

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: VENKATA SIVA SUMANTH
Last name: MACHIRAJU
Your social security number: 739-15-3397
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.
6963 SEA CORAL DR
Apt. no.: 200
Presidential Election Campaign: Check here if you, or your spouse if filing jointly, want \$3 to go to this fund.
City, town, or post office: ORLANDO
State: FL
ZIP code: 32821
Foreign country name:
Foreign province/state/county:
Foreign postal code:
[ ] 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 income 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.

<b>16</b>	<b>Tax</b> (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	<b>16</b>	4,150.
<b>17</b>	Amount from Schedule 2, line 3	<b>17</b>	
<b>18</b>	Add lines 16 and 17	<b>18</b>	4,150.
<b>19</b>	Child tax credit or credit for other dependents	<b>19</b>	
<b>20</b>	Amount from Schedule 3, line 7	<b>20</b>	
<b>21</b>	Add lines 19 and 20	<b>21</b>	
<b>22</b>	Subtract line 21 from line 18. If zero or less, enter -0-	<b>22</b>	4,150.
<b>23</b>	Other taxes, including self-employment tax, from Schedule 2, line 10	<b>23</b>	0.
<b>24</b>	Add lines 22 and 23. This is your <b>total tax</b>	<b>24</b>	4,150.
<b>25</b>	Federal income tax withheld from:		
<b>a</b>	Form(s) W-2	<b>25a</b>	6,932.
<b>b</b>	Form(s) 1099	<b>25b</b>	
<b>c</b>	Other forms (see instructions)	<b>25c</b>	
<b>d</b>	Add lines 25a through 25c	<b>25d</b>	6,932.
<b>26</b>	2020 estimated tax payments and amount applied from 2019 return	<b>26</b>	
<b>27</b>	Earned income credit (EIC) <b>NO</b>	<b>27</b>	
<b>28</b>	Additional child tax credit. Attach Schedule 8812	<b>28</b>	
<b>29</b>	American opportunity credit from Form 8863, line 8	<b>29</b>	
<b>30</b>	Recovery rebate credit. See instructions	<b>30</b>	1,200.
<b>31</b>	Amount from Schedule 3, line 13	<b>31</b>	
<b>32</b>	Add lines 27 through 31. These are your <b>total other payments and refundable credits</b>	<b>32</b>	1,200.
<b>33</b>	Add lines 25d, 26, and 32. These are your <b>total payments</b>	<b>33</b>	8,132.

**Refund**

<b>34</b>	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	<b>34</b>	3,982.
<b>35a</b>	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>35a</b>	3,982.
<b>b</b>	Routing number 1 1 1 0 0 0 0 2 5	<b>c</b>	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings
<b>d</b>	Account number 4 8 8 0 5 6 6 5 6 0 3 3		
<b>36</b>	Amount of line 34 you want <b>applied to your 2021 estimated tax</b>	<b>36</b>	

**Amount You Owe**

For details on how to pay, see instructions.

<b>37</b>	Subtract line 33 from line 24. This is the <b>amount you owe now</b>	<b>37</b>	
<b>38</b>	Estimated tax penalty (see instructions)	<b>38</b>	

**Third Party Designee**

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

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

**Sign Here**

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

Your signature	Date	Your occupation CLOUD ENGINEER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)

Phone no. (321) 240-4700 Email address MACHIRAJU.USAPP@GMAIL.COM

**Paid Preparer Use Only**

Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 07/08/2021	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](http://www.irs.gov/Form1040) for instructions and the latest information.**

OMB No. 1545-0074

**2020**  
Attachment  
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR  
VENKATA SIVA SUMANTH MACHIRAJU

Your social security number  
739-15-3397

**Part I Additional Income**

<b>1</b>	Taxable refunds, credits, or offsets of state and local income taxes . . . . .	<b>1</b>	
<b>2a</b>	Alimony received . . . . .	<b>2a</b>	
<b>b</b>	Date of original divorce or separation agreement (see instructions) ▶ _____		
<b>3</b>	Business income or (loss). Attach Schedule C . . . . .	<b>3</b>	
<b>4</b>	Other gains or (losses). Attach Form 4797 . . . . .	<b>4</b>	
<b>5</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	<b>5</b>	-4,900.
<b>6</b>	Farm income or (loss). Attach Schedule F . . . . .	<b>6</b>	
<b>7</b>	Unemployment compensation . . . . .	<b>7</b>	
<b>8</b>	Other income. List type and amount ▶ _____	<b>8</b>	
<b>9</b>	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 . . . . .	<b>9</b>	-4,900.

