

IRS e-file Signature Authorization

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

Submission Identification Number (SID) ▶

| | |
|--|---------------------------------------|
| Taxpayer's name VENKAT RANGE REDDY SIMHADRI | Social security number 751-58-4250 |
| Spouse's name | Spouse's social security number |

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

Enter whole dollars only on lines 1 through 5.

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

| | | |
|---|---|--------|
| 1 Adjusted gross income | 1 | 1,339. |
| 2 Total tax | 2 | 46. |
| 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | 3 | 181. |
| 4 Amount you want refunded to you | 4 | 135. |
| 5 Amount you owe | 5 | |

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

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

Taxpayer's PIN: check one box only

- I authorize GLOBAL TAXES LLC to enter or generate my PIN

| | | | | |
|---|---|---|---|---|
| 8 | 4 | 2 | 5 | 0 |
|---|---|---|---|---|

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

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

- I authorize _____ to enter or generate my PIN

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

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

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication – Practitioner PIN Method Only

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

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| 5 | 8 | 7 | 2 | 7 | 8 | 6 | 1 | 9 | 8 | 9 |
|---|---|---|---|---|---|---|---|---|---|---|

Don't enter all zeros

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

ERO's signature ▶ _____ Date ▶ _____

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

Filing Status [X] Single [] Married filing jointly [] Married filing separately (MFS) [] Head of household (HOH) [] Qualifying widow(er) (QW)
Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent

Your first name and middle initial: VENKAT RANGE REDDY
Last name: SIMHADRI
Your social security number: 751-58-4250
If joint return, spouse's first name and middle initial:
Last name:
Spouse's social security number:

Home address (number and street): 23402 TRADEWIND DR
Apt. no.:
City, town, or post office: ASHBURN
State: VA
ZIP code: 20148
Foreign country name:
Foreign province/state/county:
Foreign postal code:
Presidential Election Campaign: [] You [] Spouse

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

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

Age/Blindness You: [] Were born before January 2, 1956 [] Are blind Spouse: [] Was born before January 2, 1956 [] Is blind

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Child tax credit, Credit for other dependents. Includes instructions for dependents.

Main tax calculation table with columns for line numbers and amounts. Includes sections for Attach Sch. B if required, Standard Deduction for, and Taxable income calculation.

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

**SCHEDULE A
(Form 1040)**

Itemized Deductions

OMB No. 1545-0074

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

▶ Attach to Form 1040 or 1040-SR.

2020

Attachment
Sequence No. **07**

Department of the Treasury
Internal Revenue Service (99)

Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

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

VENKAT RANGE REDDY SIMHADRI

Your social security number

751-58-4250

Medical and Dental Expenses

Caution: Do not include expenses reimbursed or paid by others.

| | | | |
|----------|---|---|----------|
| 1 | Medical and dental expenses (see instructions) | | 1 |
| 2 | Enter amount from Form 1040 or 1040-SR, line 11 | 2 | |
| 3 | Multiply line 2 by 7.5% (0.075) | | 3 |
| 4 | Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- | | 4 |

Taxes You Paid

| | | | |
|----------|--|-----|-----------|
| 5 | State and local taxes. | | |
| a | State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box <input type="checkbox"/> | 78. | 5a |
| b | State and local real estate taxes (see instructions) | | 5b |
| c | State and local personal property taxes | | 5c |
| d | Add lines 5a through 5c | 78. | 5d |
| e | Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) | 78. | 5e |
| 6 | Other taxes. List type and amount ▶ | | 6 |
| 7 | Add lines 5e and 6 | | 7 |

78.

