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

Description	Submi	ssion Identification Number (SID)	•
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 1040-55 filter sue line 4 only, Leave lines 1, 2, 3, and 5 blank. 1 Adjusted gross income	Taxpaye	r's name	Social security number
Part II Tax Return Information — Tax Year Ending December 31, (Enter year you are authorizing.) Enter whole dollars only on lines 1 through 5. Notes Form 1040-SS filter use line 4 only. Leave lines 1, 2, 3, and 5 blank. 1	DEE	PTHI LAVANYA ANGULURI	017-33-1850
Enter whole dollars only on lines 1 through 5. Note: Form 1040-SS filters use line 4 only. Leave lines 1, 2, 3, and 5 blank. 1 Adjusted gross income 2 Total tax 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 4 Amount you want refunded to you 5 Amount you want refunded to you 5 Amount you want refunded to you 5 Amount you want refunded to you 6 Amount you want refunded to you 7 Amount you want refunded to you 7 Amount you want refunded to you 8 Amount you want refunded to you 9 Amount you want to get the service of the servic	Spouse'	s name	Spouse's social security number
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. 1		<u> </u>	year you are authorizing.)
1		·	
2 13, 2.09. 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 . 4 2, 272. 5 Amount you want refunded to you . 4 4 2, 272. 5 Amount you owe . 4 4 2, 272. 5 Amount you want refunded to you . 4 4 4 2, 272. 5 Amount you want refunded to you . 4 4 4 2, 272. 5 Amount you want refunded to you . 4 4 4 2, 272. 5 Amount you want refunded to you refund the land to you refund the land to you refund you refund the land you refunded to you refunded you refunded you want provided in the processing of the electronic payment of the payment (settlement) date. I also authorize the financial past to the payment the processing of the electronic payment of the payment (settlement) date. I want you want you you want you	Note:		
Amount you want refunded to you Battle Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Under penalize of perjury, I declare that I have examined a copy of the income tax return (original or amenaded) 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 to reaceive from the IRS (a) an acknowledgement of refuse and sensitive, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of refuse of reace of the research of the transmission, (b) the reason of any delay in processing the return or refund, and (c) the date of any refund. I applicable, I authorize the IU.S. Treasury and its designated Financial or any delay in processing the return or refund, and (c) the date of any refund. I applicable, I authorize the IU.S. Treasury and its designated Financial Agent to the payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial aliestlution to debit the entry to this account. This payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent to IU.S. Tre			
Amount you want refunded to you Amount you owe Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Under penalties of perjun, 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 bellef, it is true, correct, and complete I. I further declare that the amounts in Part I above are 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 needed and account indications. (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 (circus clothed) early to the financial institution account indications to store the tax preparations 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 intermediate and ACH electronic funds withdrawal (circus clothed) early of the date of any refund. If applicable, I authorize the U.S. Treasury intermediate and ACH electronic funds withdrawal Control that a sense to receive or U.S. Treasury intermediate and the I am a submortation is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancell a payment, I must be received to the payment of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolucious involved in the processing of the electronic payment of taxes to receive confidential information and effect until I notify the U.S. Treasury Financial Agent at the understance of the electronic payment of the electronic payment. I further adactions and the			
Amount you owe Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) 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, 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 returnd, and (c) the date of any return I applicable, and the fingent in stitution to debit the entry to this account. This payment of in develor the entry of this account. This payment of the development of the entry of this account. This payment of the development of the payment of the paymen			15,107.
Under penalties of perjury. I declare that I have examined a copy of the income tax return (original to ampaded) 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 to ampaded) 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 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 I applicable, law therefore the tentro or refund, and (c) the date of any refund I applicable, and the rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund I applicable, and the rejection of the transmission, (b) the reason for any delay in processing the return or refund. Agent to initiate an ACH electronic funds withdrawal (direct debt) entry to the financial institution account indicated in the tax preparation software for payment of must contact the U.S. Treasury financial Agent to terminacial Agent to iteminacial something and the payment, in the contact the U.S. Treasury financial Agent to the internacial and the applicable in 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 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 Practitioner PIN Method Returns Only—continue below Practitioner PIN Method Returns			2,272.
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Taxpayer's PIN: check one box only I authorize GLOBAL TAXES LLC ER0 firm name 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 PIN: check one box only I authorize Seno firm name Signature on the income tax return (original or amended) I am now authorizing. Check this box only I authorize Seno firm name 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 I 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 Practitioner PIN Method Returns Only—continue below Practitioner PIN Method Only Seno file of 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.	return (to send for any Agent t paymen authori paymen busines taxes t person	original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmit my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejudelay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U or initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account and of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requires so days prior to the payment (settlement) date. I also authorize the financial institutions involved in the or receive confidential information necessary to answer inquiries and resolve issues related to the payment (PIN) below is my signature for the income tax return (original or amended) I a	itter, or electronic return originator (ERO) ection of the transmission, (b) the reason S. Treasury and its designated Financial cated in the tax preparation software for not debit the entry to this account. This e the authorization. To revoke (cancel) a uests must be received no later than 2 processing of the electronic payment of payment. I further acknowledge that the
I authorize GLOBAL TAXES LLC ERO firm name 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 ▶ Date ▶ Spouse's PIN: check one box only I authorize ERO firm name 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.			
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Spouse's PIN: check one box only		if you are entering your own PIN and your return is filed using the Practitioner PIN meth	
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<u> </u>	authori	zed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subm	itting this return in accordance with the
<u> </u>	EBO'a	cignatura N	
	LNU S	ERO Must Retain This Form — See Instructions	