**Part II Adjustments to Income**

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

**SCHEDULE E**  
**(Form 1040)**

**Supplemental Income and Loss**

OMB No. 1545-0074

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

**2020**

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

Attachment  
Sequence No. **13**

▶ Go to [www.irs.gov/ScheduleE](http://www.irs.gov/ScheduleE) for instructions and the latest information.

Name(s) shown on return

Your social security number

VENKATA SIVA SUMANTH MACHIRAJU

739-15-3397

**Part I** **Income or Loss From Rental Real Estate and Royalties** Note: If you are in the business of renting personal property, use **Schedule C**. See instructions. If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

- A** Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions . . . . .  Yes  No  
**B** If "Yes," did you or will you file required Form(s) 1099? . . . . .  Yes  No

<b>1a</b>	Physical address of each property (street, city, state, ZIP code)				
<b>A</b>	MBMR SRIANJANEYA TOWNSHIP EDUPUGALLU IN				
<b>B</b>					
<b>C</b>					
<b>1b</b>	Type of Property (from list below)	<b>2</b> For each rental real estate property listed above, report the number of fair rental and personal use days. Check the <b>QJV</b> box only if you meet the requirements to file as a qualified joint venture. See instructions.	<b>Fair Rental Days</b>	<b>Personal Use Days</b>	<b>QJV</b>
<b>A</b>	1		365	0	<input type="checkbox"/>
<b>B</b>					<input type="checkbox"/>
<b>C</b>					<input type="checkbox"/>

**Type of Property:**

- 1 Single Family Residence      3 Vacation/Short-Term Rental      5 Land      7 Self-Rental  
 2 Multi-Family Residence      4 Commercial      6 Royalties      8 Other (describe)

<b>Income:</b>		<b>Properties:</b>		<b>A</b>	<b>B</b>	<b>C</b>
<b>3</b>	Rents received . . . . .	<b>3</b>		450.		
<b>4</b>	Royalties received . . . . .	<b>4</b>				
<b>Expenses:</b>						
<b>5</b>	Advertising . . . . .	<b>5</b>				
<b>6</b>	Auto and travel (see instructions) . . . . .	<b>6</b>				
<b>7</b>	Cleaning and maintenance . . . . .	<b>7</b>		150.		
<b>8</b>	Commissions. . . . .	<b>8</b>				
<b>9</b>	Insurance . . . . .	<b>9</b>				
<b>10</b>	Legal and other professional fees . . . . .	<b>10</b>				
<b>11</b>	Management fees . . . . .	<b>11</b>				
<b>12</b>	Mortgage interest paid to banks, etc. (see instructions)	<b>12</b>				
<b>13</b>	Other interest. . . . .	<b>13</b>		5,000.		
<b>14</b>	Repairs. . . . .	<b>14</b>		200.		
<b>15</b>	Supplies . . . . .	<b>15</b>				
<b>16</b>	Taxes . . . . .	<b>16</b>				
<b>17</b>	Utilities. . . . .	<b>17</b>				
<b>18</b>	Depreciation expense or depletion . . . . .	<b>18</b>				
<b>19</b>	Other (list) ▶ . . . . .	<b>19</b>				
<b>20</b>	Total expenses. Add lines 5 through 19 . . . . .	<b>20</b>		5,350.		
<b>21</b>	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file <b>Form 6198</b> . . . . .	<b>21</b>		-4,900.		
<b>22</b>	Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions) . . . . .	<b>22</b>	(	-4,900.)	(	)
<b>23a</b>	Total of all amounts reported on line 3 for all rental properties . . . . .	<b>23a</b>		450.		
<b>b</b>	Total of all amounts reported on line 4 for all royalty properties . . . . .	<b>23b</b>				
<b>c</b>	Total of all amounts reported on line 12 for all properties . . . . .	<b>23c</b>				
<b>d</b>	Total of all amounts reported on line 18 for all properties . . . . .	<b>23d</b>				
<b>e</b>	Total of all amounts reported on line 20 for all properties . . . . .	<b>23e</b>		5,350.		
<b>24</b>	<b>Income.</b> Add positive amounts shown on line 21. <b>Do not</b> include any losses . . . . .	<b>24</b>				
<b>25</b>	<b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . . . . .	<b>25</b>	(	4,900.)		
<b>26</b>	<b>Total rental real estate and royalty income or (loss).</b> Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 . . . . .	<b>26</b>		-4,900.		

