

# 2020 AR1000NR



# NR1

## ARKANSAS INDIVIDUAL INCOME TAX RETURN

Nonresident and Part Year Resident

CHECK BOX IF AMENDED RETURN

Software ID

Jan. 1 - Dec. 31, 2020 or fiscal year ending \_\_\_\_\_, 20\_\_

PROSERIES

USE LABEL OR PRINT OR TYPE	Primary's legal first name ● SANDEEP KUMAR	MI ●	Last name ● BAINDDLA	Check if Deceased ● <input type="checkbox"/>	Primary's social security number ● 470-61-9283
	Spouse's legal first name ●	MI ●	Last name ●	Check if Deceased ● <input type="checkbox"/>	Spouse's social security number ●
	Mailing address (number and street, P.O. box or rural route) ● 304 SE RANGER BLVD, APT. 301				<input type="checkbox"/> Check if address is outside U.S.
	City ● BENTONVILLE	State or province ● AR	ZIP ● 72712	Foreign country name	

ATTACH A COPY OF YOUR COMPLETE FEDERAL RETURN

NONRESIDENT: List state of residence: \_\_\_\_\_

PART YEAR RESIDENT: Dates lived in AR: From: 08/16/2020 To: 12/31/2020

FILING STATUS (Check Only One Box)

1. <input checked="" type="checkbox"/> Single (Or widowed before 2020 or divorced at end of 2020)	4. <input type="checkbox"/> Married filing separately on the same return
2. <input type="checkbox"/> Married filing joint (even if only one had income)	5. <input type="checkbox"/> Married filing separately on different returns Enter spouse's name here and SSN above _____
3. <input type="checkbox"/> Head of household (see instructions) If the qualifying person was your child, but not your dependent, enter child's name here: _____	6. <input type="checkbox"/> Qualifying widow(er) with dependent child Year spouse died: (see instructions) _____

Check here if you want a tax booklet mailed to you next year.

Check this box if you have filed a state extension or an automatic federal extension

PERSONAL TAX CREDITS

7A.  Yourself  65 or over  65 Special  Blind  Deaf  Head of household/qualifying widow(er)  
 Spouse  65 or over  65 Special  Blind  Deaf  
 (Filing status 3 only) (Filing status 6 only)

Multiply number of boxes checked ..... 7A  X \$29 =

**Dependents (Do not list yourself or spouse)**

First name	Last name	Dependent's social security number	Dependent's relationship to you
1.			
2.			
3.			

7B. Multiply number of DEPENDENTS from above ..... 7B  X \$29 =

7C. Multiply number of qualifying individuals from AR1000RC5 (see instructions) ..... 7C  X \$500 =

7D. TOTAL PERSONAL TAX CREDITS: (Add lines 7A, 7B, and 7C. Enter total here and on line 34) ..... 7D

ID

DL# / State ID 312AP0954 Your state IA Issue date (mm/dd/yyyy) 09/21/2019 Expiration date (mm/dd/yyyy) 07/09/2021

DL# / State ID \_\_\_\_\_ Spouse state \_\_\_\_\_ Issue date (mm/dd/yyyy) \_\_\_\_\_ Expiration date (mm/dd/yyyy) \_\_\_\_\_

DIRECT DEPOSIT

Direct deposit allowed to U.S. banks only. Check if either deposit(s) will ultimately be placed in a foreign account.

Routing Number 1  Account Number 1  Checking or  Savings **Direct deposit 1 Amt**

Routing Number 2  Account Number 2  Checking or  Savings **Direct deposit 2 Amt**

PLEASE 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.

We will no longer automatically mail 1099-G forms. Instead, we ask that you get this information from our website ([www.atap.arkansas.gov](http://www.atap.arkansas.gov)). Check the box if you still want us to mail you a paper Form 1099-G next year.

Primary's signature	Date	Telephone (925) 568-6354	May the Arkansas Revenue Agency discuss this return with the preparer? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Spouse's signature	Date	Telephone	

PAID PREPARER

Paid preparer's signature: RVSSMANIKUMARAPPANA  
 Preparer's name: GLOBAL TAXES LLC  
 E-mail: KUMAR@GTAXFILE.COM

PTIN/ID number: 301017196  
 City/State/ZIP: CUMMING GA 30041

For Department Use Only: A

Telephone: (646) 727-7157

Refund: Arkansas State Income Tax P.O. Box 1000 Little Rock, AR 72203-1000

Tax Due/No Tax: Arkansas State Income Tax P.O. Box 2144 Little Rock, AR 72203-2144



Primary SSN 470-61-9283

		(A) Primary/Joint Income	(B) Spouse's Income Status 4 Only	(C) Arkansas Income Only	
ROUND ALL AMOUNTS TO WHOLE DOLLARS					
INCOME	8. Wages, salaries, tips, etc: (Attach W-2s) .....	● 54,165.00	●	● 16,500.00	
	9. Military pay: Primary ● 00 Spouse ● 00				
	10. Interest income: (If over \$1,500, Attach AR4) .....	●	●	●	
	11. Dividend income: (If over \$1,500, Attach AR4) .....	●	●	●	
	12. Alimony and separate maintenance received: .....	●	●	●	
	13. Business or professional income: (Attach federal Schedule C) .....	●	●	●	
	14. Capital gains/(losses) from stocks, bonds, etc: (See instr. Attach federal Schedule D) .....	● 64.00	●	● 0.00	
	15. Other gains or (losses): (Attach federal Form 4797 and/or AR4684 if applicable) .....	●	●	●	
	16. Non-qualified IRA distributions and taxable annuities: (Attach all 1099Rs) .....	●	●	●	
	17. Military retirement: Primary ● 00 Spouse ● 00				
	18A. Primary employer pension plan(s)/qualified IRA(s): (Attach all 1099Rs)				
	Gross distribution ● 00 Taxable amt ● 00 Less \$6,000	●	●	●	
	18B. Spouse employer pension plan(s)/qualified IRA(s): (Attach all 1099Rs)				
	Gross distribution ● 00 Taxable amt ● 00 Less \$6,000	●	●	●	
	19. Rents, royalties, partnerships, estates, trusts, etc.: (Attach federal Schedule E) .....	● -5,125.00	●	● 0.00	
	20. Farm income: (Attach federal Schedule F) .....	●	●	●	
	21. Unemployment: Primary/Joint ● 00 Spouse ● 00				
	22. Other income/depreciation differences: (Attach Form AR-OI) .....	●	●	●	
	23. TOTAL INCOME: (Add lines 8 through 22) .....	● 49,104.00	●	● 16,500.00	
	24. TOTAL ADJUSTMENTS: (Attach Form AR1000ADJ) .....	●	●	●	
	25. ADJUSTED GROSS INCOME: (Subtract line 24 from line 23) .....	● 49,104.00	●	● 16,500.00	
	TAX COMPUTATION	26. Select tax table: (Select only one)			
		27. ● <input type="checkbox"/> Low income table (\$0), For low income qualifications see line 26 instructions			
		● <input checked="" type="checkbox"/> Standard deduction (\$2,200 or \$4,400 for filing status 2 only)			
		● <input type="checkbox"/> Itemized deductions (Attach AR3)	● 2,200.00	●	●
28. NET TAXABLE INCOME: (Subtract line 27 from line 25) .....		● 46,904.00	●	●	
29. TAX: (Enter tax from tax table) .....		● 1,996.00	●	●	
30. Combined tax: (Add amounts from line 29, columns A and B) .....				● 1,996.00	
31. Enter tax from Lump Sum Distribution Averaging Schedule: (Attach AR1000TD) .....				●	
32. Additional tax on IRA and qualified plan withdrawal and overpayment: (Attach federal Form 5329, if required) .....			●		
33. TOTAL TAX: (Add lines 30 through 32) .....			● 1,996.00		
TAX CREDITS	34. Personal tax credit(s): (Enter total from line 7D) .....			● 29.00	
	35. Child care credit: (20% of federal credit allowed; Attach federal Form 2441) .....			●	
	36. Other credits: (Attach AR1000TC) .....			●	
	37. TOTAL CREDITS: (Add lines 34 through 36) .....			● 29.00	
38. NET TAX: (Subtract line 37 from line 33. If line 37 is greater than line 33, enter 0) .....			● 1,967.00		
PRORATION	38A. Enter the amount from line 25, Column C: .....			● 16,500.00	
	38B. Enter the total amount from line 25, Columns A and B: .....			● 49,104.00	
	38C. Divide line 38A by 38B: (See instructions) .....	38C	● .336022		
	38D. APPORTIONED TAX LIABILITY: (Multiply line 38 by line 38C) .....			● 661.00	
PAYMENTS	39. Arkansas income tax withheld: (Attach state copies of W-2 and/or 1099R, W-2-G) .....			● 691.00	
	40. Estimated tax paid or credit brought forward from 2019: .....			●	
	41. Payment made with extension: (See instructions) .....			●	
	42. AMENDED RETURNS ONLY - Previous payments: (See instructions) .....			●	
	43. Early childhood program: Certification number: _____ (20% of federal credit; Attach federal Form 2441 and Form AR1000EC) .....			●	
	44. TOTAL PAYMENTS: (Add lines 39 through 43) .....			● 691.00	
	45. AMENDED RETURNS ONLY - Previous refund: (See instructions) .....			●	
46. Adjusted total payments: (Subtract line 45 from line 44) .....			● 691.00		
REFUND OR TAX DUE	47. AMOUNT OF OVERPAYMENT/REFUND: (If line 46 is greater than line 38D, enter difference) .....			● 30.00	
	48. Amount to be applied to 2021 estimated tax: .....	48	●	●	
	49. Amount of Check-Off contributions: (Attach Schedule AR1000-CO) .....	49	●	●	
	50. AMOUNT TO BE REFUNDED TO YOU: (Subtract lines 48 and 49 from line 47) .....	REFUND	●	● 30.00	
	51. AMOUNT DUE: (If line 46 is less than line 38D, enter difference; If over \$1,000, continue to 52A) .....	TAX DUE	●	●	
	52A. UEP: Attach Form AR2210 or AR2210A. If required, enter exception in box 52A ● Penalty 52B ● 00				
52C. Add lines 51 and 52B: (See instructions) .....	TOTAL DUE	52C	●		

