

Form at bottom of page.



Payment Form 1 – File and Pay by April 15, 2020. **If amount of payment is zero, do not mail this form.**
When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

WHERE TO FILE: Using black or blue ink, make check or money order payable to the “Franchise Tax Board.” Write the taxpayer’s social security number (SSN) or individual taxpayer identification number (ITIN) and “2020 Form 540-ES” on the check or money order. Detach the form below. Enclose, but **do not** staple, payment with the form and mail to:
**FRANCHISE TAX BOARD
PO BOX 942867
SACRAMENTO CA 94267- 0008**
Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

ONLINE SERVICES: Use Web Pay and enjoy the ease of our free online payment service. Go to **ftb.ca.gov/pay** for more information. You can schedule your payments up to one year in advance.
Do not mail this form if you use Web Pay.

___ DETACH HERE ___ IF NO PAYMENT IS DUE, DO NOT MAIL THIS FORM ___ DETACH HERE ___

CAUTION: You may be required to pay electronically. See instructions.
TAXABLE YEAR

File and Pay by April 15, 2020

CALIFORNIA FORM

2020 Estimated Tax for Individuals 540-ES

843-26-0670 MALL 20 APE 0
AVISHEK MALLIK

9525 GENESEE AVENUE APT 216
SAN DIEGO CA 92121

Amount of Payment 347.

Form at bottom of page.

Payment Form 2 – File and Pay by June 15, 2020. **If amount of payment is zero, do not mail this form.**

When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

WHERE TO FILE: Using black or blue ink, make check or money order payable to the “Franchise Tax Board.” Write the taxpayer’s social security number (SSN) or individual taxpayer identification number (ITIN) and “2020 Form 540-ES” on the check or money order. Detach the form below. Enclose, but **do not** staple, payment with the form and mail to:

**FRANCHISE TAX BOARD
PO BOX 942867
SACRAMENTO CA 94267- 0008**

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

ONLINE SERVICES: Use Web Pay and enjoy the ease of our free online payment service. Go to **ftb.ca.gov/pay** for more information. You can schedule your payments up to one year in advance.
Do not mail this form if you use Web Pay.

— — — DETACH HERE — — — — — IF NO PAYMENT IS DUE, DO NOT MAIL THIS FORM — — — — — DETACH HERE — — — — —

CAUTION: You may be required to pay electronically. See instructions.

File and Pay by June 15, 2020

TAXABLE YEAR

CALIFORNIA FORM

2020 Estimated Tax for Individuals

540-ES

843-26-0670 MALL 20 APE 0
AVISHEK MALLIK

9525 GENESEE AVENUE APT 216
SAN DIEGO CA 92121

Amount of Payment 463.

Form at bottom of page.



Payment Form 4 – File and Pay by Jan. 15, 2021. **If amount of payment is zero, do not mail this form.**

When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

WHERE TO FILE: Using black or blue ink, make check or money order payable to the “Franchise Tax Board.” Write the taxpayer’s social security number (SSN) or individual taxpayer identification number (ITIN) and “2020 Form 540-ES” on the check or money order. Detach the form below. Enclose, but **do not** staple, payment with the form and mail to:

**FRANCHISE TAX BOARD
PO BOX 942867
SACRAMENTO CA 94267- 0008**

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

ONLINE SERVICES: Use Web Pay and enjoy the ease of our free online payment service. Go to **ftb.ca.gov/pay** for more information. You can schedule your payments up to one year in advance.
Do not mail this form if you use Web Pay.

___ DETACH HERE ___ IF NO PAYMENT IS DUE, DO NOT MAIL THIS FORM ___ DETACH HERE ___

CAUTION: You may be required to pay electronically. See instructions.

File and Pay by Jan. 15, 2021

TAXABLE YEAR

CALIFORNIA FORM

2020 Estimated Tax for Individuals

540-ES

843-26-0670 MALL 20 APE 0
AVISHEK MALLIK

9525 GENESEE AVENUE APT 216
SAN DIEGO CA 92121

Amount of Payment 347.

2019 California Resident Income Tax Return

540

APE

ATTACH FEDERAL RETURN

843-26-0670 MALL 770-41-7534
AVISHEK MALLIK

19

9525 GENESEE AVENUE
SAN DIEGO CA 92121

APT 216

10-15-1981

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 SAYANTANI NANDI

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**

Exemptions

7 **Personal:** If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2 in the box. If you checked the box on line 6, see instructions. 7 X \$122 = \$ 122

8 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2. 8 X \$122 = \$

9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2. 9 X \$122 = \$

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

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

Total dependent exemptions X \$378 = \$

Your name: Your SSN or ITIN:

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

Taxable Income	12 State wages from your federal Form(s) W-2, box 16 <input checked="" type="radio"/> 12 <input type="text" value="106242"/> <input type="text" value=".00"/>		
	13 Enter federal adjusted gross income from federal Form 1040 or 1040-SR, line 8b <input checked="" type="radio"/> 13 <input type="text" value="97883"/> <input type="text" value=".00"/>		
	14 California adjustments – subtractions. Enter the amount from Schedule CA (540), Part I, line 23, column B. <input checked="" type="radio"/> 14 <input type="text" value=""/>		<input type="text" value=".00"/>
	15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions <input type="radio"/> 15 <input type="text" value="97883"/>		<input type="text" value=".00"/>
	16 California adjustments – additions. Enter the amount from Schedule CA (540), Part I, line 23, column C. <input checked="" type="radio"/> 16 <input type="text" value="1589"/>		<input type="text" value=".00"/>
	17 California adjusted gross income. Combine line 15 and line 16 <input checked="" type="radio"/> 17 <input type="text" value="99472"/>		<input type="text" value=".00"/>
	18 Enter the larger of <input type="text" value=""/> <input type="text" value="4537"/> <input type="text" value="9,074"/> <input checked="" type="radio"/> 18 <input type="text" value="4537"/>	Your California itemized deductions from Schedule CA (540), Part II, line 30; OR Your California standard deduction shown below for your filing status: • Single or Married/RDP filing separately. \$4,537 • Married/RDP filing jointly, Head of household, or Qualifying widow(er) . . . \$9,074 If Married/RDP filing separately or the box on line 6 is checked, STOP. See instructions	
	19 Subtract line 18 from line 17. This is your taxable income . If less than zero, enter -0- <input checked="" type="radio"/> 19 <input type="text" value="94935"/>		<input type="text" value=".00"/>

