

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 SAGNIK DEY | Social security number 342-08-1624 |
| Spouse's name JANICE RAJ | Spouse's social security number 607-11-7032 |

Part I Tax Return Information – Tax Year Ending December 31, 2020 (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 | 113,859. |
| 2 Total tax | 2 | 11,177. |
| 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | 3 | 25,229. |
| 4 Amount you want refunded to you | 4 | 17,658. |
| 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 | 1 | 6 | 2 | 4 |
|---|---|---|---|---|

 as my signature on the income tax return (original or amended) I am now authorizing.

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 ▶ 03/13/21

Spouse's PIN: check one box only

I authorize GLOBAL TAXES LLC to enter or generate my PIN

| | | | | |
|---|---|---|---|---|
| 1 | 7 | 0 | 3 | 2 |
|---|---|---|---|---|

 as my signature on the income tax return (original or amended) I am now authorizing.

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 ▶ 03/13/21

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 [] Single [X] 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: SAGNIK, Last name: DEY, Your social security number: 342-08-1624
If joint return, spouse's first name and middle initial: JANICE, Last name: RAJ, Spouse's social security number: 607-11-7032
Home address (number and street): 37151 SAN ANTONIO ST, Apt. no.:
City, town, or post office: NEWARK, State: CA, ZIP code: 94560
Foreign country name, Foreign province/state/county, Foreign postal code

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? [] Yes [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 'Dependents (see instructions):' and 'If more than four dependents, see instructions and check here'.

Main tax calculation table with columns for line numbers and amounts. Includes sections for 'Attach Sch. B if required' and 'Standard Deduction for—' with bullet points for filing status options.

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

| | | | |
|-----------|--|------------|---------|
| 16 | Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____ | 16 | 11,177. |
| 17 | Amount from Schedule 2, line 3 | 17 | |
| 18 | Add lines 16 and 17 | 18 | 11,177. |
| 19 | Child tax credit or credit for other dependents | 19 | |
| 20 | Amount from Schedule 3, line 7 | 20 | |
| 21 | Add lines 19 and 20 | 21 | |
| 22 | Subtract line 21 from line 18. If zero or less, enter -0- | 22 | 11,177. |
| 23 | Other taxes, including self-employment tax, from Schedule 2, line 10 | 23 | 0. |
| 24 | Add lines 22 and 23. This is your total tax | 24 | 11,177. |
| 25 | Federal income tax withheld from: | | |
| a | Form(s) W-2 | 25a | 25,229. |
| b | Form(s) 1099 | 25b | |
| c | Other forms (see instructions) | 25c | |
| d | Add lines 25a through 25c | 25d | 25,229. |
| 26 | 2020 estimated tax payments and amount applied from 2019 return | 26 | |
| 27 | Earned income credit (EIC) NO | 27 | |
| 28 | Additional child tax credit. Attach Schedule 8812 | 28 | |
| 29 | American opportunity credit from Form 8863, line 8 | 29 | |
| 30 | Recovery rebate credit. See instructions | 30 | 3,600. |
| 31 | Amount from Schedule 3, line 13 | 31 | 6. |
| 32 | Add lines 27 through 31. These are your total other payments and refundable credits | 32 | 3,606. |
| 33 | Add lines 25d, 26, and 32. These are your total payments | 33 | 28,835. |

Refund

| | | | |
|------------|---|------------|---|
| 34 | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid | 34 | 17,658. |
| 35a | Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/> | 35a | 17,658. |
| b | Routing number 3 2 2 2 7 1 6 2 7 | c | Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings |
| d | Account number 6 1 7 1 3 0 8 8 0 | | |
| 36 | Amount of line 34 you want applied to your 2021 estimated tax | 36 | |

Amount You Owe

| | | | |
|-----------|--|-----------|--|
| 37 | Subtract line 33 from line 24. This is the amount you owe now | 37 | |
| 38 | Estimated tax penalty (see instructions) | 38 | |

Third Party Designee

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

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

Sign Here

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

| | | | |
|--|-------------------------|---|---|
| Your signature <i>Sagun</i> | Date 03/13/21 | Your occupation TECHNICAL PRODUCT MANAGER | If the IRS sent you an Identity Protection PIN, enter it here (see inst.) |
| Spouse's signature. If a joint return, both must sign. <i>Jy</i> | Date 3/13/21 | Spouse's occupation PSYCHOLOGIST | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) |
| Phone no. | Email address | | |

