

# IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.  
▶ Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.

Submission Identification Number (SID) ▶

Taxpayer's name GIRIDHAR KANALA	Social security number 732-91-0228
Spouse's name	Spouse's social security number

## Part I Tax Return Information – Tax Year Ending December 31, 2020 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

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

1	Adjusted gross income	79,717.
2	Total tax	10,602.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	12,471.
4	Amount you want refunded to you	2,233.
5	Amount you owe	

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

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

### Taxpayer's PIN: check one box only

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

1	0	2	2	8
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 as my signature on the income tax return (original or amended) I am now authorizing.   
ERO firm name  
Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

### Spouse's PIN: check one box only

- I authorize \_\_\_\_\_ to enter or generate my PIN 

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

Spouse's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

## Practitioner PIN Method Returns Only—continue below

### Part III Certification and Authentication – Practitioner PIN Method Only

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

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

Don't enter all zeros

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

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

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

**Filing Status**  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 GIRIDHAR	Last name KANALA	Your social security number 732-91-0228
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. 9575 reseda Blvd		Apt. no. 323	<b>Presidential Election Campaign</b> Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
City, town, or post office. If you have a foreign address, also complete spaces below. NORTHRIDGE	State CA	ZIP code 91324	
Foreign country name	Foreign province/state/county	Foreign postal code	

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?  Yes  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

	(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions): Child tax credit	Credit for other dependents
If more than four dependents, see instructions and check here ▶ <input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

	<b>1</b>	Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .		<b>1</b>	86,227.
Attach Sch. B if required.	<b>2a</b>	Tax-exempt interest . . . . .	<b>2a</b>	<b>2b</b>	
	<b>3a</b>	Qualified dividends . . . . .	<b>3a</b>	<b>3b</b>	
	<b>4a</b>	IRA distributions . . . . .	<b>4a</b>	<b>4b</b>	
	<b>5a</b>	Pensions and annuities . . . . .	<b>5a</b>	<b>5b</b>	
	<b>6a</b>	Social security benefits . . . . .	<b>6a</b>	<b>6b</b>	
	<b>7</b>	Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . . ▶ <input type="checkbox"/>		<b>7</b>	
	<b>8</b>	Other income from Schedule 1, line 9 . . . . .		<b>8</b>	-6,510.
	<b>9</b>	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b> . . . . . ▶		<b>9</b>	79,717.
<b>Standard Deduction for—</b> • Single or Married filing separately, \$12,400 • Married filing jointly or Qualifying widow(er), \$24,800 • Head of household, \$18,650 • If you checked any box under <i>Standard Deduction</i> , see instructions.	<b>10</b> Adjustments to income:				
	<b>a</b>	From Schedule 1, line 22 . . . . .	<b>10a</b>		
	<b>b</b>	Charitable contributions if you take the standard deduction. See instructions . . . . .	<b>10b</b>		
	<b>c</b>	Add lines 10a and 10b. These are your <b>total adjustments to income</b> . . . . . ▶		<b>10c</b>	
	<b>11</b>	Subtract line 10c from line 9. This is your <b>adjusted gross income</b> . . . . . ▶		<b>11</b>	79,717.
	<b>12</b>	<b>Standard deduction or itemized deductions</b> (from Schedule A) . . . . .		<b>12</b>	12,400.
	<b>13</b>	Qualified business income deduction. Attach Form 8995 or Form 8995-A . . . . .		<b>13</b>	
	<b>14</b>	Add lines 12 and 13 . . . . .		<b>14</b>	12,400.
	<b>15</b>	<b>Taxable income.</b> Subtract line 14 from line 11. If zero or less, enter -0- . . . . .		<b>15</b>	67,317.