Tax	31 Tax. Check the box if from: <input checked="" type="checkbox"/> Tax Table <input type="checkbox"/> Tax Rate Schedule <input checked="" type="radio"/> 31 <input type="text" value="5994"/> <input type="text" value=".00"/>	
	<input type="checkbox"/> FTB 3800 <input checked="" type="radio"/> FTB 3803 <input type="radio"/> 31 <input type="text" value="122"/> <input type="text" value=".00"/>	
	32 Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$200,534, see instructions. <input checked="" type="radio"/> 32 <input type="text" value="5872"/> <input type="text" value=".00"/>	
	33 Subtract line 32 from line 31. If less than zero, enter -0- <input checked="" type="radio"/> 33 <input type="text" value="5872"/> <input type="text" value=".00"/>	
	34 Tax. See instructions. Check the box if from: <input type="checkbox"/> Schedule G-1 <input type="checkbox"/> FTB 5870A <input checked="" type="radio"/> 34 <input type="text" value="5872"/> <input type="text" value=".00"/>	
	35 Add line 33 and line 34 <input checked="" type="radio"/> 35 <input type="text" value="5872"/> <input type="text" value=".00"/>	

Special Credits	40 Nonrefundable Child and Dependent Care Expenses Credit. See instructions. <input checked="" type="radio"/> 40 <input type="text" value=""/>	<input type="text" value=".00"/>
	43 Enter credit name <input type="text" value=""/> code <input type="text" value=""/> and amount. <input checked="" type="radio"/> 43 <input type="text" value=""/>	<input type="text" value=".00"/>
	44 Enter credit name <input type="text" value=""/> code <input type="text" value=""/> and amount. <input checked="" type="radio"/> 44 <input type="text" value=""/>	<input type="text" value=".00"/>
	45 To claim more than two credits. See instructions. Attach Schedule P (540). <input checked="" type="radio"/> 45 <input type="text" value=""/>	<input type="text" value=".00"/>
	46 Nonrefundable renter's credit. See instructions <input checked="" type="radio"/> 46 <input type="text" value=""/>	<input type="text" value=".00"/>
	47 Add line 40 through line 46. These are your total credits <input checked="" type="radio"/> 47 <input type="text" value=""/>	<input type="text" value=".00"/>
	48 Subtract line 47 from line 35. If less than zero, enter -0- <input checked="" type="radio"/> 48 <input type="text" value="5872"/>	<input type="text" value=".00"/>

Your name: Your SSN or ITIN:

Other Taxes	61	Alternative minimum tax. Attach Schedule P (540)	● 61	<input type="text"/>	.00
	62	Mental Health Services Tax. See instructions	● 62	<input type="text"/>	.00
	63	Other taxes and credit recapture. See instructions	● 63	<input type="text"/>	.00
	64	Add line 48, line 61, line 62, and line 63. This is your total tax.	● 64	<input type="text" value="5872"/>	.00

Payments	71	California income tax withheld. See instructions	● 71	<input type="text" value="4129"/>	.00
	72	2019 CA estimated tax and other payments. See instructions	● 72	<input type="text"/>	.00
	73	Withholding (Form 592-B and/or 593). See instructions	● 73	<input type="text"/>	.00
	74	Excess SDI (or VPMI) withheld. See instructions	● 74	<input type="text"/>	.00
	75	Earned Income Tax Credit (EITC)	● 75	<input type="text"/>	.00
	76	Young Child Tax Credit (YCTC). See instructions	● 76	<input type="text"/>	.00
	77	Add lines 71 through 76. These are your total payments. See instructions	⊙ 77	<input type="text" value="4129"/>	.00

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

Overpaid Tax/Tax Due	92	Payments balance. If line 77 is more than line 91, subtract line 91 from line 77	⊙ 92	<input type="text" value="4129"/>	.00
	93	Use Tax balance. If line 91 is more than line 77, subtract line 77 from line 91	⊙ 93	<input type="text"/>	.00
	94	Overpaid tax. If line 92 is more than line 64, subtract line 64 from line 92.	⊙ 94	<input type="text"/>	.00
	95	Amount of line 94 you want applied to your 2020 estimated tax	● 95	<input type="text"/>	.00
	96	Overpaid tax available this year. Subtract line 95 from line 94	● 96	<input type="text"/>	.00
	97	Tax due. If line 92 is less than line 64, subtract line 92 from line 64	⊙ 97	<input type="text" value="1743"/>	.00

Your name:

Your SSN or ITIN:



Contributions

Code Amount

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

Your name: MALLIK Your SSN or ITIN: 843-26-0670

111 AMOUNT YOU OWE. If you do not have an amount on line 96, add line 93, line 97, and line 110. See instructions. Do not send cash. Mail to: FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001. 111 1743 .00 Pay Online - Go to ftb.ca.gov/pay for more information.