Don't Submit This Form to the IRS Unless Requested To Do So

E 1040 Department of the Treasury—Internal Revenue Service (99)
U.S. Individual Income Tax Return

IRS Use Only-Do not write or staple in this space.

Filing Status Check only one box.	If yo	Single Married filing jointly uchecked the MFS box, enter the nation is a child but not your dependent	me of y	ed filing separately (Nour spouse. If you cl		_		. ,	_			
Your first name	and m	ddle initial	Last nar	me					Your so	cial securit	y number	
DEEPTHI	LAV	ANYA	ANGU	LURI					017-	33-185	0	
If joint return, s	pouse's	first name and middle initial	Last nar	me					Spouse	s social sec	curity number	
2813 SA	LORN							t. no.	Check I	Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3		
		ce. If you have a foreign address, also com	iplete sp	paces below.	State		ZIP coo			0.	Checking a	
ROUND RO					TX		7868	$\overline{}$		ow will not		
Foreign country	y name		F	foreign province/state/c	ounty		Foreign	postal code	your tax	or refund. You	Spouse	
At any time du	ıring 20	20, did you receive, sell, send, excha	ange, o	r otherwise acquire	any finar	ncial interes	et in ar	y virtual c	urrency?	Yes	⊠ No	
Standard Deduction	_	eone can claim:				ependent		V				
Age/Blindness	s You:	☐ Were born before January 2, 19	56	Are blind Spo	use:	Was born	n befor	e January	2, 1956	☐ Is bl	ind	
Dependents	s (see	instructions):		(2) Social security	(3)) Relationshi	р	(4) 🗸 if o	qualifies fo	r (see instru	ctions):	
If more	(1) F	rst name Last name		number		to you		Child tax	credit	Credit for otl	ner dependents	
than four												
dependents, see instruction	s —									[
and check										[
here ►										[
A + + I-	_1_	Wages, salaries, tips, etc. Attach Fo	rm(s) V	V-2					. 1	9	96,660.	
Attach Sch. B if	2a	Tax-exempt interest 2	_	\rightarrow	b Taxab	ole interest			. 2b	_	<u>57.</u>	
required.	3a	Qualified dividends 3	а			ary divider			. 3b			
	4a	IRA distributions 4	а		b Taxab	ole amount			. 4b			
	5a	Pensions and annuities <u>5</u>			b Taxab	ole amount			. 5b			
Standard Deduction for—	6a	Social security benefits 6	a		b Taxab	ole amount			. 6b			
Single or	7	Capital gain or (loss). Attach Schede	ule D if	required. If not requ	ired, che	eck here		▶	□ 7			
Married filing	8	Other income from Schedule 1, line	9						. 8		<u>-4,850.</u>	
separately, \$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, at	nd 8. T	his is your total inco	me .				▶ 9	2	91,867.	
Married filing jointly or	10	Adjustments to income:					1					
Qualifying	а	From Schedule 1, line 22				. 10a	1					
widow(er), \$24,800	b	Charitable contributions if you take the	ne stan	dard deduction. See	instructi	ons 10b)	30	0.			
Head of	С	Add lines 10a and 10b. These are y	our tot	al adjustments to ir	ncome				▶ 100		300.	
household, \$18,650	11	Subtract line 10c from line 9. This is	your a	djusted gross inco	me .				▶ 11	9	91,567.	
If you checked	12	Standard deduction or itemized d	educti	ons (from Schedule	A) .				. 12	1	12,400.	
any box under Standard	13	Qualified business income deduction	n. Atta	ch Form 8995 or For	m 8995	-A			. 13			
Deduction, see instructions.	14	Add lines 12 and 13							. 14		12,400.	
	15	Taxable income. Subtract line 14 fi	rom line	e 11. If zero or less,	enter -0-				. 15	.	79,167.	

