Form **8879**

(Rev. January 2021)

Department of the Treasury
Internal Revenue Service

IRS *e-file* Signature Authorization

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

OMB No. 1545-0074

Submission Identification Number (SID) ▶

Taxpayer's name	Social security number
ARNAB MUKHERJEE	422-71-7590
Spouse's name	Spouse's social security number

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

Enter whole dollars only on lines 1 through 5.

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

1	Adjusted gross income	1	73,425.
2	Total tax	2	9,216.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	10,362.
4	Amount you want refunded to you	4	1,146.
5	Amount you owe	5	

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

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

Taxpayer's PIN: check one box only

☒ I authorize GLOBAL TAXES LLC (**ERO firm name**) to enter or generate my PIN 1 7 5 9 0 (**Enter five digits, but don't enter all zeros**) as my signature on the income tax return (original or amended) I am now authorizing.

☐ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ Arnab Mukherjee. Date ▶ 04/09/2021.

Spouse's PIN: check one box only

☐ I authorize ______ (**ERO firm name**) to enter or generate my PIN ☐☐☐☐☐ (**Enter five digits, but don't enter all zeros**) as my signature on the income tax return (original or amended) I am now authorizing.

☐ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ Date ▶

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

Form **1040-NR** Department of the Treasury—Internal Revenue Service (99)
U.S. Nonresident Alien Income Tax Return **2020** OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

Filing Status Check only one box.

☒ Single ☐ Married filing separately (MFS) (formerly Married) ☐ Qualifying widow(er) (QW)

If you checked the QW box, enter the child's name if the qualifying person is a child but not your dependent ▶

Your first name and middle initial	Last name	Your identifying number (see instructions)
ARNAB	MUKHERJEE	422-71-7590

Home address (number and street or rural route). If you have a P.O. box, see instructions.	Apt. no.	Check if: ☒ Individual ☐ Estate or Trust
1259 OCASO CAMINO		

City, town, or post office. If you have a foreign address, also complete spaces below.	State	ZIP code
FREMONT CA 94539		

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

Dependents (see instructions):

If more than four dependents, see instructions and check here ▶ ☐

(1) First name Last name	(2) Dependent's identifying number	(3) Dependent's relationship to you	(4) ✔ if qualifies for (see instr.): Child tax credit	Credit for other dependents
			☐	☐
			☐	☐
			☐	☐
			☐	☐

Income Effectively Connected With U.S. Trade or Business

1a	Wages, salaries, tips, etc. Attach Form(s) W-2	1a	77,939.
b	Scholarship and fellowship grants. Attach Form(s) 1042-S or required statement. See instructions	1b	
c	Total income exempt by a treaty from Schedule OI (Form 1040-NR), Item L, line 1(e) — 1c		
2a	Tax-exempt interest — 2a; b Taxable interest	2b	
3a	Qualified dividends — 3a 1.; b Ordinary dividends	3b	1.
4a	IRA distributions — 4a; b Taxable amount	4b	
5a	Pensions and annuities — 5a; b Taxable amount	5b	
6	Reserved for future use	6	
7	Capital gain or (loss). Attach Schedule D (Form 1040) if required. If not required, check here ▶ ☐	7	-25.
8	Other income from Schedule 1 (Form 1040), line 9	8	-4,490.
9	Add lines 1a, 1b, 2b, 3b, 4b, 5b, 7, and 8. This is your **total effectively connected income** ▶	9	73,425.
10	Adjustments to income:		
a	From Schedule 1 (Form 1040), line 22 — 10a		
b	Charitable contributions for certain residents of India. See instructions — 10b		
c	Scholarship and fellowship grants excluded — 10c		
d	Add lines 10a through 10c. These are your **total adjustments to income** ▶	10d	
11	Subtract line 10d from line 9. This is your **adjusted gross income** ▶	11	73,425.
12	**Itemized deductions** (from Schedule A (Form 1040-NR)) or, for certain residents of India, standard deduction. See instructions Std Dedn US/India Treaty	12	12,400.
13a	Qualified business income deduction. Attach Form 8995 or Form 8995-A — 13a		
b	Exemptions for estates and trusts only. See instructions — 13b		
c	Add lines 13a and 13b	13c	
14	Add lines 12 and 13c	14	12,400.
15	**Taxable income.** Subtract line 14 from line 11. If zero or less, enter -0-	15	61,025.