Interest You Paid

Caution: Your mortgage interest deduction may be limited (see instructions).

| | | | |
|-----------|---|--|-----------|
| 8 | Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box <input type="checkbox"/> | | |
| a | Home mortgage interest and points reported to you on Form 1098. See instructions if limited | | 8a |
| b | Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ▶ | | 8b |
| c | Points not reported to you on Form 1098. See instructions for special rules | | 8c |
| d | Mortgage insurance premiums (see instructions) | | 8d |
| e | Add lines 8a through 8d | | 8e |
| 9 | Investment interest. Attach Form 4952 if required. See instructions. | | 9 |
| 10 | Add lines 8e and 9 | | 10 |

Gifts to Charity

Caution: If you made a gift and got a benefit for it, see instructions.

| | | | |
|-----------|---|------|-----------|
| 11 | Gifts by cash or check. If you made any gift of \$250 or more, see instructions | 800. | 11 |
| 12 | Other than by cash or check. If you made any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500. | | 12 |
| 13 | Carryover from prior year | | 13 |
| 14 | Add lines 11 through 13 | | 14 |

800.

Casualty and Theft Losses

| | | | |
|-----------|--|--|-----------|
| 15 | Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions | | 15 |
|-----------|--|--|-----------|

Other Itemized Deductions

| | | | |
|-----------|---|--|-----------|
| 16 | Other—from list in instructions. List type and amount ▶ | | 16 |
|-----------|---|--|-----------|

Total Itemized Deductions

| | | | |
|-----------|---|------|-----------|
| 17 | Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 12 | 878. | 17 |
| 18 | If you elect to itemize deductions even though they are less than your standard deduction, check this box <input checked="" type="checkbox"/> | | |

TAXABLE YEAR

FORM

2020

California e-file Signature Authorization for Individuals

8879

Table with 2 columns: Name/SSN/ITIN and Spouse's/RDP's name/SSN/ITIN. Row 1: VENKAT RANGE REDDY SIMHADRI, 751-58-4250. Row 2: (blank), (blank).

Part I Tax Return Information (whole dollars only)

Table with 2 columns: Line number and Amount. Line 1: California Adjusted Gross Income (AGI) ... 1. Line 2: Amount You Owe ... 2. Line 3: Refund or No Amount Due ... 3 0.

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

Under penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2020, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider (including my name, address, and social security number or individual tax identification number) and the amounts shown in Part I above agree with the information and amounts shown on the corresponding lines of my electronic income tax return. If applicable, I authorize an electronic funds withdrawal of the amount on line 2 and/or the estimated tax payments as shown on my return and on form FTB 8455, California e-file Payment Record for Individuals, or a comparable form. If applicable, I declare that direct deposit refund amount on line 3 agrees with the direct deposit authorization stated on my return. If I have filed a joint return, this is an irrevocable appointment of the other spouse/RDP as an agent to authorize an electronic funds withdrawal or direct deposit. I authorize my ERO, transmitter, or intermediate service provider to transmit my complete return to the Franchise Tax Board (FTB). If the processing of my return or refund is delayed, I authorize the FTB to disclose to my ERO, intermediate service provider, and/or transmitter the reason(s) for the delay or the date when the refund was sent. If I am filing a balance due return, I understand that if the FTB does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I acknowledge that I have read and consent to the Electronic Funds Withdrawal Consent included on the copy of my electronic income tax return. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

[X] I authorize GLOBAL TAXES LLC to enter my PIN 8 4 2 5 0 to enter my PIN. Do not enter all zeros 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. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature Date

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

[] I authorize to enter my PIN to enter my PIN. Do not enter all zeros 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. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's/RDP's signature Date

Practitioner PIN Method Returns Only -- continue below

Part III Certification and Authentication — Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 5 8 7 2 7 8 6 1 9 8 9. Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the 2020 California individual income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and FTB Pub. 1345, 2020 Handbook for Authorized e-file Providers.

ERO's signature Date 02/17/2021

California Nonresident or Part-Year Resident Income Tax Return

2020

540NR

APE

ATTACH FEDERAL RETURN

751-58-4250 SIMH
VENKATRANGE SIMHADRI

20

23402 TRADEWIND DR
ASHBURN VA 20148

05-02-1986

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

Filing Status

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

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

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

Whole dollars only

Exemptions

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

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

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

Total dependent exemptions 10 X \$383 = \$

Your name: Your SSN or ITIN:

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

| | | |
|-----------------------------|---|---------------------------------|
| Total Taxable Income | 12 Total California wages from your federal Form(s) W-2, box 16 <input checked="" type="radio"/> 12 <input type="text" value=""/> | <input type="text" value="00"/> |
| | 13 Enter federal AGI from federal Form 1040, 1040-SR, or 1040-NR, line 11 <input checked="" type="radio"/> 13 <input type="text" value="1339"/> | <input type="text" value="00"/> |
| | 14 California adjustments – subtractions. Enter the amount from Schedule CA (540NR), Part II, line 23, column B <input checked="" type="radio"/> 14 <input type="text" value=""/> | <input type="text" value="00"/> |
| | 15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions <input type="radio"/> 15 <input type="text" value="1339"/> | <input type="text" value="00"/> |
| | 16 California adjustments – additions. Enter the amount from Schedule CA (540NR), Part II, line 23, column C <input checked="" type="radio"/> 16 <input type="text" value=""/> | <input type="text" value="00"/> |
| | 17 Adjusted gross income from all sources. Combine line 15 and line 16. <input checked="" type="radio"/> 17 <input type="text" value="1339"/> | <input type="text" value="00"/> |
| | 18 Enter the larger of: Your California itemized deductions from Schedule CA (540NR), Part III, line 30; OR Your California standard deduction . See instructions <input checked="" type="radio"/> 18 <input type="text" value="4601"/> | <input type="text" value="00"/> |
| | 19 Subtract line 18 from line 17. This is your total taxable income . If less than zero, enter -0- <input checked="" type="radio"/> 19 <input type="text" value="0"/> | <input type="text" value="00"/> |

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

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

Your name: Your SSN or ITIN:

Special Credits continued

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

Other Taxes

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

Payments

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

ISR Penalty

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

Overpaid Tax/Tax Due

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

Your name: Your SSN or ITIN:

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

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

Your name: SIMHADRI Your SSN or ITIN: 751-58-4250

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

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

125 REFUND OR NO AMOUNT DUE. Subtract line 120 from line 103. See instructions. Mail to: FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001. Fill in the information to authorize direct deposit of your refund into one or two accounts. Do not attach a voided check or a deposit slip. See instructions. Have you verified the routing and account numbers? Use whole dollars only. All or the following amount of my refund (line 125) is authorized for direct deposit into the account shown below:

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

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

Refund and Direct Deposit. Routing number, Type (Checking/Savings), Account number, Direct deposit amount (127)

IMPORTANT: Attach a copy of your complete federal return.

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

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

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

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

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) SYAM PRIYA RAM SAGAR GUPTA TALLAM

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

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

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 VENKAT RANGE REDDY SIMHADRI | SSN or ITIN 751584250 |
|---|--------------------------|

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"/> CA | <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 type="radio"/> ___ / ___ / ___ | <input type="radio"/> ___ / ___ / ___ |
| 4 I became a CA nonresident (enter new state of residence and date (mm/dd/yyyy) of move) . | <input type="radio"/> ___ / ___ / ___ | <input type="radio"/> ___ / ___ / ___ |
| 5 I was a CA nonresident the entire year (enter state of residence). | <input type="radio"/> F C | <input type="radio"/> ___ |
| 6 The number of days I spent in CA for any purpose was: | <input type="radio"/> ___ | <input type="radio"/> ___ |
| 7 I owned a home/property in CA (enter Y for Yes, N for No) | <input type="radio"/> N | <input type="radio"/> ___ |
| 8 Before 2020: I was a CA resident for the period of | <input type="radio"/> ___ / ___ / ___ - ___ / ___ / ___ | <input type="radio"/> ___ / ___ / ___ - ___ / ___ / ___ |