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2020

TAXABLE YEAR

FORM

2020

California e-file Signature Authorization for Individuals

8879

Table with 2 columns: Name/Spouse's/RDP's name, SSN or ITIN. Row 1: VENKATA SIVA SUMANTH MACHIRAJU, 739-15-3397. Row 2: Spouse's/RDP's name, Spouse's/RDP's SSN or ITIN.

Part I Tax Return Information (whole dollars only)

Table with 2 columns: Line number, Amount. Line 1: California Adjusted Gross Income (AGI) 7,309. Line 2: Amount You Owe. Line 3: Refund or No Amount Due 249.

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 5 3 3 9 7 as my signature on my 2020 e-filed California individual income tax return. Do not enter all zeros

[ ] 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 as my signature on my 2020 e-filed California individual income tax return. Do not enter all zeros

[ ] 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 07/08/2021

# California Nonresident or Part-Year Resident Income Tax Return

2020

540NR

APE

ATTACH FEDERAL RETURN

739-15-3397 MACH  
VENKATASIVA MACHIRAJU

20

6963 SEA CORAL DR  
ORLANDO FL 32821

APT 200

08-03-1992

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

Filing Status

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

See instructions.

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

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

Whole dollars only

- 7 **Personal:** If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2. If you checked the box on line 6, see instructions.  7  X \$124 =  \$
- 8 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2  8  X \$124 =  \$
- 9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2  9  X \$124 =  \$

Exemptions

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

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

Total dependent exemptions  10  X \$383 =  \$

Your name:  Your SSN or ITIN:

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

<b>Total Taxable Income</b>	<b>12</b> Total California wages from your federal Form(s) W-2, box 16 ..... <input checked="" type="radio"/> <b>12</b> <input type="text" value="7309"/> <input type="text" value=".00"/>
	<b>13</b> Enter federal AGI from federal Form 1040, 1040-SR, or 1040-NR, line 11 ..... <input checked="" type="radio"/> <b>13</b> <input type="text" value="48641"/> <input type="text" value=".00"/>
	<b>14</b> California adjustments – subtractions. Enter the amount from Schedule CA (540NR), Part II, line 23, column B ..... <input checked="" type="radio"/> <b>14</b> <input type="text" value=""/> <input type="text" value=".00"/>
	<b>15</b> Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions ..... <input type="radio"/> <b>15</b> <input type="text" value="48641"/> <input type="text" value=".00"/>
	<b>16</b> California adjustments – additions. Enter the amount from Schedule CA (540NR), Part II, line 23, column C ..... <input checked="" type="radio"/> <b>16</b> <input type="text" value=""/> <input type="text" value=".00"/>
	<b>17</b> Adjusted gross income from all sources. Combine line 15 and line 16. .... <input checked="" type="radio"/> <b>17</b> <input type="text" value="48641"/> <input type="text" value=".00"/>
	<b>18</b> Enter the <b>larger</b> of: Your California <b>itemized deductions</b> from Schedule CA (540NR), Part III, line 30; <b>OR</b> Your California <b>standard deduction</b> . See instructions ..... <input checked="" type="radio"/> <b>18</b> <input type="text" value="4601"/> <input type="text" value=".00"/>
	<b>19</b> Subtract line 18 from line 17. This is your <b>total taxable income</b> . If less than zero, enter -0- ..... <input checked="" type="radio"/> <b>19</b> <input type="text" value="44040"/> <input type="text" value=".00"/>

