

Please print or type

Identifying number (see instructions) 144-63-9205
Your first name and middle initial JANARDHAN
Last name SINGEETHAM
Present home address (number and street or rural route). If you have a P.O. box, see instructions. 43555 GRIMMER BLVD
Apt. no. H166
Check if: [X] Individual [] Estate or Trust
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below. See instructions. FREMONT CA 94538
Foreign country name Foreign province/state/county Foreign postal code

Filing Status

1 [] Reserved 4 [] Reserved
2 [X] Single nonresident alien 5 [] Married nonresident alien
3 [] Reserved 6 [] Qualifying widow(er) (see instructions)
Child's name

Dependents

If more than four dependents, see instructions and check here. []

Table with 6 columns: (1) First name, Last name, (2) Dependent's identifying number, (3) Dependent's relationship to you, (4) Child tax credit, Credit for other dependents

Income Effectively Connected With U.S. Trade/Business

Attach Form(s) W-2, 1042-S, SSA-1042S, RRB-1042S, and 8288-A here. Also attach Form(s) 1099-R if tax was withheld.

Table with 2 columns: Description, Amount. Rows include: 8 Wages, salaries, tips, etc. Attach Form(s) W-2; 9a Taxable interest; 9b Tax-exempt interest; 10a Ordinary dividends; 10b Qualified dividends; 11 Taxable refunds, credits, or offsets of state and local income taxes; 12 Scholarship and fellowship grants; 13 Business income or (loss); 14 Capital gain or (loss); 15 Other gains or (losses); 16a IRA distributions; 16b Taxable amount; 17a Pensions and annuities; 17b Taxable amount; 18 Rental real estate, royalties, partnerships, trusts, etc.; 19 Farm income or (loss); 20 Unemployment compensation; 21 Other income; 22 Total income exempt by a treaty; 23 Combine the amounts in the far right column for lines 8 through 21. Total effectively connected income: 12,067.

Adjusted Gross Income

Table with 2 columns: Description, Amount. Rows include: 24 Educator expenses; 25 Health savings account deduction; 26 Moving expenses; 27 Deductible part of self-employment tax; 28 Self-employed SEP, SIMPLE, and qualified plans; 29 Self-employed health insurance deduction; 30 Penalty on early withdrawal of savings; 31 Scholarship and fellowship grants excluded; 32 IRA deduction; 33 Student loan interest deduction; 34 Add lines 24 through 33; 35 Adjusted Gross Income. Subtract line 34 from line 23. Total: 12,067.

Tax and Credits

Table with 2 columns: Description, Amount. Rows include: 36 Reserved for future use; 37 Itemized deductions from page 3, Schedule A, line 8. Std. Dedn US/India Treaty. Total: 12,200; 38 Qualified business income deduction; 39 Exemptions for estates and trusts only.

Tax and Credits (continued)

Table with 3 columns: Line number, Description, and Amount. Includes lines 40-53 for Tax and Credits.

Other Taxes

Table with 3 columns: Line number, Description, and Amount. Includes lines 54-61 for Other Taxes.

Payments

Table with 3 columns: Line number, Description, and Amount. Includes lines 62-71 for Payments.

Refund

Direct deposit? See instructions.

Table with 3 columns: Line number, Description, and Amount. Includes lines 72-74 for Refund.

Amount You Owe

Table with 3 columns: Line number, Description, and Amount. Includes lines 75-76 for Amount You Owe.

Third Party Designee

Form section for Third Party Designee with fields for name, phone, and PIN.

Sign Here

Keep a copy of this return for your records.

Signature area with fields for signature, date, occupation, and PIN.

Paid Preparer Use Only

Form section for Paid Preparer Use Only with fields for name, signature, date, and firm information.

Schedule A—Itemized Deductions (see instructions)

07

Taxes You Paid

1 State and local income taxes

a State and local income taxes

1a

b Enter the smaller of line 1a and \$10,000 (\$5,000 if box 5 is checked)

1b

Gifts to U.S. Charities

2 Gifts by cash or check. If you made any gift of \$250 or more, see instructions

2

Caution: If you made a gift and received a benefit in return, see instructions.