112 Interest, late return penalties, and late payment penalties 112 .00
113 Underpayment of estimated tax. Check the box: [X] FTB 5805 attached [] FTB 5805F attached 113 45 .00
114 Total amount due. See instructions. Enclose, but do not staple, any payment 114 1788 .00

115 REFUND OR NO AMOUNT DUE. Subtract the sum of 110, line 112 and line 113 from line 96. See instructions. Mail to: FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001. 115 .00

Refund and Direct Deposit
Fill in the information to authorize direct deposit of your refund into one or two accounts. Do not attach a voided check or a deposit slip. See instructions. Have you verified the routing and account numbers? Use whole dollars only. All or the following amount of my refund (line 115) is authorized for direct deposit into the account shown below:
[] Routing number [] Type [] Checking [] Savings [] Account number [] 116 Direct deposit amount [] .00
The remaining amount of my refund (line 115) is authorized for direct deposit into the account shown below:
[] Routing number [] Type [] Checking [] Savings [] Account number [] 117 Direct deposit amount [] .00

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

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

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

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

[] Your email address. Enter only one email address. [] Preferred phone number 7329106215

Sign Here

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

Joint tax return? (See instructions)

Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge) APPANA RUPA VENKATA SATYA SAI MANIKUMAR

Firm's name (or yours, if self-employed) GLOBAL TAXES LLC PTIN P02090332

Firm's address 2530 PEBBLE CREEK LN CUMMING GA 30041 Firm's FEIN 301017196

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

Print Third Party Designee's Name [] Telephone Number []

2019

Wage and Tax Statement

W-2

Important: Attach this schedule to the back of your original or amended Form 540, 540 2EZ, or 540NR.

Caution: If this schedule is filled out, **do not** send your federal Form(s) W-2 to the Franchise Tax Board. If your federal Form(s) W-2 are from multiple states, **attach** copies showing California tax withheld to this schedule. If this schedule is blank, attach your federal Form(s) W-2 to the lower front of your tax return. **DO NOT ATTACH PAYMENT TO THIS SCHEDULE.**

*Employee's social security number, name, and address must be the same as the information on federal Form(s) W-2.

W-2 Information

a. Employee's social security number* 843-26-0670

b. Employer identification number (EIN) 13-3163498

c. Employer's name ADS ALLIANCE DATA SYSTEM INC

Employer's address 7500 DALLAS PARKWAY STE

City PLANO State TX ZIP code 75024

e. Employee's first name* AVISHEK Initial* Last name* MALLIK Suffix*

f. Employee's address* 9525 GENESEE AVENUE, APT. 216

City* SAN DIEGO State* CA ZIP code* 92121

1. Wages, tips, other compensation 54,311.

2. Federal income tax withheld 5,742.

3. Social security wages 54,311.

4. Social security tax withheld 3,367.

6. Medicare tax withheld 788.

7. Social security tips

8. Allocated tips (not included in box 1)

10. Dependent care benefits

11. Nonqualified plans

12. Codes and amounts

12a. Code <input type="radio"/> C Amount <input type="radio"/> 32.	12c. Code <input type="radio"/> DD Amount <input type="radio"/> 3,060.
12b. Code <input type="radio"/> W Amount <input type="radio"/> 862.	12d. Code <input type="radio"/> Amount <input type="radio"/>

13. Check the appropriate box for: Statutory employee, Retirement plan, or Third-party sick pay

Statutory employee Retirement plan Third-party sick pay

14. SDI, VPDI, or CA SDI (from box 14 or 19)

Type Amount

16. State wages, tips, etc. 55,172.

15. State and employer's state ID number

State CA Employer's state ID number 452-4948 9

17. State income tax 2,226.

2019

Wage and Tax Statement

W-2

Important: Attach this schedule to the back of your original or amended Form 540, 540 2EZ, or 540NR.

Caution: If this schedule is filled out, **do not** send your federal Form(s) W-2 to the Franchise Tax Board. If your federal Form(s) W-2 are from multiple states, **attach** copies showing California tax withheld to this schedule. If this schedule is blank, attach your federal Form(s) W-2 to the lower front of your tax return. **DO NOT ATTACH PAYMENT TO THIS SCHEDULE.**

*Employee's social security number, name, and address must be the same as the information on federal Form(s) W-2.

W-2 Information

a. Employee's social security number* 843-26-0670

b. Employer identification number (EIN) 84-2129783

c. Employer's name EPSILON DATA MANAGEMENT LLC C/O RE:SOURCES-PAYROLL

Employer's address 220 36TH ST SUITE 6A

City BROOKLYN State NY ZIP code 11232

e. Employee's first name* AVISHEK Initial* Last name* MALLIK Suffix*

f. Employee's address* 9525 GENESEE AVENUE, APT. 216

City* SAN DIEGO State* CA ZIP code* 92121

1. <input type="radio"/> Wages, tips, other compensation 41,083.	4. <input type="radio"/> Social security tax withheld 2,684.	8. <input type="radio"/> Allocated tips (not included in box 1)
2. <input type="radio"/> Federal income tax withheld 4,121.	6. <input type="radio"/> Medicare tax withheld 628.	10. <input type="radio"/> Dependent care benefits
3. <input type="radio"/> Social security wages 43,292.	7. <input type="radio"/> Social security tips	11. <input type="radio"/> Nonqualified plans

12. Codes and amounts

12a. <input type="radio"/> Code C Amount 50.	12c. <input type="radio"/> Code W Amount 604.
12b. <input type="radio"/> Code D Amount 2,209.	12d. <input type="radio"/> Code DD Amount 2,555.

13. Check the appropriate box for: Statutory employee, Retirement plan, or Third-party sick pay

Statutory employee Retirement plan Third-party sick pay

14. SDI, VPDI, or CA SDI (from box 14 or 19)

Type SDI Amount 220.

16. State wages, tips, etc. 41,687.

15. State and employer's state ID number

State CA Employer's state ID number 116-4426 7

17. State income tax 1,596.

2019

Wage and Tax Statement

W-2

Important: Attach this schedule to the back of your original or amended Form 540, 540 2EZ, or 540NR.