<b>CA Taxable Income</b>	<b>31</b> Tax. Check the box if from: <input checked="" type="checkbox"/> Tax Table <input type="checkbox"/> Tax Rate Schedule
	<input checked="" type="radio"/> <b>31</b> <input type="text" value="1459"/> <input type="text" value=".00"/>
	<b>32</b> CA adjusted gross income from Schedule CA (540NR), Part IV, line 1. .... <input checked="" type="radio"/> <b>32</b> <input type="text" value="7309"/> <input type="text" value=".00"/>
	<b>35</b> CA Taxable Income from Schedule CA (540NR), Part IV, line 5. .... <input checked="" type="radio"/> <b>35</b> <input type="text" value="6617"/> <input type="text" value=".00"/>
	<b>36</b> CA Tax Rate. Divide line 31 by line 19. .... <input checked="" type="radio"/> <b>36</b> <input type="text" value="0.0331"/>
	<b>37</b> CA Tax Before Exemption Credits. Multiply line 35 by line 36. .... <input checked="" type="radio"/> <b>37</b> <input type="text" value="219"/> <input type="text" value=".00"/>
	<b>38</b> CA Exemption Credit Percentage. Divide line 35 by line 19. If more than 1, enter 1.0000. .... <input checked="" type="radio"/> <b>38</b> <input type="text" value="0.1502"/>
	<b>39</b> CA Prorated Exemption Credits. Multiply line 11 by line 38. If the amount on line 13 is more than \$203,341, see instructions ..... <input checked="" type="radio"/> <b>39</b> <input type="text" value="19"/> <input type="text" value=".00"/>
	<b>40</b> CA Regular Tax Before Credits. Subtract line 39 from line 37. If less than zero, enter -0-... <input checked="" type="radio"/> <b>40</b> <input type="text" value="200"/> <input type="text" value=".00"/>
	<b>41</b> Tax. See instructions. Check the box if from: <input type="checkbox"/> Schedule G-1 <input type="checkbox"/> FTB 5870A <input checked="" type="radio"/> <b>41</b> <input type="text" value=""/> <input type="text" value=".00"/>
<b>42</b> Add line 40 and line 41 ..... <input checked="" type="radio"/> <b>42</b> <input type="text" value="200"/> <input type="text" value=".00"/>	

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

Your name:  Your SSN or ITIN:

Special Credits continued

<b>58</b>	Enter credit name <input type="text"/> code <input type="text"/> and amount...	<input type="radio"/>	<b>58</b>	<input type="text"/>	.00
<b>59</b>	Enter credit name <input type="text"/> code <input type="text"/> and amount...	<input type="radio"/>	<b>59</b>	<input type="text"/>	.00
<b>60</b>	To claim more than two credits. See instructions . . . . .	<input type="radio"/>	<b>60</b>	<input type="text"/>	.00
<b>61</b>	Nonrefundable Renter's Credit. See instructions . . . . .	<input type="radio"/>	<b>61</b>	<input type="text"/>	.00
<b>62</b>	Add line 50 and line 55 through 61. These are your total credits . . . . .	<input checked="" type="radio"/>	<b>62</b>	<input type="text"/>	.00
<b>63</b>	Subtract line 62 from line 42. If less than zero, enter -0- . . . . .	<input checked="" type="radio"/>	<b>63</b>	200	.00

Other Taxes

<b>71</b>	Alternative Minimum Tax. Attach Schedule P (540NR) . . . . .	<input type="radio"/>	<b>71</b>	<input type="text"/>	.00
<b>72</b>	Mental Health Services Tax. See instructions . . . . .	<input type="radio"/>	<b>72</b>	<input type="text"/>	.00
<b>73</b>	Other taxes and credit recapture. See instructions . . . . .	<input type="radio"/>	<b>73</b>	<input type="text"/>	.00
<b>74</b>	Excess Advance Premium Assistance Subsidy (APAS) repayment. See instructions . . . . .	<input type="radio"/>	<b>74</b>	<input type="text"/>	.00
<b>75</b>	Add line 63, line 71, line 72, line 73, and line 74. This is your total tax . . . . .	<input type="radio"/>	<b>75</b>	200	.00