3 Other than by cash or check. If you made any gift of \$250 or more, see instructions. Individuals **must** attach Form 8283 if line 3 is over \$500

3

4 Carryover from prior year

4

5 Add lines 2 through 4

5

Casualty and Theft Losses

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

6

Other Itemized Deductions

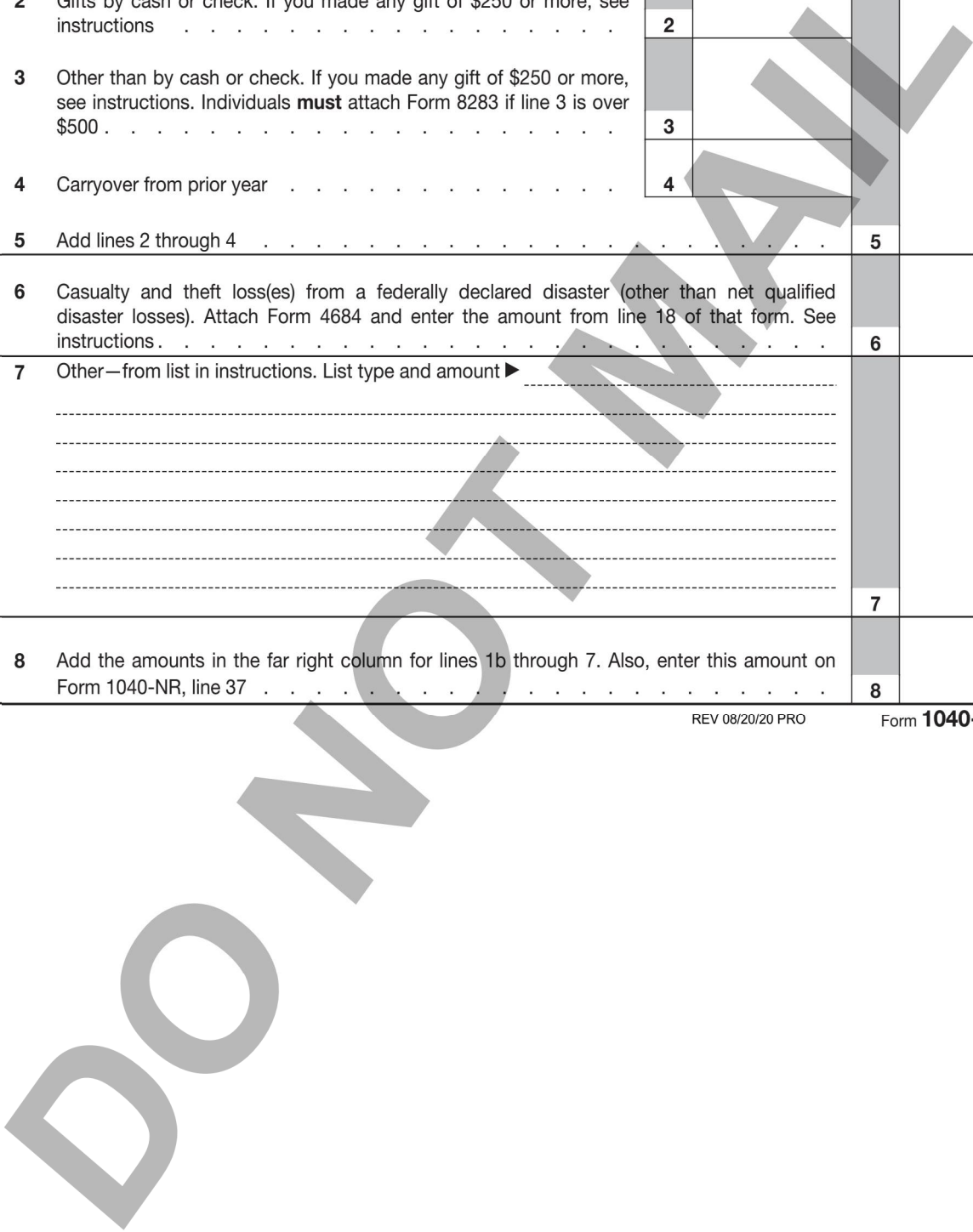
7 Other—from list in instructions. List type and amount ▶

7

Total Itemized Deductions

8 Add the amounts in the far right column for lines 1b through 7. Also, enter this amount on Form 1040-NR, line 37

8



Schedule NEC—Tax on Income Not Effectively Connected With a U.S. Trade or Business (see instructions)