Caution: If this schedule is filled out, **do not** send your federal Form(s) W-2 to the Franchise Tax Board. If your federal Form(s) W-2 are from multiple states, **attach** copies showing California tax withheld to this schedule. If this schedule is blank, attach your federal Form(s) W-2 to the lower front of your tax return. **DO NOT ATTACH PAYMENT TO THIS SCHEDULE.**

*Employee's social security number, name, and address must be the same as the information on federal Form(s) W-2.

W-2 Information

a. Employee's social security number* 843-26-0670

b. Employer identification number (EIN) 84-2129783

c. Employer's name EPSILON DATA MANAGEMENT LLC C/O RE:SOURCES-PAYROLL

Employer's address 220 36TH ST SUITE 6A

City BROOKLYN State NY ZIP code 11232

e. Employee's first name* AVISHEK Initial* Last name* MALLIK Suffix*

f. Employee's address* 9525 GENESEE AVENUE, APT. 216

City* SAN DIEGO State* CA ZIP code* 92121

1. Wages, tips, other compensation 9,259.

2. Federal income tax withheld 880.

3. Social security wages 9,259.

4. Social security tax withheld 574.

6. Medicare tax withheld 134.

7. Social security tips

8. Allocated tips (not included in box 1)

10. Dependent care benefits

11. Nonqualified plans

12. Codes and amounts

12a. Code C Amount 7.

12b. Code W Amount 123.

12c. Code Amount

12d. Code Amount

13. Check the appropriate box for: Statutory employee, Retirement plan, or Third-party sick pay

Statutory employee Retirement plan Third-party sick pay

14. SDI, VPDI, or CA SDI (from box 14 or 19)

Type CAVPDI Amount 84.

16. State wages, tips, etc. 9,383.

15. State and employer's state ID number

State CA Employer's state ID number 84-2129783

17. State income tax 307.

2019 California Adjustments — Residents

CA (540)

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

Name(s) as shown on tax return

SSN or ITIN

AVISHEK MALLIK

843260670

Part I Income Adjustment Schedule

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

	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
1 Wages, salaries, tips, etc. See instructions before making an entry in column B or C	<input checked="" type="radio"/> 104,653.	<input checked="" type="radio"/>	<input checked="" type="radio"/> 1,589.
2 Taxable interest. a <input checked="" type="radio"/> _____	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
3 Ordinary dividends. See instructions. a <input checked="" type="radio"/> _____	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
4 IRA distributions. See instructions. a <input checked="" type="radio"/> _____	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
c Pensions and annuities. See instructions. c <input checked="" type="radio"/> _____	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
5 Social security benefits. a <input checked="" type="radio"/> _____	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
6 Capital gain or (loss). See instructions	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>

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

1 Taxable refunds, credits, or offsets of state and local income taxes	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
2a Alimony received	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
3 Business income or (loss)	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
4 Other gains or (losses)	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
5 Rental real estate, royalties, partnerships, S corporations, trusts, etc	<input checked="" type="radio"/> -6,770.	<input checked="" type="radio"/>	<input checked="" type="radio"/>
6 Farm income or (loss)	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
7 Unemployment compensation	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
8 Other income.			
a California lottery winnings		<input checked="" type="radio"/>	<input checked="" type="radio"/>
b Disaster loss deduction from FTB 3805V		<input checked="" type="radio"/>	<input checked="" type="radio"/>
c Federal NOL (federal Schedule 1 (Form 1040 or 1040-SR), line 8)		<input checked="" type="radio"/>	<input checked="" type="radio"/>
d NOL deduction from FTB 3805V		<input checked="" type="radio"/>	<input checked="" type="radio"/>
e NOL from FTB 3805Z, 3806, 3807, or 3809		<input checked="" type="radio"/>	<input checked="" type="radio"/>
f Other (describe): <input checked="" type="radio"/> _____		<input checked="" type="radio"/>	<input checked="" type="radio"/>
g Student loan discharged due to closure of a for-profit school		<input checked="" type="radio"/>	<input checked="" type="radio"/>
9 Total. Combine Section A, line 1 through line 6, and Section B, line 1 through line 8 in column A. Add Section A, line 1 through line 6, and Section B, line 1 through line 8g in column B and column C. Go to Section C.	<input checked="" type="radio"/> 97,883.	<input checked="" type="radio"/>	<input checked="" type="radio"/> 1,589.

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

10 Educator expenses	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
11 Certain business expenses of reservists, performing artists, and fee-basis government officials	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
12 Health savings account deduction	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
13 Moving expenses. Attach federal Form 3903. See instructions	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
14 Deductible part of self-employment tax	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
15 Self-employed SEP, SIMPLE, and qualified plans	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
16 Self-employed health insurance deduction	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
17 Penalty on early withdrawal of savings	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
18a Alimony paid. b Recipient's: SSN <input checked="" type="radio"/> _____ - _____ - _____ Last name <input checked="" type="radio"/> _____	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
19 IRA deduction	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
20 Student loan interest deduction	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
21 Tuition and fees	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
22 Add line 10 through line 18a and line 19 through line 21 in columns A, B, and C. See instructions	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
23 Total. Subtract line 22 from line 9 in columns A, B, and C. See instructions	<input checked="" type="radio"/> 97,883.	<input checked="" type="radio"/>	<input checked="" type="radio"/> 1,589.

Part II Adjustments to Federal Itemized Deductions

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

A Federal Amounts (from federal Schedule A (Form 1040 or 1040-SR))	B Subtractions See instructions	C Additions See instructions
--	------------------------------------	---------------------------------

Medical and Dental Expenses See instructions.