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	10,602.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	10,602.
19	Child tax credit or credit for other dependents	19	
20	Amount from Schedule 3, line 7	20	
21	Add lines 19 and 20	21	
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	10,602.
23	Other taxes, including self-employment tax, from Schedule 2, line 10	23	0.
24	Add lines 22 and 23. This is your <b>total tax</b>	24	10,602.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	12,471.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	12,471.
26	2020 estimated tax payments and amount applied from 2019 return	26	
27	Earned income credit (EIC) <b>NO</b>	27	
28	Additional child tax credit. Attach Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	364.
31	Amount from Schedule 3, line 13	31	
32	Add lines 27 through 31. These are your <b>total other payments and refundable credits</b>	32	364.
33	Add lines 25d, 26, and 32. These are your <b>total payments</b>	33	12,835.

Refund

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	34	2,233.
35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	35a	2,233.
b	Routing number 1 2 2 0 0 0 6 6 1		
c	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number 3 2 5 0 9 7 4 4 7 9 9 5		
36	Amount of line 34 you want <b>applied to your 2021 estimated tax</b>	36	

Amount You Owe

37	Subtract line 33 from line 24. This is the <b>amount you owe now</b>	37	
<b>Note:</b> Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.			
38	Estimated tax penalty (see instructions)	38	

Third Party Designee

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

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

Sign Here

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

Your signature	Date	Your occupation PROJECT MANAGER	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.	Email address		

Paid Preparer Use Only

Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 05/17/2021	PTIN P02082703	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Phone no. (678) 965-9522			
Firm's address 2530 Pebble Creek Ln Cumming GA 30041	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  
GIRIDHAR KANALA

Your social security number  
732-91-0228

**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>	-6,510.
<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>	-6,510.

**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

GIRIDHAR KANALA

732-91-0228

**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>	BTM LAYOUT 2ND STAGE BANGALORE IN 560076				
<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.	Fair Rental Days	Personal Use Days	QJV
<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)

Income:		Properties:		A	B	C
<b>3</b>	Rents received . . . . .	<b>3</b>		350.		
<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>		1,690.		
<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>				
<b>14</b>	Repairs. . . . .	<b>14</b>		1,750.		
<b>15</b>	Supplies . . . . .	<b>15</b>		1,820.		
<b>16</b>	Taxes . . . . .	<b>16</b>				
<b>17</b>	Utilities . . . . .	<b>17</b>		1,600.		
<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>		6,860.		
<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>		-6,510.		
<b>22</b>	Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions) . . . . .	<b>22</b>	(	-6,510.)	(	)
<b>23a</b>	Total of all amounts reported on line 3 for all rental properties . . . . .	<b>23a</b>		350.		
<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>		6,860.		
<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>	(	6,510.)		
<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>		-6,510.		

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/SSN/ITIN. Row 1: GIRIDHAR KANALA, 732-91-0228. 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: Description, Amount. Row 1: California Adjusted Gross Income (AGI) ... 79,717. Row 2: Amount You Owe ... Row 3: Refund or No Amount Due ... 483.

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

Under penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2020, and to the best of my knowledge and belief, it is true, correct, and complete.

Taxpayer's PIN: check one box only

- I authorize GLOBAL TAXES LLC to enter my PIN [1][0][2][2][8] Do not enter all zeros as my signature on my 2020 e-filed California individual income tax return. I will enter my PIN as my signature on my 2020 e-filed California individual income tax return.

Your signature Date

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

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

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.

ERO's signature Date 05/17/2021

# 2020 California Resident Income Tax Return

# 540

APE

ATTACH FEDERAL RETURN

732-91-0228 KANA  
GIRIDHAR KANALA

20

9575 RESEDA BLVD APT 323  
NORTHRIDGE CA 91324

02-14-1991

Principal Residence

Enter your county at time of filing (see instructions)

LOS ANGELES

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

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

Street address (number and street) (If foreign address, see instructions.)

Apt. no/ste. no.

City

State

ZIP code

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

Filing Status

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

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

See instructions.