16	Tax (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐			16	9,216.
17	Amount from Schedule 2 (Form 1040), line 3			17	0.
18	Add lines 16 and 17			18	9,216.
19	Child tax credit or credit for other dependents			19	
20	Amount from Schedule 3 (Form 1040), line 7			20	
21	Add lines 19 and 20			21	
22	Subtract line 21 from line 18. If zero or less, enter -0-			22	9,216.
23a	Tax on income not effectively connected with a U.S. trade or business from Schedule NEC (Form 1040-NR), line 15	23a			
b	Other taxes, including self-employment tax, from Schedule 2 (Form 1040), line 10	23b			
c	Transportation tax (see instructions)	23c			
d	Add lines 23a through 23c			23d	
24	Add lines 22 and 23d. This is your **total tax** ▶			24	9,216.
25	Federal income tax withheld from:				
a	Form(s) W-2	25a	10,362.		
b	Form(s) 1099	25b			
c	Other forms (see instructions)	25c			
d	Add lines 25a through 25c			25d	10,362.
e	Form(s) 8805			25e	
f	Form(s) 8288-A			25f	
g	Form(s) 1042-S			25g	
26	2020 estimated tax payments and amount applied from 2019 return			26	
27	Reserved for future use	27			
28	Additional child tax credit. Attach Schedule 8812 (Form 1040)	28			
29	Credit for amount paid with Form 1040-C	29			
30	Reserved for future use	30			
31	Amount from Schedule 3 (Form 1040), line 13	31			
32	Add lines 28 through 31. These are your **total other payments and refundable credits** ▶			32	
33	Add lines 25d, 25e, 25f, 25g, 26, and 32. These are your **total payments** ▶			33	10,362.

Refund

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid**			34	1,146.
35a	Amount of line 34 you want **refunded to you.** If Form 8888 is attached, check here ▶ ☐			35a	1,146.
▶ b	Routing number 0 8 1 0 0 0 2 1 0 ▶ c Type: ☒ Checking ☐ Savings				
▶ d	Account number 1 5 2 3 1 8 8 7 3 9 8 0				
▶ e	If you want your refund check mailed to an address outside the United States not shown on page 1, enter it here.				
36	Amount of line 34 you want **applied to your 2021 estimated tax** ▶	36			

Direct deposit? See instructions.

Amount You Owe

37	**Amount you owe.** Subtract line 33 from line 24. For details on how to pay, see instructions ▶			37	
38	Estimated tax penalty (see instructions) ▶	38			

Third Party Designee

(Other than paid preparer)

Do you want to allow another person (other than your paid preparer) 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	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) ▶
		GIS ANALYST	
Phone no.	Email address		

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if:
SYAM PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA RAM SAGAR GUPTA TALLAM	03/09/2021	P02082703	☐ 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	

SCHEDULE NEC (Form 1040-NR)

Department of the Treasury
Internal Revenue Service (99)

Tax on Income Not Effectively Connected With a U.S. Trade or Business

▶ Go to *www.irs.gov/Form1040NR* for instructions and the latest information.
▶ Attach to Form 1040-NR.

OMB No. 1545-0074
2020
Attachment Sequence No. **7B**

Name shown on Form 1040-NR: ARNAB MUKHERJEE
Your identifying number: 422-71-7590

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	1a					
b	Dividends paid by foreign corporations	1b					
c	Dividend equivalent payments received with respect to section 871(m) transactions	1c					
2	Interest:						
a	Mortgage	2a					
b	Paid by foreign corporations	2b					
c	Other	2c					
3	Industrial royalties (patents, trademarks, etc.)	3					
4	Motion picture or TV copyright royalties	4					
5	Other royalties (copyrights, recording, publishing, etc.)	5					
6	Real property income and natural resources royalties	6					
7	Pensions and annuities	7					
8	Social security benefits	8					
9	Capital gain from line 18 below	9					
10	Gambling—Residents of Canada only. Enter net income in column (c). **If zero or less, enter -0-.**						
a	Winnings						
b	Losses	10c					
11	Gambling winnings—Residents of countries other than Canada. **Note:** Losses not allowed	11					
12	Other (specify) ▶	12					
13	Add lines 1a through 12 in columns (a) through (d)	13					
14	**Multiply line 13 by rate of tax at top of each column**	14					

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 23a ▶ 15

Capital Gains and Losses From Sales or Exchanges of Property

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).