1	Medical and dental expenses <input checked="" type="radio"/>	1			
2	Enter amount from federal Form 1040 or 1040-SR, line 8b <input checked="" type="radio"/>	97,883.	2		
3	Multiply line 2 by 7.5% (0.075) <input checked="" type="radio"/>	7,341.	3		
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter 0. <input checked="" type="radio"/>		4	<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"/>	4,349.			
5b	State and local real estate taxes <input checked="" type="radio"/>				
5c	State and local personal property taxes <input checked="" type="radio"/>				
5d	Add lines 5a through 5c <input checked="" type="radio"/>	4,349.			
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"/>	4,349.		4,349.	<input checked="" type="radio"/> 0.
6	Other taxes. List type <input checked="" type="radio"/>				
7	Add lines 5e and 6 <input checked="" type="radio"/>	4,349.		4,349.	<input checked="" type="radio"/> 0.

Interest You Paid

8a	Home mortgage interest and points reported to you on Form 1098. <input checked="" type="radio"/>				
8b	Home mortgage interest not reported to you on Form 1098 <input checked="" type="radio"/>				
8c	Points not reported to you on Form 1098. <input checked="" type="radio"/>				
8d	Mortgage insurance premiums <input checked="" type="radio"/>		<input checked="" type="radio"/>		
8e	Add lines 8a through 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 lines 8e and 9 <input checked="" type="radio"/>		<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"/>				
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 lines 11 through 13. <input checked="" type="radio"/>		<input checked="" type="radio"/>	<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"/>				
----	---	--	--	--	--

Other Itemized Deductions

16	Other—from list in federal instructions <input checked="" type="radio"/>				
17	Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C <input checked="" type="radio"/>	4,349.		4,349.	<input checked="" type="radio"/> 0.
18	Total. Combine line 17 column A less column B plus column C <input checked="" type="radio"/>				0.

Job Expenses and Certain Miscellaneous Deductions

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

20 Tax preparation fees. 20

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

22 Add lines 19 through 21. 22

23 Enter amount from federal Form 1040 or 1040-SR, line 8b 97,883.

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

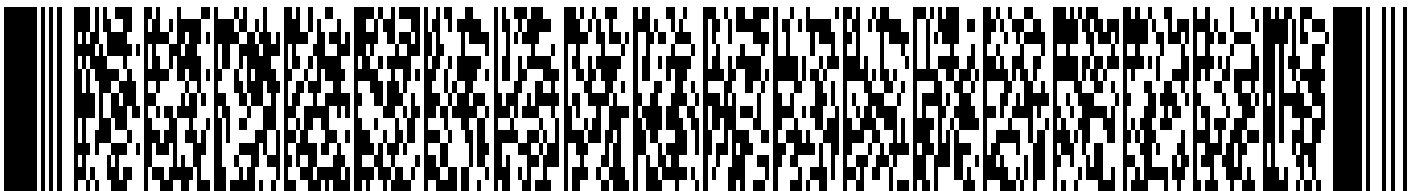
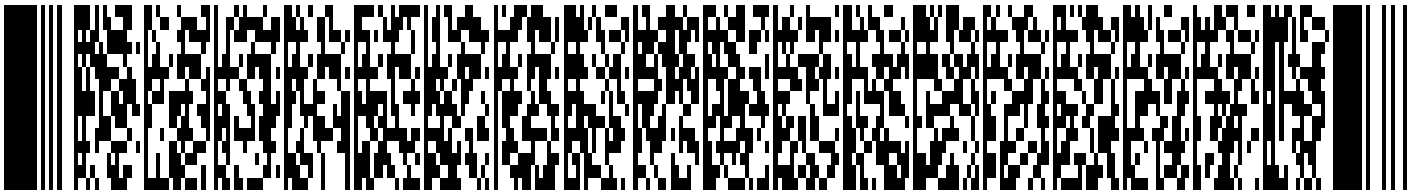
29 **Is your federal AGI (Form 540, line 13) more than the amount shown below for your filing status?**
 Single or married/RDP filing separately \$200,534
 Head of household \$300,805
 Married/RDP filing jointly or qualifying widow(er) \$401,072

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

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

30 **Enter the larger of the amount on line 29 or your standard deduction listed below**
 Single or married/RDP filing separately. See instructions. \$4,537
 Married/RDP filing jointly, head of household, or qualifying widow(er) \$9,074

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



Name as Shown on Return
AVISHEK MALLIK

Social Security No.
843-26-0670

Line 1 – Wages, Salaries, Tips, Etc.

	(B) Subtractions	(C) Additions
1 Excess reimbursements from Form 2106 included in wage income		
2 Active duty military pay		
3 Sick pay received under the Federal Insurance Contributions Act and Railroad Retirement Act		
4 Income exempted by U.S. tax treaties (unless specifically exempt for state purposes also)		
5 Exclusion for compensation from exercising a California Qualified Stock Option (CQSO)		
6 Ridesharing fringe benefit differences		
7 HSA employer contributions		1,589.
8 Paid Family Leave Insurance (PFL) benefits		
9 Employer-provided adoption benefits income exclusions.		
10 In-Home Supportive Services (IHSS) supplementary payment		
11 Employer reimbursement for additional federal income taxes on employer-provided health care benefits		
12 Native American income (Form 3504)		
13 Clergy housing exclusion. This is the amount entered on W-2s a as smallest of amount spent or fair rental value		
b Enter the amount spent on qual. housing expenses		
14 Excess moving reimbursements		
15 Other (itemize): a _____ b _____ c _____ d _____		
Total adjustments to wages, salaries, tips, etc. Enter here and on Schedule CA (540/540NR), line 1.		1,589.

Line 4 – IRA, Pensions, and Annuities

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

Underpayment of Estimated Tax by Individuals and Fiduciaries

2019

5805

Attach this form to the **back** of your Form 540, Form 540NR, or Form 541. Also, check the box for underpayment of estimated tax located on Form 540, line 113; Form 540NR, line 123; or Form 541, line 44, whichever applies.