| Part II Income Adjustment Schedule | A | B | C | D | E |
|---|--|--|---|---|--|
| Section A — Income from federal Form 1040 or 1040-SR | Federal Amounts (taxable amounts from your federal tax return) | Subtractions See instructions (difference between CA & federal law) | Additions See instructions (difference between CA & federal law) | Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result) | CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident) |
| 1 Wages, salaries, tips, etc. See instructions before making an entry in col. B or C. 1 | <input checked="" type="radio"/> 1,339. | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> 1,339. | <input type="radio"/> |
| 2 Taxable interest. a <input type="radio"/> 2b | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3 Ordinary dividends. See instructions. a <input type="radio"/> 3b | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4 IRA distributions. See instructions. a <input type="radio"/> 4b | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5 Pensions and annuities. See instructions. a <input type="radio"/> 5b | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6 Social security benefits. a <input type="radio"/> 6b | <input type="radio"/> | <input type="radio"/> | | | |
| 7 Capital gain or (loss). See instructions 7 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Section B — Additional Income from federal Schedule 1 (Form 1040) | | | | | |
| 1 Taxable refunds, credits, or offsets of state and local income taxes. 1 | <input type="radio"/> | <input type="radio"/> | | | |
| 2a Alimony received. See instructions. 2a | <input type="radio"/> | | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3 Business income or (loss). See instructions. 3 | <input type="radio"/> | <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 type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

| | A | B | C | D | E |
|--|---|---|--|---|---|
| Section B — Additional Income Continued | Federal Amounts (taxable amounts from your federal tax return) | Subtractions See instructions (difference between CA & federal law) | Additions See instructions (difference between CA & federal law) | Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result) | CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident) |
| 6 Farm income or (loss) 6 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7 Unemployment compensation 7 | <input type="radio"/> | <input type="radio"/> | | | |
| 8 Other income. | | | | | |
| a California lottery winnings | | <input type="radio"/> | a _____ | | |
| b Disaster loss deduction from FTB 3805V | | <input type="radio"/> | b _____ | | |
| c Federal NOL (Schedule 1 (Form 1040), line 8) | | <input type="radio"/> | c <input type="radio"/> | | |
| d NOL deduction from FTB 3805V 8 | <input type="radio"/> | <input type="radio"/> | d _____ | 8 <input type="radio"/> | 8 <input type="radio"/> |
| e NOL from FTB 3805Z, FTB 3807, or FTB 3809 | | <input type="radio"/> | e _____ | | |
| f Other (describe): <input type="radio"/> _____ | | <input type="radio"/> | f <input type="radio"/> | | |
| g Student loan discharged due to closure of a for-profit school | | <input type="radio"/> | g _____ | | |
| 9 Total. Combine Section A, line 1 through line 7, and Section B, line 1 through line 8, in each column. Go to Section C 9 | <input type="radio"/> 1,339. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> 1,339. | <input type="radio"/> |

| | A | B | C | D | E |
|---|---|---|--|---|---|
| Section C — Adjustments to Income from federal Schedule 1 (Form 1040) | Federal Amounts (taxable amounts from your federal tax return) | Subtractions See instructions (difference between CA & federal law) | Additions See instructions (difference between CA & federal law) | Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result) | CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident) |
| 10 Educator expenses 10 | <input type="radio"/> | <input type="radio"/> | | | |
| 11 Certain business expenses of reservists, performing artists, and fee-basis government officials 11 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 12 Health savings account deduction 12 | <input type="radio"/> | <input type="radio"/> | | | |
| 13 Moving expenses. Attach federal Form 3903. See instructions 13 | <input type="radio"/> | | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 14 Deductible part of self-employment tax. See instructions. 14 | <input type="radio"/> | <input type="radio"/> | | <input type="radio"/> | <input type="radio"/> |
| 15 Self-employed SEP, SIMPLE, and qualified plans 15 | <input type="radio"/> | | | <input type="radio"/> | <input type="radio"/> |
| 16 Self-employed health insurance deduction. See instructions. 16 | <input type="radio"/> | <input type="radio"/> | | <input type="radio"/> | <input type="radio"/> |
| 17 Penalty on early withdrawal of savings . . . 17 | <input type="radio"/> | | | <input type="radio"/> | <input type="radio"/> |
| 18a Alimony paid. b Enter recipient's: SSN <input type="radio"/> _____ Last name <input type="radio"/> _____ 18a | <input type="radio"/> | | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 19 IRA deduction 19 | <input type="radio"/> | | | <input type="radio"/> | <input type="radio"/> |
| 20 Student loan interest deduction 20 | <input type="radio"/> | | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 21 Tuition and fees 21 | <input type="radio"/> | <input type="radio"/> | | | |
| 22 Add line 10 through line 21 in each column, A through E 22 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 23 Total. Subtract line 22 from line 9 in each column, A through E. See instructions. . . 23 | <input type="radio"/> 1,339. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> 1,339. | <input type="radio"/> |