Report property sales or exchanges that are effectively connected with a U.S. business on Schedule D (Form 1040), Form 4797, or both.

16 (a) Kind of property and description (if necessary, attach statement of descriptive details not shown below)	(b) Date acquired mm/dd/yyyy	(c) Date sold mm/dd/yyyy	(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

SCHEDULE OI (Form 1040-NR)

Department of the Treasury Internal Revenue Service (99)

Other Information

▶ Go to *www.irs.gov/Form1040NR* for instructions and the latest information.
▶ Attach to Form 1040-NR.
▶ Answer all questions.

OMB No. 1545-0074

2020

Attachment Sequence No. 7C

Name shown on Form 1040-NR: ARNAB MUKHERJEE

Your identifying number: 422-71-7590

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

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

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 2020. 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 . . . ☐ Canada ☐ Mexico

Date entered United States mm/dd/yy	Date departed United States mm/dd/yy	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: 2018 ______, 2019 ______, and 2020 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 ▶ 1040NR

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.

(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 1c. Do not enter it on line 1a or line 1b ▶

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 1
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

OMB No. 1545-0074
2020
Attachment Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR: ARNAB MUKHERJEE
Your social security number: 422-71-7590

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ▶		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	-4,490.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ▶	8	
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	9	-4,490.

Part II Adjustments to Income

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

SCHEDULE D
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Capital Gains and Losses

▶ Attach to Form 1040, 1040-SR, or 1040-NR.
▶ Go to *www.irs.gov/ScheduleD* for instructions and the latest information.
▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

OMB No. 1545-0074

2020

Attachment Sequence No. **12**

Name(s) shown on return: ARNAB MUKHERJEE

Your social security number: 422-71-7590

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? ☐ **Yes** ☒ **No**
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses—Generally Assets Held One Year or Less (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with **Box A** checked				
2 Totals for all transactions reported on Form(s) 8949 with **Box B** checked				
3 Totals for all transactions reported on Form(s) 8949 with **Box C** checked				

4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824	4	
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1	5	
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your **Capital Loss Carryover Worksheet** in the instructions	6	( )
7 **Net short-term capital gain or (loss).** Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back	7	

Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with **Box D** checked	12.	17.		-5.
9 Totals for all transactions reported on Form(s) 8949 with **Box E** checked				
10 Totals for all transactions reported on Form(s) 8949 with **Box F** checked	0.	20.		-20.

11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824	11	
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1	12	
13 Capital gain distributions. See the instructions	13	
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your **Capital Loss Carryover Worksheet** in the instructions	14	( )
15 **Net long-term capital gain or (loss).** Combine lines 8a through 14 in column (h). Then, go to Part III on the back	15	-25.

Part III Summary

16	Combine lines 7 and 15 and enter the result	16	-25.
	• If line 16 is a **gain,** enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a **loss,** skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22. • If line 16 is **zero,** skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.		
17	Are lines 15 and 16 **both** gains? ☐ **Yes.** Go to line 18. ☐ **No.** Skip lines 18 through 21, and go to line 22.		
18	If you are required to complete the **28% Rate Gain Worksheet** (see instructions), enter the amount, if any, from line 7 of that worksheet ▶	18	
19	If you are required to complete the **Unrecaptured Section 1250 Gain Worksheet** (see instructions), enter the amount, if any, from line 18 of that worksheet ▶	19	
20	Are lines 18 and 19 both zero or blank and are you not filing Form 4952? ☐ **Yes.** Complete the **Qualified Dividends and Capital Gain Tax Worksheet** in the instructions for Forms 1040 and 1040-SR, line 16. **Don't** complete lines 21 and 22 below. ☐ **No.** Complete the **Schedule D Tax Worksheet** in the instructions. **Don't** complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the **smaller** of: • The loss on line 16; or • ($3,000), or if married filing separately, ($1,500) **Note:** When figuring which amount is smaller, treat both amounts as positive numbers.	21	(25.)
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? ☒ **Yes.** Complete the **Qualified Dividends and Capital Gain Tax Worksheet** in the instructions for Forms 1040 and 1040-SR, line 16. ☐ **No.** Complete the rest of Form 1040, 1040-SR, or 1040-NR.		