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2020)

Form 1040 (2020)			Page 2
	16	Tax (see instructions). Check if any from Form(s): 1 🗌 8814 2 🗎 4972 3 🔲	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	-	
	b	Form(s) 1099		
	С	Other forms (see instructions)	25.1	15 100
	d	Add lines 25a through 25c	25d	15,109.
 If you have a qualifying child, 	26	2020 estimated tax payments and amount applied from 2019 return	26	
attach Sch. EIC.	27			
If you have nontaxable	28	Additional child tax credit. Attach Schedule 8812		
combat pay,	29	American opportunity credit from Form 8863, line 8	4	
see instructions.	30	Amount from Schedule 3, line 13	-	
	31 32	Add lines 27 through 31. These are your total other payments and refundable credits	20	372.
	33	Add lines 27 through 31. These are your total other payments and refundable credits	32	15,481.
	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	2,272.
Refund	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here .	35a	2,272.
Direct deposit?	b b	Routing number 0 5 1 0 0 0 0 1 7	55a	2,272.
See instructions.	►d	Account number 4 3 5 0 3 8 9 0 8 6 8 4		
	36	Amount of line 34 you want applied to your 2021 estimated tax		
Amount	37	Subtract line 33 from line 24. This is the amount you owe now	37	
You Owe	•	Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for		
For details on		2020. See Schedule 3, line 12e, and its instructions for details.		
how to pay, see instructions.	38	Estimated tax penalty (see instructions)		
Third Party	Do	you want to allow another person to discuss this return with the IRS? See		
Designee	ins	tructions	oelow.	X No
		signee's Phone Personal identii		
<u></u>		ne ► no. ► number (PIN) ► der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to		A = 6 === 1 == == == == == == == == == == ==
Sign		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to lef, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which		
Here	Yo	ur signature Date Your occupation If the	RS ser	nt you an Identity
	k.	Prote		N, enter it here
Joint return?		OTIVIT DEVELOTER	inst.) ►	
See instructions. Keep a copy for	Sp			nt your spouse an ection PIN, enter it here
your records.			inst.) ▶	
	Ph	one no. Email address		
Doid	Pre	parer's name Preparer's signature Date PTIN		Check if:
Paid	SYAM	PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/15/2021 P0208:	2703	Self-employed
Preparer Use Only	Fin	n's name ► GLOBAL TAXES LLC Phor	ne no. (678)965-9522
Use Only	Fire	m's address ▶ 2530 Pebble Creek Ln Cumming GA 30041 Firm	's EIN ▶	30-1017196
Go to www.irs.go	v/Forn	n1040 for instructions and the latest information. BAA REV 02/07/21 PRO		Form 1040 (2020)

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

DEEPTHI LAVANYA ANGULURI

► Attach to Form 1040, 1040-SR, or 1040-NR. ▶ Go to www.irs.gov/Form1040 for instructions and the latest information. Attachment Sequence No. **01**

Your social security number

017-33-1850

Par	t I Additional Income		
1	Taxable refunds, credits, or offsets of state and local income taxes	1	0.
2 a	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,	0	
9	line 8	9	-4,850.
Par		•	
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		
С	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.)

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

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service (99)

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

Attachment Sequence No. **13**

Name(s)	shown on return								You	ur socia	I securit	y number	
DEEP	THI LAVANYA ANG	GULUF	RI						0.2	17-33	8-185	0	
Part			n Rental Real Estate and Roctions. If you are an individual, rep	-		-							se
A D:-			<u> </u>										
			2020 that would require you to		. ,								
	Yes," did you or will yo	ou file	required Form(s) 1099?						•		. <u> </u> 1	'es ∟ I	NO
<u>1a</u>	+ -		oroperty (street, city, state, ZII	P code	e)								
<u>A</u>	HYD HYDERABAD	IN										_	
В											\searrow		
С													
1b	Type of Property (from list below)	2	For each rental real estate pro above, report the number of fa personal use days. Check the	air rent	al and		_	Rental ays	Per	sonal Days	-	QJV	/
Α	3		if you meet the requirements to	o file a	as a	Α		365			0		
В			qualified joint venture. See ins	tructio	ns.	В							
С						С							
Туре	of Property:												
1 Sing	le Family Residence	3	Vacation/Short-Term Rental	5 La	nd		7 Self-I	Rental					
2 Mult	ti-Family Residence	4	Commercial	6 Ro	yalties		8 Othe	r (describe)					
Incom	e:		Properties:			A		В				С	
3	Rents received			3			350.						
4				4									
Expen)					
5	Advertising			5									
6			ctions)	6									
7	Cleaning and mainter	nance		7			650.						
8	•			8									
9				9									
10			al fees	10									
11				11			900.						
12	=		panks, etc. (see instructions)	12			500.						
13				13									
14				14		1	100.						
15	•			15			250.						
16				16			230.						
17	Utilities			17		1	300.						
18			epletion	18			300.						
19	Other (list)	e or ut	epietion	19									
20	Total expenses. Add	linos F	5 through 10	20			200.						
						٠, ر	200.						
21			(rents) and/or 4 (royalties). If ctions to find out if you must										
	file Form 6198	mstru	ctions to find out if you must	21		-4	850.						
22		l octo	te loss after limitation, if any,			- /							
~~	on Form 8582 (see in			22	(_4 8	350.)	() (١
23a			ed on line 3 for all rental prope		I/	1,0	23a	1	3	50.			,
b			ed on line 4 for all royalty prop				23b						
C		-	ed on line 12 for all properties				23c			-			
d			ed on line 18 for all properties				23d			-			
			ed on line 20 for all properties				23e		5,2	00			
e 24		-	ounts shown on line 21. Do no			-	236		۷,∠	24			
	•		rom line 21 and rental real estate		-		nter tete			25 (/ OF	0 /
25										25 (4,85	<u>u.</u>)
26			nd royalty income or (loss).										
			d line 40 on page 2 do not ne 5. Otherwise, include this a							26		-4,8	50.