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

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

Exemptions

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

Whole dollars only

7 **Personal:** If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2 in the box. If you checked the box on line 6, see instructions.  7  X \$124 =  \$  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 =  \$

Your name:  Your SSN or ITIN:

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

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

Total dependent exemptions ..... ● 10  X \$383 = ● \$

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

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

**13** Enter federal adjusted gross income from federal Form 1040 or 1040-SR, line 11 ..... ● 13  .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  .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  .00

**18** Enter the larger of {  
 Your California **itemized deductions** from Schedule CA (540), Part II, line 30; **OR**  
 Your California **standard deduction** shown below for your filing status:  
 • Single or Married/RDP filing separately. .... \$4,601  
 • Married/RDP filing jointly, Head of household, or Qualifying widow(er) . . . \$9,202  
 If Married/RDP filing separately or the box on line 6 is checked, **STOP.** See instructions ..... ● 18  .00

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

**31** Tax. Check the box if from:  Tax Table  Tax Rate Schedule

●  FTB 3800 ●  FTB 3803 ..... ● 31  .00

**32** Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$203,341, see instructions. .... ● 32  .00

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

**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



Your name:  Your SSN or ITIN:

<b>Special Credits</b>	45	To claim more than two credits. See instructions. Attach Schedule P (540).	<input type="radio"/>	45	<input type="text"/>	<input type="text" value="00"/>
	46	Nonrefundable Renter's Credit. See instructions	<input type="radio"/>	46	<input type="text"/>	<input type="text" value="00"/>
	47	Add line 40 through line 46. These are your total credits	<input checked="" type="radio"/>	47	<input type="text" value="774"/>	<input type="text" value="00"/>
	48	Subtract line 47 from line 35. If less than zero, enter -0-	<input checked="" type="radio"/>	48	<input type="text" value="3215"/>	<input type="text" value="00"/>

<b>Other Taxes</b>	61	Alternative Minimum Tax. Attach Schedule P (540)	<input type="radio"/>	61	<input type="text"/>	<input type="text" value="00"/>
	62	Mental Health Services Tax. See instructions	<input type="radio"/>	62	<input type="text"/>	<input type="text" value="00"/>
	63	Other taxes and credit recapture. See instructions	<input type="radio"/>	63	<input type="text"/>	<input type="text" value="00"/>
	64	Excess Advance Premium Assistance Subsidy (APAS) repayment. See instructions	<input type="radio"/>	64	<input type="text"/>	<input type="text" value="00"/>
	65	Add line 48, line 61, line 62, line 63, and line 64. This is your total tax	<input type="radio"/>	65	<input type="text" value="3215"/>	<input type="text" value="00"/>

<b>Payments</b>	71	California income tax withheld. See instructions	<input type="radio"/>	71	<input type="text" value="3698"/>	<input type="text" value="00"/>
	72	2020 CA estimated tax and other payments. See instructions	<input type="radio"/>	72	<input type="text"/>	<input type="text" value="00"/>
	73	Withholding (Form 592-B and/or 593). See instructions	<input type="radio"/>	73	<input type="text"/>	<input type="text" value="00"/>
	74	Excess SDI (or VPD) withheld. See instructions	<input type="radio"/>	74	<input type="text"/>	<input type="text" value="00"/>
	75	Earned Income Tax Credit (EITC)	<input type="radio"/>	75	<input type="text"/>	<input type="text" value="00"/>
	76	Young Child Tax Credit (YCTC). See instructions	<input type="radio"/>	76	<input type="text"/>	<input type="text" value="00"/>
	77	Net Premium Assistance Subsidy (PAS). See instructions	<input type="radio"/>	77	<input type="text"/>	<input type="text" value="00"/>
	78	Add line 71 through line 77. These are your total payments. See instructions	<input checked="" type="radio"/>	78	<input type="text" value="3698"/>	<input type="text" value="00"/>

<b>Use Tax</b>	91	<b>Use Tax.</b> Do not leave blank. See instructions	<input type="radio"/>	91	<input type="text" value="0"/>	<input type="text" value="00"/>
	If line 91 is zero, check if:		<input checked="" type="checkbox"/>	No use tax is owed.		
			<input type="checkbox"/>	You paid your use tax obligation directly to CDTFA.		

