

IRS e-file Signature Authorization

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

Submission Identification Number (SID) ▶

Taxpayer's name DEEPTHI LAVANYA ANGULURI	Social security number 017-33-1850
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	91,567.
2	Total tax	2	13,209.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	15,109.
4	Amount you want refunded to you	4	2,272.
5	Amount you owe	5	

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

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

Taxpayer's PIN: check one box only

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

3	1	8	5	0
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 as my signature on the income tax return (original or amended) I am now authorizing. **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. **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 DEEPTHI LAVANYA	Last name ANGULURI	Your social security number 017-33-1850
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. 2813 SALORN COVE		Apt. no.	Presidential Election Campaign 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 checked="" type="checkbox"/> You <input type="checkbox"/> Spouse
City, town, or post office. If you have a foreign address, also complete spaces below. ROUND ROCK	State TX	ZIP code 78681	
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

Dependents (see instructions): If more than four dependents, see instructions and check here ▶ <input type="checkbox"/>	(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
						<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

Attach Sch. B if required. Standard Deduction for— • 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 Standard Deduction, see instructions.	1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	96,660.
	2a	Tax-exempt interest	2a	
	3a	Qualified dividends	3a	
	4a	IRA distributions	4a	
	5a	Pensions and annuities	5a	
	6a	Social security benefits	6a	
	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>	7	
	8	Other income from Schedule 1, line 9	8	-4,850.
	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶	9	91,867.
	10 Adjustments to income:			
	a	From Schedule 1, line 22	10a	
	b	Charitable contributions if you take the standard deduction. See instructions	10b	300.
	c	Add lines 10a and 10b. These are your total adjustments to income ▶	10c	300.
	11	Subtract line 10c from line 9. This is your adjusted gross income ▶	11	91,567.
	12	Standard deduction or itemized deductions (from Schedule A)	12	12,400.
13	Qualified business income deduction. Attach Form 8995 or Form 8995-A	13		
14	Add lines 12 and 13	14	12,400.	
15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-	15	79,167.	

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	13,209.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	13,209.
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	13,209.
23	Other taxes, including self-employment tax, from Schedule 2, line 10	23	0.
24	Add lines 22 and 23. This is your total tax	24	13,209.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	15,109.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	15,109.
26	2020 estimated tax payments and amount applied from 2019 return	26	
27	Earned income credit (EIC) NO	27	
28	Additional child tax credit. Attach Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	372.
31	Amount from Schedule 3, line 13	31	
32	Add lines 27 through 31. These are your total other payments and refundable credits	32	372.
33	Add lines 25d, 26, and 32. These are your total payments	33	15,481.

Refund

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	2,272.
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	2,272.
b	Routing number 051000017		
c	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number 435038908684		
36	Amount of line 34 you want applied to your 2021 estimated tax	36	

Amount You Owe

37	Subtract line 33 from line 24. This is the amount you owe now	37	
Note: 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	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, both 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	Preparer's signature	Date	PTIN	Check if:
SYAM PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA RAM SAGAR GUPTA TALLAM	02/15/2021	P02082703	<input type="checkbox"/> Self-employed
Firm's name	Phone no.			
GLOBAL TAXES LLC	(678) 965-9522			
Firm's address	Firm's EIN			
2530 Pebble Creek Ln Cumming GA 30041	30-1017196			

**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
DEEPTHI LAVANYA ANGULURI

Your social security number
017-33-1850

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	0.
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	-4,850.
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	-4,850.

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 E
(Form 1040)

Supplemental Income and Loss

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

OMB No. 1545-0074

2020

Attachment
Sequence No. **13**

Department of the Treasury
Internal Revenue Service (99)

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

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

Name(s) shown on return

DEEPTHI LAVANYA ANGULURI

Your social security number

017-33-1850

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	HYD HYDERABAD IN				
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		365	0	<input type="checkbox"/>
B					<input type="checkbox"/>
C					<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
3	Rents received	3		350.		
4	Royalties received	4				

Expenses:

5	Advertising	5				
6	Auto and travel (see instructions)	6				
7	Cleaning and maintenance	7		650.		
8	Commissions.	8				
9	Insurance	9				
10	Legal and other professional fees	10				
11	Management fees	11		900.		
12	Mortgage interest paid to banks, etc. (see instructions)	12				
13	Other interest.	13				
14	Repairs.	14		1,100.		
15	Supplies	15		1,250.		
16	Taxes	16				
17	Utilities.	17		1,300.		
18	Depreciation expense or depletion	18				
19	Other (list) ▶	19				
20	Total expenses. Add lines 5 through 19	20		5,200.		