Name(s) as shown on return

SSN, ITIN, or FEIN

AVISHEK MALLIK

843260670

IMPORTANT: In most cases, the Franchise Tax Board (FTB) can figure the penalty for you and you do not have to complete this form. See General Information B.

If you meet **any** of the following conditions, you do not owe a penalty for underpayment of estimated tax. **Do not complete or file this form if:**

- The amount of your tax liability (not including tax on lump-sum distributions and accumulation distribution of trusts) less credits (including the withholding credit) but not including estimated tax payments for either 2018 or 2019 was less than \$500 (or less than \$250 if married/RDP filing a separate return).
- Your 2018 return was for a full 12 months (or would have been if you were required to file) and you did not have any tax liability on that return.
- The amount of your withholding plus your estimated tax payments, **if paid in the required installments**, is at least 90% of the tax shown on your 2019 return or 100% of the tax shown on your 2018 return (110% if California adjusted gross income (AGI) was more than \$150,000 or \$75,000 if married/RDP filing a separate return) **and** you are not using the annualized income installment method. Taxpayers with California AGI equal to or greater than \$1,000,000 (or \$500,000 if married/RDP filing a separate return), must use the tax shown on their 2019 tax return if they do not meet one of the two conditions above.

Part I Questions. All filers must complete this part. Estates and Trusts, see General information E.

1 Are you requesting a waiver of the penalty? If "Yes," provide an explanation below and be sure to check the box on Form 540, line 113; Form 540NR, line 123; or Form 541, line 44. If you need additional space, attach a statement.
See General Information C **1** Yes No

2 Did you use the annualized income installment method? If "Yes," see instructions for Part III and be sure to check the box on Form 540, line 113; Form 540NR, line 123; or Form 541, line 44. **2** Yes No

3 Was your California withholding not withheld in equal installments and are you able to show the actual amounts withheld per period and the actual dates withheld? **3** Yes No
 N/A

If "Yes," enter the **actual uneven amounts withheld** on the spaces provided below. The total of the four amounts must equal the total withholding reported on Form 540, line 71 and line 73; Form 540NR, line 81 and line 83; or Form 541, line 29 and line 31.

4/15/19 \$; 6/15/19 \$; 9/15/19 \$; 1/15/20 \$.

4 For estates and trusts: Was the date of death less than two years from the end of the taxable year? See General Information E . . . **4** Yes No



Part II Required Annual Payment. All filers must complete this part.

1	Current year tax. Enter your 2019 tax after credits. See instructions.	1	5872	.00
2	Multiply line 1 by 90% (.90)	2	5285	.00
3	Withholding taxes. Do not include any estimated tax payments on this line. See instructions	3	4129	.00
4	Subtract line 3 from line 1. If less than \$500 (or less than \$250 if married/RDP filing a separate return), stop here. You do not owe the penalty. Do not file form FTB 5805.	4	1743	.00
5	Enter the tax shown on your 2018 tax return. See instructions. (110% (1.10) of that amount if the adjusted gross income shown on that return is more than \$150,000, or if married/RDP filing a separate return for 2019, more than \$75,000).	5		.00
6	Required annual payment. Enter the smaller of line 2 or line 5. (If your California AGI is equal to or greater than \$1,000,000/\$500,000 for married/RDP filing a separate return, use line 2)	6	5285	.00

Short Method

Caution: See the instructions to find out if you can use the short method. If you answered "Yes" to Question 2 in Part I, skip this part and go to Part III. If you answered "No" to Question 2 in Part I **and** you cannot use the short method, go to Worksheet II in the instructions (page 4).

7	Enter the amount, if any, from Part II, line 3 above	7	4129	.00
8	Enter the total amount, if any, of estimated tax payments you made.	8		.00
9	Add line 7 and line 8	9	4129	.00
10	Total underpayment for the year. Subtract line 9 from line 6. If zero or less, stop here. You do not owe the penalty. Do not file form FTB 5805	10	1156	.00
11	Multiply line 10 by .03898393	11	45	.00
12	<ul style="list-style-type: none"> • If the amount on line 10 was paid on or after 4/15/20, enter -0-. • If the amount on line 10 was paid before 4/15/20, enter the result of the following computation: 			
	Amount on line 10 X Number of days paid before 4/15/20 X .00014	12	0	.00
13	PENALTY. Subtract line 12 from line 11. Enter the result here and on Form 540, line 113; Form 540NR, line 123; or Form 541, line 44. Also, check the box for "FTB 5805." ►	13	45	.00

Part III Annualized Income Installment Method Schedule.

Use this schedule ONLY if you earned taxable income at an UNEVEN RATE during 2019 (See Example A). If you earned your income at approximately the same rate each month (See Example B), then you should not complete this schedule. If you choose to figure the penalty, see Worksheet II, Regular Method to Figure Your Underpayment and Penalty, on page 4 of the instructions.

Example A: If you were a commissioned salesperson who earned no income during the first three months of the year, earned most of your income during the following six months, and earned very little during the last three months, you should complete this schedule. You may be able to benefit by using the annualized income installment method. The required installment of estimated tax figured using the annualized method may be less than your required installment figured using the required installment method.

Example B: If you worked all year and earned a monthly salary that did not change much during the year, you should not complete this schedule.

To complete this schedule correctly, you must first complete Side 2, Part II, line 1 through line 6. Estates and trusts, **do not** use the period ending dates shown to the right. Instead, use the following: 2/28/19, 4/30/19, 7/31/19, and 11/30/19. Fiscal year filers must adjust dates accordingly.