		Enter amount of income under the appropriate rate of tax (see instructions)			
Nature of income		(a) 10%	(b) 15%	(c) 30%	(d) Other (specify) %
1	Dividends and dividend equivalents:				
a	Dividends paid by U.S. corporations				
b	Dividends paid by foreign corporations				
c	Dividend equivalent payments received with respect to section 871(m) transactions				
2	Interest:				
a	Mortgage				
b	Paid by foreign corporations				
c	Other				
3	Industrial royalties (patents, trademarks, etc.)				
4	Motion picture or T.V. copyright royalties				
5	Other royalties (copyrights, recording, publishing, etc.)				
6	Real property income and natural resources royalties				
7	Pensions and annuities				
8	Social security benefits				
9	Capital gain from line 18 below				
10	Gambling—Residents of Canada only. Enter net income in column (c). If zero or less, enter -0- .				
a	Winnings _____				
b	Losses _____				
11	Gambling winnings—Residents of countries other than Canada. Note: Losses not allowed				
12	Other (specify) ▶ _____				
13	Add lines 1a through 12 in columns (a) through (d)				
14	Multiply line 13 by rate of tax at top of each column				
15	Tax on income not effectively connected with a U.S. trade or business. Add columns (a) through (d) of line 14. Enter the total here and on Form 1040-NR, line 54				15

Capital Gains and Losses From Sales or Exchanges of Property

16	(a) Kind of property and description (if necessary, attach statement of descriptive details not shown below)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price	(e) Cost or other basis	(f) LOSS If (e) is more than (d), subtract (d) from (e)	(g) GAIN If (d) is more than (e), subtract (e) from (d)
17	Add columns (f) and (g) of line 16						17 ()
18	Capital gain. Combine columns (f) and (g) of line 17. Enter the net gain here and on line 9 above (if a loss, enter -0-)						18

Enter only the capital gains and losses from property sales or exchanges that are from sources within the United States and not effectively connected with a U.S. business. Do not include a gain or loss on disposing of a U.S. real property interest; report these gains and losses on Schedule D (Form 1040 or 1040-SR). Report property sales or exchanges that are effectively connected with a U.S. business on Schedule D (Form 1040 or 1040-SR), Form 4797, or both.

Schedule OI—Other Information (see instructions)

Answer all questions

A Of what country or countries were you a citizen or national during the tax year? USA

B In what country did you claim residence for tax purposes during the tax year? India

C Have you ever applied to be a green card holder (lawful permanent resident) of the United States? Yes No

D Were you ever:

1. A U.S. citizen? Yes No

2. A green card holder (lawful permanent resident) of the United States? Yes No

If you answer "Yes" to (1) or (2), see Pub. 519, chapter 4, for expatriation rules that apply to you.

E If you had a visa on the last day of the tax year, enter your visa type. If you did not have a visa, enter your U.S. immigration status on the last day of the tax year. F1

F Have you ever changed your visa type (nonimmigrant status) or U.S. immigration status? Yes No

If you answered "Yes," indicate the date and nature of the change.

G List all dates you entered and left the United States during 2019. See instructions.

Note: If you are a resident of Canada or Mexico AND commute to work in the United States at frequent intervals, check the box for Canada or Mexico and skip to item H

Table with 2 columns: Date entered United States mm/dd/yy, Date departed United States mm/dd/yy

Table with 2 columns: Date entered United States mm/dd/yy, Date departed United States mm/dd/yy

H Give number of days (including vacation, nonworkdays, and partial days) you were present in the United States during: 2017, 2018, and 2019 365

I Did you file a U.S. income tax return for any prior year? Yes No

If "Yes," give the latest year and form number you filed

J Are you filing a return for a trust? Yes No

If "Yes," did the trust have a U.S. or foreign owner under the grantor trust rules, make a distribution or loan to a U.S. person, or receive a contribution from a U.S. person? Yes No

K Did you receive total compensation of \$250,000 or more during the tax year? Yes No

If "Yes," did you use an alternative method to determine the source of this compensation? Yes No

L Income Exempt from Tax—If you are claiming exemption from income tax under a U.S. income tax treaty with a foreign country, complete (1) through (3) below. See Pub. 901 for more information on tax treaties.