Payments

<b>81</b>	California income tax withheld. See instructions . . . . .	<input type="radio"/>	<b>81</b>	449	.00
<b>82</b>	2020 CA estimated tax and other payments. See instructions . . . . .	<input type="radio"/>	<b>82</b>	<input type="text"/>	.00
<b>83</b>	Withholding (Form 592-B and/or 593). See instructions . . . . .	<input type="radio"/>	<b>83</b>	<input type="text"/>	.00
<b>84</b>	Excess SDI (or VPD) withheld. See instructions . . . . .	<input type="radio"/>	<b>84</b>	<input type="text"/>	.00
<b>85</b>	Earned Income Tax Credit (EITC) . . . . .	<input type="radio"/>	<b>85</b>	<input type="text"/>	.00
<b>86</b>	Young Child Tax Credit (YCTC). See instructions . . . . .	<input type="radio"/>	<b>86</b>	<input type="text"/>	.00
<b>87</b>	Net Premium Assistance Subsidy (PAS). See instructions . . . . .	<input type="radio"/>	<b>87</b>	<input type="text"/>	.00
<b>88</b>	Add line 81 through line 87. These are your total payments. See instructions . . . . .	<input checked="" type="radio"/>	<b>88</b>	449	.00

ISR Penalty

<b>91</b>	Individual Shared Responsibility (ISR) Penalty. See instructions . . . . .	<input type="radio"/>	<b>91</b>	0	.00
	<input type="radio"/> Full-year health care coverage.				

Overpaid Tax/Tax Due

<b>92</b>	Payments after Individual Shared Responsibility Penalty. If line 88 is more than line 91, subtract line 91 from line 88. . . . .	<input checked="" type="radio"/>	<b>92</b>	449	.00
<b>93</b>	Individual Shared Responsibility Penalty Balance. If line 91 is more than line 88, subtract line 88 from line 91. . . . .	<input checked="" type="radio"/>	<b>93</b>	<input type="text"/>	.00
<b>101</b>	Overpaid tax. If line 92 is more than line 75, subtract line 75 from line 92. . . . .	<input checked="" type="radio"/>	<b>101</b>	249	.00
<b>102</b>	Amount of line 101 you want applied to your <b>2021</b> estimated tax . . . . .	<input type="radio"/>	<b>102</b>	0	.00



Your name: MACHIRAJU

Your SSN or ITIN: 739-15-3397

103 Overpaid tax available this year. Subtract line 102 from line 101 . . . . . ● 103 249 .00

104 Tax due. If line 92 is less than line 75, subtract line 92 from line 75 . . . . . ● 104 .00

Contributions

Code Amount

California Seniors Special Fund. See instructions . . . . . ● 400 .00

Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund . . . . . ● 401 .00

Rare and Endangered Species Preservation Voluntary Tax Contribution Program . . . . . ● 403 .00

California Breast Cancer Research Voluntary Tax Contribution Fund . . . . . ● 405 .00

California Firefighters' Memorial Voluntary Tax Contribution Fund . . . . . ● 406 .00

Emergency Food for Families Voluntary Tax Contribution Fund . . . . . ● 407 .00

California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund . . . . . ● 408 .00

California Sea Otter Voluntary Tax Contribution Fund . . . . . ● 410 .00

California Cancer Research Voluntary Tax Contribution Fund . . . . . ● 413 .00

School Supplies for Homeless Children Fund . . . . . ● 422 .00

State Parks Protection Fund/Parks Pass Purchase . . . . . ● 423 .00

Protect Our Coast and Oceans Voluntary Tax Contribution Fund . . . . . ● 424 .00

Keep Arts in Schools Voluntary Tax Contribution Fund . . . . . ● 425 .00

Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund . . . . . ● 431 .00

California Senior Citizen Advocacy Voluntary Tax Contribution Fund . . . . . ● 438 .00

Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund . . . . . ● 439 .00

Rape Kit Backlog Voluntary Tax Contribution Fund . . . . . ● 440 .00

Schools Not Prisons Voluntary Tax Contribution Fund . . . . . ● 443 .00

Suicide Prevention Voluntary Tax Contribution Fund . . . . . ● 444 .00

120 Add code 400 through code 444. This is your total contribution . . . . . ● 120 .00

Your name: MACHIRAJU Your SSN or ITIN: 739-15-3397

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. 249

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:

Type: Routing number 111000025, Checking, Account number 488056656033, Savings, Direct deposit amount 249

The remaining amount of my refund (line 125) is authorized for direct deposit into the account shown below: Routing number, Checking, Account number, Savings, Direct deposit amount

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. 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 3212404700

Sign Here

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

Joint tax return? (See instructions)

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

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 VENKATA SIVA SUMANTH MACHIRAJU	SSN or ITIN 739153397
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**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"/> F L	<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 L	<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 <b>Before 2020:</b> I was a CA resident for the period of . . . . .	<input type="radio"/> ___ / ___ / ___ - ___ / ___ / ___	<input type="radio"/> ___ / ___ / ___ - ___ / ___ / ___