	(a) 1/1/19 to 3/31/19	(b) 1/1/19 to 5/31/19	(c) 1/1/19 to 8/31/19	(d) 1/1/19 to 12/31/19
1 Enter your California adjusted gross income (AGI) for each period. Form 540NR filers, see instructions. Estates or Trusts, enter the amount from Form 541, line 20 attributable to each period. See instructions				
2 Annualization amounts. Estates or Trusts, see instructions	4	2.4	1.5	1
3 Annualized income. Multiply line 1 by line 2.				
4 Enter your itemized deductions for the period shown in each column. If you do not itemize deductions, enter -0- here and on line 6. Estates or Trusts, enter -0- here, skip to line 9, and enter the amount from line 3 on line 9				
5 Annualization amounts	4	2.4	1.5	1
6 Annualized itemized deductions. Multiply line 4 by line 5. See instructions				
7 Enter your standard deduction from your 2019 Form 540, or Form 540NR, line 18. Enter the total standard deduction amount in each column. See instructions				
8 Enter line 6 or line 7, whichever is larger				
9 Subtract line 8 from line 3				
10 Figure the tax on the amount in each column of line 9 using the tax table or the tax rate schedule in the instructions for Form 540, Form 540NR, or Form 541. Also, include any tax from form FTB 3803. Estates or Trusts, see instructions				
11 Enter the total amount of exemption credits from your 2019 Form 540, line 32 or Form 541, line 22. If you filed a Form 540NR, see instructions				
12 Subtract line 11 from line 10. Form 540NR filers, complete Worksheet I on page 3 of the instructions.				
13 Enter the total credit amount from your 2019 Form 540, line 47; or Form 541, line 23. Form 540NR filers, see instructions				
14 a Subtract line 13 from line 12. If zero or less, enter -0-				
b Enter the alternative minimum tax and mental health tax. See Instructions				
c Add line 14a and line 14b				
d Enter the excess SDI from Form 540, line 74 or Form 540NR, line 84.				
e Subtract line 14d from line 14c. If zero or less, enter -0-				
15 Applicable percentage.	27%	63%	63%	90%
16 Multiply line 14e by line 15.				
Complete Line 17 through Line 23 of each column before you go to the next column.				
17 Enter the combined amounts shown on line 23 from all preceding columns				
18 Subtract line 17 from line 16. If zero or less, enter -0-				
19 Enter 30% of the amount shown on form FTB 5805, Part II, line 6 in columns (a & d), enter 40% of the amount on line 6 in column b, enter -0- in column c.				
20 Enter the amount from line 22 from the preceding column				
21 Add line 19 and line 20.				
22 Subtract line 18 from line 21. If zero or less, enter -0-				
23 Enter line 18 or line 21, whichever is less. Transfer these amounts to Worksheet II, Regular Method to Figure Your Underpayment and Penalty, line 1.	⊙	⊙	⊙	⊙

If you use the annualized income installment method for one payment due date, you must use it for all payment due dates. This schedule automatically selects the smaller of your annualized income installment or your regular installment.

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 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. ▶ **SAYANTANI NANDI**

Your first name and middle initial AVISHEK	Last name MALLIK	Your social security number 843-26-0670
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number 770-41-7534

Home address (number and street). If you have a P.O. box, see instructions. 9525 GENESEE AVENUE	Apt. no. 216	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 type="checkbox"/> You <input type="checkbox"/> Spouse
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). SAN DIEGO CA 92121		

Foreign country name	Foreign province/state/county	Foreign postal code	If more than four dependents, see instructions and ✓ here ▶ <input type="checkbox"/>
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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, 1955 Are blind **Spouse:** Was born before January 2, 1955 Is blind

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see instructions):	
(1) First name	Last name			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"/>	<input type="checkbox"/>

Standard Deduction for—
 • Single or Married filing separately, \$12,200
 • Married filing jointly or Qualifying widow(er), \$24,400
 • Head of household, \$18,350
 • If you checked any box under *Standard Deduction*, see instructions.

1 Wages, salaries, tips, etc. Attach Form(s) W-2				1	104,653.
2a Tax-exempt interest	2a		b Taxable interest. Attach Sch. B if required	2b	
3a Qualified dividends	3a		b Ordinary dividends. Attach Sch. B if required	3b	
4a IRA distributions	4a		b Taxable amount	4b	
c Pensions and annuities	4c		d Taxable amount	4d	
5a Social security benefits	5a		b Taxable amount	5b	
6 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>				6	
7a Other income from Schedule 1, line 9				7a	-6,770.
b Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income ▶				7b	97,883.
8a Adjustments to income from Schedule 1, line 22				8a	
b Subtract line 8a from line 7b. This is your adjusted gross income ▶				8b	97,883.
9 Standard deduction or itemized deductions (from Schedule A)	9	12,200.			
10 Qualified business income deduction. Attach Form 8995 or Form 8995-A	10				
11a Add lines 9 and 10				11a	12,200.
b Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0-				11b	85,683.

SCHEDULE 1
(Form 1040 or 1040-SR)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

OMB No. 1545-0074

2019
Attachment
Sequence No. **01**

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

AVISHEK MALLIK

Your social security number

843-26-0670

At any time during 2019, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes No

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ▶ _____		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	-6,770.
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 or 1040-SR, line 7a	9	-6,770.

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. Attach Form 8917	21	
22	Add lines 10 through 21. These are your adjustments to income . Enter here and on Form 1040 or 1040-SR, line 8a	22	

For Paperwork Reduction Act Notice, see your tax return instructions.