Part III Adjustments to Federal Itemized Deductions

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

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

Medical and Dental Expenses See instructions.

| | | | | | |
|---|--|--------|---|--|----------------------------------|
| 1 | Medical and dental expenses <input checked="" type="radio"/> | 1 | | | |
| 2 | Enter amount from federal Form 1040 or 1040-SR, line 11 <input checked="" type="radio"/> | 1,339. | 2 | | |
| 3 | Multiply line 2 by 7.5% (0.075) <input checked="" type="radio"/> | 100. | 3 | | |
| 4 | Subtract line 3 from line 2. If line 3 is more than line 2, enter 0 <input checked="" type="radio"/> | | 4 | | <input checked="" type="radio"/> |

Taxes You Paid

| | | | | | |
|----|--|-----|----------------------------------|-----|-------------------------------------|
| 5a | State and local income tax or general sales taxes <input checked="" type="radio"/> | 78. | <input checked="" type="radio"/> | 78. | |
| 5b | State and local real estate taxes <input checked="" type="radio"/> | | | | |
| 5c | State and local personal property taxes <input checked="" type="radio"/> | | | | |
| 5d | Add line 5a through line 5c <input checked="" type="radio"/> | 78. | | | |
| 5e | Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) in column A <input checked="" type="radio"/> Enter the amount from line 5a, column B in line 5e, column B <input checked="" type="radio"/> Enter the difference from line 5d and line 5e, column A in line 5e, column C <input checked="" type="radio"/> | 78. | <input checked="" type="radio"/> | 78. | <input checked="" type="radio"/> 0. |
| 6 | Other taxes. List type <input checked="" type="radio"/> | | <input checked="" type="radio"/> | | <input checked="" type="radio"/> |
| 7 | Add line 5e and line 6 <input checked="" type="radio"/> | 78. | <input checked="" type="radio"/> | 78. | <input checked="" type="radio"/> 0. |

Interest You Paid

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

Gifts to Charity

| | | | | | |
|----|--|------|----------------------------------|------|----------------------------------|
| 11 | Gifts by cash or check <input checked="" type="radio"/> | 800. | <input checked="" type="radio"/> | 130. | <input checked="" type="radio"/> |
| 12 | Other than by cash or check <input checked="" type="radio"/> | | <input checked="" type="radio"/> | | <input checked="" type="radio"/> |
| 13 | Carryover from prior year <input checked="" type="radio"/> | | <input checked="" type="radio"/> | | <input checked="" type="radio"/> |
| 14 | Add line 11 through line 13 <input checked="" type="radio"/> | 800. | <input checked="" type="radio"/> | 130. | <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"/> | | <input checked="" type="radio"/> | | <input checked="" type="radio"/> |
|----|---|--|----------------------------------|--|----------------------------------|

Other Itemized Deductions

| | | | | | |
|----|---|------|----------------------------------|------|---------------------------------------|
| 16 | Other—from list in federal instructions <input checked="" type="radio"/> | | <input checked="" type="radio"/> | | <input checked="" type="radio"/> |
| 17 | Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C <input checked="" type="radio"/> | 878. | <input checked="" type="radio"/> | 208. | <input checked="" type="radio"/> 0. |
| 18 | Total. Combine line 17 column A less column B plus column C <input checked="" type="radio"/> | | | | <input checked="" type="radio"/> 670. |

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 1,339.