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side	**Social security number or taxpayer identification number**
ARNAB MUKHERJEE	422-71-7590

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II **Long-Term.** Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box D, E, *or* F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- [X] **(D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- [ ] **(E)** Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- [ ] **(F)** Long-term transactions not reported to you on Form 1099-B

1 (a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the **Note** below and see *Column (e)* in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions. (f) Code(s) from instructions	(g) Amount of adjustment	(h) **Gain or (loss).** Subtract column (e) from column (d) and combine the result with column (g)
ROBINHOOD SECURITIES LLC	05/23/19	07/24/20	12.	17.			-5.
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, **line 8b** (if **Box D** above is checked), **line 9** (if **Box E** above is checked), or **line 10** (if **Box F** above is checked) ▶			12.	17.			-5.

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side: ARNAB MUKHERJEE

Social security number or taxpayer identification number: 422-71-7590

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II **Long-Term.** Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box D, E, *or* F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

☐ **(D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)

☐ **(E)** Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS

☒ **(F)** Long-term transactions not reported to you on Form 1099-B

1 (a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the **Note** below and see *Column (e)* in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). **See the separate instructions.** (f) Code(s) from instructions	(g) Amount of adjustment	(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
ROBINHOOD SECURITIES LLC	04/29/19	10/05/20	0.	20.			-20.
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, **line 8b** (if **Box D** above is checked), **line 9** (if **Box E** above is checked), or **line 10** (if **Box F** above is checked) ▶			0.	20.			-20.

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

SCHEDULE E (Form 1040)

Department of the Treasury Internal Revenue Service (99)

Supplemental Income and Loss

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

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

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

OMB No. 1545-0074

2020

Attachment Sequence No. **13**

Name(s) shown on return: ARNAB MUKHERJEE

Your social security number: 422-71-7590

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**

1a	Physical address of each property (street, city, state, ZIP code)
A	BEHALA EAST PARK KOLKATA WEST BENGAL IN 700008
B	
C	

1b	Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the **QJV** box only if you meet the requirements to file as a qualified joint venture. See instructions.		Fair Rental Days	Personal Use Days	QJV
A	3		A	365	0	☐
B			B			☐
C			C			☐

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
3 Rents received . . .	3	350.		
4 Royalties received . . .	4			
Expenses:				
5 Advertising . . .	5			
6 Auto and travel (see instructions) . . .	6	860.		
7 Cleaning and maintenance . . .	7			
8 Commissions . . .	8			
9 Insurance . . .	9			
10 Legal and other professional fees . . .	10			
11 Management fees . . .	11	700.		
12 Mortgage interest paid to banks, etc. (see instructions)	12			
13 Other interest . . .	13			
14 Repairs . . .	14	1,300.		
15 Supplies . . .	15	1,000.		
16 Taxes . . .	16			
17 Utilities . . .	17	980.		
18 Depreciation expense or depletion . . .	18			
19 Other (list) ▶	19			
20 Total expenses. Add lines 5 through 19 . . .	20	4,840.		
21 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 **Form 6198** . . .	21	-4,490.		
22 Deductible rental real estate loss after limitation, if any, on **Form 8582** (see instructions) . . .	22	(-4,490.)	( )	( )

23a Total of all amounts reported on line 3 for all rental properties . . .	23a	350.
b Total of all amounts reported on line 4 for all royalty properties . . .	23b	
c Total of all amounts reported on line 12 for all properties . . .	23c	
d Total of all amounts reported on line 18 for all properties . . .	23d	
e Total of all amounts reported on line 20 for all properties . . .	23e	4,840.
24 **Income.** Add positive amounts shown on line 21. **Do not** include any losses . . .	24	
25 **Losses.** Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here .	25	(4,490.)
26 **Total rental real estate and royalty income or (loss).** 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 .	26	-4,490.