<b>ISR Penalty</b>	92	Individual Shared Responsibility (ISR) Penalty. See instructions	<input type="radio"/>	92	<input type="text"/>	<input type="text" value="00"/>
	<input checked="" type="radio"/>	Full-year health care coverage.				

<b>Overpaid Tax/Tax Due</b>	93	Payments balance. If line 78 is more than line 91, subtract line 91 from line 78	<input checked="" type="radio"/>	93	<input type="text" value="3698"/>	<input type="text" value="00"/>
	94	<b>Use Tax balance.</b> If line 91 is more than line 78, subtract line 78 from line 91	<input checked="" type="radio"/>	94	<input type="text"/>	<input type="text" value="00"/>
	95	Payments after Individual Shared Responsibility Penalty. If line 93 is more than line 92, subtract line 92 from line 93	<input checked="" type="radio"/>	95	<input type="text" value="3698"/>	<input type="text" value="00"/>
	96	Individual Shared Responsibility Penalty Balance. If line 92 is more than line 93, then subtract line 93 from line 92	<input checked="" type="radio"/>	96	<input type="text"/>	<input type="text" value="00"/>

Your name:  Your SSN or ITIN:

<b>Overpaid Tax/Tax Due</b>	<b>97</b> Overpaid tax. If line 95 is more than line 65, subtract line 65 from line 95. . . . . <input checked="" type="radio"/> <b>97</b> <input type="text" value="483"/> <input type="text" value=".00"/>
	<b>98</b> Amount of line 97 you want applied to your <b>2021</b> estimated tax . . . . . <input type="radio"/> <b>98</b> <input type="text" value="0"/> <input type="text" value=".00"/>
	<b>99</b> Overpaid tax available this year. Subtract line 98 from line 97 . . . . . <input type="radio"/> <b>99</b> <input type="text" value="483"/> <input type="text" value=".00"/>
	<b>100</b> Tax due. If line 95 is less than line 65, subtract line 95 from line 65 . . . . . <input checked="" type="radio"/> <b>100</b> <input type="text" value=""/> <input type="text" value=".00"/>

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

Your name:  Your SSN or ITIN:

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

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

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

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

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

The remaining amount of my refund (line 115) is authorized for direct deposit into the account shown below:

● Routing number  ● Type  Checking  Savings ● Account number  ● 117 Direct deposit amount  .00

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

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

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

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

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

# Sign Here

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

Paid preparer's signature (**declaration of preparer is based on all information of which preparer has any knowledge**)

Firm's name (or yours, if self-employed)  ● PTIN

Firm's address  ● Firm's FEIN

Joint tax return? (See instructions)

Do you want to allow another person to discuss this tax return with us? See instructions. . . . . ●  Yes  No

Print Third Party Designee's Name  Telephone Number

# 2020 Other State Tax Credit

# S

Attach to Form 540, Form 540NR, or Form 541.

Name(s) as shown on your California tax return G I R I D H A R K A N A L A	SSN, ITIN, or FEIN 732910228
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**Part I Double-Taxed Income** (Read specific line instructions for Part I before completing.)

(a) Income item(s) description	(b) Double-taxed income taxable by California	(c) Double-taxed income taxable by other state
<input checked="" type="radio"/> WAGES, SALARIES, TIPS	<input checked="" type="radio"/> 15,472.	<input checked="" type="radio"/> 15,472.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>1</b> Total double-taxed income	<input checked="" type="radio"/> 15,472.	<input checked="" type="radio"/> 15,472.