**Part II 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 (difference between CA & federal law)	C Additions See instructions (difference between CA & federal law)	D Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	E 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"/> 53,541.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> 53,541.	<input checked="" type="radio"/> 7,309.
2 Taxable interest. a <input type="radio"/> . . . . . 2b	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3 Ordinary dividends. See instructions. a <input type="radio"/> . . . . . 3b	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4 IRA distributions. See instructions. a <input type="radio"/> . . . . . 4b	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5 Pensions and annuities. See instructions. a <input type="radio"/> . . . . . 5b	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6 Social security benefits. a <input type="radio"/> . . . . . 6b	<input type="radio"/>	<input type="radio"/>			
7 Capital gain or (loss). See instructions . . . . . 7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Section B — Additional Income</b> from federal Schedule 1 (Form 1040)					
1 Taxable refunds, credits, or offsets of state and local income taxes. . . . . 1	<input type="radio"/>	<input type="radio"/>			
2a Alimony received. See instructions. . . . . 2a	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3 Business income or (loss). See instructions. . . . . 3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4 Other gains or (losses) . . . . . 4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5 Rental real estate, royalties, partnerships, S corporations, trusts, etc . . . . . 5	<input checked="" type="radio"/> -4,900.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> -4,900.	<input type="radio"/>

	A	B	C	D	E
<b>Section B — Additional Income</b> Continued	<b>Federal Amounts</b> (taxable amounts from your federal tax return)	<b>Subtractions</b> See instructions (difference between CA & federal law)	<b>Additions</b> See instructions (difference between CA & federal law)	<b>Total Amounts Using CA Law As If You Were a CA Resident</b> (subtract col. B from col. A; add col. C to the result)	<b>CA Amounts</b> (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
<b>6</b> Farm income or (loss) . . . . . <b>6</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>7</b> Unemployment compensation . . . . . <b>7</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
<b>8</b> Other income.					
<b>a</b> California lottery winnings		<input checked="" type="radio"/>	<b>a</b> _____		
<b>b</b> Disaster loss deduction from FTB 3805V		<input checked="" type="radio"/>	<b>b</b> _____		
<b>c</b> Federal NOL (Schedule 1 (Form 1040), line 8)		<input type="radio"/>	<b>c</b> <input checked="" type="radio"/>		
<b>d</b> NOL deduction from FTB 3805V . . . . . <b>8</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<b>d</b> _____	<b>8</b> <input checked="" type="radio"/>	<b>8</b> <input checked="" type="radio"/>
<b>e</b> NOL from FTB 3805Z, FTB 3807, or FTB 3809		<input checked="" type="radio"/>	<b>e</b> _____		
<b>f</b> Other (describe): <input type="radio"/> _____		<input checked="" type="radio"/>	<b>f</b> <input checked="" type="radio"/>		
<b>g</b> Student loan discharged due to closure of a for-profit school		<input checked="" type="radio"/>	<b>g</b> _____		
<b>9 Total.</b> Combine Section A, line 1 through line 7, and Section B, line 1 through line 8, in each column. Go to Section C . . . . . <b>9</b>	<input checked="" type="radio"/> 48,641.	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/> 48,641.	<input checked="" type="radio"/> 7,309.

	A	B	C	D	E
<b>Section C — Adjustments to Income</b> from federal Schedule 1 (Form 1040)	<b>Federal Amounts</b> (taxable amounts from your federal tax return)	<b>Subtractions</b> See instructions (difference between CA & federal law)	<b>Additions</b> See instructions (difference between CA & federal law)	<b>Total Amounts Using CA Law As If You Were a CA Resident</b> (subtract col. B from col. A; add col. C to the result)	<b>CA Amounts</b> (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
<b>10</b> Educator expenses . . . . . <b>10</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
<b>11</b> Certain business expenses of reservists, performing artists, and fee-basis government officials . . . . . <b>11</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>12</b> Health savings account deduction . . . . . <b>12</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
<b>13</b> Moving expenses. Attach federal Form 3903. See instructions . . . . . <b>13</b>	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>14</b> Deductible part of self-employment tax. See instructions. . . . . <b>14</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>15</b> Self-employed SEP, SIMPLE, and qualified plans . . . . . <b>15</b>	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>16</b> Self-employed health insurance deduction. See instructions. . . . . <b>16</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>17</b> Penalty on early withdrawal of savings . . . <b>17</b>	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>18a</b> Alimony paid. <b>b</b> Enter recipient's: SSN <input checked="" type="radio"/> _____ Last name <input checked="" type="radio"/> _____ <b>18a</b>	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>19</b> IRA deduction . . . . . <b>19</b>	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>20</b> Student loan interest deduction . . . . . <b>20</b>	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>21</b> Tuition and fees . . . . . <b>21</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
<b>22</b> Add line 10 through line 21 in each column, A through E . . . . . <b>22</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>23 Total.</b> Subtract line 22 from line 9 in each column, A through E. See instructions. . . <b>23</b>	<input checked="" type="radio"/> 48,641.	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/> 48,641.	<input checked="" type="radio"/> 7,309.