Form **8889**

Department of the Treasury
Internal Revenue Service

Health Savings Accounts (HSAs)

▶ Attach to Form 1040, 1040-SR, or 1040-NR.
▶ Go to *www.irs.gov/Form8889* for instructions and the latest information.

OMB No. 1545-0074
2020
Attachment Sequence No. 52

Name(s) shown on Form 1040, 1040-SR, or 1040-NR: ARNAB MUKHERJEE

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions ▶ 422-71-7590

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

Part I **HSA Contributions and Deduction.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2020. See instructions ▶ ☒ Self-only ☐ Family		
2	HSA contributions you made for 2020 (or those made on your behalf), including those made from January 1, 2021, through April 15, 2021, that were for 2020. **Do not** include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	2	0.
3	If you were under age 55 at the end of 2020 and, on the first day of **every** month during 2020, you were, or were considered, an eligible individual with the **same** coverage, enter $3,550 ($7,100 for family coverage). **All others,** see the instructions for the amount to enter	3	3,550.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2020 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2020, also include any amount contributed to your spouse's Archer MSAs	4	0.
5	Subtract line 4 from line 3. If zero or less, enter -0-	5	3,550.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2020, see the instructions for the amount to enter	6	3,550.
7	If you were age 55 or older at the end of 2020, married, and you or your spouse had family coverage under an HDHP at any time during 2020, enter your additional contribution amount. See instructions	7	0.
8	Add lines 6 and 7	8	3,550.
9	Employer contributions made to your HSAs for 2020 — **9** 2.		
10	Qualified HSA funding distributions — **10**		
11	Add lines 9 and 10	11	2.
12	Subtract line 11 from line 8. If zero or less, enter -0-	12	3,548.
13	**HSA deduction.** Enter the **smaller** of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 12 **Caution:** If line 2 is more than line 13, you may have to pay an additional tax. See instructions.	13	0.

Part II **HSA Distributions.** If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

14a	Total distributions you received in 2020 from all HSAs (see instructions)	14a	
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions	14b	
c	Subtract line 14b from line 14a	14c	
15	Qualified medical expenses paid using HSA distributions (see instructions)	15	
16	**Taxable HSA distributions.** Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8, and enter "HSA" and the amount on the dotted line	16	
17a	If any of the distributions included on line 16 meet any of the **Exceptions to the Additional 20% Tax** (see instructions), check here ▶ ☐		
b	**Additional 20% tax** (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 8; check box c and enter "HSA" and the amount on the line next to the box	17b	

Part III **Income and Additional Tax for Failure To Maintain HDHP Coverage.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

18	Last-month rule	18	
19	Qualified HSA funding distribution	19	
20	**Total income.** Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8, and enter "HSA" and the amount on the dotted line	20	
21	**Additional tax.** Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 8; check box c and enter "HDHP" and the amount on the line next to the box	21	

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR **2020**

California e-file Signature Authorization for Individuals

FORM **8879**

Your name	Your SSN or ITIN
ARNAB MUKHERJEE	422-71-7590
Spouse's/RDP's name	Spouse's/RDP's SSN or ITIN

Part I Tax Return Information (whole dollars only)

1	California Adjusted Gross Income (AGI). See instructions	1	73,427.
2	Amount You Owe. See instructions	2	
3	Refund or No Amount Due. See instructions	3	1,045.

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

☒ I authorize GLOBAL TAXES LLC (**ERO firm name**) to enter my PIN 1 7 5 9 0 (**Do not enter all zeros**) as my signature on my 2020 e-filed California individual income tax return.

☐ I will enter my PIN as my signature on my 2020 e-filed California individual income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ ______________________ Date ▶ ______________

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

☐ I authorize ______________________ (**ERO firm name**) to enter my PIN ☐☐☐☐☐ (**Do not enter all zeros**) as my signature on my 2020 e-filed California individual income tax return.