TAXABLE YEAR FORM

Part II Tax Return Information (whole dollars only) 1 California Adjusted Gross Income (AGI). See instructions 2 Amount You Owe. See instructions 3 Return or No Amount Due. See instructions 3 Return and accompanying schedules and statements for the tax year ending December 31, 2200, and to the best of my knowledge and belief, it is true, correct, and complete. I further decept that the information in provided to my electronic return originator (EMO), 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 langelizations. I admirate a electronic funds withdrawal or direct deposal authorize an electronic funds withdrawal or direct deposal authorize an electronic funds withdrawal or direct deposal. I authorize my ERO, transmitter, or intermediate service provider an electronic funds withdrawal or direct deposal. I authorize my ERO, transmitter, or intermediate service provider to transmitter the reason(s) for the delay or the date when the return diversal and transmitter in the security of the delay of the date when the return diversal was a some of the provider of the security of the delay of the date when the return diversal was a security of the delay of the date when the return diversal was a security of the delay of the date when the return diversal was a security of the delay of the date when the return diversal was a security of the delay of the date when the return diversal was a security of the delay of the date when the return diversal was a security of the delay of the da	2020 California e-file Signature Authorization for In	Idividuals	8879
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Part I Tax Return Information (whole doilars only) 1 California Adjusted Gross Income (AGI). See instructions	DEEPTHI LAVANYA ANGULURI	017-33-1850	
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2 Amount You Dive. See instructions			15 100
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 your 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 your penalties of perjury. It is also also to the best of my knowledge and bellet, its its uncertainty control of the penalties of			
Under penalties of perjuny, 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 heleft, its true, correct, and complete. I furtherize that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider (including my name, address, and social sequity number or individual tax identification number) and the amounts shown in Part I above agree with the information and amounts shown on the amounts shown on the amounts shown on the amounts shown on the amount shown on the amount shown on the amount shown on the amount on inne? and/or the estimated tax payments as shown on my return and on form ER 8455, California —elle Payment Record for Individuals, or a comparable form. If applicable, I declare that direct deposit authorization stated on my return. If I have filled a joint return, this is an irrevocable appointment of the other spouse/RIOP as an agent to authorize an electronic funds withdrawal of direct deposit. I authorize my ERO, transmitter to return bether spouse/RIOP as an agent to authorize an electronic funds withdrawal of direct deposit. I authorize my ERO, transmitter to return, I understanting womplete return to the Franchise Tax Board (FTB). If the processing of my return or return dis delayed, 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 return dive was sent. If a landing hadiance that if the FTB does not receive full and timely payment of my tax isability, I remain liable for the tax isability and all applicable interest and penalties. I acknowledge that I have read and consent to the Electronic Funds Withdrawal Consent. Taxpayer's PIN: check one box only 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 retu	3 Refund or No Amount Due. See instructions	3	86.
year ending December 31, 2020, and to the best of my knowledge and belief, it is true, correct, and complete. Littline declare that the information I provided to my electronic return originator (FRO), 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, lauthorize an electronic funds withdrawal of the amount on line 2 and/or, the estimate 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 return day and the direct deposit authorizate and electronic funds withdrawal or direct deposit. I have filed a joint return, this is an irrevocable applicable, service provider as agent to authorize an electronic funds withdrawal or direct deposit. I authorize my EFO, transmitter, or instrumediate, service provider to transmit my complete return to the financibles are for electronic transmit my complete return to the financibles are for electronic funds withdrawal or direct deposit. I authorize my EFO, transmitter, or instrumediate, service provider to transmit my complete return to the financibles are for the complete provider, and/or transmitter the reason(s) for the delay or the date when the refund was sent. If I am, fling a balance due return, I understand that if the FTB to disclose to my EFO, intermediate service provider to transmit my complete read and consent to the Electronic Funds Withdrawal Consent included on the copy of my electronic financible are return. I authorize the FTB to disclose to my EFO, intermediate service provider, and/or transmitter the reason(s) Withdrawal Consent included on the copy of my electronic financible are return. I will enter my PIN as my signature on my 2020 e-filed California individual income tax return. Check this	Part II Taxpayer Declaration and Signature Authorization (Be sure you obtain and keep a copy of your return.)		
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ERO's signature	I certify that the above numeric entry is my PIN, which is my signature for the 2020 California individual income ta confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and F	ax return for the taxpayer(s)	
	ERO's signature Date Date	/15/2021	