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** (-4,850 .)

22 Deductible rental real estate loss after limitation, if any, on **Form 8582** (see instructions) **22** (-4,850 .) () ()

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	5,200.	

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** (4,850 .)

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** -4,850 .

TAXABLE YEAR

FORM

2020

California e-file Signature Authorization for Individuals

8879

Your name DEEPTHI LAVANYA ANGULURI
Your SSN or ITIN 017-33-1850
Spouse's/RDP's name
Spouse's/RDP's SSN or ITIN

Part I Tax Return Information (whole dollars only)

Table with 3 rows: 1 California Adjusted Gross Income (AGI) 15,120; 2 Amount You Owe; 3 Refund or No Amount Due 86.

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 3 1 8 5 0
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
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

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 02/15/2021

California Nonresident or Part-Year Resident Income Tax Return

2020

540NR

APE

ATTACH FEDERAL RETURN

017-33-1850 ANGU
DEEPTHILAVA ANGULURI

20

2813 SALORN COVE
ROUND ROCK TX 78681

07-29-1994

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.

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

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

8 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2. ● 8 X \$124 = ● \$

9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2. ● 9 X \$124 = ● \$

Exemptions

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

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

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

Your name: ANGULURI Your SSN or ITIN: 017-33-1850

11 Exemption amount: Add line 7 through line 10 11 \$ 124

Total Taxable Income
12 Total California wages from your federal Form(s) W-2, box 16 15120 .00
13 Enter federal AGI from federal Form 1040, 1040-SR, or 1040-NR, line 11 91567 .00
14 California adjustments - subtractions. Enter the amount from Schedule CA (540NR), Part II, line 23, column B .00
15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions 91567 .00
16 California adjustments - additions. Enter the amount from Schedule CA (540NR), Part II, line 23, column C 300 .00
17 Adjusted gross income from all sources. Combine line 15 and line 16. 91867 .00
18 Enter the larger of: Your California itemized deductions from Schedule CA (540NR), Part III, line 30; OR Your California standard deduction. See instructions 4601 .00
19 Subtract line 18 from line 17. This is your total taxable income. If less than zero, enter -0- 87266 .00

CA Taxable Income
31 Tax. Check the box if from: [X] Tax Table [] Tax Rate Schedule
[] FTB 3800 [] FTB 3803 5248 .00
32 CA adjusted gross income from Schedule CA (540NR), Part IV, line 1. 15120 .00
35 CA Taxable Income from Schedule CA (540NR), Part IV, line 5. 14363 .00
36 CA Tax Rate. Divide line 31 by line 19. 0.0601
37 CA Tax Before Exemption Credits. Multiply line 35 by line 36. 863 .00
38 CA Exemption Credit Percentage. Divide line 35 by line 19. If more than 1, enter 1.0000. 0.1646
39 CA Prorated Exemption Credits. Multiply line 11 by line 38. If the amount on line 13 is more than \$203,341, see instructions 20 .00
40 CA Regular Tax Before Credits. Subtract line 39 from line 37. If less than zero, enter -0- 843 .00
41 Tax. See instructions. Check the box if from: [] Schedule G-1 [] FTB 5870A .00
42 Add line 40 and line 41 843 .00

Special Credits
50 Nonrefundable Child and Dependent Care Expenses Credit. See instructions. Attach form FTB 3506. .00
51 Credit for joint custody head of household. See instructions .00
52 Credit for dependent parent. See instructions. .00
53 Credit for senior head of household. See instructions. .00
54 Credit percentage. Enter the amount from line 38 here. If more than 1, enter 1.0000. See instructions .00
55 Credit amount. See instructions .00

Your name: Your SSN or ITIN:

Special Credits continued	58	Enter credit name <input type="text"/> code <input type="text"/> and amount...	<input type="radio"/>	58	<input type="text"/>	.00
	59	Enter credit name <input type="text"/> code <input type="text"/> and amount...	<input type="radio"/>	59	<input type="text"/>	.00
	60	To claim more than two credits. See instructions	<input type="radio"/>	60	<input type="text"/>	.00
	61	Nonrefundable Renter's Credit. See instructions	<input type="radio"/>	61	<input type="text"/>	.00
	62	Add line 50 and line 55 through 61. These are your total credits	<input checked="" type="radio"/>	62	<input type="text"/>	.00
	63	Subtract line 62 from line 42. If less than zero, enter -0-	<input checked="" type="radio"/>	63	<input type="text" value="843"/>	.00