☐ I will enter my PIN as my signature on my 2020 e-filed California individual income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's/RDP's signature ▶ ______________________ Date ▶ ______________

Practitioner PIN Method Returns Only -- continue below

Part III Certification and Authentication — Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 5 8 7 2 7 8 6 1 9 8 9

Do not enter all zeros

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

ERO's signature ▶ ______________________ Date ▶ 03/09/2021

TAXABLE YEAR

FORM

2020 California Resident Income Tax Return 540

APE ATTACH FEDERAL RETURN

422-71-7590 MUKH 20
ARNAB MUKHERJEE

1259 OCASO CAMINO
FREMONT CA 94539

08-23-1992

Principal Residence

Enter your county at time of filing (see instructions)

SAN FRANCISCO

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

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

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

City State ZIP code

Filing Status

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

1 [X] 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 . . . . 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	1 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 =	$

REV 03/02/21 PRO

Your name: MUKHERJEE Your SSN or ITIN: 422-71-7590

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

Exemptions

	Dependent 1	Dependent 2	Dependent 3
First Name			
Last Name			
SSN. See instructions.			
Dependent's relationship to you			

Total dependent exemptions . . . . . 10 [ ] X $383 = $ [ ]

11 **Exemption amount:** Add line 7 through line 10. Transfer this amount to line 32 . . . . . 11 $ 124

Taxable Income

12 State wages from your federal Form(s) W-2, box 16 . . . . . 12 77941 .00

13	Enter federal adjusted gross income from federal Form 1040 or 1040-SR, line 11	13	73425 .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	73425 .00
16	California adjustments – additions. Enter the amount from Schedule CA (540), Part I, line 23, column C	16	2 .00
17	California adjusted gross income. Combine line 15 and line 16	17	73427 .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	4601 .00
19	Subtract line 18 from line 17. This is your **taxable income**. If less than zero, enter -0-	19	68826 .00

Tax

31	Tax. Check the box if from: [X] Tax Table [ ] Tax Rate Schedule [ ] FTB 3800 [ ] FTB 3803	31	3527 .00
32	Exemption credits. Enter the amount from line 11. If your federal AGI is more than $203,341, see instructions.	32	124 .00
33	Subtract line 32 from line 31. If less than zero, enter -0-	33	3403 .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	3403 .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

Your name: MUKHERJEE Your SSN or ITIN: 422-71-7590

Special Credits	45	To claim more than two credits. See instructions. Attach Schedule P (540).	45	.00
	46	Nonrefundable Renter's Credit. See instructions	46	.00
	47	Add line 40 through line 46. These are your total credits	47	.00
	48	Subtract line 47 from line 35. If less than zero, enter -0-	48	3403 .00
Other Taxes	61	Alternative Minimum Tax. Attach Schedule P (540)	61	.00
	62	Mental Health Services Tax. See instructions	62	.00
	63	Other taxes and credit recapture. See instructions	63	.00
	64	Excess Advance Premium Assistance Subsidy (APAS) repayment. See instructions.	64	.00
	65	Add line 48, line 61, line 62, line 63, and line 64. This is your total tax	65	3403 .00
Payments	71	California income tax withheld. See instructions	71	4448 .00
	72	2020 CA estimated tax and other payments. See instructions	72	.00
	73	Withholding (Form 592-B and/or 593). See instructions	73	.00
	74	Excess SDI (or 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	Net Premium Assistance Subsidy (PAS). See instructions	77	.00
	78	Add line 71 through line 77. These are your total payments. See instructions	78	4448 .00
Use Tax	91	**Use Tax.** Do not leave blank. See instructions	91	0 .00

If line 91 is zero, check if: [X] No use tax is owed. [ ] You paid your use tax obligation directly to CDTFA.

ISR Penalty	92	Individual Shared Responsibility (ISR) Penalty. See instructions	92	.00

[X] Full-year health care coverage.

Overpaid Tax/Tax Due	93	Payments balance. If line 78 is more than line 91, subtract line 91 from line 78	93	4448 .00
	94	**Use Tax balance.** If line 91 is more than line 78, subtract line 78 from line 91	94	.00
	95	Payments after Individual Shared Responsibility Penalty. If line 93 is more than line 92, subtract line 92 from line 93.	95	4448 .00
	96	Individual Shared Responsibility Penalty Balance. If line 92 is more than line 93, then subtract line 93 from line 92.	96	.00