1. Enter the name of the country, the applicable tax treaty article, the number of months in prior years you claimed the treaty benefit, and the amount of exempt income in the columns below. Attach Form 8833 if required. See instructions.

Table with 4 columns: (a) Country, (b) Tax treaty article, (c) Number of months claimed in prior tax years, (d) Amount of exempt income in current tax year

(e) Total. Enter this amount on Form 1040-NR, line 22. Do not enter it on line 8 or line 12

2. Were you subject to tax in a foreign country on any of the income shown in 1(d) above? Yes No

3. Are you claiming treaty benefits pursuant to a Competent Authority determination? Yes No

If "Yes," attach a copy of the Competent Authority determination letter to your return.

M Check the applicable box if:

1. This is the first year you are making an election to treat income from real property located in the United States as effectively connected with a U.S. trade or business under section 871(d). See instructions

2. You have made an election in a previous year that has not been revoked, to treat income from real property located in the United States as effectively connected with a U.S. trade or business under section 871(d). See instructions

SCHEDULE C
(Form 1040 or 1040-SR)

Profit or Loss From Business
(Sole Proprietorship)

OMB No. 1545-0074

2019

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 JANARDHAN SINGEETHAM	Social security number (SSN) 144-63-9205
A Principal business or profession, including product or service (see instructions) TAXI HIRING	B Enter code from instructions ▶ 4 8 5 3 0 0
C Business name. If no separate business name, leave blank.	D Employer ID number (EIN) (see instr.)
E Business address (including suite or room no.) ▶ 43555 GRIMMER BLVD, Apt. H166 City, town or post office, state, and ZIP code FREMONT, CA 94538	
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 2019? 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 2019, check here <input type="checkbox"/>	
I Did you make any payments in 2019 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 Forms 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	10,720.
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	10,720.
4 Cost of goods sold (from line 42)	4	
5 Gross profit. Subtract line 4 from line 3	5	10,720.
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	10,720.

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	
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	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	
17 Legal and professional services	17	25 Utilities	25	4,218.
		26 Wages (less employment credits)	26	
		27a Other expenses (from line 48)	27a	
		b Reserved for future use	27b	

28 Total expenses before expenses for business use of home. Add lines 8 through 27a	28	4,218.
29 Tentative profit or (loss). Subtract line 28 from line 7	29	6,502.

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

31 Net profit or (loss). Subtract line 30 from line 29. <ul style="list-style-type: none"> • If a profit, enter on both Schedule 1 (Form 1040 or 1040-SR), line 3 (or Form 1040-NR, line 13) 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	6,502.
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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 or 1040-SR), line 3** (or **Form 1040-NR, line 13**) 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.

SCHEDULE C
(Form 1040 or 1040-SR)

Profit or Loss From Business
(Sole Proprietorship)

OMB No. 1545-0074

2019
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Department of the Treasury
Internal Revenue Service (99)

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

Name of proprietor JANARDHAN SINGEETHAM	Social security number (SSN) 144-63-9205
A Principal business or profession, including product or service (see instructions) TAXI HIRING	B Enter code from instructions ▶ 4 8 5 3 0 0
C Business name. If no separate business name, leave blank.	D Employer ID number (EIN) (see instr.)
E Business address (including suite or room no.) ▶ 43555 GRIMMER BLVD, Apt. H166 City, town or post office, state, and ZIP code FREMONT, CA 94538	
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 2019? 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 2019, check here <input type="checkbox"/>	
I Did you make any payments in 2019 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 Forms 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	4,355.
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	4,355.
4 Cost of goods sold (from line 42)	4	
5 Gross profit. Subtract line 4 from line 3	5	4,355.
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	4,355.

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	
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	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	
		26 Wages (less employment credits)	26	
		27a Other expenses (from line 48)	27a	
		b Reserved for future use	27b	

28 Total expenses before expenses for business use of home. Add lines 8 through 27a	28	2,400.
29 Tentative profit or (loss). Subtract line 28 from line 7	29	1,955.

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

31 Net profit or (loss). Subtract line 30 from line 29. <ul style="list-style-type: none"> • If a profit, enter on both Schedule 1 (Form 1040 or 1040-SR), line 3 (or Form 1040-NR, line 13) 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	1,955.
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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 or 1040-SR), line 3** (or **Form 1040-NR, line 13**) 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.