Paid Preparer Use Only

| | | | | |
|---|--|---------------------------|--------------------------|---|
| Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM | Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM | Date 03/11/2021 | PTIN P02082703 | Check if: <input type="checkbox"/> Self-employed |
| Firm's name GLOBAL TAXES LLC | Firm's address 2530 Pebble Creek Ln Cumming GA 30041 | | | Phone no. (678) 965-9522 Firm's EIN 30-1017196 |

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

**SCHEDULE 1
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

OMB No. 1545-0074

2020
Attachment
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
SAGNIK DEY & JANICE RAJ

Your social security number
342-08-1624

Part I Additional Income

| | | | |
|-----------|---|-----------|----------|
| 1 | Taxable refunds, credits, or offsets of state and local income taxes | 1 | |
| 2a | Alimony received | 2a | |
| b | Date of original divorce or separation agreement (see instructions) ▶ _____ | | |
| 3 | Business income or (loss). Attach Schedule C | 3 | -20,723. |
| 4 | Other gains or (losses). Attach Form 4797 | 4 | |
| 5 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E | 5 | |
| 6 | Farm income or (loss). Attach Schedule F | 6 | |
| 7 | Unemployment compensation | 7 | |
| 8 | Other income. List type and amount ▶ _____ | 8 | |
| 9 | Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 | 9 | -20,723. |

Part II Adjustments to Income

| | | | |
|------------|---|------------|--------|
| 10 | Educator expenses | 10 | |
| 11 | Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 | 11 | |
| 12 | Health savings account deduction. Attach Form 8889 | 12 | |
| 13 | Moving expenses for members of the Armed Forces. Attach Form 3903 | 13 | |
| 14 | Deductible part of self-employment tax. Attach Schedule SE | 14 | |
| 15 | Self-employed SEP, SIMPLE, and qualified plans | 15 | |
| 16 | Self-employed health insurance deduction | 16 | |
| 17 | Penalty on early withdrawal of savings | 17 | |
| 18a | Alimony paid | 18a | |
| b | Recipient's SSN ▶ _____ | | |
| c | Date of original divorce or separation agreement (see instructions) ▶ _____ | | |
| 19 | IRA deduction | 19 | |
| 20 | Student loan interest deduction | 20 | 1,913. |
| 21 | Tuition and fees deduction. Attach Form 8917 | 21 | |
| 22 | Add lines 10 through 21. These are your adjustments to income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a | 22 | 1,913. |

**SCHEDULE 3
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Credits and Payments

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

OMB No. 1545-0074

2020
Attachment
Sequence No. **03**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
SAGNIK DEY & JANICE RAJ

Your social security number
342-08-1624

Part I Nonrefundable Credits

| | | | |
|----------|--|----------|--|
| 1 | Foreign tax credit. Attach Form 1116 if required | 1 | |
| 2 | Credit for child and dependent care expenses. Attach Form 2441 | 2 | |
| 3 | Education credits from Form 8863, line 19 | 3 | |
| 4 | Retirement savings contributions credit. Attach Form 8880 | 4 | |
| 5 | Residential energy credits. Attach Form 5695 | 5 | |
| 6 | Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/> _____ | 6 | |
| 7 | Add lines 1 through 6. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20 | 7 | |

Part II Other Payments and Refundable Credits

| | | | |
|-----------|---|------------|----|
| 8 | Net premium tax credit. Attach Form 8962 | 8 | |
| 9 | Amount paid with request for extension to file (see instructions) | 9 | |
| 10 | Excess social security and tier 1 RRTA tax withheld | 10 | 6. |
| 11 | Credit for federal tax on fuels. Attach Form 4136 | 11 | |
| 12 | Other payments or refundable credits: | | |
| a | Form 2439 | 12a | |
| b | Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 | 12b | |
| c | Health coverage tax credit from Form 8885 | 12c | |
| d | Other: _____ | 12d | |
| e | Deferral for certain Schedule H or SE filers (see instructions) | 12e | |
| f | Add lines 12a through 12e | 12f | |
| 13 | Add lines 8 through 12f. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31 | 13 | 6. |