Your name: MUKHERJEE Your SSN or ITIN: 422-71-7590

Overpaid Tax/Tax Due

97	Overpaid tax. If line 95 is more than line 65, subtract line 65 from line 95	97	1045 .00
98	Amount of line 97 you want applied to your **2021** estimated tax	98	0 .00
99	Overpaid tax available this year. Subtract line 98 from line 97	99	1045 .00
100	Tax due. If line 95 is less than line 65, subtract line 95 from line 65	100	.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
110	Add code 400 through code 444. This is your total contribution	110	.00

Your name: MUKHERJEE Your SSN or ITIN: 422-71-7590

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

Refund and Direct Deposit

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 | 1045 .00

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	● Account number	● **116** Direct deposit amount
081000210	☒ Checking ☐ Savings	152318873980	1045 .00

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

● Routing number	● Type	● Account number	● **117** Direct deposit amount
	☐ Checking ☐ Savings		.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)

Sign Here

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

Joint tax return? (See instructions)

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

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

REV 03/02/21 PRO

TAXABLE YEAR **2020**

California Adjustments — Residents

SCHEDULE **CA (540)**

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

Name(s) as shown on tax return: ARNAB MUKHERJEE

SSN or ITIN: 422717590

Part I Income Adjustment Schedule

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

		A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
1	Wages, salaries, tips, etc. See instructions before making an entry in column B or C 1	77,939.		2.
2	Taxable interest. a ______ 2b			
3	Ordinary dividends. See instructions. a 1. ...... 3b	1.		
4	IRA distributions. See instructions. a ______ 4b			
5	Pensions and annuities. See instructions. a ______ 5b			
6	Social security benefits. a ______ 6b			
7	Capital gain or (loss). See instructions 7	-25.		

Section B – Additional Income from federal Schedule 1 (Form 1040)

		A	B	C
1	Taxable refunds, credits, or offsets of state and local income taxes 1			
2a	Alimony received. See instructions 2a			
3	Business income or (loss). See instructions 3			
4	Other gains or (losses) 4			
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc 5	-4,490.		
6	Farm income or (loss) 6			
7	Unemployment compensation 7			
8	Other income. a California lottery winnings; b Disaster loss deduction from FTB 3805V; c Federal NOL (federal Schedule 1 (Form 1040), line 8); d NOL deduction from FTB 3805V; e NOL from FTB 3805Z, 3807, or 3809; f Other (describe): ______; g Student loan discharged due to closure of a for-profit school 8		a b c d e f g	a b c d e f g
9	**Total.** Combine Section A, line 1 through line 7, and Section B, line 1 through line 8 in column A. Add Section A, line 1 through line 7, and Section B, line 1 through line 8g in column B and column C. Go to Section C 9	73,425.		2.

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

		A	B	C
10	Educator expenses 10			
11	Certain business expenses of reservists, performing artists, and fee-basis government officials 11			
12	Health savings account deduction 12			
13	Moving expenses. Attach federal Form 3903. See instructions 13			
14	Deductible part of self-employment tax. See instructions 14			
15	Self-employed SEP, SIMPLE, and qualified plans 15			
16	Self-employed health insurance deduction. See instructions 16			
17	Penalty on early withdrawal of savings 17			
18a	Alimony paid. b Recipient's: SSN ___ – __ – ____ Last name ______ 18a			
19	IRA deduction 19			
20	Student loan interest deduction 20			
21	Tuition and fees 21			
22	Add line 10 through line 18a and line 19 through line 21 in columns A, B, and C. See instructions 22			
23	**Total.** Subtract line 22 from line 9 in columns A, B, and C. See instructions 23	73,425.		2.