**Part II Figure Your Other State Tax Credit** (Read specific line instructions for Part II before completing.)

<b>2</b> California tax liability. See instructions	<input checked="" type="radio"/> <b>2</b>	3,989.	00
<b>3</b> Double-taxed income taxable by California. Enter the amount from Part I, line 1, column (b)	<input checked="" type="radio"/> <b>3</b>	15,472.	00
<b>4</b> California adjusted gross income. See instructions	<input checked="" type="radio"/> <b>4</b>	79,717.	00
<b>5</b> Divide line 3 by line 4. Do not enter more than 1.0000	<input checked="" type="radio"/> <b>5</b>	0.1941	
<b>6</b> Multiply line 2 by line 5	<input checked="" type="radio"/> <b>6</b>	774.	00
<b>7</b> Income tax liability paid to other state (use state's abbreviation) <input checked="" type="radio"/> WI See instructions	<input checked="" type="radio"/> <b>7</b>	820.	00
<b>8</b> Double-taxed income taxable by other state. Enter the amount from Part I, line 1, column (c)	<input checked="" type="radio"/> <b>8</b>	15,472.	00
<b>9</b> Adjusted gross income taxable by other state. See instructions	<input checked="" type="radio"/> <b>9</b>	15,472.	00
<b>10</b> Divide line 8 by line 9. Do not enter more than 1.0000	<input checked="" type="radio"/> <b>10</b>	1.0000	
<b>11</b> Multiply line 7 by line 10	<input checked="" type="radio"/> <b>11</b>	820.	00
<b>12</b> Other state tax credit. Enter the smaller of line 6 or line 11. Use credit code <b>187</b> . See instructions	<input checked="" type="radio"/> <b>12</b>	774.	00

Nonresident & part-year resident Wisconsin income tax

For the year Jan. 1-Dec. 31, 2020, or other tax year beginning \_\_\_\_\_, 2020 ending \_\_\_\_\_, 20\_\_.

Check here if this is an amended return [ ] Complete form using BLACK INK

DO NOT STAPLE

Your legal last name KANALA, Legal first name GIRIDHAR, M.I., Your social security number 732910228

Home address (number and street). If you have a PO Box, see page 12 9575 RESEDA BLVD, Apt. no. 323

City or post office NORTHBRIDGE, State CA, Zip code 91324

Foreign Country, Foreign province/state/country, Foreign postal code

Tax district Check below then fill in either the name of the Wisconsin city, village, or town, and the county in which you lived at the end of 2020 or before leaving Wisconsin (nonresidents leave blank).

Filing status

- [X] Single
[ ] Married filing joint return (even if only one had income)
[ ] Married filing separate return. Fill in spouse's SSN above and full name here
[ ] Head of household, NOT married (see page 13)
[ ] Head of household, married (see page 13)

Legal last name, Legal first name, M.I.

County of

School district number See page 5

Special conditions [ ] Form 804 filed with return (see page 10)

Resident status Check the status that applies

- You Spouse
[ ] Full-year resident of Wisconsin
[X] Nonresident of Wisconsin; state of residence CA (2-letter state abbreviation)
[ ] Part-year resident of Wisconsin from mm dd yyyy to mm dd yyyy



Note: Complete residence questionnaire, page 61.

PAPER CLIP withholding statements here

PAPER CLIP check or money order here

Table with columns: Income, Print numbers like this, NO COMMAS NO CENTS, A. Federal column, B. Wisconsin column. Rows 1-16 detailing various income types and amounts.

I-0501 (R. 02-21)