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

BAA

REV 03/06/21 PRO

Schedule 3 (Form 1040) 2020

**SCHEDULE C
(Form 1040)**

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

OMB No. 1545-0074

2020
Attachment
Sequence No. **09**

Department of the Treasury
Internal Revenue Service (99)

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

▶ Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form 1065.

| | | |
|---|--|---|
| Name of proprietor JANICE RAJ | | Social security number (SSN) 607-11-7032 |
| A Principal business or profession, including product or service (see instructions) PSYCHOLOGIST | B Enter code from instructions ▶ 6 2 1 3 9 9 | |
| C Business name. If no separate business name, leave blank. JANICE RAJ, PSYD | D Employer ID number (EIN) (see instr.) 8 6 2 3 3 8 1 7 5 | |
| E Business address (including suite or room no.) ▶ 37151 SAN ANTONIO ST City, town or post office, state, and ZIP code NEWARK, CA 94560 | | |
| F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ▶ | | |
| G Did you "materially participate" in the operation of this business during 2020? If "No," see instructions for limit on losses | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| H If you started or acquired this business during 2020, check here | | <input type="checkbox"/> |
| I Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| J If "Yes," did you or will you file required Form(s) 1099? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Part I Income

| | | |
|---|----------|--|
| 1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked ▶ <input type="checkbox"/> | 1 | |
| 2 Returns and allowances | 2 | |
| 3 Subtract line 2 from line 1 | 3 | |
| 4 Cost of goods sold (from line 42) | 4 | |
| 5 Gross profit. Subtract line 4 from line 3 | 5 | |
| 6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) | 6 | |
| 7 Gross income. Add lines 5 and 6 ▶ | 7 | |

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

| | | | | | |
|---|------------|------|---|------------|----------|
| 8 Advertising | 8 | | 18 Office expense (see instructions) | 18 | |
| 9 Car and truck expenses (see instructions). | 9 | | 19 Pension and profit-sharing plans | 19 | |
| 10 Commissions and fees | 10 | | 20 Rent or lease (see instructions): | | |
| 11 Contract labor (see instructions) | 11 | | a Vehicles, machinery, and equipment | 20a | |
| 12 Depletion | 12 | | b Other business property | 20b | 9,600. |
| 13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions). | 13 | | 21 Repairs and maintenance | 21 | |
| 14 Employee benefit programs (other than on line 19) | 14 | | 22 Supplies (not included in Part III) | 22 | |
| 15 Insurance (other than health) | 15 | 215. | 23 Taxes and licenses | 23 | |
| 16 Interest (see instructions): | | | 24 Travel and meals: | | |
| a Mortgage (paid to banks, etc.) | 16a | | a Travel | 24a | |
| b Other | 16b | | b Deductible meals (see instructions) | 24b | 2,400. |
| 17 Legal and professional services | 17 | | 25 Utilities | 25 | |
| 28 Total expenses before expenses for business use of home. Add lines 8 through 27a ▶ | 28 | | 26 Wages (less employment credits) | 26 | |
| 29 Tentative profit or (loss). Subtract line 28 from line 7 | 29 | | 27a Other expenses (from line 48) | 27a | 8,508. |
| 30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. Simplified method filers only: Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30 | 30 | | 27b Reserved for future use | 27b | |
| 31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32. | 31 | | | | -20,723. |
| 32 If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited. | | | | | |

32a All investment is at risk.
32b Some investment is not at risk.

Part III Cost of Goods Sold (see instructions)

| | | |
|-----------|--|--|
| 33 | Method(s) used to value closing inventory: a <input type="checkbox"/> Cost b <input type="checkbox"/> Lower of cost or market c <input type="checkbox"/> Other (attach explanation) | |
| 34 | Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 35 | Inventory at beginning of year. If different from last year's closing inventory, attach explanation . . . | 35 |
| 36 | Purchases less cost of items withdrawn for personal use | 36 |
| 37 | Cost of labor. Do not include any amounts paid to yourself | 37 |
| 38 | Materials and supplies | 38 |
| 39 | Other costs | 39 |
| 40 | Add lines 35 through 39 | 40 |
| 41 | Inventory at end of year | 41 |
| 42 | Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4 | 42 |

