

VISHAL P JHAVERI

48 HEMAN ST
Edison, NJ 08837
VP.JHAVERI@GMAIL.COM
Phone: (732)910-9414 | Fax: (732)276-9508

April 29, 2020

Vivek Singh
10 Barneson Ave
Los Altos, CA 94022

Vivek Singh:

Return Type	Refund/Balance Due	Transaction Method
Federal Income Tax	\$102 Refund	Receive a check
California Income Tax	\$1,027 Refund	Receive a check

The following return(s) will be e-filed and do not need to be mailed to the taxing authority:

Federal Income Tax
California Income Tax

Sincerely,

Vishal P Jhaveri
VISHAL P JHAVERI

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

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

Your first name and middle initial VIVEK	Last name SINGH	Your social security number 796-80-4943
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. 10 BARNESON AVE		Apt. no.
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). LOS ALTOS, CA 94022		Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
Foreign country name	Foreign province/state/county	Foreign postal code
If more than four dependents, see inst. & check here ▶ <input type="checkbox"/>		

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

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

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

1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	161,064
2a	Tax-exempt interest	2a	
2b	Taxable interest	2b	
3a	Qualified dividends	3a	72
3b	Ordinary dividends.	3b	72
4a	IRA distributions	4a	
4b	Taxable amount	4b	
c	Pensions and annuities	4c	
4d	Taxable amount	4d	
5a	Social security benefits.	5a	
5b	Taxable amount	5b	
6	Capital gain or (loss). Attach Schedule D if required. If not required, check here . . ▶ <input type="checkbox"/>	6	415
7a	Other income from Schedule 1, line 9	7a	
b	Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income ▶	7b	161,551
8a	Adjustments to income from Schedule 1, line 22	8a	0
b	Subtract line 8a from line 7b. This is your adjusted gross income ▶	8b	161,551
9	Standard deduction or itemized deductions (from Schedule A)	9	12,200
10	Qualified business income deduction. Attach Form 8995 or Form 8995-A.	10	
11a	Add lines 9 and 10	11a	12,200
b	Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0-	11b	149,351

Standard Deduction

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

12a Tax (see instructions). Check if any from:

1 Form(s) 8814 2 Form 4972 3 12a 30,012

b Add Schedule 2, line 3, and line 12a and enter the total 12b 30,012

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

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

14 Subtract line 13b from line 12b. If zero or less, enter -0- 14 30,012

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

16 Add lines 14 and 15. This is your total tax 16 30,012

17 Federal income tax withheld from Forms W-2 and 1099 17 30,114

18 Other payments and refundable credits:

a Earned income credit (EIC) 18a

b Additional child tax credit. Attach Schedule 8812 18b

c American opportunity credit from Form 8863, line 8 18c

d Schedule 3, line 14. 18d

e Add lines 18a through 18d. These are your total other payments and refundable credits 18e

19 Add lines 17 and 18e. These are your total payments 19 30,114

Refund

20 If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you overpaid 20 102

21 a Amount of line 20 you want refunded to you. If Form 8888 is attached, check here 21a 102

Direct deposit? See instructions.

b Routing number X X X X X X X X X X c Type: Checking Savings

d Account number X

22 Amount of line 20 you want applied to your 2020 estimated tax. 22

Amount You Owe

23 Amount you owe. Subtract line 19 from line 16. For details on how to pay, see instructions. 23 0

24 Estimated tax penalty (see instructions) 24

Third Party Designee

Do you want to allow another person (other than your paid preparer) to discuss this return with the IRS? See instructions. Yes. Complete below. No

(Other than paid preparer)

Designee's name

Phone no.

Personal identification number (PIN)

Sign Here

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

Your signature

Date

Your occupation

If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Joint return? See instructions. Keep a copy for your records.