REV 03/04/20 PRO

Schedule 1 (Form 1040 or 1040-SR) 2019

SCHEDULE E
(Form 1040 or 1040-SR)

Supplemental Income and Loss

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

OMB No. 1545-0074

2019
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

Your social security number

AVISHEK MALLIK

843-26-0670

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 2019 that would require you to file Form(s) 1099? (see instructions) **Yes** **No**

B If "Yes," did you or will you file required Forms 1099? **Yes** **No**

1a	Physical address of each property (street, city, state, ZIP code)				
A	20 P.C GHOSH ROAD KOLKATA WEST BENGAL IN 700048				
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		620.		
4	Royalties received	4				
Expenses:						
5	Advertising	5		190.		
6	Auto and travel (see instructions)	6		330.		
7	Cleaning and maintenance	7		170.		
8	Commissions.	8				
9	Insurance	9				
10	Legal and other professional fees	10				
11	Management fees	11				
12	Mortgage interest paid to banks, etc. (see instructions)	12				
13	Other interest.	13				
14	Repairs.	14		6,700.		
15	Supplies	15				
16	Taxes	16				
17	Utilities.	17				
18	Depreciation expense or depletion	18				
19	Other (list) ▶	19				
20	Total expenses. Add lines 5 through 19	20		7,390.		
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		-6,770.		
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22		(-6,770.)	()	()
23a	Total of all amounts reported on line 3 for all rental properties	23a		620.		
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		7,390.		
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		(6,770.)		
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 or 1040-SR), line 5, or Form 1040-NR, line 18. Otherwise, include this amount in the total on line 41 on page 2	26				-6,770.

Health Savings Accounts (HSAs)

Department of the Treasury
Internal Revenue Service

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

2019
Attachment
Sequence No. **52**

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

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions ▶ **843-26-0670**

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

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

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2019 (see instructions) ▶	<input type="checkbox"/> Self-only <input checked="" type="checkbox"/> Family
2	HSA contributions you made for 2019 (or those made on your behalf), including those made from January 1, 2020, through April 15, 2020, that were for 2019. Do not include employer contributions, contributions through a cafeteria plan, or rollovers (see instructions)	2 0.
3	If you were under age 55 at the end of 2019 and, on the first day of every month during 2019, you were, or were considered, an eligible individual with the same coverage, enter \$3,500 (\$7,000 for family coverage). All others , see the instructions for the amount to enter	3 7,000.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2019 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2019, also include any amount contributed to your spouse's Archer MSAs	4 0.
5	Subtract line 4 from line 3. If zero or less, enter -0-	5 7,000.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2019, see the instructions for the amount to enter	6 7,000.
7	If you were age 55 or older at the end of 2019, married, and you or your spouse had family coverage under an HDHP at any time during 2019, enter your additional contribution amount (see instructions)	7
8	Add lines 6 and 7	8 7,000.
9	Employer contributions made to your HSAs for 2019	9 1,589.
10	Qualified HSA funding distributions	10
11	Add lines 9 and 10	11 1,589.
12	Subtract line 11 from line 8. If zero or less, enter -0-	12 5,411.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040 or 1040-SR), line 12, or Form 1040-NR, line 25	13 0.
Caution: If line 2 is more than line 13, you may have to pay an additional tax (see instructions).		

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

14a	Total distributions you received in 2019 from all HSAs (see instructions)	14a
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return (see instructions)	14b
c	Subtract line 14b from line 14a	14c
15	Qualified medical expenses paid using HSA distributions (see instructions)	15
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040 or 1040-SR), line 8, or Form 1040-NR, line 21. Enter "HSA" and the amount on the line next to the box	16
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here ▶ <input type="checkbox"/>	
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also include this amount in the total on Schedule 2 (Form 1040 or 1040-SR), line 8, or Form 1040-NR, line 60. Check box c on Schedule 2 (Form 1040 or 1040-SR), line 8, or box b on Form 1040-NR, line 60. Enter "HSA" and the amount on the line next to the box	17b

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

18	Last-month rule	18	
19	Qualified HSA funding distribution	19	
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040 or 1040-SR), line 8, or Form 1040-NR, line 21. On the dotted line next to Schedule 1 (Form 1040 or 1040-SR), line 8, or Form 1040-NR, line 21, enter "HSA" and the amount	20	
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040 or 1040-SR), line 8, or Form 1040-NR, line 60. Check box c on Schedule 2 (Form 1040 or 1040-SR), line 8, or box b on Form 1040-NR, line 60. Enter "HDHP" and the amount on the line next to the box	21	

Allocation of Tax Amounts Between Certain Individuals in Community Property States

▶ Attach to Form 1040, 1040-SR, or 1040-NR.
 ▶ Go to www.irs.gov/Form8958 for the latest information.

Your first name and initial	Your last name		Your social security number
AVISHEK	MALLIK		843-26-0670
Spouse's or partner's first name and initial	Spouse's or partner's last name		Spouse's or partner's social security number
SAYANTANI	NANDI		770-41-7534
	A Total Amount	B Allocated to Spouse or RDP SSN <u>843</u> <u>26</u> <u>0670</u>	C Allocated to Spouse or RDP SSN <u>770</u> <u>41</u> <u>7534</u>
1 Wages (each employer)			
ADS ALLIANCE DATA SYSTEM INC	54,311.	54,311.	
EPSILON DATA MANAGEMENT LLC	41,083.	41,083.	
EPSILON DATA MANAGEMENT LLC	9,259.	9,259.	
2 Interest Income (each payer)			
3 Dividends (each payer)			
4 State Income Tax Refund			
5 Self-Employment Income (See instructions)			
6 Capital Gains and Losses			
7 Pension Income			
8 Rents, Royalties, Partnerships, Estates, Trusts from Form 1040, Schedule 1, line 5	-6,770.	-6,770.	

	A Total Amount	B Allocated to Spouse or RDP SSN <u>843</u> <u>26</u> <u>0670</u>	C Allocated to Spouse or RDP SSN <u>770</u> <u>41</u> <u>7534</u>
9 Deductible part of Self-Employment Tax (See instructions)			
10 Self-Employment Tax (See instructions)			
11 Taxes Withheld from Form 1040, line 17	10,743.	10,743.	
12 Other items such as: Social Security Benefits, Unemployment Compensation, Deductions, Credits, etc.			