Part IV Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

| | | |
|------------|---|--|
| 43 | When did you place your vehicle in service for business purposes? (month/day/year) ▶ | |
| 44 | Of the total number of miles you drove your vehicle during 2020, enter the number of miles you used your vehicle for: | |
| a | Business | |
| b | Commuting (see instructions) | |
| c | Other | |
| 45 | Was your vehicle available for personal use during off-duty hours? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 46 | Do you (or your spouse) have another vehicle available for personal use?. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 47a | Do you have evidence to support your deduction? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b | If "Yes," is the evidence written? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Part V Other Expenses. List below business expenses not included on lines 8–26 or line 30.

| | |
|--|------------------|
| WEBSITE CHARGES | 300. |
| ICOUCH PLATFORM FOR THERAPY | 480. |
| PSYCHOLOGY TODAY DIRECTORY | 240. |
| ADVERTISING AND PROMOTIONS | 1,000. |
| BUSINESS CELL PHONE | 575. |
| BUSINESS CELL BILL | 948. |
| DESK EXTENDER | 210. |
| EARPHONES | 75. |
| See Line 48 Other Expenses | 4,680. |
| 48 Total other expenses. Enter here and on line 27a | 48 8,508. |

Additional information from your 2020 Federal Tax Return

Schedule C (PSYCHOLOGIST): Profit or Loss from Business

Line 20b

Itemization Statement

| Description | Amount |
|-------------------|---------------|
| RENT(12M*800 P.M) | 9,600. |
| Total | 9,600. |

Schedule C (PSYCHOLOGIST): Profit or Loss from Business

Line 48 Other Expenses

Continuation Statement

| Description | Amount |
|--------------------|---------------|
| BOOKS | 300. |
| BUSINESS LICENSE | 140. |
| GAS CHARGES | 300. |
| ANTIFATIGUE MAT | 90. |
| GSUITE EMAIL | 120. |
| PROFESSIONAL PHOTO | 200. |
| INTERNET | 600. |
| MARKETING-SEMINAR | 2,930. |
| Total | 4,680. |

TAXABLE YEAR

FORM

2020

California e-file Signature Authorization for Individuals

8879

Table with 2 columns: Name (Your name, Spouse's/RDP's name) and SSN or ITIN. Values include SAGNIK DEY, JANICE RAJ, 342-08-1624, and 607-11-7032.

Part I Tax Return Information (whole dollars only)

Table with 2 columns: Line number and Amount. Lines 1, 2, and 3 with amounts 114,159., 6,175., and 6,175. respectively.

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

- Checkboxes for PIN authorization. Includes 'GLOBAL TAXES LLC' and a PIN box with digits 8, 1, 6, 2, 4.

Your signature Date

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

- Checkboxes for PIN authorization. Includes 'GLOBAL TAXES LLC' and a PIN box with digits 7, 4, 1, 5, 9.

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. Box with digits 5, 8, 7, 2, 7, 8, 6, 1, 9, 8, 9.

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 03/11/2021

2020 California Resident Income Tax Return

540

APE

ATTACH FEDERAL RETURN

342-08-1624 DEY 607-11-7032
SAGNIK DEY
JANICE RAJ

20 PBA 621399

37151 SAN ANTONIO ST
NEWARK CA 94560

02-12-1990 10-28-1987

Principal Residence

Enter your county at time of filing (see instructions)

SANTA CLARA

If your address above is the same as your principal/physical residence address at the time of filing, check this box X

If not, enter below your principal/physical residence address at the time of filing.

Street address (number and street) (If foreign address, see instructions.) Apt. no/ste. no.

City State ZIP code

Filing Status

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

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

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

See instructions.

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

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

Exemptions

▶ 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 in the box. If you checked the box on line 6, see instructions. 7 X \$124 = \$ 248

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 = \$

Your name: Your SSN or ITIN:

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 = ● \$

11 Exemption amount: Add line 7 through line 10. Transfer this amount to line 32 ● 11 \$

| | | | |
|-----------|---|-------------------------------------|---------------------------------|
| 12 | State wages from your federal Form(s) W-2, box 16 ● 12 | <input type="text" value="136763"/> | <input type="text" value="00"/> |
| 13 | Enter federal adjusted gross income from federal Form 1040 or 1040-SR, line 11 ● 13 | <input type="text" value="113859"/> | <input type="text" value="00"/> |
| 14 | California adjustments – subtractions. Enter the amount from Schedule CA (540), Part I, line 23, column B. ● 14 | <input type="text"/> | <input type="text" value="00"/> |
| 15 | Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions 15 | <input type="text" value="113859"/> | <input type="text" value="00"/> |
| 16 | California adjustments – additions. Enter the amount from Schedule CA (540), Part I, line 23, column C. ● 16 | <input type="text" value="300"/> | <input type="text" value="00"/> |
| 17 | California adjusted gross income. Combine line 15 and line 16 ● 17 | <input type="text" value="114159"/> | <input type="text" value="00"/> |
| 18 | Enter the larger of { Your California itemized deductions from Schedule CA (540), Part II, line 30; OR Your California standard deduction shown below for your filing status: • Single or Married/RDP filing separately. \$4,601 • Married/RDP filing jointly, Head of household, or Qualifying widow(er) . . . \$9,202 If Married/RDP filing separately or the box on line 6 is checked, STOP. See instructions ● 18 | <input type="text" value="9202"/> | <input type="text" value="00"/> |
| 19 | Subtract line 18 from line 17. This is your taxable income . If less than zero, enter -0- ● 19 | <input type="text" value="104957"/> | <input type="text" value="00"/> |

| | | | |
|-----------|--|-----------------------------------|---------------------------------|
| 31 | Tax. Check the box if from: <input type="checkbox"/> Tax Table <input checked="" type="checkbox"/> Tax Rate Schedule | | |
| | ● <input type="checkbox"/> FTB 3800 ● <input type="checkbox"/> FTB 3803 ● 31 | <input type="text" value="4178"/> | <input type="text" value="00"/> |
| 32 | Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$203,341, see instructions. ● 32 | <input type="text" value="248"/> | <input type="text" value="00"/> |
| 33 | Subtract line 32 from line 31. If less than zero, enter -0- ● 33 | <input type="text" value="3930"/> | <input type="text" value="00"/> |
| 34 | Tax. See instructions. Check the box if from: ● <input type="checkbox"/> Schedule G-1 ● <input type="checkbox"/> FTB 5870A. . . ● 34 | <input type="text"/> | <input type="text" value="00"/> |
| 35 | Add line 33 and line 34 ● 35 | <input type="text" value="3930"/> | <input type="text" value="00"/> |

| | | | |
|-----------|---|----------------------|---------------------------------|
| 40 | Nonrefundable Child and Dependent Care Expenses Credit. See instructions. ● 40 | <input type="text"/> | <input type="text" value="00"/> |
| 43 | Enter credit name <input type="text"/> code ● <input type="text"/> and amount. . . ● 43 | <input type="text"/> | <input type="text" value="00"/> |
| 44 | Enter credit name <input type="text"/> code ● <input type="text"/> and amount. . . ● 44 | <input type="text"/> | <input type="text" value="00"/> |

Your name:

Your SSN or ITIN:

Special Credits

- 45 To claim more than two credits. See instructions. Attach Schedule P (540). 45 .00
- 46 Nonrefundable Renter's Credit. See instructions 46 .00
- 47 Add line 40 through line 46. These are your total credits 47 .00
- 48 Subtract line 47 from line 35. If less than zero, enter -0- 48 .00

Other Taxes

- 61 Alternative Minimum Tax. Attach Schedule P (540) 61 .00
- 62 Mental Health Services Tax. See instructions 62 .00
- 63 Other taxes and credit recapture. See instructions 63 .00
- 64 Excess Advance Premium Assistance Subsidy (APAS) repayment. See instructions. 64 .00
- 65 Add line 48, line 61, line 62, line 63, and line 64. This is your total tax 65 .00

Payments

- 71 California income tax withheld. See instructions 71 .00
- 72 2020 CA estimated tax and other payments. See instructions 72 .00
- 73 Withholding (Form 592-B and/or 593). See instructions 73 .00
- 74 Excess SDI (or VPD) withheld. See instructions 74 .00
- 75 Earned Income Tax Credit (EITC) 75 .00
- 76 Young Child Tax Credit (YCTC). See instructions 76 .00
- 77 Net Premium Assistance Subsidy (PAS). See instructions 77 .00
- 78 Add line 71 through line 77. These are your total payments. See instructions 78 .00

Use Tax

- 91 **Use Tax.** Do not leave blank. See instructions. 91 .00
- If line 91 is zero, check if: No use tax is owed. You paid your use tax obligation directly to CDTFA.