TAXABLE YEAR

2020

CALIFORNIA FORM

California Nonresident or Part-Year Resident Income Tax Return

540NR

API

ATTACH FEDERAL RETURN

017-33-1850 ANGU DEEPTHILAVA A

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
	1	X Single 4 Head of household (with qualifying person). See instructions.
Filling Status	2	Married/RDP filing jointly. See inst. 5 Qualifying widow(er). Enter year spouse/RDP died.
-0,		See instructions.
	3	Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here
	6	If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See inst • 6
•	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.
	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
	8	Blind: If you (or your spouse/RDP) are visually impaired, enter 1;
	9	if both are visually impaired, enter 2
40	9	if both are 65 or older, enter 2
ions	10	Dependents: Do not include yourself or your spouse/RDP. Dependent 1 Dependent 2 Dependent 3
Exemptions		First Name
ш		Last Name
		SSN. See instructions. •
		Dependent's relationship to you
	Total	dependent exemptions

REV 02/07/21 PRO Form 540NR 2020 **Side 1**

You	r nar	me: ANGULURI Your SSN or ITIN: 017-33-1850		
	11	Exemption amount: Add line 7 through line 10	• 11 5	124
	12	Total California wages from your federal Form(s) W-2, box 16	_00	
Total Taxable Income	13 14 15 16	Enter federal AGI from federal Form 1040, 1040-SR, or 1040-NR, line 11	13141516	91567 .00 .00 91567 .00 300 .00
	17 18 19	Adjusted gross income from all sources. Combine line 15 and line 16 Enter the larger of: Your California itemized deductions from Schedule CA (540NR), Part III, line 30; OR Your California standard deduction . See instructions	1718919	91867 .00 4601 .00 87266 .00
	31	Tax. Check the box if from:		
	32	CA adjusted gross income from Schedule CA (540NR), Part IV, line 1	• 31 L	5248 .00
	35	CA Taxable Income from Schedule CA (540NR), Part IV, line 5	• 35	14363
come	36	CA Tax Rate. Divide line 31 by line 19		
CA Taxable Income	37	CA Tax Before Exemption Credits. Multiply line 35 by line 36	37	863 .00
CA Tax	38 39	CA Exemption Credit Percentage. Divide line 35 by line 19. If more than 1, enter 1.0000	. [
		If the amount on line 13 is more than \$203,341, see instructions	39_	20 .00
	40	CA Regular Tax Before Credits. Subtract line 39 from line 37. If less than zero, enter -0		
	41	Tax. See instructions. Check the box if from: ● Schedule G-1 ● FTB 5870A	• 41 L	.00
	42	Add line 40 and line 41	● 42 <u></u>	843 .00
dits	50 51	Nonrefundable Child and Dependent Care Expenses Credit. See instructions. Attach form FTB 3506	• 50 • 00	_00
Special Credits	52 53	Credit for dependent parent. See instructions • 52 Credit for senior head of household. See instructions • 53	.00	
	54	Credit percentage. Enter the amount from line 38 here. If more than 1, enter 1.0000. See instructions		
	55	Credit amount. See instructions	• 55	. 00