<b>Adjustments to Income</b>		A. Federal column	B. Wisconsin column
<b>17</b>	Educator expenses (see page 25) . . . . .	.00	.00
<b>18</b>	Certain business expenses of reservists, performing artists, and fee-basis government officials (see page 25) . . . . .	.00	.00
<b>19</b>	Health savings account deduction (see page 26) . . . . .	.00	.00
<b>20</b>	Moving expenses for members of the Armed Forces (see page 26) . . . . .	.00	.00
<b>21</b>	Deductible part of self-employment tax (see page 26) . . . . .	.00	.00
<b>22</b>	Self-employed SEP, SIMPLE, and qualified plans (see page 26) . . . . .	.00	.00
<b>23</b>	Self-employed health insurance deduction (see page 27) . . . . .	.00	.00
<b>24</b>	Penalty on early withdrawal of savings (see page 28) . . . . .	.00	0.00
<b>25</b>	Alimony paid (see page 28) . . . . .	.00	.00
<b>26</b>	IRA deduction (see page 29) . . . . .	.00	.00
<b>27</b>	Student loan interest deduction (see page 29) . . . . .	.00	.00
<b>28</b>	Tuition and fees (see page 29) . . . . .	Not deductible for Wisconsin	
<b>29</b>	Other adjustments (see page 29). Enclose Schedule M if line 29b has an amount . . . . .	.00	.00
<b>30</b>	Total adjustments to income. Add lines 17 through 29 . . . . .	.00	0.00
<b>Adjusted Gross Income</b>			
<b>31</b>	Wisconsin income. Subtract line 30, column B from line 16, column B . . . . .		15472.00
<b>32</b>	Federal income. Subtract line 30, column A from line 16, column A . . . . .	79717.00	
<b>33</b>	Divide line 31 by line 32. Carry the decimal to four places. If amount on line 31 is more than amount on line 32, fill in 1.0000. (See page 30) . . . . .		.1941

<b>Tax Computation</b>			
<b>34</b>	Fill in the <b>larger</b> of Wisconsin income from line 31, column B or federal income from line 32, column A. <b>But</b> , if Wisconsin income from line 31 is zero or less, fill in 0 (zero) . . . . .	<b>34</b>	79717.00
<b>35a</b>	If you (or your spouse) can be claimed as a dependent on anyone else's return, check here and see the "Exception" in the instructions for line 35c on page 31 . . . . .	<b>35a</b>	<input type="checkbox"/>
<b>35b</b>	Aliens (see page 31 to determine if you must check line 35b) . . . . .	<b>35b</b>	<input type="checkbox"/>
<b>35c</b>	Find the standard deduction for amount on line <b>32</b> using table on page 50 . . . . .	<b>35c</b>	3393.00
<b>36</b>	Subtract line 35c from line 34. If line 35c is more than line 34, fill in 0 (zero) . . . . .	<b>36</b>	76324.00
<b>37</b>	<b>Exemptions (Caution: see page 31)</b>		
<b>a</b>	Fill in exemptions allowed . . . . . <u>1</u> x \$700 . . . . .	<b>37a</b>	700.00
<b>b</b>	Check if 65 or older <input type="checkbox"/> You + <input type="checkbox"/> Spouse = <u>      </u> x \$250 . . . . .	<b>37b</b>	.00
<b>c</b>	Add lines 37a and 37b . . . . .	<b>37c</b>	700.00
<b>38</b>	Subtract line 37c from line 36. If line 37c is more than line 36, fill in 0 (zero) . . . . .	<b>38</b>	75624.00
<b>39</b>	Tax (see table on page 52) . . . . .	<b>39</b>	4223.00
<b>40</b>	Itemized deduction credit. Complete Schedule 1 (page 4, Form 1NPR) . . . . .	<b>40</b>	.00
<b>41</b>	<b>School property tax credits (part-year and full-year residents only)</b>		
<b>a</b>	Rent paid in 2020—heat included <u>.00</u> } Find credit from table page 35 . . . . .	<b>41a</b>	.00
	Rent paid in 2020—heat not included <u>.00</u> }		
<b>b</b>	Property taxes paid on home in 2020 <u>.00</u> } Find credit from table page 36 . . . . .	<b>41b</b>	.00
<b>42</b>	Add credits on lines 40, 41a, and 41b . . . . .	<b>42</b>	.00
<b>43</b>	Subtract line 42 from line 39. If line 42 is more than line 39, fill in 0 (zero) . . . . .	<b>43</b>	4223.00
<b>44</b>	Fill in ratio from line 33 . . . . .	<b>44</b>	.1941
<b>45</b>	Multiply line 43 by ratio on line 44 . . . . .	<b>45</b>	820.00