Other Taxes	71	Alternative Minimum Tax. Attach Schedule P (540NR)	<input type="radio"/>	71	<input type="text"/>	.00
	72	Mental Health Services Tax. See instructions	<input type="radio"/>	72	<input type="text"/>	.00
	73	Other taxes and credit recapture. See instructions	<input type="radio"/>	73	<input type="text"/>	.00
	74	Excess Advance Premium Assistance Subsidy (APAS) repayment. See instructions	<input type="radio"/>	74	<input type="text"/>	.00
	75	Add line 63, line 71, line 72, line 73, and line 74. This is your total tax	<input type="radio"/>	75	<input type="text" value="843"/>	.00

Payments	81	California income tax withheld. See instructions	<input type="radio"/>	81	<input type="text" value="929"/>	.00
	82	2020 CA estimated tax and other payments. See instructions	<input type="radio"/>	82	<input type="text"/>	.00
	83	Withholding (Form 592-B and/or 593). See instructions	<input type="radio"/>	83	<input type="text"/>	.00
	84	Excess SDI (or VPMI) withheld. See instructions	<input type="radio"/>	84	<input type="text"/>	.00
	85	Earned Income Tax Credit (EITC)	<input type="radio"/>	85	<input type="text"/>	.00
	86	Young Child Tax Credit (YCTC). See instructions	<input type="radio"/>	86	<input type="text"/>	.00
	87	Net Premium Assistance Subsidy (PAS). See instructions	<input type="radio"/>	87	<input type="text"/>	.00
	88	Add line 81 through line 87. These are your total payments. See instructions	<input checked="" type="radio"/>	88	<input type="text" value="929"/>	.00

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

Overpaid Tax/Tax Due	92	Payments after Individual Shared Responsibility Penalty. If line 88 is more than line 91, subtract line 91 from line 88	<input checked="" type="radio"/>	92	<input type="text"/>	.00
	93	Individual Shared Responsibility Penalty Balance. If line 91 is more than line 88, subtract line 88 from line 91	<input checked="" type="radio"/>	93	<input type="text"/>	.00
	101	Overpaid tax. If line 92 is more than line 75, subtract line 75 from line 92	<input checked="" type="radio"/>	101	<input type="text" value="86"/>	.00
	102	Amount of line 101 you want applied to your 2021 estimated tax	<input type="radio"/>	102	<input type="text" value="0"/>	.00

Your name: Your SSN or ITIN:

103 Overpaid tax available this year. Subtract line 102 from line 101 ● **103** .00
104 Tax due. If line 92 is less than line 75, subtract line 92 from line 75 ● **104** .00

	<u>Code</u>	<u>Amount</u>	
California Seniors Special Fund. See instructions	● 400	<input type="text"/>	.00
Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund	● 401	<input type="text"/>	.00
Rare and Endangered Species Preservation Voluntary Tax Contribution Program	● 403	<input type="text"/>	.00
California Breast Cancer Research Voluntary Tax Contribution Fund	● 405	<input type="text"/>	.00
California Firefighters' Memorial Voluntary Tax Contribution Fund	● 406	<input type="text"/>	.00
Emergency Food for Families Voluntary Tax Contribution Fund	● 407	<input type="text"/>	.00
California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund	● 408	<input type="text"/>	.00
California Sea Otter Voluntary Tax Contribution Fund	● 410	<input type="text"/>	.00
California Cancer Research Voluntary Tax Contribution Fund	● 413	<input type="text"/>	.00
School Supplies for Homeless Children Fund	● 422	<input type="text"/>	.00
State Parks Protection Fund/Parks Pass Purchase	● 423	<input type="text"/>	.00
Protect Our Coast and Oceans Voluntary Tax Contribution Fund	● 424	<input type="text"/>	.00
Keep Arts in Schools Voluntary Tax Contribution Fund	● 425	<input type="text"/>	.00
Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund	● 431	<input type="text"/>	.00
California Senior Citizen Advocacy Voluntary Tax Contribution Fund	● 438	<input type="text"/>	.00
Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund	● 439	<input type="text"/>	.00
Rape Kit Backlog Voluntary Tax Contribution Fund	● 440	<input type="text"/>	.00
Schools Not Prisons Voluntary Tax Contribution Fund	● 443	<input type="text"/>	.00
Suicide Prevention Voluntary Tax Contribution Fund	● 444	<input type="text"/>	.00
120 Add code 400 through code 444. This is your total contribution	● 120	<input type="text"/>	.00