Side 2 Form 540NR 2020

175

3132204

REV 02/07/21 PRO

You	r nar	ne: ANGULUR	I	Your SSN o	r ITIN:	017-3	33-1850				
	58	Enter credit name			code •		and amount	• 5	8		. 00
nued	59	Enter credit name			code •		and amount	• 5	9		. 00
conti	60	To claim more tha	n two credits. See instr	uctions				. • 6	0		.00
Special Credits continued	61	Nonrefundable Re	nter's Credit. See instru	ctions				. • 6	1		.00
cial C	62	Add line 50 and lin	ne 55 through 61. These	e are your total	credits			. • 6	2		. 00
Spe	63	Subtract line 62 fr	om line 42. If less than	. • 6	3	843	. 00				
	71	Alternative Minimu	um Tax. Attach Schedul	e P (540NR)				. • 7	1		00
axes	72	Mental Health Serv	vices Tax. See instruction	ons				• 7	2		00
Other Taxes	73	Other taxes and cr	redit recapture. See inst	ructions				. • 7	3		00
ō	74	Excess Advance P	remium Assistance Sub	osidy (APAS) re	payment.	See inst	ructions	. • 7	4		00
	75	Add line 63, line 7	1, line 72, line 73, and I	ine 74. This is	your total	tax		. • 7	5	843	00
	81	California income	tax withheld. See instru	ctions				. • 8	1	929	.00
	82		d tax and other paymen								.00
	83		n 592-B and/or 593). Se						3 _		.00
nts	84		PDI) withheld. See instru								
Payments	85		x Credit (EITC)			47					.00
<u>.</u>											.00
	86	-	redit (YCTC). See instru								
	87		stance Subsidy (PAS).							0.00	
_	88	Add line 81 throug	gh line 87. These are yo	ur total paymer	nts. See ir	nstruction	18	. • 8	8	929	_ 00
enalty	91	Individual Shared	Responsibility (ISR) Pe	nalty. See instr	uctions		• 91			. 00	
SR Penalty		• Full-year	ar health care coverage.								
Overpaid Tax/Tax Due	92 93	subtract line 91 fro Individual Shared	dividual Shared Respon om line 88	Balance. If line		 e than lir		. • 9			.00
paid 7	101	Overpaid tax. If lin	e 92 is more than line 7	'5, subtract line	e 75 from	line 92.		. • 10	1	86	. 00
Over	102	Amount of line 10	1 you want applied to y	our 2021 estim	ated tax .			· • 10	2	0	_00

REV 02/07/21 PRO Form 540NR 2020 **Side 3**

						I	
our nar	ne:	ANGULURI	Your SSN or ITIN:	017-33-1850			_
103	Ove	rpaid tax available this year. Subtract li	ine 102 from line 101 .		• 103	86	5 .00
104	Tax	due. If line 92 is less than line 75, sub	tract line 92 from line 7	5	• 104		. 00
					<u>Code</u>	Amount	
	Calif	fornia Seniors Special Fund. See instru	uctions		. • 400		00
	Alzh	eimer's Disease and Related Dementia	ı Voluntary Tax Contribu	ution Fund	. • 401		00
	Rare	e and Endangered Species Preservatio	n Voluntary Tax Contrib	ution Program	. • 403		
	Calif	fornia Breast Cancer Research Volunta	ry Tax Contribution Fun	d	. • 405		
	Calif	fornia Firefighters' Memorial Voluntary	Tax Contribution Fund		. • 406		
	Eme	ergency Food for Families Voluntary Ta	x Contribution Fund		. • 407		
	Calif	fornia Peace Officer Memorial Foundat	ion Voluntary Tax Contr	ribution Fund	. • 408		
	Calif	fornia Sea Otter Voluntary Tax Contribu	ution Fund		. • 410		
ons	Calif	fornia Cancer Research Voluntary Tax	Contribution Fund		. • 413		
Contributions	Sch	ool Supplies for Homeless Children Fu	nd		. • 422		00
Con	Stat	e Parks Protection Fund/Parks Pass P	urchase		. • 423		
	Prot	tect Our Coast and Oceans Voluntary T	ax Contribution Fund		. • 424		00
	Kee	p Arts in Schools Voluntary Tax Contri	bution Fund		. • 425		
	Prev	vention of Animal Homelessness and C	Cruelty Voluntary Tax Co	ontribution Fund	. • 431		_ 00

Side 4 Form 540NR 2020

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Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund • 431

California Senior Citizen Advocacy Voluntary Tax Contribution Fund

Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund.....

Rape Kit Backlog Voluntary Tax Contribution Fund.....