PAY ONLINE: Please visit our secure site ATAP (Arkansas Taxpayer Access Point) at www.atap.arkansas.gov. ATAP allows taxpayers or their representatives to log on, make payments and manage their account online. ATAP is available 24 hours.

PAY BY CREDIT CARD: (See instructions)

PAY BY MAIL: (See instructions)



**ARKANSAS INDIVIDUAL INCOME TAX  
CAPITAL GAINS**

Primary's legal name SANDEEP KUMAR BAINDDLA	Primary's social security number 470-61-9283
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**In Arkansas, only 50% of the net capital gain is taxed. 100% of the short term capital gain is taxed.**

**Per Act 1488 of 2013, the amount of net capital gain in excess of ten million dollars (\$10,000,000) from a gain realized on or after January 1, 2014, is exempt from state tax.**

Complete the AR1000D if you have a CAPITAL GAIN OR LOSS reported on federal Schedule D, or if Schedule D is not required, a gain reported on federal Form 1040, line 7. The amount of capital loss that can be deducted after offsetting capital gains is limited to \$3,000 (\$1,500 per taxpayer for filing status 4 or 5). See instructions for line 14, Form AR1000F/AR1000NR.

Adjust your gains and losses for depreciation differences, if any, in the federal and Arkansas amounts using lines 2, 5 and 10. \*

**Note. Arkansas did not adopt the federal "bonus depreciation" provision from previous years. Therefore, there may be a difference in federal and Arkansas amounts of depreciation allowed.**

Full Year Resident Filers - Complete columns (A) and (B) only.

Nonresident or Part Year Resident Filers - Complete columns (A), (B), and (C).

	Federal Schedule D	(A) Primary	(B) Spouse	(C) Arkansas Only
1. Enter federal long-term capital gain or loss reported on line 15, federal Schedule D or Form 1040, line 7.....1	00	00	00	00
2. Enter adjustment, if any, for depreciation differences in federal and state amounts.....2		00	00	00
3. Arkansas long-term capital gain or loss. Add (or subtract) line 1 and line 2.....3		00	00	00
4. Enter federal net short-term capital loss, if any, reported on line 7, federal Schedule D .....4	00	00	00	00
5. Enter adjustment, if any, for depreciation differences in federal and state amounts.....5		00	00	00
6. Arkansas net short-term capital loss. Add (or subtract) line 4 and line 5.....6		00	00	00
7a. Arkansas net capital gain or loss. (If gain, subtract line 6 from 3. If loss, add lines 6 and 3.).....7a		00	00	00
7b. If the amount on line 7a is over \$10,000,000, only enter \$10,000,000. If less than \$10,000,000, enter the total amount.....7b		00	00	00
8. Arkansas taxable amount. If a gain multiply line 7b by 50 percent (.50), otherwise enter loss.....8		00	00	00
9. Enter federal short-term capital gain, if any, reported on line 7, federal Schedule D.....9	64.00	64.00	00	0.00
10. Enter adjustment, if any, for depreciation differences in federal and state amounts.....10		00	00	00
11. Arkansas short-term capital gain. Add (or subtract) line 9 and line 10.....11		64.00	00	00
12. Total taxable Arkansas capital gain or loss. Add lines 8 and 11. <b>(Loss limited to \$3,000, for filing status 1, 2, 3, and 6, \$1,500 per taxpayer if filing status 4 or 5.)</b> Enter here. <b>Filing status 1,2,3,5 and 6:</b> Add line 12, columns A and B and enter on AR1000F/AR1000NR, line 14. <b>Filing status 4:</b> Enter line 12, column A on AR1000F/AR1000NR, line 14, column A. Enter line 12, column B on AR1000F/AR1000NR, line 14, column B.		64.00	00	0.00



ARKANSAS INDIVIDUAL INCOME TAX DECLARATION FOR ELECTRONIC FILING

Primary's Legal First Name and Middle Initial: SANDEEP KUMAR; Last Name: BAINDDLA; Primary's Social Security Number: 470-61-9283; Spouse's Legal First Name and Middle Initial: ; Last Name: ; Spouse's Social Security Number: ; Mailing Address: 304 SE RANGER BLVD, APT. 301; Telephone: (925) 568-6354; City: BENTONVILLE; State or Province: AR; ZIP: 72712; Check if address is outside U.S. Foreign Country: [ ]

Table with 5 rows: 1. Total Income (49,104.00); 2. Net Tax (661.00); 3. State Income Tax Withheld (691.00); 4. Refund (30.00); 5. Tax Due (00.00)

PART II - DECLARATION OF TAXPAYER

6a. [X] I consent that my refund be direct deposited as designated in the electronic portion of my 2020 Arkansas income tax return. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund. The refund will be direct deposited to the bank account(s) shown on page 1 of the Form AR1000F/AR1000NR. 6b. [ ] I do not want direct deposit of my refund or I am not receiving a refund. 6c. [ ] I authorize the State of Arkansas Income Tax Section to initiate debit entries to my account as indicated on the Arkansas Income Tax Payment form (AR TAX PMT). 6d. [ ] I authorize the State of Arkansas Income Tax Section to initiate debit entries to my account as indicated on the Arkansas Estimated Tax Payment form (AR EST PMT) or Arkansas Extension Payment form (AR EXT PMT).