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

Health Coverage Exemptions and Individual Shared Responsibility Penalty

2020

3853

Attach to your California Form 540, Form 540NR, or Form 540 2EZ.

| | |
|--|-------------|
| Name(s) as shown on your California tax return | SSN or ITIN |
|--|-------------|

Part I Applicable Household Members. List all members of your applicable household whether or not they have an exemption or an Exemption Certificate Number (ECN) granted by the Marketplace. See instructions.

| | First Name | Initial | SSN | Date of Birth (mm/dd/yyyy) | Modified AGI |
|-----------|-------------------------|---------|---------------|----------------------------|--------------|
| 1 | ● VENKAT RANGE REDDY | ● | ● 751-58-4250 | ● 05/02/1986 | ● 1,339. |
| | Last Name ● SIMHADRI | | ECN 1 ● | ECN 2 ● | ECN 3 ● |
| 2 | ● | ● | ● | ● | ● |
| | Last Name ● | | ECN 1 ● | ECN 2 ● | ECN 3 ● |
| 3 | ● | ● | ● | ● | ● |
| | Last Name ● | | ECN 1 ● | ECN 2 ● | ECN 3 ● |
| 4 | ● | ● | ● | ● | ● |
| | Last Name ● | | ECN 1 ● | ECN 2 ● | ECN 3 ● |
| 5 | ● | ● | ● | ● | ● |
| | Last Name ● | | ECN 1 ● | ECN 2 ● | ECN 3 ● |
| 6 | ● | ● | ● | ● | ● |
| | Last Name ● | | ECN 1 ● | ECN 2 ● | ECN 3 ● |
| 7 | ● | ● | ● | ● | ● |
| | Last Name ● | | ECN 1 ● | ECN 2 ● | ECN 3 ● |
| 8 | ● | ● | ● | ● | ● |
| | Last Name ● | | ECN 1 ● | ECN 2 ● | ECN 3 ● |
| 9 | ● | ● | ● | ● | ● |
| | Last Name ● | | ECN 1 ● | ECN 2 ● | ECN 3 ● |
| 10 | ● | ● | ● | ● | ● |
| | Last Name ● | | ECN 1 ● | ECN 2 ● | ECN 3 ● |
| 11 | ● | ● | ● | ● | ● |
| | Last Name ● | | ECN 1 ● | ECN 2 ● | ECN 3 ● |
| 12 | ● | ● | ● | ● | ● |
| | Last Name ● | | ECN 1 ● | ECN 2 ● | ECN 3 ● |

Part II Coverage Exemption Claimed on Your Tax Return for Your Household

1 If you are claiming a coverage exemption because your applicable household income or gross income is below the filing threshold, check the box here. See instructions.

Your Name:

Your SSN or ITIN:

Part III Coverage and Exemptions Claimed on Your Tax Return for Individuals. If you and/or a member of your applicable household are reporting any coverage or are claiming exemptions for the tax year, complete Part III. See instructions.

Coverage and Exemption Codes

| | | | (a) Full-year | (b) Jan | (c) Feb | (d) Mar | (e) Apr | (f) May | (g) June | (h) July | (i) Aug | (j) Sept | (k) Oct | (l) Nov | (m) Dec |
|----|-------------------------------------|----------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1 | First Name <input type="radio"/> | Initial <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | Last Name <input type="radio"/> | | | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2 | First Name <input type="radio"/> | Initial <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | Last Name <input type="radio"/> | | | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3 | First Name <input type="radio"/> | Initial <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | Last Name <input type="radio"/> | | | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4 | First Name <input type="radio"/> | Initial <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | Last Name <input type="radio"/> | | | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5 | First Name <input type="radio"/> | Initial <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | Last Name <input type="radio"/> | | | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6 | First Name <input type="radio"/> | Initial <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | Last Name <input type="radio"/> | | | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7 | First Name <input type="radio"/> | Initial <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | Last Name <input type="radio"/> | | | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 8 | First Name <input type="radio"/> | Initial <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | Last Name <input type="radio"/> | | | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 9 | First Name <input type="radio"/> | Initial <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | Last Name <input type="radio"/> | | | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10 | First Name <input type="radio"/> | Initial <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | Last Name <input type="radio"/> | | | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 11 | First Name <input type="radio"/> | Initial <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | Last Name <input type="radio"/> | | | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 12 | First Name <input type="radio"/> | Initial <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | Last Name <input type="radio"/> | | | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Part IV Individual Shared Responsibility Penalty

1 Your Individual Shared Responsibility Penalty. Enter on Form 540, line 92; Form 540NR, line 91; or Form 540 2EZ, line 27.