ISR Penalty

- 92 Individual Shared Responsibility (ISR) Penalty. See instructions 92 .00
- Full-year health care coverage.

Overpaid Tax/Tax Due

- 93 Payments balance. If line 78 is more than line 91, subtract line 91 from line 78 93 .00
- 94 **Use Tax balance.** If line 91 is more than line 78, subtract line 78 from line 91 94 .00
- 95 Payments after Individual Shared Responsibility Penalty. If line 93 is more than line 92, subtract line 92 from line 93. 95 .00
- 96 Individual Shared Responsibility Penalty Balance. If line 92 is more than line 93, then subtract line 93 from line 92. 96 .00

Your name: Your SSN or ITIN:

| | | | | |
|-----------------------------|--|------------|-----------------------------------|----------------------------------|
| Overpaid Tax/Tax Due | 97 Overpaid tax. If line 95 is more than line 65, subtract line 65 from line 95. <input checked="" type="radio"/> | 97 | <input type="text" value="6175"/> | <input type="text" value=".00"/> |
| | 98 Amount of line 97 you want applied to your 2021 estimated tax <input type="radio"/> | 98 | <input type="text" value="0"/> | <input type="text" value=".00"/> |
| | 99 Overpaid tax available this year. Subtract line 98 from line 97 <input type="radio"/> | 99 | <input type="text" value="6175"/> | <input type="text" value=".00"/> |
| | 100 Tax due. If line 95 is less than line 65, subtract line 95 from line 65 <input checked="" type="radio"/> | 100 | <input type="text"/> | <input type="text" value=".00"/> |

| | | Code | Amount | |
|---|---|----------------------|----------------------------------|----------------------------------|
| Contributions | California Seniors Special Fund. See instructions <input type="radio"/> | 400 | <input type="text"/> | <input type="text" value=".00"/> |
| | Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund <input type="radio"/> | 401 | <input type="text"/> | <input type="text" value=".00"/> |
| | Rare and Endangered Species Preservation Voluntary Tax Contribution Program <input type="radio"/> | 403 | <input type="text"/> | <input type="text" value=".00"/> |
| | California Breast Cancer Research Voluntary Tax Contribution Fund. <input type="radio"/> | 405 | <input type="text"/> | <input type="text" value=".00"/> |
| | California Firefighters' Memorial Voluntary Tax Contribution Fund <input type="radio"/> | 406 | <input type="text"/> | <input type="text" value=".00"/> |
| | Emergency Food for Families Voluntary Tax Contribution Fund <input type="radio"/> | 407 | <input type="text"/> | <input type="text" value=".00"/> |
| | California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund. <input type="radio"/> | 408 | <input type="text"/> | <input type="text" value=".00"/> |
| | California Sea Otter Voluntary Tax Contribution Fund <input type="radio"/> | 410 | <input type="text"/> | <input type="text" value=".00"/> |
| | California Cancer Research Voluntary Tax Contribution Fund <input type="radio"/> | 413 | <input type="text"/> | <input type="text" value=".00"/> |
| | School Supplies for Homeless Children Fund <input type="radio"/> | 422 | <input type="text"/> | <input type="text" value=".00"/> |
| | State Parks Protection Fund/Parks Pass Purchase <input type="radio"/> | 423 | <input type="text"/> | <input type="text" value=".00"/> |
| | Protect Our Coast and Oceans Voluntary Tax Contribution Fund. <input type="radio"/> | 424 | <input type="text"/> | <input type="text" value=".00"/> |
| | Keep Arts in Schools Voluntary Tax Contribution Fund <input type="radio"/> | 425 | <input type="text"/> | <input type="text" value=".00"/> |
| | Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund <input type="radio"/> | 431 | <input type="text"/> | <input type="text" value=".00"/> |
| | California Senior Citizen Advocacy Voluntary Tax Contribution Fund <input type="radio"/> | 438 | <input type="text"/> | <input type="text" value=".00"/> |
| | Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund. <input type="radio"/> | 439 | <input type="text"/> | <input type="text" value=".00"/> |
| | Rape Kit Backlog Voluntary Tax Contribution Fund <input type="radio"/> | 440 | <input type="text"/> | <input type="text" value=".00"/> |
| | Schools Not Prisons Voluntary Tax Contribution Fund <input type="radio"/> | 443 | <input type="text"/> | <input type="text" value=".00"/> |
| Suicide Prevention Voluntary Tax Contribution Fund <input type="radio"/> | 444 | <input type="text"/> | <input type="text" value=".00"/> | |
| 110 Add code 400 through code 444. This is your total contribution <input type="radio"/> | 110 | <input type="text"/> | <input type="text" value=".00"/> | |