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 signature

Date

PTIN

Check if:

P00943853

3rd Party Designee

Preparer's name VISHAL P JHAVERI

Phone no. 732-910-9414

Self-employed

Firm's name VISHAL P JHAVERI

Firm's address 48 HEMAN ST

Edison, NJ 08837

Firm's EIN 59-4335463

SCHEDULE D
(Form 1040 or 1040-SR)

Capital Gains and Losses

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service (99)

- ▶ Attach to Form 1040, 1040-SR, or 1040-NR.
- ▶ Go to www.irs.gov/ScheduleD for instructions and the latest information.
- ▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

2019

Attachment
Sequence No. **12**

Name(s) shown on return

VIVEK SINGH

Your social security number

796-80-4943

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses - Generally Assets Held One Year or Less (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked	390,665	395,086	4,836	415
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824				4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions				6 ()
7 Net short-term capital gain or (loss) . Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on page 2				7 415

Part II Long-Term Capital Gains and Losses - Generally Assets Held More Than One Year (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824				11
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12
13 Capital gain distributions. See the instructions				13
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions				14 ()
15 Net long-term capital gain or (loss) . Combine lines 8a through 14 in column (h). Then go to Part III on page 2				15

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

Schedule D (Form 1040 or 1040-SR) 2019

Part III Summary

<p>16 Combine lines 7 and 15 and enter the result</p>	16	415
<ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Form 1040 or 1040-SR, line 6; or Form 1040-NR, line 14. Then go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040 or 1040-SR, line 6; or Form 1040-NR, line 14. Then go to line 22. 		
<p>17 Are lines 15 and 16 both gains?</p> <p><input type="checkbox"/> Yes. Go to line 18.</p> <p><input checked="" type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.</p>		
<p>18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet ▶</p>	18	
<p>19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet ▶</p>	19	
<p>20 Are lines 18 and 19 both zero or blank?</p> <p><input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 12a (or in the instructions for Form 1040-NR, line 42). Don't complete lines 21 and 22 below.</p> <p><input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.</p>		
<p>21 If line 16 is a loss, enter here and on Form 1040 or 1040-SR, line 6; or Form 1040-NR, line 14, the smaller of:</p> <ul style="list-style-type: none"> • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500)] ▶ 	21	()
<p>Note: When figuring which amount is smaller, treat both amounts as positive numbers.</p>		
<p>22 Do you have qualified dividends on Form 1040 or 1040-SR, line 3a; or Form 1040-NR, line 10b?</p> <p><input checked="" type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 12a (or in the instructions for Form 1040-NR, line 42).</p> <p><input type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.</p>		

Department of the Treasury
Internal Revenue Service

► Go to www.irs.gov/Form8949 for instructions and the latest information.
► File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

2019
Attachment
Sequence No. **12A**

Name(s) shown on return

Social security number or taxpayer identification number

VIVEK SINGH

796-80-4943

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (A)** Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (B)** Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (C)** Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	ROBINHOOD	VARIOUS	12-31-2019	390,665	395,086	M,W	4,836	415
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ►				390,665	395,086		4,836	415

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

California Nonresident or Part-Year Resident Income Tax Return

2019

540NR

APE

ATTACH FEDERAL RETURN

AR RP

796-80-4943 SING VIVEK SINGH

19

10 BARNESON AVE LOS ALTOS CA 94022

06-09-1990

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

Filing Status

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

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

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

- 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. 8 Blind: If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2. 9 Senior: If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2.

Exemptions

- 10 Dependents: Do not include yourself or your spouse/RDP. Dependent 1, 2, 3 with fields for First Name, Last Name, SSN, and Dependent's relationship to you.