See instructions **1.** 0.

Name as Shown on Return
VENKAT RANGE REDDY SIMHADRI

Social Security Number
751-58-4250

Part I – Itemized Deductions (Not Subject to 2% Limitation)

| | | |
|---------------------------------------|---|-----------|
| Separately reported items | | |
| All to Schedule CA/NR, Part II/III... | | |
| • | Mortgage Interest Adjustment, Reported on Form 1098 (...line 8a, col C) | _____ |
| • | Mortgage Interest Adjustment, Not Reported on Form 1098 (...line 8b, col C) | _____ |
| • | Points Adjustment, Not Reported on Form 1098 (...line 8c, col C) | _____ |
| • | Mortgage Insurance Premiums (...line 8d, col B) | _____ |
| • | Investment interest expense (...line 9, col B or C). | _____ |
| • | Mortgage interest credit, from federal Form 8396, line 3 (...line 8, col C) | _____ |
| • | Qualified charitable contrib portion that exceeds 50% of AGI limit (...line 11, B) | 130. |
| • | Charitable contribution to the College Access Tax Credit Fund for which a credit is being taken in the current year (<i>Enter as negative</i>) (...line 11, col B). | _____ |
| • | Charitable contributions limitation for registered domestic partner (RDP)(11,B) | _____ |
| • | Charitable contribution carryover deduction (...line 13, col C, may be limited) | _____ |
| • | Charitable contribution carryover of appreciated stock donated to a private foundation prior to 1/1/02 (<i>Enter as negative</i>) (...line 13, col B) | _____ |
| • | California lottery losses (<i>Enter as negative</i>) (...line 16, col B) | _____ |
| • | Federal estate tax (<i>Enter as negative</i>) (...line 16, col B) | _____ |
| • | Generation skipping transfer tax (<i>Enter as negative</i>) (...line 6, col B) | _____ |
| • | Casualty/theft losses adjustments (...line 16, col B if < 0 or line 15, col C if > 0) | _____ |
| • | Medical and Dental Expense Deduction | _____ |
| 1 | Adoption-related expenses (<i>Enter as negative</i>) | 1 _____ |
| 2 | California adjustments from K-1s - other taxes | 2 _____ |
| 3 | Interest paid on loans from a utility company to purchase energy efficient equipment or products for California residences | 3 _____ |
| 4 | Nontaxable income expenses | 4 _____ |
| 5 | State legislator's travel expenses (<i>Enter as negative</i>). | 5 _____ |
| 6 | Other (itemize): | |
| a | _____ | 6 a _____ |
| b | _____ | b _____ |
| c | _____ | c _____ |
| d | _____ | d _____ |
| 7 | Total adjustments not subject to 2% limitation ▶ | 7 _____ |

Part II – Itemized Deductions (Subject to 2% Limitation)

| | | |
|---|---|-----------|
| Part II deductions will appear on Schedule CA or Schedule CA/NR, line 21 | | |
| 1 | Depreciation subject to the 2% limitation of federal adjusted gross income. | 1 _____ |
| 2 | REMIC expenses, from Schedule E | 2 _____ |
| 3 | California adjustments from K-1s: | |
| a | Excess deductions on termination | 3 a _____ |
| b | Deductions related to portfolio income | b _____ |
| c | Miscellaneous deductions limited to 2% of adjusted gross income | c _____ |
| 4 | Educator expenses from Schedule CA or Schedule CA(NR) not deducted elsewhere on the California return | 4 _____ |
| 5 | Other (itemize): | |
| a | _____ | 6 a _____ |
| b | _____ | b _____ |
| c | _____ | c _____ |
| d | _____ | d _____ |
| 6 | Itemized deductions from the federal return | 7 _____ |
| 7 | Total California itemized deductions subject to 2% of federal adjusted gross income. Add Part II, lines 1 through 7 | 8 _____ |

Part III – Total California Miscellaneous Itemized Deductions Adjustment

| | | |
|---|---|---------|
| 1 | Adjustment for Schedule CA/CA(NR) line 27. Add the totals from Part I only. | 1 _____ |
|---|---|---------|