Your name: Your SSN or ITIN:

Amount You Owe 111 **AMOUNT YOU OWE.** If you do not have an amount on line 99, add line 94, line 96, line 100, and line 110. See instructions. **Do not send cash.**
Mail to: **FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001** ● 111 .00
Pay Online – Go to **ftb.ca.gov/pay** for more information.

Interest and Penalties 112 Interest, late return penalties, and late payment penalties 112 .00
113 Underpayment of estimated tax.
Check the box: ● **FTB 5805 attached** ● **FTB 5805F attached** ● 113 .00
114 Total amount due. See instructions. Enclose, but **do not** staple, any payment 114 .00

115 **REFUND OR NO AMOUNT DUE.** Subtract the sum of line 110, line 112 and line 113 from line 99. See instructions.
Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001** ● 115 .00

Refund and Direct Deposit Fill in the information to authorize direct deposit of your refund into one or two accounts. **Do not** attach a voided check or a deposit slip. See instructions. **Have you verified the routing and account numbers?** Use whole dollars only.
All or the following amount of my refund (line 115) is authorized for direct deposit into the account shown below:

● Routing number ● Type Checking Savings ● Account number ● 116 Direct deposit amount .00

The remaining amount of my refund (line 115) is authorized for direct deposit into the account shown below:
● Routing number ● Type Checking Savings ● Account number ● 117 Direct deposit amount .00

IMPORTANT: See the instructions to find out if you should attach a copy of your complete federal tax 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

2020 California Adjustments — Residents

CA (540)

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

Name(s) as shown on tax return

SSN or ITIN

SAGNIK DEY & JANICE RAJ

342081624

Part I Income Adjustment Schedule

Section A – Income from federal Form 1040 or 1040-SR

| | A Federal Amounts (taxable amounts from your federal tax return) | B Subtractions See instructions | C Additions See instructions |
|--|---|---|--|
| 1 Wages, salaries, tips, etc. See instructions before making an entry in column B or C 1 | <input checked="" type="radio"/> 136,763. | <input type="radio"/> | <input type="radio"/> |
| 2 Taxable interest. a <input checked="" type="radio"/> _____ 2b | <input checked="" type="radio"/> 32. | <input type="radio"/> | <input type="radio"/> |
| 3 Ordinary dividends. See instructions. a <input checked="" type="radio"/> _____ 3b | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4 IRA distributions. See instructions. a <input checked="" type="radio"/> _____ 4b | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5 Pensions and annuities. See instructions. a <input checked="" type="radio"/> _____ 5b | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6 Social security benefits. a <input checked="" type="radio"/> _____ 6b | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7 Capital gain or (loss). See instructions. 7 | <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"/> | <input type="radio"/> | | | | | | | | | | | | | |
| 2a Alimony received. See instructions. 2a | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | | | | | | | | | | |
| 3 Business income or (loss). See instructions. 3 | <input checked="" type="radio"/> -20,723. | <input type="radio"/> | <input type="radio"/> | | | | | | | | | | | | | |
| 4 Other gains or (losses) 4 | <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"/> | | | | | | | | | | | | | |
| 6 Farm income or (loss) 6 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | | | | | | | | | | |
| 7 Unemployment compensation 7 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | | | | | | | | | | |
| 8 Other income. 8 | <input checked="" type="radio"/> | <table border="0"> <tr><td>a <input type="radio"/></td><td>a _____</td></tr> <tr><td>b <input type="radio"/></td><td>b _____</td></tr> <tr><td>c <input type="radio"/></td><td>c <input checked="" type="radio"/></td></tr> <tr><td>d <input type="radio"/></td><td>d _____</td></tr> <tr><td>e <input type="radio"/></td><td>e _____</td></tr> <tr><td>f <input type="radio"/></td><td>f <input type="radio"/></td></tr> <tr><td>g <input type="radio"/></td><td>g _____</td></tr> </table> | a <input type="radio"/> | a _____ | b <input type="radio"/> | b _____ | c <input type="radio"/> | c <input checked="" type="radio"/> | d <input type="radio"/> | d _____ | e <input type="radio"/> | e _____ | f <input type="radio"/> | f <input type="radio"/> | g <input type="radio"/> | g _____ |
| a <input type="radio"/> | a _____ | | | | | | | | | | | | | | | |
| b <input type="radio"/> | b _____ | | | | | | | | | | | | | | | |
| c <input type="radio"/> | c <input checked="" type="radio"/> | | | | | | | | | | | | | | | |
| d <input type="radio"/> | d _____ | | | | | | | | | | | | | | | |
| e <input type="radio"/> | e _____ | | | | | | | | | | | | | | | |
| f <input type="radio"/> | f <input type="radio"/> | | | | | | | | | | | | | | | |
| g <input type="radio"/> | g _____ | | | | | | | | | | | | | | | |
| a California lottery winnings b Disaster loss deduction from FTB 3805V c Federal NOL (federal Schedule 1 (Form 1040), line 8) d NOL deduction from FTB 3805V e NOL from FTB 3805Z, 3807, or 3809 f Other (describe): <input type="radio"/> _____ g Student loan discharged due to closure of a for-profit school | | | | | | | | | | | | | | | | |
| 9 Total. Combine Section A, line 1 through line 7, and Section B, line 1 through line 8 in column A. Add Section A, line 1 through line 7, and Section B, line 1 through line 8g in column B and column C. Go to Section C. 9 | <input checked="" type="radio"/> 116,072. | <input type="radio"/> | <input type="radio"/> | | | | | | | | | | | | | |