Contributions

Your name: Your SSN or ITIN:

Amount You Owe 121 **AMOUNT YOU OWE.** Add line 93, line 104, and line 120. See instructions. **Do not send cash.**
Mail to: **FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001.** ● 121 .00
Pay Online – Go to **ftb.ca.gov/pay** for more information.

Interest and Penalties 122 Interest, late return penalties, and late payment penalties. 122 .00
123 Underpayment of estimated tax.
Check the box: ● **FTB 5805 attached** ● **FTB 5805F attached** ● 123 .00
124 Total amount due. See instructions. Enclose, but **do not** staple, any payment 124 .00

Refund and Direct Deposit 125 **REFUND OR NO AMOUNT DUE.** Subtract line 120 from line 103. See instructions.
Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001.** ● 125 .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 125) is authorized for direct deposit into the account shown below:

● Routing number ● Type Checking Savings ● Account number ● 126 Direct deposit amount .00

The remaining amount of my refund (line 125) is authorized for direct deposit into the account shown below:

● Routing number ● Type Checking Savings ● Account number ● 127 Direct deposit amount .00

IMPORTANT: Attach a copy of your complete federal return.
To learn about your privacy rights, how we may use your information, and the consequences for not providing the requested information, go to **ftb.ca.gov/forms** and search for **1131**. 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)

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

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

Print Third Party Designee's Name Telephone Number

California Adjustments — Nonresidents or Part-Year Residents

CA (540NR)

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

Name(s) as shown on tax return DEEPTHI LAVANYA ANGULURI	SSN or ITIN 017331850
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Part I Residency Information. Complete all lines that apply to you and your spouse/RDP for taxable year 2020.

During 2020:

- 1 My California (CA) Residency (Check one)
 a Myself: Nonresident Part-Year Resident Resident
 b Spouse: Nonresident Part-Year Resident Resident

	Yourself	Spouse/RDP
2 a I was domiciled in (enter two letter code, see instructions)	<input checked="" type="radio"/> TX	<input type="radio"/> _____
b I was in the military and stationed in (enter two letter code).	<input type="radio"/> _____	<input type="radio"/> _____
3 I became a CA resident (enter state of prior residence and date (mm/dd/yyyy) of move) . . .	<input type="radio"/> ____ / ____ / ____	<input type="radio"/> ____ / ____ / ____
4 I became a CA nonresident (enter new state of residence and date (mm/dd/yyyy) of move) .	<input type="radio"/> ____ / ____ / ____	<input type="radio"/> ____ / ____ / ____
5 I was a CA nonresident the entire year (enter state of residence).	<input checked="" type="radio"/> TX	<input type="radio"/> _____
6 The number of days I spent in CA for any purpose was:	<input type="radio"/> _____	<input type="radio"/> _____
7 I owned a home/property in CA (enter Y for Yes, N for No)	<input type="radio"/> N	<input type="radio"/> _____
8 Before 2020: I was a CA resident for the period of	<input type="radio"/> ____ / ____ / ____ - ____ / ____ / ____	<input type="radio"/> ____ / ____ / ____ - ____ / ____ / ____

Part II Income Adjustment Schedule	A	B	C	D	E
Section A — Income from federal Form 1040 or 1040-SR	Federal Amounts (taxable amounts from your federal tax return)	Subtractions See instructions. (difference between CA & federal law)	Additions See instructions (difference between CA & federal law)	Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
1 Wages, salaries, tips, etc. See instructions before making an entry in col. B or C. 1	<input checked="" type="radio"/> 96,660.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> 96,660.	<input checked="" type="radio"/> 15,120.
2 Taxable interest. a <input type="radio"/> _____ 2b	<input checked="" type="radio"/> 57.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> 57.	<input checked="" type="radio"/> 0.
3 Ordinary dividends. See instructions. a <input type="radio"/> _____ 3b	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4 IRA distributions. See instructions. a <input type="radio"/> _____ 4b	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5 Pensions and annuities. See instructions. a <input type="radio"/> _____ 5b	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6 Social security benefits. a <input type="radio"/> _____ 6b	<input type="radio"/>	<input type="radio"/>			
7 Capital gain or (loss). See instructions 7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Section B — Additional Income from federal Schedule 1 (Form 1040)					
1 Taxable refunds, credits, or offsets of state and local income taxes. 1	<input checked="" type="radio"/> 0.	<input type="radio"/> 0.			
2a Alimony received. See instructions. 2a	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3 Business income or (loss). See instructions. 3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4 Other gains or (losses) 4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. 5	<input checked="" type="radio"/> -4,850.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> -4,850.	<input type="radio"/>