SCHEDULE C
(Form 1040 or 1040-SR)

Profit or Loss From Business
(Sole Proprietorship)

OMB No. 1545-0074

2019

Attachment
Sequence No. **09**

Department of the Treasury
Internal Revenue Service (99)

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

Name of proprietor JANARDHAN SINGEETHAM	Social security number (SSN) 144-63-9205
A Principal business or profession, including product or service (see instructions) TAXI HIRING	B Enter code from instructions ▶ 4 8 5 3 0 0
C Business name. If no separate business name, leave blank.	D Employer ID number (EIN) (see instr.)
E Business address (including suite or room no.) ▶ 43555 GRIMMER BLVD, Apt. H166 City, town or post office, state, and ZIP code FREMONT, CA 94538	
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 2019? 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 2019, check here <input type="checkbox"/>	
I Did you make any payments in 2019 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 Forms 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	4,360.
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	4,360.
4 Cost of goods sold (from line 42)	4	
5 Gross profit. Subtract line 4 from line 3	5	4,360.
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	4,360.

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	750.
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	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	
17 Legal and professional services	17	25 Utilities	25	
		26 Wages (less employment credits)	26	
		27a Other expenses (from line 48)	27a	
		b Reserved for future use	27b	

28 Total expenses before expenses for business use of home. Add lines 8 through 27a	28	750.
29 Tentative profit or (loss). Subtract line 28 from line 7	29	3,610.

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

31 Net profit or (loss). Subtract line 30 from line 29. <ul style="list-style-type: none"> • If a profit, enter on both Schedule 1 (Form 1040 or 1040-SR), line 3 (or Form 1040-NR, line 13) 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	3,610.
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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 or 1040-SR), line 3** (or **Form 1040-NR, line 13**) 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.

Additional information from your 2019 Federal Tax Return

Schedule C (TAXI HIRING): Profit or Loss from Business

Line 25

Itemization Statement

Description	Amount
PLAT FORM FEES	2,634.86
SERVICE FEES	1,187.50
THRID PARTY FEES	294.50
EXPRESS PAY FEES	5.50
EXPRESS DRIVE RENTAL FEES	17.25
TOLLS	78.70
Total	4,218.

DO NOT MAIL

2019 California Resident Income Tax Return

540

APE

ATTACH FEDERAL RETURN

144-63-9205 SING
JANARDHAN SINGEETHAM

19 PBA 485300

43555 GRIMMER BLVD APT H166
FREMONT CA 94538

08-08-1992

Filing Status

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

- 1 Single
- 2 Married/RDP filing jointly. See inst.
- 3 Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here
- 4 Head of household (with qualifying person). See instructions.
- 5 Qualifying widow(er). Enter year spouse/RDP died.
- 6 If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See inst ● 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 \$122 = ● \$ 122
 - 8 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2. ● 8 X \$122 = ● \$
 - 9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2. ● 9 X \$122 = ● \$
 - 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 | <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 \$378 = ● \$

Your name: SINGEETHAM

Your SSN or ITIN: 144-63-9205

11 Exemption amount: Add line 7 through line 10. Transfer this amount to line 32 11 \$ 122

Taxable Income

12 State wages from your federal Form(s) W-2, box 16 12 .00

13 Enter federal adjusted gross income from federal Form 1040 or 1040-SR, line 8b 13 12067 .00

14 California adjustments – subtractions. Enter the amount from Schedule CA (540), Part I, line 23, column B. 14 .00

15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions 15 12067 .00

16 California adjustments – additions. Enter the amount from Schedule CA (540), Part I, line 23, column C. 16 .00

17 California adjusted gross income. Combine line 15 and line 16 17 12067 .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. \$4,537
 • Married/RDP filing jointly, Head of household, or Qualifying widow(er) \$9,074
 If Married/RDP filing separately or the box on line 6 is checked, STOP. See instructions 18 4537 .00

19 Subtract line 18 from line 17. This is your **taxable income**. If less than zero, enter -0- 19 7530 .00

Tax

31 Tax. Check the box if from: Tax Table Tax Rate Schedule
 FTB 3800 FTB 3803 31 75 .00

32 Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$200,534, see instructions. 32 122 .00