Part II Adjustments to Federal Itemized Deductions Check the box if you did NOT itemize for federal but will itemize for California ☐		**A** Federal Amounts (from federal Schedule A (Form 1040))	**B** Subtractions See instructions	**C** Additions See instructions
Medical and Dental Expenses See instructions.				
1 Medical and dental expenses	1			
2 Enter amount from federal Form 1040 or 1040-SR, line 11 — 73,425.	2			
3 Multiply line 2 by 7.5% (0.075) — 5,507.	3			
4 Subtract line 3 from line 1. If line 3 is more than line 1, enter 0	4			
Taxes You Paid				
5a State and local income tax or general sales taxes	5a	5,270.	5,270.	
5b State and local real estate taxes	5b			
5c State and local personal property taxes	5c			
5d Add line 5a through line 5c	5d	5,270.		
5e Enter the smaller of line 5d or $10,000 ($5,000 if married filing separately) in column A. Enter the amount from line 5a, column B in line 5e, column B. Enter the difference from line 5d and line 5e, column A in line 5e, column C	5e	5,270.	5,270.	0.
6 Other taxes. List type ______	6			
7 Add line 5e and line 6	7	5,270.	5,270.	0.
Interest You Paid				
8a Home mortgage interest and points reported to you on federal Form 1098	8a			
8b Home mortgage interest not reported to you on federal Form 1098	8b			
8c Points not reported to you on federal Form 1098	8c			
8d Mortgage insurance premiums	8d			
8e Add line 8a through line 8d	8e			
9 Investment interest	9			
10 Add line 8e and line 9	10			
Gifts to Charity				
11 Gifts by cash or check	11			
12 Other than by cash or check	12			
13 Carryover from prior year	13			
14 Add line 11 through line 13	14			
Casualty and Theft Losses				
15 Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions	15			
Other Itemized Deductions				
16 Other—from list in federal instructions	16			
17 Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C	17	5,270.	5,270.	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	0.
22	Add line 19 through line 21	22	0.
23	Enter amount from federal Form 1040 or 1040-SR, line 11 73,425.		
24	Multiply line 23 by 2% (0.02). If less than zero, enter 0.	24	1,469.
25	Subtract line 24 from line 22. If line 24 is more than line 22, enter 0.	25	0.
26	**Total Itemized Deductions.** Add line 18 and line 25.	26	0.
27	Other adjustments. See instructions. Specify. ____________	27	
28	Combine line 26 and line 27.	28	0.

29 Is your federal AGI (Form 540, line 13) more than the amount shown below for your filing status?

Single or married/RDP filing separately **$203,341**

Head of household **$305,016**

Married/RDP filing jointly or qualifying widow(er) **$406,687**

No. Transfer the amount on line 28 to line 29.

Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540), line 29 . . . . . 29 | 0.

30 Enter the larger of the amount on line 29 or your standard deduction listed below

Single or married/RDP filing separately. See instructions. **$4,601**

Married/RDP filing jointly, head of household, or qualifying widow(er) **$9,202**

Transfer the amount on line 30 to Form 540, line 18 . . . . . 30 | 4,601.

Schedule CA

California Wage, IRA and Pension Adjustments

2020

Attach to return (after all other FTB forms)

Name as Shown on Return	Social Security No.
ARNAB MUKHERJEE	422-71-7590

Line 1 — Wages, Salaries, Tips, Etc.

		(B) Subtractions	(C) Additions
1	Excess reimbursements from Form 2106 included in wage income		
2	Active duty military pay		
3	Sick pay received under the Federal Insurance Contributions Act and Railroad Retirement Act		
4	Income exempted by U.S. tax treaties (unless specifically exempt for state purposes also)		
5	Exclusion for compensation from exercising a California Qualified Stock Option (CQSO)		
6	Ridesharing fringe benefit differences		
7	HSA employer contributions		2.
8	Paid Family Leave Insurance (PFL) benefits		
9	Employer-provided adoption benefits income exclusions		
10	In-Home Supportive Services (IHSS) supplementary payment		
11	Native American income (Form 3504)		
12			
a	as smallest of amount spent or fair rental value		
b	Enter the amount spent on qual. housing expenses		
13	Excess moving reimbursements		
14	CA Employees and federal Independent Contractors income		
15	Other (itemize):		
a			
b			
c			
d			
	Total adjustments to wages, salaries, tips, etc. Enter here and on Schedule CA (540/540NR), line 1		2.

Line 4 — IRA, Pensions, and Annuities

IRA's		(B) Subtractions	(C) Additions
1	Other (itemize):		
a			
b			
c			
d			
	Total adjustments to IRA distributions. Enter here and on Schedule CA (540/540NR), line 4		

Pensions and Annuities		(B) Subtractions	(C) Additions
1	Form 1099-R, Railroad Retirement Benefits		
2	Other (itemize):		
a			
b			
c			
d			
	Total adjustments to pensions and annuities. Enter here and on Schedule CA (540/540NR), line 4		