Suicide Prevention Voluntary Tax Contribution Fund

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

3134204

REV 02/07/21 PRO

438

439

120

. 00

. 00

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. 00

. 00

. 00

You	r nan	ne:	ANGULURI		Your SSN	or ITIN:	017-33-18	850				
Amount You Owe	121	Mail	OUNT YOU OWE. A to: Franchise 1 Online – Go to ftb	'AX BOARD, PO E	OX 942867, S	SACRAMEN [*]			121			_00
Interest and Penalties		Unde	rest, late return pe erpayment of estir ck the box:				F attached		122			.00
=	124	Total	I amount due. See	instructions. End	lose, but do n o	ot staple, an	y payment		124			. 00
	125	REF	UND OR NO AMO	JNT DUE. Subtra	ct line 120 fror	m line 103.	See instructions	S.				
		Mail	to: Franchise T	AX BOARD, PO B	OX 942840, S	ACRAMENT	O CA 94240-00	01	125		86	. 00
Refund and Direct Deposit		See i	n the information instructions. Have r the following am Routing number 051000017	you verified the	routing and a	authorized i	bers? Use whol	le dollars only	/. count showr			. 00
		• F	remaining amoun	● Type Checking Savings	• Account r		irect deposit into	o the account		ow: 127 Direct de	posit amount	. 00
To le	arn a	bout	Attach a copy of your privacy rights	s, how we may us	e your informa	tion, and th	e consequences	s for not provi	ding the rec	quested informa	ation, go to	
Unde know	a.go v er per	v/forn nalties e and	ńs and search for s of perjury, I decl I belief, it is true, c	1131. To request are that I have ex	this notice by r amined this tax	mail, call 80	0.852.5711.	nying schedu	les and stat	tements, and to		
			Your email ad	dress. Enter only on	e email address.					Preferre	ed phone number	
Si	gn									40972	86424	
	ere		Paid preparer's si	gnature (declaration	of preparer is	based on all	information of w	hich preparer	has any kno	wledge)		
It is unlawful to forge a spouse's/ RDP's signature.				VA RAM SAGA Durs, if self-employe AXES LLC		TALLAM					● PTIN P02082703 ● Firm's FEIN	3
Joint retur			2530 PEBI	BLE CREEK I	N CUMMIN	G GA 30	041				301017196	5
(See instructions) Do you want to allow another person to discuss this tax return with us? See instructions									Yes	× No		
			Print Third Party D	esignee's Name						Telephone	Number	

REV 02/07/21 PRO

Form 540NR 2020 **Side 5**

TAXABLE YEAR

2020

SCHEDULE

California Adjustments — Nonresidents or Part-Year Residents

CA (540NR)

Important: Attach this schedule behind Forn	n 540NR, Side 5 a	s a supporting Ca	lifornia schedule.									
Name(s) as shown on tax return				SSN or IT	IN							
DEEPTHI LAVANYA ANGULURI				017333	1850							
Part I Residency Information. Complete all line	s that apply to you ar	nd your spouse/RDP 1	for taxable year 2020.									
During 2020:												
1 My California (CA) Residency (Check one)												
a Myself: ◉ 🔀 Nonresident ◉ Part-Year R	esident 💿 Reside	ent b Spous	se: 💿 Nonresident	i 💿 Part-Year Res	sident 💿 Resident							
			Yourself		Spouse/RDP							
a I was domiciled in (enter two letter code, see in	structions)		(e)	TX O								
b I was in the military and stationed in (enter two	letter code)		$\overset{\smile}{ullet}$									
3 I became a CA resident (enter state of prior reside	· ·		_									
I became a CA nonresident (enter new state of residence and date (mm/dd/yyyy) of move).												
5 I was a CA nonresident the entire year (enter state	•		_									
6 The number of days I spent in CA for any purpose			_									
7 I owned a home/property in CA (enter Y for Yes, I			_	$\overline{}$								
8 Before 2020: I was a CA resident for the period o					/ -							
·			• / /	• /								
Part II Income Adjustment Schedule	Α	В	C	D	l E							
Section A — Income	Federal Amounts	Subtractions	Additions	Total Amounts	CA Amounts							
from federal Form 1040 or 1040-SR	(taxable amounts from	See instructions	See instructions	Using CA Law	(income earned or							
	your federal tax return)	(difference between CA & federal law)	(difference between CA & federal law)	As If You Were a CA Resident	received as a CA resident and income							
				(subtract col. B from	earned or received							
				col. A; add col. C to the result)	from CA sources as a nonresident)							
1 Wages, salaries, tips, etc. See instructions	_		_	,	<u> </u>							
before making an entry in col. B or C 1	96,660.	•	•	96,660.	15,120.							
2 Taxable interest. a 💿 2b	• 57.	\odot	lacktriangle	● 57.	0.							
3 Ordinary dividends. See instructions.												
a 🕙 3b	•	0	•	•	O							
4 IRA distributions. See instructions.												
a • 4b	•	•	•	•	O							
5 Pensions and annuities. See												
instructions. a 💿 5b	•	O	•	•	O							
6 Social security benefits.												
a • 6b		<u> </u>										
7 Capital gain or (loss). See instructions 7	•	<u> </u>	●		O							
Section B — Additional Income from federal Schedule 1 (Form 1040)												
,			1									
1 Taxable refunds, credits, or offsets of state												
	0.	0.										
	<u>•</u>		•	•	•							
		<u>•</u>	•	•	<u>•</u>							
	•	•	•	•	O							
5 Rental real estate, royalties, partnerships,	4 050			4 050								
S corporations, trusts, etc 5	● -4,850.	<u> </u>	<u> </u>	<u>-4,850.</u>								