If I have filed a balance due return, I understand that if the State of Arkansas does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable interest and penalties. If I have filed a joint federal and state return and my federal return is rejected, I understand my state return will be rejected also.

Under penalties of perjury, I declare that the information I have given my ERO and the amounts in Part I above agree with the amounts on the corresponding lines of the electronic portion of my 2020 Arkansas income tax return. To the best of my knowledge and belief, my return is true, correct, and complete. I consent to my ERO sending my return, this declaration, and accompanying schedules and statements to the State of Arkansas. I also consent to the State of Arkansas sending my ERO and/or transmitter an acknowledgement of receipt of transmission and an indication of whether or not my return is accepted, and if rejected, the reason(s) for the rejection. If the processing of my return or refund is delayed, I authorize the State of Arkansas to disclose to my ERO and/or transmitter the reason(s) for the delay, or when the refund was sent. In addition, by using a computer system and software to prepare and transmit my return electronically, I consent to the disclosure to the State of Arkansas of all information pertaining to my use of the system and software and to the transmission of my tax return electronically.

Sign Here Primary's Signature Date Spouse's Signature Date

PART III - DECLARATION OF ELECTRONIC RETURN ORIGINATOR (ERO) AND PAID PREPARER

I declare that I have reviewed the above taxpayer's return and that the entries on Form AR8453 are complete and correct to the best of my knowledge. If I am only a collector, I understand that I am not responsible for reviewing the taxpayer's return; I declare that Form AR8453 accurately reflects the data on the return. I have obtained the taxpayer's signature on Form AR8453 before submitting this return to the State of Arkansas, and have provided the taxpayer with a copy of all forms and information to be filed with the State of Arkansas. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This declaration of Paid Preparer is based on all information of which the preparer has knowledge.

ERO'S Use Only: Signature: GLOBAL TAXES LLC 2530 PEBBLE CREEK LN CUMMING GA 30041; Date: 04/16/2021; Check if paid preparer: [ ]; Check if self-employed: [ ]; Your SSN or PTIN: 30-1017196; FEIN:

Under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This declaration is based on all information of which I have any knowledge.

Paid Preparer's Use Only: Signature: RVSSMANIKUMARAPPANA 2530 PEBBLE CREEK LN CUMMING GA 30041; Date: 04/16/2021; Check if self-employed: [ ]; Preparer's SSN or PTIN: P02090332; FEIN: 30-1017196

TAXABLE YEAR

FORM

2020

California e-file Signature Authorization for Individuals

8879

Table with 2 columns: Name (SANDEEP KUMAR BAINDDLA), Spouse's/RDP's name, SSN or ITIN (470-61-9283), Spouse's/RDP's SSN or ITIN.

Part I Tax Return Information (whole dollars only)

Table with 2 columns: Line number, Description (California Adjusted Gross Income, Amount You Owe, Refund or No Amount Due), Amount (27,641, 483).

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 19283 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. 58727861989 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 04/16/2021

# California Nonresident or Part-Year Resident Income Tax Return

2020

540NR

APE

ATTACH FEDERAL RETURN

470-61-9283 BAIN  
SANDEEPKUMA BAINDDLA

20

304 SE RANGER BLVD  
BENTONVILLE AR 72712

APT 301

06-04-1992

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.

See instructions.

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 \$**

<b>Total Taxable Income</b>	<b>12</b> Total California wages from your federal Form(s) W-2, box 16 ..... <input checked="" type="radio"/> <b>12</b> <input type="text" value="27641"/> <input type="text" value=".00"/>
	<b>13</b> Enter federal AGI from federal Form 1040, 1040-SR, or 1040-NR, line 11 ..... <input checked="" type="radio"/> <b>13</b> <input type="text" value="48804"/> <input type="text" value=".00"/>
	<b>14</b> California adjustments – subtractions. Enter the amount from Schedule CA (540NR), Part II, line 23, column B ..... <input checked="" type="radio"/> <b>14</b> <input type="text" value=""/> <input type="text" value=".00"/>
	<b>15</b> Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions ..... <input type="radio"/> <b>15</b> <input type="text" value="48804"/> <input type="text" value=".00"/>
	<b>16</b> California adjustments – additions. Enter the amount from Schedule CA (540NR), Part II, line 23, column C ..... <input checked="" type="radio"/> <b>16</b> <input type="text" value="300"/> <input type="text" value=".00"/>
	<b>17</b> Adjusted gross income from all sources. Combine line 15 and line 16. .... <input checked="" type="radio"/> <b>17</b> <input type="text" value="49104"/> <input type="text" value=".00"/>
	<b>18</b> Enter the <b>larger</b> of: Your California <b>itemized deductions</b> from Schedule CA (540NR), Part III, line 30; <b>OR</b> Your California <b>standard deduction</b> . See instructions ..... <input checked="" type="radio"/> <b>18</b> <input type="text" value="4601"/> <input type="text" value=".00"/>
	<b>19</b> Subtract line 18 from line 17. This is your <b>total taxable income</b> . If less than zero, enter -0- ..... <input checked="" type="radio"/> <b>19</b> <input type="text" value="44503"/> <input type="text" value=".00"/>

<b>CA Taxable Income</b>	<b>31</b> Tax. Check the box if from: <input checked="" type="checkbox"/> Tax Table <input type="checkbox"/> Tax Rate Schedule <input checked="" type="radio"/> <input type="text" value="FTB 3800"/> <input type="radio"/> <input type="text" value="FTB 3803"/> ..... <input checked="" type="radio"/> <b>31</b> <input type="text" value="1489"/> <input type="text" value=".00"/>
	<b>32</b> CA adjusted gross income from Schedule CA (540NR), Part IV, line 1. .... <input checked="" type="radio"/> <b>32</b> <input type="text" value="27641"/> <input type="text" value=".00"/>
	<b>35</b> CA Taxable Income from Schedule CA (540NR), Part IV, line 5. .... <input checked="" type="radio"/> <b>35</b> <input type="text" value="25051"/> <input type="text" value=".00"/>
	<b>36</b> CA Tax Rate. Divide line 31 by line 19. .... <input checked="" type="radio"/> <b>36</b> <input type="text" value="0.0335"/>
	<b>37</b> CA Tax Before Exemption Credits. Multiply line 35 by line 36. .... <input checked="" type="radio"/> <b>37</b> <input type="text" value="839"/> <input type="text" value=".00"/>
	<b>38</b> CA Exemption Credit Percentage. Divide line 35 by line 19. If more than 1, enter 1.0000. .... <input checked="" type="radio"/> <b>38</b> <input type="text" value="0.5629"/>
	<b>39</b> 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"/> <b>39</b> <input type="text" value="70"/> <input type="text" value=".00"/>
	<b>40</b> CA Regular Tax Before Credits. Subtract line 39 from line 37. If less than zero, enter -0-... <input checked="" type="radio"/> <b>40</b> <input type="text" value="769"/> <input type="text" value=".00"/>
	<b>41</b> Tax. See instructions. Check the box if from: <input type="checkbox"/> Schedule G-1 <input type="checkbox"/> FTB 5870A ..... <input checked="" type="radio"/> <b>41</b> <input type="text" value=""/> <input type="text" value=".00"/>
<b>42</b> Add line 40 and line 41 ..... <input checked="" type="radio"/> <b>42</b> <input type="text" value="769"/> <input type="text" value=".00"/>	

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

Your name:  Your SSN or ITIN:

**Special Credits continued**

<b>58</b>	Enter credit name <input type="text"/> code <input type="text"/> and amount...	<input type="radio"/>	<b>58</b>	<input type="text"/>	<input type="text" value=".00"/>
<b>59</b>	Enter credit name <input type="text"/> code <input type="text"/> and amount...	<input type="radio"/>	<b>59</b>	<input type="text"/>	<input type="text" value=".00"/>
<b>60</b>	To claim more than two credits. See instructions	<input type="radio"/>	<b>60</b>	<input type="text"/>	<input type="text" value=".00"/>
<b>61</b>	Nonrefundable Renter's Credit. See instructions	<input type="radio"/>	<b>61</b>	<input type="text"/>	<input type="text" value=".00"/>
<b>62</b>	Add line 50 and line 55 through 61. These are your total credits	<input checked="" type="radio"/>	<b>62</b>	<input type="text"/>	<input type="text" value=".00"/>
<b>63</b>	Subtract line 62 from line 42. If less than zero, enter -0-	<input checked="" type="radio"/>	<b>63</b>	<input type="text" value="769"/>	<input type="text" value=".00"/>

**Other Taxes**

<b>71</b>	Alternative Minimum Tax. Attach Schedule P (540NR)	<input type="radio"/>	<b>71</b>	<input type="text"/>	<input type="text" value=".00"/>
<b>72</b>	Mental Health Services Tax. See instructions	<input type="radio"/>	<b>72</b>	<input type="text"/>	<input type="text" value=".00"/>
<b>73</b>	Other taxes and credit recapture. See instructions	<input type="radio"/>	<b>73</b>	<input type="text"/>	<input type="text" value=".00"/>
<b>74</b>	Excess Advance Premium Assistance Subsidy (APAS) repayment. See instructions	<input type="radio"/>	<b>74</b>	<input type="text"/>	<input type="text" value=".00"/>
<b>75</b>	Add line 63, line 71, line 72, line 73, and line 74. This is your total tax	<input type="radio"/>	<b>75</b>	<input type="text" value="769"/>	<input type="text" value=".00"/>

**Payments**

<b>81</b>	California income tax withheld. See instructions	<input type="radio"/>	<b>81</b>	<input type="text" value="1252"/>	<input type="text" value=".00"/>
<b>82</b>	2020 CA estimated tax and other payments. See instructions	<input type="radio"/>	<b>82</b>	<input type="text"/>	<input type="text" value=".00"/>
<b>83</b>	Withholding (Form 592-B and/or 593). See instructions	<input type="radio"/>	<b>83</b>	<input type="text"/>	<input type="text" value=".00"/>
<b>84</b>	Excess SDI (or VPMI) withheld. See instructions	<input type="radio"/>	<b>84</b>	<input type="text"/>	<input type="text" value=".00"/>
<b>85</b>	Earned Income Tax Credit (EITC)	<input type="radio"/>	<b>85</b>	<input type="text"/>	<input type="text" value=".00"/>
<b>86</b>	Young Child Tax Credit (YCTC). See instructions	<input type="radio"/>	<b>86</b>	<input type="text"/>	<input type="text" value=".00"/>
<b>87</b>	Net Premium Assistance Subsidy (PAS). See instructions	<input type="radio"/>	<b>87</b>	<input type="text"/>	<input type="text" value=".00"/>
<b>88</b>	Add line 81 through line 87. These are your total payments. See instructions	<input checked="" type="radio"/>	<b>88</b>	<input type="text" value="1252"/>	<input type="text" value=".00"/>

**ISR Penalty**

<b>91</b>	Individual Shared Responsibility (ISR) Penalty. See instructions	<input type="radio"/>	<b>91</b>	<input type="text"/>	<input type="text" value=".00"/>
	<input checked="" type="radio"/> <input type="checkbox"/> Full-year health care coverage.				

**Overpaid Tax/Tax Due**

<b>92</b>	Payments after Individual Shared Responsibility Penalty. If line 88 is more than line 91, subtract line 91 from line 88	<input checked="" type="radio"/>	<b>92</b>	<input type="text" value="1252"/>	<input type="text" value=".00"/>
<b>93</b>	Individual Shared Responsibility Penalty Balance. If line 91 is more than line 88, subtract line 88 from line 91	<input checked="" type="radio"/>	<b>93</b>	<input type="text"/>	<input type="text" value=".00"/>
<b>101</b>	Overpaid tax. If line 92 is more than line 75, subtract line 75 from line 92	<input checked="" type="radio"/>	<b>101</b>	<input type="text" value="483"/>	<input type="text" value=".00"/>
<b>102</b>	Amount of line 101 you want applied to your 2021 estimated tax	<input type="radio"/>	<b>102</b>	<input type="text" value="0"/>	<input type="text" value=".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

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

## CA (540NR)

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

Name(s) as shown on tax return SANDEEP KUMAR BAINDDLA	SSN or ITIN 470619283
--	--------------------------

**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"/> A R	<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"/> ___ / ___ / ___	<input type="radio"/> ___ / ___ / ___
4 I became a CA nonresident (enter new state of residence and date (mm/dd/yyyy) of move) .	<input checked="" type="radio"/> A R 0 8 / 1 6 / 2 0 2 0	<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 checked="" type="radio"/> 2 2 9	<input type="radio"/> ___
7 I owned a home/property in CA (enter Y for Yes, N for No) . . . . .	<input checked="" 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 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 checked="" type="radio"/> 54,165.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> 54,165.	<input checked="" type="radio"/> 27,641.
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 checked="" type="radio"/> 64.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> 64.	<input checked="" type="radio"/> 0.
<b>Section B — Additional Income</b> 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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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 checked="" type="radio"/> -5,125.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> -5,125.	<input type="radio"/>

	A	B	C	D	E
<b>Section B — Additional Income</b> Continued	<b>Federal Amounts</b> (taxable amounts from your federal tax return)	<b>Subtractions</b> See instructions (difference between CA & federal law)	<b>Additions</b> See instructions (difference between CA & federal law)	<b>Total Amounts Using CA Law As If You Were a CA Resident</b> (subtract col. B from col. A; add col. C to the result)	<b>CA Amounts</b> (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
<b>6</b> Farm income or (loss) . . . . . <b>6</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>7</b> Unemployment compensation . . . . . <b>7</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
<b>8</b> Other income.					
<b>a</b> California lottery winnings		<input checked="" type="radio"/>	<b>a</b> _____		
<b>b</b> Disaster loss deduction from FTB 3805V		<input checked="" type="radio"/>	<b>b</b> _____		
<b>c</b> Federal NOL (Schedule 1 (Form 1040), line 8)		<input type="radio"/>	<b>c</b> <input checked="" type="radio"/>		
<b>d</b> NOL deduction from FTB 3805V . . . . . <b>8</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<b>d</b> _____	<b>8</b> <input checked="" type="radio"/>	<b>8</b> <input checked="" type="radio"/>
<b>e</b> NOL from FTB 3805Z, FTB 3807, or FTB 3809		<input checked="" type="radio"/>	<b>e</b> _____		
<b>f</b> Other (describe): <input type="radio"/> _____		<input checked="" type="radio"/>	<b>f</b> <input checked="" type="radio"/>		
<b>g</b> Student loan discharged due to closure of a for-profit school		<input checked="" type="radio"/>	<b>g</b> _____		
<b>9 Total.</b> Combine Section A, line 1 through line 7, and Section B, line 1 through line 8, in each column. Go to Section C . . . . . <b>9</b>	<input checked="" type="radio"/> 49,104.	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/> 49,104.	<input checked="" type="radio"/> 27,641.