33 Subtract line 32 from line 31. If less than zero, enter -0- 33 0 .00

34 Tax. See instructions. Check the box if from: Schedule G-1 FTB 5870A. 34 .00

35 Add line 33 and line 34. 35 0 .00

Special Credits

40 Nonrefundable Child and Dependent Care Expenses Credit. See instructions. 40 .00

43 Enter credit name code and amount 43 .00

44 Enter credit name code and amount 44 .00

45 To claim more than two credits. See instructions. Attach Schedule P (540). 45 .00

46 Nonrefundable renter's credit. See instructions 46 60 .00

47 Add line 40 through line 46. These are your total credits 47 60 .00

48 Subtract line 47 from line 35. If less than zero, enter -0- 48 0 .00

Your name: SINGEETHAM

Your SSN or ITIN: 144-63-9205

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 Add line 48, line 61, line 62, and line 63. This is your total tax. ● 64 .00

Payments

71 California income tax withheld. See instructions ● 71 .00

72 2019 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 VPDI) withheld. See instructions ● 74 .00

75 Earned Income Tax Credit (EITC) ● 75 .00

76 Young Child Tax Credit (YCTC). See instructions ● 76 .00

77 Add lines 71 through 76. These are your total payments.
See instructions ● 77 .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.

Overpaid Tax/Tax Due

92 Payments balance. If line 77 is more than line 91, subtract line 91 from line 77 ● 92 .00

93 **Use Tax balance.** If line 91 is more than line 77, subtract line 77 from line 91 ● 93 .00

94 Overpaid tax. If line 92 is more than line 64, subtract line 64 from line 92. ● 94 .00

95 Amount of line 94 you want applied to your 2020 estimated tax ● 95 .00

96 Overpaid tax available this year. Subtract line 95 from line 94 ● 96 .00

97 Tax due. If line 92 is less than line 64, subtract line 92 from line 64 ● 97 .00

Your name:

Your SSN or ITIN:



	<u>Code</u>	<u>Amount</u>	
California Seniors Special Fund. See instructions	● 400	<input type="text"/>	.00
Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund	● 401	<input type="text"/>	.00
Rare and Endangered Species Preservation Voluntary Tax Contribution Program	● 403	<input type="text"/>	.00
California Breast Cancer Research Voluntary Tax Contribution Fund	● 405	<input type="text"/>	.00
California Firefighters' Memorial Fund	● 406	<input type="text"/>	.00
Emergency Food for Families Voluntary Tax Contribution Fund	● 407	<input type="text"/>	.00
California Peace Officer Memorial Foundation Fund	● 408	<input type="text"/>	.00
California Sea Otter Fund	● 410	<input type="text"/>	.00
California Cancer Research Voluntary Tax Contribution Fund	● 413	<input type="text"/>	.00
School Supplies for Homeless Children Fund	● 422	<input type="text"/>	.00
State Parks Protection Fund/Parks Pass Purchase	● 423	<input type="text"/>	.00
Protect Our Coast and Oceans Voluntary Tax Contribution Fund	● 424	<input type="text"/>	.00
Keep Arts in Schools Voluntary Tax Contribution Fund	● 425	<input type="text"/>	.00
Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund	● 431	<input type="text"/>	.00
California Senior Citizen Advocacy Voluntary Tax Contribution Fund	● 438	<input type="text"/>	.00
Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund	● 439	<input type="text"/>	.00
Rape Kit Backlog Voluntary Tax Contribution Fund	● 440	<input type="text"/>	.00
Organ and Tissue Donor Registry Voluntary Tax Contribution Fund	● 441	<input type="text"/>	.00
National Alliance on Mental Illness California Voluntary Tax Contribution Fund	● 442	<input type="text"/>	.00
Schools Not Prisons Voluntary Tax Contribution Fund	● 443	<input type="text"/>	.00
Suicide Prevention Voluntary Tax Contribution Fund	● 444	<input type="text"/>	.00
110 Add code 400 through code 444. This is your total contribution	● 110	<input type="text"/>	.00

Contributions

Your name: Your SSN or ITIN:

Amount You Owe 111 **AMOUNT YOU OWE.** If you do not have an amount on line 96, add line 93, line 97, 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 110, line 112 and line 113 from line 96. 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:
● Type
● Routing number 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:
● Type
● Routing number 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.
Joint tax return? (See instructions)

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

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