	A	B	C	D	E
Section B — Additional Income Continued	Federal Amounts (taxable amounts from your federal tax return)	Subtractions See instructions (difference between CA & federal law)	Additions See instructions (difference between CA & federal law)	Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
6 Farm income or (loss) 6	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
7 Unemployment compensation 7	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
8 Other income.					
a California lottery winnings		<input checked="" type="radio"/>	a		
b Disaster loss deduction from FTB 3805V		<input checked="" type="radio"/>	b		
c Federal NOL (Schedule 1 (Form 1040), line 8)			c <input checked="" type="radio"/>		
d NOL deduction from FTB 3805V 8	<input checked="" type="radio"/>	<input checked="" type="radio"/>	d	8 <input checked="" type="radio"/>	8 <input checked="" type="radio"/>
e NOL from FTB 3805Z, FTB 3807, or FTB 3809		<input checked="" type="radio"/>	e		
f Other (describe): <input type="radio"/>		<input checked="" type="radio"/>	f		
g Student loan discharged due to closure of a for-profit school		<input checked="" type="radio"/>	g		
9 Total. Combine Section A, line 1 through line 7, and Section B, line 1 through line 8, in each column. Go to Section C 9	<input checked="" type="radio"/> 91,867.	<input checked="" type="radio"/> 0.	<input checked="" type="radio"/>	<input checked="" type="radio"/> 91,867.	<input checked="" type="radio"/> 15,120.

	A	B	C	D	E
Section C — Adjustments to Income from federal Schedule 1 (Form 1040)	Federal Amounts (taxable amounts from your federal tax return)	Subtractions See instructions (difference between CA & federal law)	Additions See instructions (difference between CA & federal law)	Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
10 Educator expenses 10	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
11 Certain business expenses of reservists, performing artists, and fee-basis government officials 11	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
12 Health savings account deduction 12	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
13 Moving expenses. Attach federal Form 3903. See instructions 13	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
14 Deductible part of self-employment tax. See instructions. 14	<input checked="" type="radio"/>	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>
15 Self-employed SEP, SIMPLE, and qualified plans 15	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
16 Self-employed health insurance deduction. See instructions. 16	<input checked="" type="radio"/>	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>
17 Penalty on early withdrawal of savings . . . 17	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
18a Alimony paid. b Enter recipient's: SSN <input checked="" type="radio"/> _____ Last name <input checked="" type="radio"/> _____ 18a	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
19 IRA deduction 19	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
20 Student loan interest deduction 20	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
21 Tuition and fees 21	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
22 Add line 10 through line 21 in each column, A through E 22	<input checked="" type="radio"/> 300.	<input checked="" type="radio"/> 300.	<input checked="" type="radio"/>	<input checked="" type="radio"/> 0.	<input checked="" type="radio"/>
23 Total. Subtract line 22 from line 9 in each column, A through E. See instructions. . . 23	<input checked="" type="radio"/> 91,567.	<input checked="" type="radio"/> -300.	<input checked="" type="radio"/>	<input checked="" type="radio"/> 91,867.	<input checked="" type="radio"/> 15,120.

Part III Adjustments to Federal Itemized Deductions

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

A Federal Amounts (from federal Schedule A (Form 1040))	B Subtractions See instructions	C Additions See instructions
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Medical and Dental Expenses See instructions.