	A	В	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	•	•	•	•	•
7 Unemployment compensation 7	•	•			
8 Other income.					
a California lottery winnings	(a <u>•</u>	a		
b Disaster loss deduction from FTB 3805V		b •	b		
c Federal NOL (Schedule 1 (Form 1040), line 8)		C	c •		
d NOL deduction from FTB 3805V 8		d •	d	8 💿	8 •
e NOL from FTB 3805Z, FTB 3807, or FTB 3809	{	e (е		
f Other (describe): •		f <u>•</u>	f		
g Student loan discharged due to closure of a for-profit school	(g •	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	91,867.	0.	0	91,867.	15,120.

		A	В	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)		
	Educator expenses		lacktriangle					
11	Certain business expenses of reservists, performing artists, and fee-basis government officials	•	•	•	•	•		
12	Health savings account deduction 12		•					
13	Moving expenses. Attach federal Form 3903. See instructions	•		•	•	•		
	Deductible part of self-employment tax See instructions	•	•		•	•		
	Self-employed SEP, SIMPLE, and qualified plans	•			•	•		
16	Self-employed health insurance deduction. See instructions	•	•		•	•		
	a Alimony paid. b Enter recipient's:	•			•	•		
	SSN 💿				•	ledot		
19	IRA deduction	•			•	lacksquare		
20	Student loan interest deduction 20	lacksquare		•	•	lacktriangle		
21		•	•					
	Add line 10 through line 21 in each column, A through E	300.	300.	•	0.	•		
23	Total. Subtract line 22 from line 9 in each column, A through E. See instructions 23	91,567.	● -300.		91,867.	15,120.		

	rt III Adjustments to Federal Itemized Deductions	A	Federal Amounts (from federal Schedule A (Form 1040))	В	Subtractions See instructions	C	Additions See instructions
	ck the box if you did NOT itemize for federal but will itemize for California		(1011111040))				
	·						
1	Medical and dental expenses						
2	Enter amount from federal Form 1040 or 1040-SR, line 11 91,567. 2						
3	Multiply line 2 by 7.5% (0.075)						
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter 0	loop				O	
	es You Paid						
	State and local income tax or general sales taxes		930.	<u> </u>	930.		
	State and local real estate taxes	_		4			
5c	State and local personal property taxes	O					
	Add line 5a through line 5c	looplus	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			\sim			
	Enter the difference from line 5d and line 5e, column A in line 5e, column C 5e		930.	~	930.	<u> </u>	
6	,,	O		O /		•	
7	Add line 5e and line 6	$ \odot $	930.	<u> </u>	930.	•	
ıte	rest You Paid						
a	Home mortgage interest and points reported to you on federal Form 1098	0				•	
b	Home mortgage interest not reported to you on federal Form 1098	0				lacksquare	
C	Points not reported to you on federal Form 1098	0				lacksquare	
d	Mortgage insurance premiums8d	lacksquare		•			
е	Add line 8a through line 8d	•		<u>•</u>		•	
	Investment interest	•		•		•	
0	Add line 8e and line 9			<u>•</u>		•	
ift	s to Charity						
1	Gifts by cash or check	(o)	300.	•		•	
2	Other than by cash or check			$\overline{\bullet}$		$\overline{\bullet}$	
3	Carryover from prior year	\vdash		$\overline{\bullet}$		<u> </u>	
4	Add line 11 through line 13	$\stackrel{\sim}{\sim}$	300.	$\overline{\bullet}$		\odot	
as	ualty and Theft Losses	10					
5	Casualty or theft loss(es) (other than net qualified disaster losses).						
•	Attach federal Form 4684. See instructions			•		•	
the	er Itemized Deductions						
6	Other—from list in federal instructions			((a)	
<u>0</u> 7	Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C		1,230.	$\widetilde{}$	930.	\sim	(
	Aud inics 4, 7, 10, 14, 15, and 16 in coldinins A, D, and C		⊥,∠3∪.	<u> </u>	930.		

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		
20	Tax preparation fees		
21	Other expenses- investment, safe deposit box, etc. List type O.		
22	Add line 19 through line 21 ① .		
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		
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	300.
27	Other adjustments. See instructions. Specify.	● 27	
28	Combine line 26 and line 27.	• 28	300.
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	_	
	Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540NR), line 29	• 29	300.
30	Enter the larger of the amount on line 29 or your standard deduction listed below Single or married/RDP filing separately. See instructions	● 30	4,601.
Pa	rt IV California Taxable Income		
		© 1	15,120.
	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		
	California Itemized/Standard Deductions. Multiply line 2 by the percentage on line 3	● 4	757.
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	14,363.