**Part III 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
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**Medical and Dental Expenses** See instructions.

1	Medical and dental expenses <input checked="" type="radio"/>	1			
2	Enter amount from federal Form 1040 or 1040-SR, line 11 <input checked="" type="radio"/>	48,641	2		
3	Multiply line 2 by 7.5% (0.075) <input checked="" type="radio"/>	3,648	3		
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter 0 <input checked="" type="radio"/>		4		<input checked="" type="radio"/>

**Taxes You Paid**

5a	State and local income tax or general sales taxes <input checked="" type="radio"/>	613	5a	<input checked="" type="radio"/>	613	
5b	State and local real estate taxes <input checked="" type="radio"/>		5b			
5c	State and local personal property taxes <input checked="" type="radio"/>		5c			
5d	Add line 5a through line 5c <input checked="" type="radio"/>	613	5d			
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"/>	613	5e		613	<input checked="" type="radio"/> 0
6	Other taxes. List type <input checked="" type="radio"/>		6			<input checked="" type="radio"/>
7	Add line 5e and line 6 <input checked="" type="radio"/>	613	7		613	<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"/>	8a	<input checked="" type="radio"/>		<input checked="" type="radio"/>
8b	Home mortgage interest not reported to you on federal Form 1098 <input checked="" type="radio"/>	8b			<input checked="" type="radio"/>
8c	Points not reported to you on federal Form 1098 <input checked="" type="radio"/>	8c			<input checked="" type="radio"/>
8d	Mortgage insurance premiums <input checked="" type="radio"/>	8d		<input checked="" type="radio"/>	
8e	Add line 8a through line 8d <input checked="" type="radio"/>	8e		<input checked="" type="radio"/>	<input checked="" type="radio"/>
9	Investment interest <input checked="" type="radio"/>	9		<input checked="" type="radio"/>	<input checked="" type="radio"/>
10	Add line 8e and line 9 <input checked="" type="radio"/>	10		<input checked="" type="radio"/>	<input checked="" type="radio"/>

**Gifts to Charity**

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

**Casualty and Theft Losses**

15	Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions <input checked="" type="radio"/>	15	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
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**Other Itemized Deductions**

16	Other—from list in federal instructions <input checked="" type="radio"/>	16	<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"/>	17		613	<input checked="" type="radio"/> 0

18 **Total.** Combine line 17 column A less column B plus column C  18 0

**Job Expenses and Certain Miscellaneous Deductions**

19 Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach federal Form 2106 if required. See instructions.  19

20 Tax preparation fees.  20

21 Other expenses- investment, safe deposit box, etc. List type    21

22 Add line 19 through line 21  22

23 Enter amount from federal Form 1040 or 1040-SR, line 11  48,641.

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 VENKATA SIVA SUMANTH MACHIRAJU	SSN or ITIN 739-15-3397
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**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	● VENKATA SIVA SUMANTH	●	● 739-15-3397	● 08 / 03 / 1992	● 48,641.
	Last Name ● MACHIRAJU		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: **VENKATA SIVA SUMANTH MACHIRAJU**

Your SSN or ITIN: **739-15-3397**

**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 checked="" type="radio"/> VENKATA SIVA SUMANTH	Initial <input checked="" type="radio"/>	<input checked="" type="radio"/> E	<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 checked="" type="radio"/> MACHIRAJU			<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"/>
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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"/>
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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.