Section C – Adjustments to Income from federal Schedule 1 (Form 1040)

| | | | |
|--|---|--|-----------------------|
| 10 Educator expenses 10 | <input type="radio"/> | <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"/> |
| 12 Health savings account deduction 12 | <input type="radio"/> | <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"/> |
| 14 Deductible part of self-employment tax. See instructions. 14 | <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"/> |
| 17 Penalty on early withdrawal of savings. 17 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 18a Alimony paid. b Recipient's: SSN <input checked="" type="radio"/> _____ - _____ - _____ Last name <input checked="" type="radio"/> _____ 18a | <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 checked="" type="radio"/> 1,913. | <input type="radio"/> | <input type="radio"/> |
| 21 Tuition and fees 21 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 22 Add line 10 through line 18a and line 19 through line 21 in columns A, B, and C. See instructions 22 | <input checked="" type="radio"/> 2,213. | <input checked="" type="radio"/> 300. | <input type="radio"/> |
| CHARITABLE CONTRIBUTIONS | | | |
| 23 Total. Subtract line 22 from line 9 in columns A, B, and C. See instructions. 23 | <input checked="" type="radio"/> 113,859. | <input checked="" type="radio"/> -300. | <input type="radio"/> |

Part II Adjustments to Federal Itemized Deductions

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

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

Medical and Dental Expenses See instructions.

| | | | | | |
|---|---|----------|---|----------------------------------|----------------------------------|
| 1 | Medical and dental expenses <input checked="" type="radio"/> | | | | |
| 2 | Enter amount from federal Form 1040 or 1040-SR, line 11 <input checked="" type="radio"/> | 113,859. | 2 | | |
| 3 | Multiply line 2 by 7.5% (0.075) <input checked="" type="radio"/> | 8,539. | 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"/> | 11,444. | <input checked="" type="radio"/> | 11,444. | |
| 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"/> | 11,444. | | | |
| 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. <input checked="" type="radio"/> | 10,000. | <input checked="" type="radio"/> | 11,444. | <input checked="" type="radio"/> 1,444. |
| 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"/> | 10,000. | <input checked="" type="radio"/> | 11,444. | <input checked="" type="radio"/> 1,444. |

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"/> | 300. | <input checked="" type="radio"/> | | <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"/> | 300. | <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"/> | | <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"/> | 10,300. | <input checked="" type="radio"/> | 11,444. | <input checked="" type="radio"/> 1,444. |
| 18 | Total. Combine line 17 column A less column B plus column C <input checked="" type="radio"/> | | | | 300. |

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 11 113,859.

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 540, 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 (540), 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

Transfer the amount on line 30 to Form 540, line 18 **30**