	A	B	C	D	E
<b>Section C — Adjustments to Income</b> from federal Schedule 1 (Form 1040)	<b>Federal Amounts</b> (taxable amounts from your federal tax return)	<b>Subtractions</b> See instructions (difference between CA & federal law)	<b>Additions</b> See instructions (difference between CA & federal law)	<b>Total Amounts Using CA Law As If You Were a CA Resident</b> (subtract col. B from col. A; add col. C to the result)	<b>CA Amounts</b> (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
<b>10</b> Educator expenses . . . . . <b>10</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
<b>11</b> Certain business expenses of reservists, performing artists, and fee-basis government officials . . . . . <b>11</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>12</b> Health savings account deduction . . . . . <b>12</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
<b>13</b> Moving expenses. Attach federal Form 3903. See instructions . . . . . <b>13</b>	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>14</b> Deductible part of self-employment tax. See instructions. . . . . <b>14</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>15</b> Self-employed SEP, SIMPLE, and qualified plans . . . . . <b>15</b>	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>16</b> Self-employed health insurance deduction. See instructions. . . . . <b>16</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>17</b> Penalty on early withdrawal of savings . . . <b>17</b>	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>18a</b> Alimony paid. <b>b</b> Enter recipient's: SSN <input checked="" type="radio"/> _____ Last name <input checked="" type="radio"/> _____ <b>18a</b>	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>19</b> IRA deduction . . . . . <b>19</b>	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>20</b> Student loan interest deduction . . . . . <b>20</b>	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>21</b> Tuition and fees . . . . . <b>21</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
<b>22</b> Add line 10 through line 21 in each column, A through E . . . . . <b>22</b>	<input checked="" type="radio"/> 300.	<input checked="" type="radio"/> 300.	<input checked="" type="radio"/>	<input checked="" type="radio"/> 0.	<input checked="" type="radio"/>
<b>23 Total.</b> Subtract line 22 from line 9 in each column, A through E. See instructions. . . <b>23</b>	<input checked="" type="radio"/> 48,804.	<input checked="" type="radio"/> -300.	<input checked="" type="radio"/>	<input checked="" type="radio"/> 49,104.	<input checked="" type="radio"/> 27,641.

**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 (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"/> 48,804	2			
3	Multiply line 2 by 7.5% (0.075) <input checked="" type="radio"/> 3,660	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"/> 2,583	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"/> 2,583	5d	<input checked="" type="radio"/>		
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"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
6	Other taxes. List type <input checked="" type="radio"/>	6	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
7	Add line 5e and line 6 <input checked="" type="radio"/> 2,583	7	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<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			
13	Carryover from prior year <input checked="" type="radio"/>	13			
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"/> 2,583	17	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>

18	Total. Combine line 17 column A less column B plus column C <input checked="" type="radio"/>	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  48,804.

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 IA 1040 Iowa Individual Income Tax Return

For fiscal year beginning \_\_\_\_\_ and ending \_\_\_\_\_

**Step 1: Fill in all spaces. You must fill in your Social Security number (SSN).**

Your last name: \_\_\_\_\_ Your first name/middle initial: \_\_\_\_\_

**BAINDDLA** **SANDEEP KUMAR**

Spouse's last name: \_\_\_\_\_ Spouse's first name/middle initial: \_\_\_\_\_



Current mailing address (number and street, apartment, lot, or suite number) or PO Box:  
**304 SE RANGER BLVD, 301**

City, State, ZIP:  
**BENTONVILLE AR 72712**

Spouse SSN: \_\_\_\_\_ Your SSN: **470-61-9283**

**Step 2 Filing Status: Mark one box only**

1	<input checked="" type="checkbox"/> Single: Were you claimed as a dependent on another person's Iowa return? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Email Address: _____
2	<input type="checkbox"/> Married filing a joint return. (Two-income families may benefit by using status 3 or 4.)	Check this box if you or your spouse were 65 or older as of 12/31/20. <input type="checkbox"/>
3	<input type="checkbox"/> Married filing separately on this combined return. Spouse use column B.	Residence on 12/31/20: County No. <b>77</b> School District No. <b>4779</b>
4	<input type="checkbox"/> Married filing separate returns. Spouse's name: _____ ▲ SSN: _____ Net Income: \$ _____	
5	<input type="checkbox"/> Head of household with qualifying person. If qualifying person is not claimed as a dependent on this return, enter the person's name and SSN below.	
6	<input type="checkbox"/> Qualifying widow(er) with dependent child. Name: _____ SSN: _____	

**Step 3 Exemptions**

	B. Spouse (Filing Status 3 ONLY)	A. You or Joint
a. Personal Credit: Col. A: Enter 1 (enter 2 if filing status 2 or 5); Col. B: Enter 1 if filing status 3..... ▲	_____ X \$ 40 = \$ _____	▲ <u>1</u> X \$ 40 = \$ <u>40</u>
b. Enter 1 for each taxpayer who is 65 or older and/or 1 for each taxpayer who is blind..... ▲	_____ X \$ 20 = \$ _____	▲ _____ X \$ 20 = \$ _____
c. Dependents: Enter 1 for each dependent..... ▲	_____ X \$ 40 = \$ _____	▲ _____ X \$ 40 = \$ _____
d. Enter first names of dependents here _____	e. Total \$ _____	e. Total \$ <u>40</u>

**Step 4 Reportable Social Security benefits as calculated on line 13 of Iowa Social Security Worksheet**

	B. Spouse/Status 3 ▲	A. You or Joint ▲
	_____	_____

**Step 5 Gross Income**

	B. Spouse/Status 3	A. You or Joint	B. Spouse/Status 3	A. You or Joint
1. Wages, salaries, tips, etc.....1.	_____	<u>54,165.00</u>		
2. Taxable interest income. If more than \$1,500, complete Sch. B.....2.	_____	_____		
3. Ordinary dividend income. If more than \$1,500, complete Sch. B.....3.	_____	_____		
4. Taxable alimony received.....4.	_____	_____		
5. Business income/(loss). See instructions.....5.	_____	_____		
6. Capital gain/(loss). See instructions.....6.	_____	<u>64.00</u>		
7. Other gains/(losses). See instructions.....7.	_____	_____		
8. Taxable IRA distributions.....8.	_____	_____		
9. Taxable pensions and annuities.....9.	_____	_____		
10. Rents, royalties, partnerships, estates, etc. See instructions.....10.	_____	<u>-5,125.00</u>		
11. Farm income/(loss). See instructions.....11.	_____	_____		
12. Unemployment compensation. See instructions.....12.	_____	_____		
13. Gambling winnings.....13.	_____	_____		
14. Other income, bonus depreciation, and section 179 adjustment.....14.	_____	_____		
15. Gross Income. Add lines 1-14.....15.	_____	_____	_____	<u>49,104.00</u>

**NOTE:** Use only blue or black ink, no pencils or red ink.

**Step 6 Adjustments to Income**

16. Payments to an IRA, Keogh, or SEP.....16.	_____	_____		
17. Deductible part of self-employment tax.....17.	_____	_____		
18. Health insurance premium.....18.	_____	<u>0.00</u>		
19. Penalty on early withdrawal of savings.....19.	_____	_____		
20. Alimony paid.....20.	_____	_____		
21. Pension/retirement income exclusion.....21.	_____ ▲	_____		
22. Moving expense deduction from federal form 3903.....22.	_____	_____		
23. Iowa capital gain deduction; Include corresponding IA 100 schedule.....23.	_____ ▲	_____		
24. Other adjustments..... <u>STMT ADJ</u> .....24.	_____	<u>300.00</u>		
25. Total adjustments. Add lines 16-24.....25.	_____	_____	_____	<u>300.00</u>
26. Net Income. Subtract line 25 from line 15.....26.	_____	_____	_____	<u>48,804.00</u>