Filing Status [X] Single [] Married filing jointly [] Married filing separately (MFS) [] Head of household (HOH) [] Qualifying widow(er) (QW)
Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent

Your first name and middle initial: VENKAT RANGE REDDY
Last name: SIMHADRI
Your social security number: 751-58-4250
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.
23402 TRADEWIND DR
Apt. no.
City, town, or post office. If you have a foreign address, also complete spaces below.
ASHBURN
State: VA
ZIP code: 20148
Foreign country name:
Foreign province/state/county:
Foreign postal code:
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.
[] You [] Spouse

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

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

Age/Blindness You: [] Were born before January 2, 1956 [] Are blind Spouse: [] Was born before January 2, 1956 [] Is blind

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) if qualifies for (see instructions): Child tax credit, Credit for other dependents. Includes a checkbox for 'Dependents (see instructions):'.

Main tax calculation table with columns for line numbers and amounts. Includes sub-rows for adjustments (10a, 10b, 10c) and a final 'Taxable income' row. Includes a box for 'Standard Deduction for...' with filing status options.

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

**SCHEDULE A
(Form 1040)**

Itemized Deductions

OMB No. 1545-0074

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

▶ Attach to Form 1040 or 1040-SR.

2020

Attachment
Sequence No. **07**

Department of the Treasury
Internal Revenue Service (99)

Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

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

VENKAT RANGE REDDY SIMHADRI

Your social security number

751-58-4250

Medical and Dental Expenses

Caution: Do not include expenses reimbursed or paid by others.

| | | | |
|----------|---|---|----------|
| 1 | Medical and dental expenses (see instructions) | | 1 |
| 2 | Enter amount from Form 1040 or 1040-SR, line 11 | 2 | |
| 3 | Multiply line 2 by 7.5% (0.075) | | 3 |
| 4 | Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- | | 4 |

Taxes You Paid

| | | | |
|----------|--|-----|-----------|
| 5 | State and local taxes. | | |
| a | State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box <input type="checkbox"/> | 78. | 5a |
| b | State and local real estate taxes (see instructions) | | 5b |
| c | State and local personal property taxes | | 5c |
| d | Add lines 5a through 5c | 78. | 5d |
| e | Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) | 78. | 5e |
| 6 | Other taxes. List type and amount ▶ | | 6 |
| 7 | Add lines 5e and 6 | | 7 |

78.

Interest You Paid

Caution: Your mortgage interest deduction may be limited (see instructions).

| | | | |
|-----------|---|--|-----------|
| 8 | Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box <input type="checkbox"/> | | |
| a | Home mortgage interest and points reported to you on Form 1098. See instructions if limited | | 8a |
| b | Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ▶ | | 8b |
| c | Points not reported to you on Form 1098. See instructions for special rules | | 8c |
| d | Mortgage insurance premiums (see instructions) | | 8d |
| e | Add lines 8a through 8d | | 8e |
| 9 | Investment interest. Attach Form 4952 if required. See instructions. | | 9 |
| 10 | Add lines 8e and 9 | | 10 |

Gifts to Charity

Caution: If you made a gift and got a benefit for it, see instructions.

| | | | |
|-----------|---|------|-----------|
| 11 | Gifts by cash or check. If you made any gift of \$250 or more, see instructions | 800. | 11 |
| 12 | Other than by cash or check. If you made any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500. | | 12 |
| 13 | Carryover from prior year | | 13 |
| 14 | Add lines 11 through 13 | | 14 |

800.

Casualty and Theft Losses

| | | | |
|-----------|--|--|-----------|
| 15 | Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions | | 15 |
|-----------|--|--|-----------|

Other Itemized Deductions

| | | | |
|-----------|---|--|-----------|
| 16 | Other—from list in instructions. List type and amount ▶ | | 16 |
|-----------|---|--|-----------|

Total Itemized Deductions

| | | | |
|-----------|---|------|-----------|
| 17 | Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 12 | 878. | 17 |
| 18 | If you elect to itemize deductions even though they are less than your standard deduction, check this box <input checked="" type="checkbox"/> | | |