1 Medical and dental expenses	<input checked="" type="radio"/>			
2 Enter amount from federal Form 1040 or 1040-SR, line 11	<input checked="" type="radio"/>	91,567.		
3 Multiply line 2 by 7.5% (0.075)	<input checked="" type="radio"/>	6,868.		
4 Subtract line 3 from line 1. If line 3 is more than line 1, enter 0	<input checked="" type="radio"/>			<input checked="" type="radio"/>

Taxes You Paid

5a State and local income tax or general sales taxes	<input checked="" type="radio"/>	930.	<input checked="" type="radio"/>	930.	
5b State and local real estate taxes	<input checked="" type="radio"/>				
5c State and local personal property taxes	<input checked="" type="radio"/>				
5d Add line 5a through line 5c	<input checked="" type="radio"/>	930.			
5e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) in column A . . . Enter the amount from line 5a, column B in line 5e, column B Enter the difference from line 5d and line 5e, column A in line 5e, column C	<input checked="" type="radio"/>	930.	<input checked="" type="radio"/>	930.	<input checked="" type="radio"/>
6 Other taxes. List type <input checked="" type="radio"/>	<input checked="" type="radio"/>		<input checked="" type="radio"/>		<input checked="" type="radio"/>
7 Add line 5e and line 6	<input checked="" type="radio"/>	930.	<input checked="" type="radio"/>	930.	<input checked="" type="radio"/>

Interest You Paid

8a Home mortgage interest and points reported to you on federal Form 1098	<input checked="" type="radio"/>			<input checked="" type="radio"/>
8b Home mortgage interest not reported to you on federal Form 1098	<input checked="" type="radio"/>			<input checked="" type="radio"/>
8c Points not reported to you on federal Form 1098	<input checked="" type="radio"/>			<input checked="" type="radio"/>
8d Mortgage insurance premiums	<input checked="" type="radio"/>		<input checked="" type="radio"/>	
8e Add line 8a through line 8d	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>
9 Investment interest	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>
10 Add line 8e and line 9	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>

Gifts to Charity

11 Gifts by cash or check	<input checked="" type="radio"/>	300.	<input checked="" type="radio"/>		<input checked="" type="radio"/>
12 Other than by cash or check	<input checked="" type="radio"/>		<input checked="" type="radio"/>		<input checked="" type="radio"/>
13 Carryover from prior year	<input checked="" type="radio"/>		<input checked="" type="radio"/>		<input checked="" type="radio"/>
14 Add line 11 through line 13	<input checked="" type="radio"/>	300.	<input checked="" type="radio"/>		<input checked="" type="radio"/>

Casualty and Theft Losses

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

16 Other—from list in federal instructions	<input checked="" type="radio"/>		<input checked="" type="radio"/>		<input checked="" type="radio"/>
17 Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C	<input checked="" type="radio"/>	1,230.	<input checked="" type="radio"/>	930.	<input checked="" type="radio"/>

18 Total. Combine line 17 column A less column B plus column C	<input checked="" type="radio"/>				<input checked="" type="radio"/>	300.
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Job Expenses and Certain Miscellaneous Deductions

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

20 Tax preparation fees. 20

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

22 Add line 19 through line 21 22

23 Enter amount from federal Form 1040 or 1040-SR, line 11 91,567.

24 Multiply line 23 by 2% (0.02). If less than zero, enter 0. 24

25 Subtract line 24 from line 22. If line 24 is more than line 22, enter 0. 25

26 **Total Itemized Deductions.** Add line 18 and line 25. 26

27 Other adjustments. See instructions. Specify. 27

28 Combine line 26 and line 27. 28

29 **Is your federal AGI (Form 540NR, line 13) more than the amount shown below for your filing status?**
 Single or married/RDP filing separately \$203,341
 Head of household \$305,016
 Married/RDP filing jointly or qualifying widow(er) \$406,687

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

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

30 **Enter the larger of the amount on line 29 or your standard deduction listed below**
 Single or married/RDP filing separately. See instructions. \$4,601
 Married/RDP filing jointly, head of household, or qualifying widow(er) \$9,202 30

Part IV California Taxable Income

1 **California AGI.** Enter your California AGI from Part II, line 23, column E 1 .

2 Enter your deductions from line 30 2 .

3 **Deduction Percentage.** Divide Part II, line 23, column E by Part II, line 23, column D. Carry the decimal to four places. If the result is greater than 1.0000, enter 1.0000. If less than zero, enter -0- 3 .

4 **California Itemized/Standard Deductions.** Multiply line 2 by the percentage on line 3 4 .

5 **California Taxable Income.** Subtract line 4 from line 1. Transfer this amount to Form 540NR, line 35. If less than zero, enter -0- 5 .