**Step 7 Federal Taxes and Qualified Deductions**

27. Federal income tax refund/overpayment received in 2020.....27.	_____	_____		
28. Self-employment/household employment/other federal taxes.....28.	_____	_____		
29. Addition for federal taxes. Add lines 27 and 28.....29.	_____	_____		<u>0.00</u>
30. Total. Add lines 26 and 29.....30.	_____	_____		<u>48,804.00</u>
31. Federal tax withheld in 2020, federal estimated tax payments made in 2020, and federal taxes paid in 2020 for 2019 and prior years.....31.	_____	_____	_____	<u>6,722.00</u>
32. Qualified business income deduction. 25.0% (.25) of federal amount. See instructions.....32.	_____	_____		
33. DPAD 199A(g) deduction. 25.0% (.25) of federal amount.....33.	_____	_____		
34. Total federal tax and other qualified deductions. Add lines 31, 32, and 33.....34.	_____	_____	_____	<u>6,722.00</u>
35. Balance. Subtract line 34 from line 30. Enter here and on line 36, page 2.....35.	_____	_____	_____	<u>42,082.00</u>



**2020 IA 1040, page 2**

	B. Spouse/Status 3	A. You or Joint	B. Spouse/Status 3	A. You or Joint
<b>Step 8 Taxable Income</b>				
36. BALANCE. From side 1, line 35.....		36.	.00	42,082.00
37. Deduction. Check one box <input checked="" type="checkbox"/> Itemized.(Include IA Schedule A) <input type="checkbox"/> Standard.....		37.	.00	2,219.00
38. TAXABLE INCOME. SUBTRACT line 37 from line 36.....		38.	.00	39,863.00
<b>Step 9 Tax, Credits, and Check-off Contributions</b>				
39. Tax from tables or alternate tax.....	.00	▲	1,905.00	
40. Iowa lump-sum tax. See instructions.....	.00	▲	.00	
41. Iowa alternative minimum tax. Include IA 6251.....	.00	▲	.00	
42. Total tax. ADD lines 39, 40, and 41.....		42.	.00	1,905.00
43. Total exemption credit amount(s) from Step 3, side 1.....	.00		40.00	
44. Tuition and textbook credit for dependents K-12.....	.00	▲	.00	
45. Volunteer firefighter/EMS/reserve peace officer credit.....	.00	▲	.00	
46. Total credits. ADD lines 43, 44, and 45.....		46.	.00	40.00
47. BALANCE. SUBTRACT line 46 from line 42. If less than zero, enter zero.....		47.	.00	1,865.00
48. Credit for nonresident or part-year resident. Must include IA 126 and federal return.....		48.	.00	1,483.00
49. BALANCE. SUBTRACT line 48 from 47. If less than zero, enter zero.....		49.	.00	382.00
50. Out-of-state tax credit. Must include IA 130.....		50.	.00	.00
51. BALANCE. SUBTRACT line 50 from 49. If less than zero, enter zero.....		51.	.00	382.00
52. Other nonrefundable Iowa credits. Must include IA 148 Tax Credits Schedule.....		52.	.00	.00
53. BALANCE. SUBTRACT line 52 from line 51. If less than zero, enter zero.....		53.	.00	382.00
54. School district surtax or EMS surtax. Take percentage from table; multiply by line 53.....		54.	.00	0.00
55. Total state and local tax. ADD lines 53 and 54.....		55.	.00	382.00
56. TOTAL state and local tax before contributions. Combine columns A and B on line 55 and enter here.....		56.		382.00
57. Contributions will reduce your refund or add to the amount you owe. Amounts must be in whole dollars.				
Fish/Wildlife 57a: <input type="checkbox"/> State Fair 57b: <input type="checkbox"/> Firefighters/Veterans 57c: <input type="checkbox"/> Child Abuse Prevention 57d: <input type="checkbox"/> Enter here.....		57.		.00
58. TOTAL STATE AND LOCAL TAX, AND CONTRIBUTIONS. Add line 56 and line 57 and enter here.....		58.	▲	382.00
<b>Step 10 Credits</b>				
59. Iowa fuel tax credit. Include IA 4136.....	.00	▲	.00	
60. Check One: Child and dependent care credit <input type="checkbox"/> OR ▲ Early childhood development credit <input type="checkbox"/>		60.	.00	.00
61. Iowa earned income tax credit. 15.0% (.15) of federal credit.....	.00	▲	0.00	
62. Other refundable credits. Include IA 148 Tax Credits Schedule.....	.00	▲	.00	
63. Iowa income tax withheld.....	.00	▲	364.00	
64. Estimated and voucher payments made for tax year 2020.....	.00	▲	.00	
65. TOTAL. ADD lines 59 through 64 and enter here.....		65.	.00	364.00
66. TOTAL CREDITS. ADD columns A and B on line 65 and enter here.....		66.		364.00
<b>Step 11 Refund</b>				
67. If line 66 is more than line 58, subtract line 58 from line 66. This is the amount you overpaid.....		67.	▲	.00
68. Amount of line 67 to be REFUNDED.....		REFUND 68.	▲	.00
68a. Routing number: <input type="text"/>		68b. Type	Checking <input type="checkbox"/>	Savings <input type="checkbox"/>
68c. Account number: <input type="text"/>				
69. Amount of line 67 to be applied to your 2021 estimated tax.....	.00	▲	.00	
<b>Step 12 Pay</b>				
70. If line 66 is less than line 58, subtract line 66 from line 58. This is the AMOUNT OF TAX YOU OWE.....		70.	▲	18.00
71. Penalty for underpayment of estimated tax from IA 2210, IA 2210S, or IA 2210F. Check if annualized income method is used. <input type="checkbox"/>		71.	▲	.00
72. Penalty and interest ▲ 72a. Penalty <input type="text"/> .00 ▲ 72b. Interest <input type="text"/> .00 ADD. Enter total.....		72.		.00
73. TOTAL AMOUNT DUE. ADD lines 70, 71, and 72. Enter here.....		PAY THIS AMOUNT 73.	▲	18.00

**Step 13** I, the undersigned, declare under penalties of perjury or false certificate, that I have examined this return, and, to the best of my knowledge and belief, it is true, correct, and complete.

<b>SIGN HERE</b>	▲ <input type="checkbox"/>			<u>RVSSMANIKUMARAPPANA</u>	<u>04/16/2021</u>
Your signature	Date	Check if deceased	Date of death	Preparer's signature	Date
<b>SIGN HERE</b>	▲ <input type="checkbox"/>			<u>P02090332</u>	<u>30-1017196</u>
Spouse's signature	Date	Check if deceased	Date of death	Preparer's PTIN	Firm's FEIN
		<u>(925) 568-6354</u>		<u>(646) 727-7157</u>	
		Daytime telephone number		Daytime telephone number	

**This return is due April 30, 2021. Sign, enclose W-2s, and verify SSNs.**  
**MAILING ADDRESS: Iowa Income Tax Document Processing,**  
**PO BOX 9187, Des Moines IA 50306-9187**  
**Make check payable to Iowa Department of Revenue**



If you itemize deductions, include this schedule with your return. Use whole dollar amounts.