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

Your name: VIVEK SINGH

Your SSN or ITIN: 796-80-4943

11 Exemption amount: Add line 7 through line 10 11 \$ 122

Total Taxable Income	12	Total California wages from your federal Form(s) W-2, box 16	12	112470	.00
	13	Enter federal AGI from federal Form 1040 or 1040-SR, line 8b; 1040NR, line 35; or 1040NR-EZ, line 10	13	161551	.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	161551	.00
	16	California adjustments - additions. Enter the amount from Schedule CA (540NR), Part II, line 23, column C	16	339	.00
	17	Adjusted gross income from all sources. Combine line 15 and line 16	17	161890	.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	4537	.00
	19	Subtract line 18 from line 17. This is your total taxable income. If less than zero, enter -0-	19	157353	.00

CA Taxable Income	31	Tax. Check the box if from: <input type="checkbox"/> Tax Table <input checked="" type="checkbox"/> Tax Rate Schedule			
		<input type="checkbox"/> FTB 3800 <input type="checkbox"/> FTB 3803	31	11802	.00
	32	CA adjusted gross income from Schedule CA (540NR), Part IV, line 1	32	112470	.00
	35	CA Taxable Income from Schedule CA (540NR), Part IV, line 5	35	109318	.00
	36	CA Tax Rate. Divide line 31 by line 19.	36	0.0750	
	37	CA Tax Before Exemption Credits. Multiply line 35 by line 36	37	8199	.00
	38	CA Exemption Credit Percentage. Divide line 35 by line 19. If more than 1, enter 1.0000.	38	0.6947	
	39	CA Prorated Exemption Credits. Multiply line 11 by line 38. If the amount on line 13 is more than \$200,534, see instructions	39	85	.00
	40	CA Regular Tax Before Credits. Subtract line 39 from line 37. If less than zero, enter -0-	40	8114	.00
	41	Tax. See instructions. Check the box if from: <input type="checkbox"/> Schedule G-1 <input type="checkbox"/> FTB 5870A	41		.00
42	Add line 40 and line 41	42	8114	.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: VIVEK SINGH

Your SSN or ITIN: 796-80-4943

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	8114	.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	Add line 63, line 71, line 72, and line 73. This is your total tax					74	8114	.00

Payments

81	California income tax withheld. See instructions					81	9141	.00
82	2019 CA estimated tax and other payments. See instructions					82	0	.00
83	Withholding (Form 592-B and/or 593). See instructions					83		.00
84	Excess SDI (or VPDI) withheld. See instructions					84		.00
85	Earned Income Tax Credit (EITC)					85		.00
86	Young Child Tax Credit (YCTC). See instructions					86		.00
87	Add lines 81 through 86. These are your total payments. See instructions					87	9141	.00

Overpaid Tax/Tax Due

101	Overpaid tax. If line 87 is more than line 74, subtract line 74 from line 87					101	1027	.00
102	Amount of line 101 you want applied to your 2020 estimated tax					102		.00
103	Overpaid tax available this year. Subtract line 102 from line 101					103	1027	.00
104	Tax due. If line 87 is less than line 74, subtract line 87 from line 74					104		.00

Your name: VIVEK SINGH

Your SSN or ITIN: 796-80-4943



Contributions

Code Amount

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 Fund	•406	<input type="text"/>	.00
Emergency Food for Families Voluntary Tax Contribution Fund	•407	<input type="text"/>	.00
California Peace Officer Memorial Foundation Fund	•408	<input type="text"/>	.00
California Sea Otter 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
Organ and Tissue Donor Registry Voluntary Tax Contribution Fund	•441	<input type="text"/>	.00
National Alliance on Mental Illness California Voluntary Tax Contribution Fund	•442	<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: Your SSN or ITIN:

Amount You Owe
121 **AMOUNT YOU OWE.** Add 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

125 **REFUND OR NO AMOUNT DUE.** Subtract line 120 from line 103.
Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001** . . . • 125 .00

Refund and Direct Deposit
Fill in the information to authorize direct deposit of your refund into one or two accounts. **Do not** attach a voided check or a deposit slip.
See instructions. **Have you verified the routing and account numbers?** Use whole dollars only.
All or the following amount of my refund (line 125) is authorized for direct deposit into the account shown below:
• Routing number • Type Checking Savings • Account number • 126 Direct deposit amount .00
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 • 127 Direct deposit amount .00

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)

Sign Here
• Your email address. Enter only one email address.
• Preferred phone number

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

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