number  ● Type  Checking ● Account number  ● 126 Direct deposit amount  .00  
 Savings

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

● Routing number  ● Type  Checking ● Account number  ● 127 Direct deposit amount  .00  
 Savings

**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

**Sign Here**

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

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

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

Firm's address  ● Firm's FEIN

Joint tax return? (See instructions)

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

Print Third Party Designee's Name  Telephone Number

# California Adjustments — Nonresidents or Part-Year Residents

**2020**

**CA (540NR)**

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

|   |                          |
|---|--------------------------|
| Name(s) as shown on tax return<br>SRINADHREDDY GATTUPALLY | SSN or ITIN<br>137273880 |
|---|--------------------------|

**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 checked="" type="radio"/> TX                     | <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"/> TX 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 <b>Before 2020:</b> 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<br>from federal Form 1040 or 1040-SR   | Federal Amounts<br>(taxable amounts from<br>your federal tax return) | Subtractions<br>See instructions<br>(difference between<br>CA & federal law) | Additions<br>See instructions<br>(difference between<br>CA & federal law) | Total Amounts<br>Using CA Law<br>As If You Were a<br>CA Resident<br>(subtract col. B from<br>col. A; add col. C<br>to the result) | CA Amounts<br>(income earned or<br>received as a CA<br>resident and income<br>earned or received<br>from CA sources<br>as a nonresident) |
| 1 Wages, salaries, tips, etc. See instructions before making an entry in col. B or C. . . . . 1 | <input checked="" 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"/>  |
| <b>Section B — Additional Income</b><br>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"/> 4,839.   | <input type="radio"/>  | <input type="radio"/>   | <input type="radio"/> 4,839.  | <input type="radio"/> 4,839.   |
| 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   |
|--|---|---|--|---|---|
| <b>Section B — Additional Income</b><br>Continued  | <b>Federal Amounts</b><br>(taxable amounts from<br>your federal tax return) | <b>Subtractions</b><br>See instructions<br>(difference between<br>CA & federal law) | <b>Additions</b><br>See instructions<br>(difference between<br>CA & federal law) | <b>Total Amounts<br/>Using CA Law<br/>As If You Were a<br/>CA Resident</b><br>(subtract col. B from<br>col. A; add col. C<br>to the result) | <b>CA Amounts</b><br>(income earned or<br>received as a CA<br>resident and income<br>earned or received<br>from CA sources<br>as a nonresident) |
| <b>6</b> Farm income or (loss) . . . . . <b>6</b>  | <input type="radio"/>   | <input type="radio"/>   | <input type="radio"/>  | <input type="radio"/>   | <input type="radio"/>   |
| <b>7</b> Unemployment compensation . . . . . <b>7</b>  | <input type="radio"/>   | <input type="radio"/>   |  |   |   |
| <b>8</b> Other income.   |   |   |  |   |   |
| <b>a</b> California lottery winnings   |   | <input type="radio"/>   | <b>a</b> _____   |   |   |
| <b>b</b> Disaster loss deduction from FTB 3805V  |   | <input type="radio"/>   | <b>b</b> _____   |   |   |
| <b>c</b> Federal NOL (Schedule 1 (Form 1040), line 8)  |   | <input type="radio"/>   | <b>c</b> <input type="radio"/>   |   |   |
| <b>d</b> NOL deduction from FTB 3805V . . . . . <b>8</b>   | <input type="radio"/>   | <input type="radio"/>   | <b>d</b> _____   | <b>8</b> <input type="radio"/>  | <b>8</b> <input type="radio"/>  |
| <b>e</b> NOL from FTB 3805Z, FTB 3807, or<br>FTB 3809  |   | <input type="radio"/>   | <b>e</b> _____   |   |   |
| <b>f</b> Other (describe): <input type="radio"/> _____   |   | <input type="radio"/>   | <b>f</b> <input type="radio"/>   |   |   |
| <b>g</b> Student loan discharged due to closure<br>of a for-profit school  |   | <input type="radio"/>   | <b>g</b> _____   |   |   |
| <b>9 Total.</b> Combine Section A, line 1 through<br>line 7, and Section B, line 1 through line 8,<br>in each column. Go to Section C . . . . . <b>9</b> | <input type="radio"/> 4,839.  | <input type="radio"/>   | <input type="radio"/>  | <input type="radio"/> 4,839.  | <input type="radio"/> 4,839.  |