Name(s) shown on Form 1NPR <b>GIRIDHAR KANALA</b>		Your social security number <b>732910228</b>
<b>46</b>	Fill in amount from line 45	<b>46</b> <u>820.00</u>
<b>47</b>	Armed forces member credit. (Full-year Wisconsin residents only)	<b>47</b> <u>.00</u>
<b>48</b>	Working families tax credit. (Full-year Wisconsin residents only)	<b>48</b> <u>.00</u>
<b>49</b>	Married couple credit. Complete Schedule 2 (page 4, Form 1NPR)	<b>49</b> <u>.00</u>
<b>50</b>	Nonrefundable credits from Schedule CR, line 34. Enclose Schedule CR	<b>50</b> <u>.00</u>
<b>51</b>	Net income tax paid to another state. Enclose Schedule OS	<b>51</b> <u>.00</u>
<b>52</b>	Add lines 47 through 51	<b>52</b> <u>.00</u>
<b>53</b>	Subtract line 52 from line 46. If line 52 is more than line 46, fill in 0 (zero). This is your net tax	<b>53</b> <u>820.00</u>
<b>54</b>	Sales and use tax due on internet, mail order, or other out-of-state purchases (see page 39) If you certify that no sales or use tax is due, check here <input checked="" type="checkbox"/>	<b>54</b> <u>.00</u>
<b>55</b>	Donations (decreases refund or increases amount owed)	
<b>a</b>	Endangered resources <u>.00</u>	<b>e</b> Military family relief <u>.00</u>
<b>b</b>	Cancer research <u>.00</u>	<b>f</b> Second Harvest/Feeding Amer. <u>.00</u>
<b>c</b>	Veterans trust fund <u>.00</u>	<b>g</b> Red Cross WI Disaster Relief <u>.00</u>
<b>d</b>	Multiple sclerosis <u>.00</u>	<b>h</b> Special Olympics Wisconsin <u>.00</u>
	Total (add lines a through h)	<b>55i</b> <u>.00</u>
<b>56</b>	Penalties on IRAs, other retirement plans, MSAs, etc. (see page 41)	<b>56</b> <u>.00</u> x .33 = <u>.00</u>
<b>57</b>	Other penalties (see page 41)	<b>57</b> <u>.00</u>
<b>58</b>	Add lines 53 through 57	<b>58</b> <u>820.00</u>

**Payments and Credits**

<b>59</b>	Wisconsin income tax withheld. Enclose readable withholding statements	<b>59</b> <u>921.00</u>
<b>60</b>	2020 Wisconsin estimated tax paid and amount applied from 2019 return	<b>60</b> <u>.00</u>
<b>61</b>	Earned income credit. (Full-year Wisconsin residents only) Number of qualifying children <input type="checkbox"/> Federal credit <u>.00</u> x <u>    </u> % =	<b>61</b> <u>.00</u>
<b>62</b>	Farmland preservation credit. <b>a.</b> Schedule FC, line 17	<b>62a</b> <u>.00</u>
	<b>b.</b> Schedule FC-A, line 13	<b>62b</b> <u>.00</u>
<b>63</b>	Repayment credit	<b>63</b> <u>.00</u>
<b>64</b>	Homestead credit. (Full-year Wisconsin residents only)	<b>64</b> <u>.00</u>
<b>65</b>	Eligible veterans and surviving spouses property tax credit	<b>65</b> <u>.00</u>
<b>66</b>	Refundable credits from Schedule CR, line 40	<b>66</b> <u>.00</u>
<b>67</b>	AMENDED RETURN ONLY – amount previously paid (see page 47)	<b>67</b> <u>.00</u>
<b>68</b>	Add lines 59 through 67	<b>68</b> <u>921.00</u>
<b>69</b>	AMENDED RETURN ONLY – amount previously refunded (see page 47)	<b>69</b> <u>.00</u>
<b>70</b>	Subtract line 69 from line 68	<b>70</b> <u>921.00</u>