Name(s): SANDEEP KUMAR BAINDDLA Social Security Number: 470-61-9283

<b>Medical and Dental Expenses</b>	1. Medical and dental expenses (Exclude health insurance premiums claimed on IA 1040, line 18).....1. _____ 2. Multiply the amount on federal form 1040, line 11, as modified for Iowa purposes, by 7.5% (.075). Enter result here. See IA 1040 expanded instructions.....2. _____ 3. Subtract line 2 from line 1. If less than zero, enter 0. ....3. _____																		
<b>Taxes You Paid</b> (Not subject to federal deduction dollar limitations)	4. State and local taxes. Check only one box. a <input checked="" type="checkbox"/> Other state and local income taxes. Do not include any general sales tax or Iowa Income Tax. Include School District Surtax and EMS Surtax from prior years paid in 2020, OR b <input type="checkbox"/> General sales tax from federal form 1040, Schedule A, line 5a.....4. <u>2,219</u> 5. Real estate taxes .....5. _____ 6. Personal property taxes, including annual vehicle registration.....6. _____ 7. Other taxes. List type and amount:.....7. <u>0</u> 8. Add lines 4-7. Enter total here .....8. <u>2,219</u>																		
<b>Interest You Paid</b>	9. Home mortgage interest and points. a. Interest and points reported on federal form 1098.....9a. _____ b. Interest not reported on federal form 1098 .....9b. _____ 10. Points not reported on federal form 1098 .....10. _____ 11. Mortgage insurance premiums .....11. _____ 12. Investment interest. Include federal form 4952 if required.....12. _____ 13. Add lines 9a-12. Enter total here .....13. _____																		
<b>Gifts to Charity</b>	14. Contributions by cash or check.....14. _____ 15. Contributions other than by cash or check. Include federal form 8283 if more than \$500.....15. _____ 16. Contributions carryover from prior year. See IA 1040 expanded instructions. ....16. _____ 17. Add lines 14-16. Enter total here .....17. _____																		
<b>Casualty/Theft Loss</b>	18. Casualty or theft loss(es). Include federal form 4684. See IA 1040 expanded instructions. ....18. _____																		
<b>Other Itemized Deductions</b>	19. Other expenses. List type and amount: _____ _____19. _____																		
<b>Total Itemized Deductions</b>	20. Other Iowa deductions. See IA 1040 expanded instructions.....20. _____ 21. Total deductions. Add lines 3, 8, 13, 17 through 20. If using filing statuses 1, 2, 5, or 6, enter the amount on Step 8, line 37 of the IA 1040 .....21. <u>2,219</u>																		
<b>Proration of Deductions Between Spouses</b>	Complete lines 22-26 only if you are using filing status 3 or 4. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">Spouse</th> <th style="width: 10%; text-align: center;">You</th> </tr> </thead> <tbody> <tr> <td>22. Net income of both spouses from IA 1040, line 26.....22b. _____</td> <td style="text-align: center;">22a. _____</td> <td style="text-align: center;">22a. _____</td> </tr> <tr> <td>23. Total Iowa net income, add columns 22a and 22b. Enter total here.....23. _____</td> <td></td> <td></td> </tr> <tr> <td>24. Divide the amount on line 22a by the amount on line 23. Enter to the nearest tenth of a percent .....24. _____ %</td> <td></td> <td></td> </tr> <tr> <td>25. Multiply line 21 by the percentage on line 24. Enter here and on IA 1040, line 37, column A.....(You) 25. _____</td> <td></td> <td></td> </tr> <tr> <td>26. Subtract line 25 from line 21. Enter here and on IA 1040, line 37, column B. If you are using filing status 4, enter this amount on line 37, column A of your spouse's return. ....(Spouse) 26. _____</td> <td></td> <td></td> </tr> </tbody> </table>		Spouse	You	22. Net income of both spouses from IA 1040, line 26.....22b. _____	22a. _____	22a. _____	23. Total Iowa net income, add columns 22a and 22b. Enter total here.....23. _____			24. Divide the amount on line 22a by the amount on line 23. Enter to the nearest tenth of a percent .....24. _____ %			25. Multiply line 21 by the percentage on line 24. Enter here and on IA 1040, line 37, column A.....(You) 25. _____			26. Subtract line 25 from line 21. Enter here and on IA 1040, line 37, column B. If you are using filing status 4, enter this amount on line 37, column A of your spouse's return. ....(Spouse) 26. _____		
	Spouse	You																	
22. Net income of both spouses from IA 1040, line 26.....22b. _____	22a. _____	22a. _____																	
23. Total Iowa net income, add columns 22a and 22b. Enter total here.....23. _____																			
24. Divide the amount on line 22a by the amount on line 23. Enter to the nearest tenth of a percent .....24. _____ %																			
25. Multiply line 21 by the percentage on line 24. Enter here and on IA 1040, line 37, column A.....(You) 25. _____																			
26. Subtract line 25 from line 21. Enter here and on IA 1040, line 37, column B. If you are using filing status 4, enter this amount on line 37, column A of your spouse's return. ....(Spouse) 26. _____																			



Name(s): SANDEEP KUMAR BAINDDLA Social Security number: 470-61-9283

**Mark the appropriate box for you and your spouse**

	B. Spouse	A. You or Joint
A nonresident of Iowa for all of 2020	<input type="checkbox"/> ▲	<input type="checkbox"/> ▲
A part-year resident of Iowa during 2020	<input type="checkbox"/> ▲	<input checked="" type="checkbox"/> ▲
	Date moved into Iowa: _____	_____
	Date moved out of Iowa: _____	<u>08/15/20</u>
A full-year resident of Iowa during 2020	<input type="checkbox"/>	<input type="checkbox"/>

**Iowa-Source Income**

	B. Spouse	A. You or Joint
1. Wages, salaries, tips, etc. ....	1. _____ .00	_____ <u>10,024.00</u>
2. Taxable interest income .....	2. _____ .00	_____ .00
3. Ordinary dividend income.....	3. _____ .00	_____ .00
4. Taxable alimony received.....	4. _____ .00	_____ .00
5. Business income or (loss) .....	5. _____ .00	_____ .00
6. Capital gain or (loss) .....	6. _____ .00	_____ <u>0.00</u>
7. Other gains or (losses) .....	7. _____ .00	_____ .00
8. Taxable IRA distributions .....	8. _____ .00	_____ .00
9. Taxable pensions and annuities.....	9. _____ .00	_____ .00
10. Rents, royalties, partnerships, estates, etc.....	10. _____ .00	_____ <u>0.00</u>
11. Farm income or (loss) .....	11. _____ .00	_____ .00
12. Unemployment compensation.....	12. _____ .00	_____ .00
13. Gambling winnings.....	13. _____ .00	_____ .00
14. Other income, bonus depreciation, and section 179 adjustment.....	14. _____ .00	_____ .00
15. Iowa gross income. Add lines 1-14 .....	15. _____ .00	▲ <u>10,024.00</u>
16. Payments to an IRA, Keogh, or SEP.....	16. _____ .00	_____ .00
17. Deductible part of self-employment tax .....	17. _____ .00	_____ .00
18. Health insurance premium .....	18. _____ .00	_____ .00
19. Penalty on early withdrawal of savings .....	19. _____ .00	_____ .00
20. Alimony paid .....	20. _____ .00	_____ .00
21. Pension/retirement income exclusion.....	21. _____ .00	_____ .00
22. Moving expense deduction <b>into</b> Iowa only .....	22. _____ .00	_____ .00
23. Iowa capital gain deduction .....	23. _____ .00	_____ .00
24. Other adjustments.....	24. _____ .00	_____ .00
25. Total adjustments. Add lines 16-24 .....	25. _____ .00	▲ _____ .00
26. Iowa net income. Subtract line 25 from line 15 .....	26. _____ .00	_____ <u>10,024.00</u>
27. All-source net income from IA 1040, line 26.....	27. _____ .00	_____ <u>48,804.00</u>
28. Iowa income percentage: Divide line 26 by line 27 and enter percentage rounded to nearest tenth of a percent. This can be no more than 100.0% and no less than 0.0% .....	28. _____ %	_____ <u>20.5</u> %
29. Nonresident/part-year resident credit percentage: Subtract the percentage on line 28 from 100.0% .....	29. _____ %	_____ <u>79.5</u> %
30. Iowa tax on total income from IA 1040, line 39 .....	30. _____ .00	_____ <u>1,905.00</u>
31. Total credits from IA 1040, line 46.....	31. _____ .00	_____ <u>40.00</u>
32. Tax after credits. Subtract line 31 from line 30.....	32. _____ .00	_____ <u>1,865.00</u>
33. Nonresident/part-year resident credit. Multiply line 32 by the percentage on line 29. Enter this amount on IA 1040, line 48.....	33. _____ .00	_____ <u>1,483.00</u>



Name(s): SANDEEP KUMAR BAINDDLA Social Security number: 470-61-9283

**PART I - Iowa Adjustments and Preferences. See instructions.**

If you itemized deductions on Schedule A (IA 1040), start on line 1. If you did not itemize on your IA 1040, start on line 2.