|   | A   | B   | C  | D   | E   |
|---|---|---|--|---|---|
| <b>Section C — Adjustments to Income</b><br>from federal Schedule 1 (Form 1040)   | <b>Federal Amounts</b><br>(taxable amounts from<br>your federal tax return) | <b>Subtractions</b><br>See instructions<br>(difference between<br>CA & federal law) | <b>Additions</b><br>See instructions<br>(difference between<br>CA & federal law) | <b>Total Amounts<br/>Using CA Law<br/>As If You Were a<br/>CA Resident</b><br>(subtract col. B from<br>col. A; add col. C<br>to the result) | <b>CA Amounts</b><br>(income earned or<br>received as a CA<br>resident and income<br>earned or received<br>from CA sources<br>as a nonresident) |
| <b>10</b> Educator expenses . . . . . <b>10</b>   | <input type="radio"/>   | <input type="radio"/>   |  |   |   |
| <b>11</b> Certain business expenses of reservists,<br>performing artists, and fee-basis<br>government officials . . . . . <b>11</b>                         | <input type="radio"/>   | <input type="radio"/>   | <input type="radio"/>  | <input type="radio"/>   | <input type="radio"/>   |
| <b>12</b> Health savings account deduction . . . . . <b>12</b>  | <input type="radio"/>   | <input type="radio"/>   |  |   |   |
| <b>13</b> Moving expenses. Attach federal<br>Form 3903. See instructions . . . . . <b>13</b>  | <input type="radio"/>   |   | <input type="radio"/>  | <input type="radio"/>   | <input type="radio"/>   |
| <b>14</b> Deductible part of self-employment tax.<br>See instructions. . . . . <b>14</b>  | <input type="radio"/> 342.  | <input type="radio"/>   |  | <input type="radio"/> 342.  | <input type="radio"/> 0.  |
| <b>15</b> Self-employed SEP, SIMPLE, and<br>qualified plans . . . . . <b>15</b>   | <input type="radio"/>   |   |  | <input type="radio"/>   | <input type="radio"/>   |
| <b>16</b> Self-employed health insurance deduction.<br>See instructions. . . . . <b>16</b>  | <input type="radio"/>   | <input type="radio"/>   |  | <input type="radio"/>   | <input type="radio"/>   |
| <b>17</b> Penalty on early withdrawal of savings . . . <b>17</b>  | <input type="radio"/>   |   |  | <input type="radio"/>   | <input type="radio"/>   |
| <b>18a</b> Alimony paid. <b>b</b> Enter recipient's:<br>SSN <input type="radio"/> _____ - _____ - _____<br>Last name <input type="radio"/> _____ <b>18a</b> | <input type="radio"/>   |   | <input type="radio"/>  | <input type="radio"/>   | <input type="radio"/>   |
| <b>19</b> IRA deduction . . . . . <b>19</b>   | <input type="radio"/>   |   |  | <input type="radio"/>   | <input type="radio"/>   |
| <b>20</b> Student loan interest deduction . . . . . <b>20</b>   | <input type="radio"/>   |   | <input type="radio"/>  | <input type="radio"/>   | <input type="radio"/>   |
| <b>21</b> Tuition and fees . . . . . <b>21</b>  | <input type="radio"/>   | <input type="radio"/>   |  |   |   |
| <b>22</b> Add line 10 through line 21 in each column,<br>A through E . . . . . <b>22</b>  | <input type="radio"/> 342.  | <input type="radio"/>   | <input type="radio"/>  | <input type="radio"/> 342.  | <input type="radio"/> 0.  |
| <b>23 Total.</b> Subtract line 22 from line 9 in each<br>column, A through E. See instructions. . . <b>23</b>   | <input type="radio"/> 4,497.  | <input type="radio"/>   | <input type="radio"/>  | <input type="radio"/> 4,497.  | <input type="radio"/> 4,839.  |

**Part III Adjustments to Federal Itemized Deductions**

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

| <b>A</b>  | <b>B</b>                         | <b>C</b>                      |
|---|----------------------------------|-------------------------------|
| Federal Amounts<br>(from federal Schedule A<br>(Form 1040)) | Subtractions<br>See instructions | Additions<br>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"/>             | 4,497. | 2 |  |                                  |
| 3 | Multiply line 2 by 7.5% (0.075) <input checked="" type="radio"/>                                     | 337.   | 3 |  |                                  |
| 4 | Subtract line 3 from line 1. If line 3 is more than line 1, enter 0 <input checked="" type="radio"/> |        | 4 |  | <input checked="" type="radio"/> |

**Taxes You Paid**

|    |  |      |    |      |                                     |
|----|--|------|----|------|-------------------------------------|
| 5a | State and local income tax or general sales taxes <input checked="" type="radio"/>   | 344. |    |      |                                     |
| 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"/>   | 344. | 5d |      |                                     |
| 5e | Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) in column A . . .<br>Enter the amount from line 5a, column B in line 5e, column B . . . . .<br>Enter the difference from line 5d and line 5e, column A in line 5e, column C . . . . . <input checked="" type="radio"/> | 344. | 5e | 344. | <input checked="" type="radio"/> 0. |
| 6  | Other taxes. List type <input checked="" type="radio"/>  |      | 6  |      | <input checked="" type="radio"/>    |
| 7  | Add line 5e and line 6 <input checked="" type="radio"/>  | 344. | 7  | 344. | <input checked="" type="radio"/> 0. |

**Interest You Paid**

|    |   |  |    |                                  |                                  |
|----|---|--|----|----------------------------------|----------------------------------|
| 8a | Home mortgage interest and points reported to you on federal Form 1098 <input checked="" type="radio"/> |  |    |                                  | <input checked="" type="radio"/> |
| 8b | Home mortgage interest not reported to you on federal Form 1098 <input checked="" type="radio"/>        |  | 8b |                                  | <input checked="" type="radio"/> |
| 8c | Points not reported to you on federal Form 1098 <input checked="" type="radio"/>                        |  | 8c |                                  | <input checked="" type="radio"/> |
| 8d | Mortgage insurance premiums <input checked="" type="radio"/>  |  | 8d | <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"/>      |  |    |                                  | <input checked="" type="radio"/> |
| 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).<br>Attach federal Form 4684. See instructions <input checked="" type="radio"/> |  |  |  | <input checked="" type="radio"/> |
|----|---|--|--|--|----------------------------------|

**Other Itemized Deductions**

|    |  |      |    |      |                                     |
|----|--|------|----|------|-------------------------------------|
| 16 | Other—from list in federal instructions <input checked="" type="radio"/>                   |      |    |      | <input checked="" type="radio"/>    |
| 17 | Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C <input checked="" type="radio"/> | 344. | 17 | 344. | <input checked="" type="radio"/> 0. |

|    |  |  |  |  |                                     |
|----|--|--|--|--|-------------------------------------|
| 18 | Total. Combine line 17 column A less column B plus column C <input checked="" type="radio"/> |  |  |  | <input checked="" type="radio"/> 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  4,497.

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 .