Refund or Amount You Owe

Table with 2 columns: Line number and Amount. Rows include: 71 If line 70 is more than line 58, subtract line 58 from line 70. This is the AMOUNT OVERPAID . . . 71 101.00; 72 Amount of line 71 you want REFUNDED TO YOU . . . 72 101.00; 73 Amount of line 71 to be APPLIED TO YOUR 2021 ESTIMATED TAX . . . 73 0.00; 74 If line 70 is less than line 58, subtract line 70 from line 58 . . . This is the AMOUNT YOU OWE 74 .00; 75 Underpayment interest. Fill in exception code - see Sch. U -> [ ] 75 .00

Third Party Designee Do you want to allow another person to discuss this return with the department (see page 49)? [ ] Yes Complete the following. [X] No
Designee's name Phone no. Personal identification number (PIN)

Under penalties of law, I declare that this return and all attachments are true, correct, and complete to the best of my knowledge and belief.

Sign here Your signature Spouse's signature (if filing jointly, BOTH must sign) Date

Mail your return to: Wisconsin Department of Revenue
(if tax is due) (if refund or no tax due)
PO Box 268 PO Box 59
Madison WI 53790-0001 Madison WI 53785-0001

Schedule 1 - Wisconsin Itemized Deduction Credit (see line 40 instructions)

Table with 2 columns: Line number and Amount. Rows include: 1 Medical and dental expenses from federal Schedule A (Form 1040 or 1040-SR). See instructions for exceptions . . . 1 .00; 2 Interest paid from federal Schedule A (Form 1040 or 1040-SR). See instructions for exceptions . . . 2 .00; 3 Gifts to charity from federal Schedule A (Form 1040, 1040-SR, or 1040NR). See instructions for exceptions . . . 3 .00; 4 Casualty losses from federal Schedule A (Form 1040, 1040-SR, or 1040NR) . . . 4 .00; 5 Add lines 1 through 4 . . . 5 .00; 6 Wisconsin standard deduction from Form 1NPR, line 35c . . . 6 .00; 7 Subtract line 6 from line 5. If line 6 is more than line 5, fill in 0 (zero) . . . 7 .00; 8 Rate of credit is .05 (5%) . . . 8 x .05; 9 Multiply line 7 by line 8. Fill in here and on line 40 of Form 1NPR . . . 9 .00

Schedule 2 - Married Couple Credit May be claimed only when both spouses have earned income taxable by Wisconsin.

Table with 3 columns: Line number, (A) YOURSELF, and (B) YOUR SPOUSE. Rows include: 1 Wages, salaries, tips, etc., included in column B of line 1 on Form 1NPR. Do not include deferred compensation (even though reported on a W-2) or taxable scholarships or fellowships not reported on a W-2 . . . 1 .00 .00; 2 Net profit or (loss) from self-employment from federal Schedules C, C-EZ, and F (Form 1040 or 1040-SR), Schedule K-1 (Form 1065), and any other taxable self-employment or earned income included in column B on Form 1NPR . . . 2 .00 .00; 3 Combine lines 1 and 2. This is your total Wisconsin earned income . . . 3 .00 .00; 4 Add amounts on Form 1NPR, lines 18, 22, 26, and 29, column B. Fill in the total of these adjustments that apply to your or your spouse's earned income . . . 4 .00 .00; 5 Subtract line 4 from line 3. This is your qualified earned income . . . 5 .00 .00; 6 Compare the amount in columns (A) and (B) of line 5. Fill in the smaller amount here. If more than \$16,000, fill in \$16,000. . . . 6 .00; 7 Rate of credit is .03 (3%). . . . 7 x .03; 8 Multiply line 6 by line 7. Round the result and fill in here and on line 49 of Form 1NPR. Do not fill in more than \$480. . . . 8 .00