- 1. Taxes from IA 1040 Schedule A, line 8 ..... 1. 2,219.
- 2. Refunds of taxes (exclude Iowa income tax) ..... 2. ( )
- 3. Investment interest expense (difference between regular tax and AMT) ..... 3.
- 4. Qualified small business stock ..... 4.
- 5. Exercise of incentive stock options (excess of AMT income over regular tax income) . 5.
- 6. Estates and trusts [amount from federal Schedule K-1 (Form 1041)] ..... 6.
- 7. Disposition of property (difference between AMT and regular tax gain or loss) ..... 7.
- 8. Depreciation on assets placed in service after 1986 (difference between regular tax and AMT) ..... 8.
- 9. Passive activities (difference between AMT and regular tax income or loss)..... 9.
- 10. Loss limitations (difference between AMT and regular tax income or loss) ..... 10.
- 11. Circulation costs (difference between regular tax and AMT)..... 11.
- 12. Long-term contracts (difference between AMT and regular tax income)..... 12.
- 13. Mining costs (difference between regular tax and AMT) ..... 13.
- 14. Research and experimental costs (difference between regular tax and AMT) ..... 14.
- 15. Income from certain installment sales before January 1, 1987 ..... 15. ( )
- 16. Other adjustments, including income-based related adjustments ..... 16.
- 17. Total adjustments and preferences. Add lines 1 through 16 ..... 17. 2,219.

**PART II - Iowa Alternative Minimum Taxable Income**

- 18. Taxable income from IA 1040, line 38..... 18. 39,863.
- 19. Net operating loss deduction. Do not enter as a negative amount..... 19.
- 20. Add lines 17, 18, and 19 ..... 20. 42,082.
- 21. Iowa Alternative Minimum Tax net operating loss deduction. See instructions ..... 21.
- 22. Iowa Alternative Minimum Taxable Income. Subtract line 21 from line 20 ..... 22. 42,082.



**PART III - Iowa Exemption Amount and Iowa Alternative Minimum Tax Based on Iowa Filing Status**

23. Enter the applicable amount below based on your Iowa filing status:

- If filing status 1, 5, or 6, enter \$26,000. ■
- If filing status 2, enter \$35,000.
- If filing status 3 or 4, enter \$17,500..... 23. 26,000.

24. Enter the applicable amount below based on your Iowa filing status:

- If filing status 1, 5, or 6, enter \$112,500.
- If filing status 2, enter \$150,000.
- If filing status 3 or 4, enter \$75,000..... 24. 112,500.

25. Subtract line 24 from line 22. If zero or less, enter zero..... 25. 0.

26. Multiply line 25 by 25% (.25)..... 26. 0.

27. Subtract line 26 from line 23. If zero or less, enter zero..... 27. 26,000.

28. Subtract line 27 from line 22. If zero or less, enter zero..... 28. 16,082.

29. Tentative Iowa Alternative Minimum Tax. Multiply line 28 by 6.4% (.064) ..... 29. 1,029.

30. Regular tax less exemption credits. IA 1040 line 39, less IA 1040 line 43 ..... 30. 1,865.

31. Iowa Alternative Minimum Tax. Subtract line 30 from 29; enter here and on IA 1040, line 41. If zero or less, enter zero. See instructions for Iowa Alternative Minimum Tax Limited to Net Worth..... 31. 0.

**PART IV - Nonresidents and Part-Year Residents Only – Complete Lines 32-35.**

32. Enter Iowa net income plus Iowa adjustments and preferences. If zero or less, enter zero. See instructions. .... 32. 10,024.

33. Total net income plus total adjustments and preferences. See instructions..... 33. 51,023.

34. Divide line 32 by line 33 and enter the result to three decimal places. If greater than one, enter 1.000..... 34. .196

35. Iowa Alternative Minimum Tax. Multiply line 31 by 34. Enter here and on IA 1040, line 41. See instructions..... 35. 0.





Name  
SANDEEP KUMAR BAINDDLA

Social Security No.  
470-61-9283

	Spouse/Status 3	You or Joint
a Accrual method . . . . .		
b Active duty military pay included in line 15 Gross Income (see detailed IA 1040 instructions online) . . . . .		
c Alternative motor vehicle deduction . . . . .		
d Capital gains from installment sales reported on the 2001 Iowa return using the accrual method . . . . .		
e Capital or ordinary gain from involuntary conversion related to eminent domain . . . . .		
f Claim of right deduction may be taken on line 24, or you can calculate the tax reduction as a credit claimed on line 62, but not both . . . . .		
g College Savings Iowa or Iowa Advisor 529 Plan contributions, up to \$3,439 per beneficiary . . . . .		
h Disability income exclusion - Include Form IA 2440 . . . . .		
i RESERVED FOR FUTURE USE . . . . .		
j First-time homebuyer savings account qualifying contributions up to \$2,137 per account holder. For joint account holders filing married filing jointly you may claim up to \$4,274 . . . . .		
k Employer social security credit from federal return . . . . .		
l Federal alcohol and cellulosic biofuel fuels credit from federal return . . . . .		
m Foreign-earned income exclusion and/or foreign housing deduction from federal return . . . . .		
n Gains or losses from distressed sale transactions . . . . .		
o Health savings account deduction from federal form 1040, Schedule 1 . . . . .		
p Injured veterans program, contributions to (do not put on IA Sch. A)		
q Injured veterans program, (only grants from) . . . . .		
r In-home health care . . . . .		
s Iowa Veterans Trust Fund . . . . .		
t Military exemptions, not already excluded (see detailed IA 1040 instructions online) . . . . .		
u Net operating loss, Iowa . . . . .		
v Organ transplant expenses . . . . .		
w Partnership income and/or S corporation income: Modifications that decreased the income . . . . .		
x Segal Americorps Education Award Payments . . . . .		
y Speculative shell buildings . . . . .		
z Student loan interest deduction from federal 1040, Schedule 1, line 20 . . . . .		
aa Victim compensation awards . . . . .		
bb Wages paid certain individuals . . . . .		
cc Work Opportunity Credit from federal return . . . . .		
dd Other federal adjustments prior to calculation of federal 1040 line 8b (federal adjusted gross income) not already taken on IA 1040:		
1 Jury duty pay given to employer . . . . .		
2 Other:		
_____		
_____		
_____		
ee Educator expenses . . . . .		
ff Tuition and Fees Deduction . . . . .		
gg Nonresident Electric Utility Worker Training and Emergency Response Work Reciprocity (see detailed IA 1040 instructions online) . . . . .		
hh Rapid Response to State Disasters . . . . .		
ii Iowa ABLE savings plan trust, up to \$3,439 per beneficiary . . . . .		
jj Charitable contribution for non-itemizers from Form 1040 In 10b . . . . .		300.
kk Federal, state or local grant to communications service provider . . . . .		
ll Economic Development Authority Grant provided under the Iowa Small Business Grant Program (if included in Sch C, In 1)		
<b>Totals</b> . . . . .		300.